

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday, 3 December 2020
Report Subject	Community Transformation Project Update
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

As one of four national Transformation Programmes funded in 20/21 by the Welsh Government (WG), the Community Services Transformation Programme (CSTP) is focussed on the delivery of new ways of working which will improve the experience and outcomes of people who receive both health and social care services in the community.

The majority of work undertaken to date and planned in the short term is focussed on people aged 65+.

The CTSP Programme is managed and delivered on an Area basis. The East Area Programme focusses on Flintshire and Wrexham. This report refers to East Area developments with a more detailed focus on the impact from a Flintshire perspective.

The CSTP is funded until March 2021, with work taking place to secure funds from WG for further work to be undertaken until March 2022.

The impact of the Global Covid-19 Pandemic has been significant on in year developments, with both workforce and financial resources being diverted to respond to the initial emergency response phase and requirements.

As this update demonstrates, work has since been restarted on a number of key developments, bringing health and social care providers together to agree new ways of working, most notably:

- The potential for development of a Trusted Assessor Role to support safe discharges from acute and community hospitals into the new Marleyfield House Short Term Service.

- The development of combined health and social care support packages for residents within short term care beds
- The introduction of a new Emergency Dementia Respite Support Worker Service to test the impact and inform future planning
- Planning for the introduction of new Multidisciplinary Teams working in each of the 3 Health and Social Care localities in Flintshire to improve the way that professionals work together to meet the needs of individuals with more complex needs in the community.

The impact of the anticipated significant reduction in funding available from April 2021 is being considered at the time of writing this report.

The incremental approach to planning and implementation of developments along with use of existing resources in a different way to date has minimised any risks to the council from a financial or workforce perspective.

RECOMMENDATIONS

1	The Committee supports and is assured that the keys areas being developed as part of the of Transformation programme are appropriate and will support local needs in Flintshire.
2	The Committee acknowledges that the impact of the CSTP will be affected by a reduced level of funding for 2021/22 and that the detail to prioritise activity in 2021/22 is ongoing at the time of writing this report.

REPORT DETAILS

1.00	EXPLAINING THE BACKGROUND AND CONTEXT OF THE COMMUNITY SERVICES TRANSFORMATION PROGRAMME
1.01	The Community Services Transformation Programme (CSTP) is one of four Transformation Programmes funded by Welsh Government (WG) providing funding and impetus for delivery against the national WG plan for health and social care, “A Healthier Wales”.
1.02	<p>Within “A Healthier Wales”, the Welsh Government has stated what it wants health and social care to be like in the future. These statements are listed below and resonate with the policy and operational imperatives that drive the way that we work with local partners for example in response to the Social Services and Wellbeing Act (Wales) 2014.</p> <ul style="list-style-type: none">(ii) We want services which support people to stay well, not just treat them when they become ill.(iii) When people need help, health and social care services will work with them and their loved ones to find out what is best for them and agree how to make those things happen.(iv) More services will be provided outside of hospitals, closer to home, or at home, and people will only go into hospital for treatment that cannot be provided safely anywhere else. This ‘community-based approach’ will help take pressure off our hospitals, reduce the time people have to wait to be treated, and the time they spend in hospital when they have to go there.(v) Our health and social care services will use the latest technology and medicines to help people get better, or to live the best life possible if they are not able to get better.
1.03	The CSTP in North Wales is primarily focused on the development of integrated community based health and social care services and support for adults aged 65+.
1.04	At a North Wales level, the aims of the CSTP are designed to ensure we all work towards the commitments made to WG within the regional bid for funding as illustrated in Appendix 5.01.
1.05	A key intent referenced within that regional bid for funding was to develop more ways for organisations and teams to work within combined Health and Social Care Localities based around the geographies of the Primary Care Clusters, of which there are 3 in Flintshire.
1.06	The CSTP is currently funded until March 2021, with the total allocation of funds available for use in Flintshire in 2019-2021 being £821,732. At the time of writing, work is ongoing to confirm funding into the CSTP for the next financial year although it is anticipated that it will be at a significantly reduced level.

1.07	All Transformation Programmes are overseen by the North Wales Regional Partnership Board which is accountable to WG for delivery. The East Area Strategic Transformation (EAST) Group comprised of Chief and Senior Officers from across Health and Social Care in Flintshire and Wrexham are responsible for the setting and performance management of the CSTP delivery within Flintshire and Wrexham.
1.08	The East Area Programme is supported by a full-time Programme Manager, hosted by Flintshire CC who works across the East, one full-time Project Manager for Flintshire (currently vacant from end of October 2020) and one for Wrexham. Initial recruitment into the full Programme Management Team was completed in December 2019.
1.10	Until early March 2020, work had been focusing on early planning for the implementation of a Dementia Respite Service, described in paragraphs 1.23 – 1.26, researching models of integrated care and support, development of locality level health and wellbeing profiles and early discussions relating to the service model for Marleyfield House.
1.11	Since March 2020, the impact of the Global Covid-19 Pandemic has been significant on the Programme. The need to focus initially on an emergency response and then on recovery from the first wave of cases whilst preparing for an anticipated second wave, has diverted workforce and financial capacity away from the initial Programme.
1.12	<p>The Programme Management team were deployed into response driven activity and in Flintshire, the primary focus for the team was to :</p> <p>Open a new independent sector care home in Shotton (The Oaks) to provide for the anticipated surge in demand for support within community. The Oaks Residential Care Home opened on 3rd April providing up to an additional 26 short stay beds for residents coming out of hospital who were medically fit but needed some additional support or assessment.</p> <p>Open a second care home within Flintshire to occupy the vacant premises on the site of a former care home in Holywell. Tŷ Treffynnon Residential Care Home opened on 29th May, providing beds to support up to 18 residents. The Home is run directly by Flintshire County Council and remains open as at November 2020.</p> <p>Undertake preparatory work for how Social Services could work in partnership with Flintshire Local Voluntary Council to ensure that community volunteers could support the emergency response.</p> <p>Undertake early work to support the development of a plan for Social Services relating to how it would recover from the impact of the Pandemic on service delivery.</p>
1.13	The Programme Team were stood down from Covid-19 response focused activity in June 2020. Discussions at an EAST Group level then took place to “reset” the programme in a way that was fully cognisant of the ongoing impact of the Pandemic as well as being based on some valuable learning that had come from the emergency response.

	<p>The refreshed model for Community Based Health and Social Care that has been developed through the CSTP is illustrated in Appendix 5.02, with priority areas of work for the CSTP for the remainder of 2020/21 being as follows:</p> <ul style="list-style-type: none"> • To develop the model for integrated care and support for short term residents within Marleyfield House Care Home when it opens its expanded service and provision in Spring 2021. • To propose how a new way of working to support safe discharge from hospital through use of a “Trusted Assessor” could be part of the new Marleyfield House model • To develop an agreed model for Multidisciplinary Team (MDT) working in Localities to support any future funding decisions. • To introduce a new emergency overnight Dementia Respite Support Worker Service to test whether this approach could support carers and prevent the escalation of needs necessitating a hospital admission. <p>A summary of each of this work follows in the paragraphs below.</p>
1.14	<p>Integrated Care and Support for Marleyfield House</p> <p>When the newly expanded Marleyfield House opens in late Spring 2021, it will provide a minimum of 16 beds for short term use by Flintshire residents coming out of a community or acute hospital (step down) or to avoid admission (step up).</p>
1.15	<p>The primary purpose of admitting residents into these short term beds will be to help them to regain the skills, confidence and some physical conditioning to help them return to their own home. In addition, this environment is recognized as being one which is more conducive than a hospital environment to make decisions about the longer term needs of those residents; this approach often being referred to as a “Discharge to Assess” model.</p>
1.16	<p>An integrated model of care and support is being developed through the CSTP which means that professionals from across health and social care will actively work with those individuals whilst they are in the short term beds to maximize their independence and reduce demand for unplanned care such as an emergency admission to hospital.</p>
1.17	<p>Trusted Assessor Role</p> <p>The role of a defined Trusted Assessor for the purpose of ensuring safe and appropriate discharge from hospital into care homes is new in North Wales, although it has an evidence base for being effective in other parts of the UK.</p>

1.18	Once a Social Worker has identified that a patient requires support in a care home setting on discharge, a Trusted Assessor (TA), with the consent of a Care Home Manager, considers the needs of the individual and makes a recommendation as to whether admission to a home (or one of a number of homes when the model is fully operational) would be appropriate.
1.19	Within this model, the statutory duty of the Care Home Manager to make a final decision on the appropriateness of an admission remains paramount. There is however a real advantage to the Care Home Manager in being able to rely on a “trusted” individual to be able to recommend an admission for their consideration.
1.20	The model prevents the need for the Care Home Manager to undertake a full, often onsite assessment themselves for every potential admission, which is demanding for the Manager and a contributing factor to a number of delayed discharges from hospital.
1.21	Development of Locality Level Multi-Disciplinary Teams (MDT) Work is ongoing to identify the potential benefit, resource requirements and proposed model for a dedicated MDT within each Locality consisting of representatives from Health and Social Care that can meet regularly to discuss the needs of the most complex residents and agree joint plans for improving the management of their care and support needs.
1.22	With a focus on the prevention of unscheduled care or escalating needs, the MDT approach will aim to improve direct communication links between professionals, reduce any barriers that can exist between organisations and provide practical solutions for which every member of the MDT takes responsibility for delivering.
1.23	Dementia Respite Support Service Carers of people living with Dementia have told us that they do not always want the person that they care for to go into bed based respite care. We also recognise that one impact of the current Pandemic is that this is not an option in most cases.
1.24	Carers have also told us that it is the inability to rest in the evening and to get a good night’s sleep that they desperately need in order to continue to fulfil their caring role in addition to maintaining a maximum level of wellbeing for themselves.
1.25	The new service means that a Dementia Respite Support Worker (DRSW) will be able to spend the evening and overnight in an individual’s own home when their needs are escalating. They will provide all the practical support necessary during the night providing the opportunity for the carer to rest for up to 2 consecutive nights.
1.26	The service will only be available to a limited number of people as part of a pilot phase and therefore only those assessed as being in the most urgent need can be supported. It is also not a solution that will be available or suitable in all cases. It is however anticipated that it will provide some

	welcome respite for those who do access the service. Evaluation of the impact will be necessary in order to inform longer term planning.
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2.00	RESOURCE IMPLICATIONS
2.01	Revenue: All the work to date within the CSTP has been resourced by external grant funding, with no direct impact therefore on council revenue or capital funds.
2.02	CSTP funding in 20/21 has been diverted with the agreement of WG to fund some of the system wide requirements resulting from the Pandemic, namely care home bed capacity increases and additional capacity within the Health Board's Home First Team.
2.03	The Programme Manager and Project Manager are fully funded by the CSTP Fund
2.04	The Dementia Respite Support Workers are being funded via the Integrated Care Fund until March 2022 subject to ongoing evaluation of impact.
2.05	No decisions have been made that would result in any revenue pressure from April 2021. The allocation of funds into the programme from April is not known at the time of writing this report, however scenario planning is ensuring that no revenue commitments for the council are included where any revenue requirements cannot already be met from existing resources if necessary.
2.06	Capital: there are no implications for the approved capital programme for either the current financial year or for future financial years
2.07	Human Resources: None currently identified other than as described in paragraphs 2.03 -2.05 above.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	Sustainability is a key risk where external funds are used to fund posts or new service developments. Exit planning for each development will be undertaken should any work be initiated in 2021/22. Existing work within the council relating to the CSTP have exit points and/or sustainability plans either established or currently being finalised for the end of March should funding not be continued next year.

3.02	The appointment of a Programme Manager and Project Manager posts in Flintshire represents no risk to the council. The appointments have been achieved through secondment from other internal roles. The establishment number has not therefore been impacted and when funding ends, all post holders affected can return to substantive roles.
3.03	The appointment of Dementia Respite Support Workers represents minimal risk to the council. In the event that external funding is not available beyond March 2022, the post holders will be transferred into the Home Care Service where there are ongoing recruitment needs.
3.04	The CSTP is directed primarily at meeting the needs of adults aged over 65, with a significant focus being placed on those with the most complex needs.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	No consultations undertaken or currently required outside of the partnership arrangements already in place for the Programme.

5.00	APPENDICES
5.01	North Wales bid on a page
5.02	East Area Community Model

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>A Healthier Wales. Welsh Government, 2019. https://gov.wales/healthier-wales-long-term-plan-health-and-social-care</p> <p>Transformation Fund Website, Welsh Government. https://gov.wales/health-and-social-services-transformation-fund-projects</p> <p>Transformation Programme Website, North Wales Collaborative https://www.northwalescollaborative.wales/transformation-programme/</p> <p>Social Services and Wellbeing Act (Wales), 2014. https://www.flintshire.gov.uk/en/Resident/Social-Services/Social-Services-and-Well-being-Wales-Act-2014.aspx</p>

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Karen Chambers, Community Services Transformation Programme Manager.</p> <p>Telephone: 01352 702536 (main office line)</p> <p>E-mail: Karen.Chambers@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
8.01	<p>A Healthier Wales, 2019 The national plan for Health and Social Care in Wales</p>
8.02	<p>Social Services and Wellbeing Act (Wales), 2014 The new Act which is a national driver for our service delivery and service commissioning shaping</p>
8.03	<p>Health and Social Care Localities A way of ensuring that health and social care providers work together to plan and deliver care to residents in geographical areas typically of 50,000-80,000 people. The intent is that a focus on local needs will help ensure systems and services are best able to meet those needs.</p>
8.04	<p>North Wales Regional Partnership Board The Board was established to meet the requirements of Part 9 of the Social Services and Well-being (Wales) Act 2014 to oversee Partnerships and Integration of Services. The North Wales Regional Partnership Board was established in April 2016 and met in shadow form until the Board became fully operational in September 2016. Flintshire is represented by the Cabinet Member for Social Services and the Chief Officer for Social Services</p>
8.05	<p>Locality Level Health and Wellbeing Profiles Information about the health and wellbeing status of a local population and factors which may impact on people's ability to maintain good health and wellbeing.</p>