Northumberland
County Council

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Date: 31 May 2022

Integration of adult social care with NHS community-based services

Report of the Executive Director of Adult Social Care and Children's Services

Cabinet Member: Councillor Wendy Pattison, Adult Wellbeing

Purpose of report

To update the Committee on changes being made to frontline adult social care services to integrate them more closely with key community-based NHS services.

Recommendations

This report is for the Committee's information.

Link to Corporate Plan

This report is relevant to the "Living" priority in the Corporate Plan.

Key issues

1. At the beginning of April, the front-line staff responsible for the core adult social care statutory functions of needs assessment and care and support planning moved into new teams designed to align more closely with the key NHS services that support people in the community with disabling long-term health conditions. This is the delayed first stage of the implementation of a programme of changes agreed following consultations with staff in 2019.

2. The aim of the changes is to address concerns that adult social care services had become too fragmented, and less closely integrated than they should be with key NHS community services.

3. 14 local "care and support teams" have been established, closely linked to GP practices and the six "primary care networks" which coordinate primary care across wider areas of the County. These teams will be responsible for coordinating the care of anyone with care and support needs whose main source of community-based NHS support is primary care services and the district nursing teams linked to primary care.

4. 6 community mental health teams and 4 learning disability teams have been established. These are being aligned with community mental health services operated by the Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust, and will work with people whose main source of NHS support in the community is expected to be CNTW's services.

Integration of adult social care with NHS community-based services

BACKGROUND

1. Introduction

1.1 During 2019, senior managers in adult social care consulted widely with front-line staff about how best to organise individual casework with people who have care and support needs. The starting point was a view that there was a need to step back from the details of particular parts of the service, and consider whether, as a whole, it had become undesirably fragmented, with service users being transferred more often than necessary between different teams and services, and with front-line teams having less consistent contact than they might with other professionals working with the same person.

1.2 Over the previous two decades, a number of changes had been made, with the aim of achieving greater efficiency and more focused use of professional skills. Many of these changes had been prompted by advice from national bodies and other local authorities about service models designed to enable local authorities to maintain adult social care services in the face of increasing population needs and expectations and constrained funding. Considered in isolation, many of these changes to service models had indeed improved the efficiency of particular stages in adult social care processes, but it was becoming apparent that in combination they were also having negative consequences for the overall functioning of adult social care, and for the quality of the experience of service users.

1.3 Changing partnership arrangements with local NHS bodies had also had some negative consequences. The Council's partnership with Northumbria Healthcare from 2011, which replaced the broader and more community-based partnership with the NHS which Northumberland Care Trust had been aiming to achieve between 2002 and 2011, strengthened important links with acute hospitals, but weakened links with NHS bodies responsible for services in the community. In particular, the Council's partnership arrangements with NHS mental health services, which had since the late 1990s involved integrated community mental health teams, with health and social care professionals operating within a single line management structure, became impossible to sustain because of the complexity of the governance arrangements in a situation where the teams had in effect become accountable to two different NHS foundation trusts as well as the Council. The formal partnership arrangement for community mental health services ended in 2013, and the integrated community teams were disbanded.

1.4 One of the core issues identified during the discussions in 2019 was that people in need of care and support were often being passed between a number of different teams, having to explain their situation again to each of a series of different professionals, and sometimes experiencing delays and failures of communication. At the point when someone first came into contact with adult social care, they might first have to explain themselves to teams based centrally and linked to the single point of access for adult social care (OneCall), then have their needs assessed by a social worker in a local social work team, and then have responsibility for their ongoing care and support transferred to a team of care managers (workers with

substantial social care experience who are not professionally registered). We heard during consultations about problems arising at each of these handovers. The discussions also covered more complicated issues arising when expert advice was needed from further specialist professionals, both within and beyond adult social care.

1.5 Following the consultations, it was agreed that changes were needed, and that the overall direction of change should be towards a system with fewer handoffs and closer links between all of the key health and social care professionals working with the same group of people with care and support needs. Overall, this would mean moving towards an arrangement in which frontline professionals responsible for assessing people's needs and arranging support would be grouped together into two kinds of team, each aligned with the most significant NHS professionals in the community:

a) **Care and support teams**, closely aligned with primary healthcare, and with the community health services which are also aligned with primary healthcare.

b) **Specialist teams**, closely aligned with the specialist services in the community operated by CNTW, which include community mental health services, specialist learning disability services, and a number of other specialist services linked to specific kinds of need, such as traumatic head injury or dependence on alcohol or drugs.

1.6 The intention was to begin to make these changes in 2020. A pilot care and support team was established linked to Alnwick medical group, discussions began with managers in CNTW about how best to align adult social care workers with their services, and joint arrangements were established with two specialist CNTW services, supporting people with head injuries and with drug and alcohol issues. The Covid pandemic then led to a pause. There was also a disappointing outcome to the review of the partnership arrangement with Northumbria Healthcare. The Council proposed changes to the partnership to enable it to develop into a multilateral partnership involving all key NHS bodies providing services in the community, but the Trust rejected this model because it would have made governance arrangements more complex. Active planning for the changes resumed in 2021, but was further delayed because the Trust was not prepared to support any organisational change processes beginning before the staff involved had transferred employment to the Council.

1.7 Formal HR processes in preparation for the first stage of the changes began soon after the transfer of staff in October 2021, and this first stage began in April of the current year, with the initial establishment of care and support teams and specialist teams. It is expected that these will continue to develop during this year and beyond, but the new model developed in 2019 is now beginning to take shape.

2. Care and support teams and primary care

2.1 For most adults with care and support needs, the key NHS services which support them in the community are organised around GP practices. Community health services not directly managed by practices, such as district nursing, are closely aligned with them. During the discussions leading up to the strategy adopted in 2019, we heard from a number of leading GPs that they still regretted changes

made more than a decade previously which had ended arrangements in which social workers and care managers had been based in some of the county's larger GP practices. We heard similar views from adult social care staff who had experienced those arrangements.

2.2 Physically basing adult social care staff in GP surgeries is unlikely in the foreseeable future to be a practicable option everywhere. However close alignment of the caseloads of adult social care workers with GP practice lists is much more achievable, and can realise some of the same benefits. Experience suggests that if professionals have aligned caseloads, so that they are regularly discussing with each other issues about shared cases, this makes mutual understanding and trust much easier to achieve.

2.3 In recent years, the NHS has been developing a new level of shared working between GP practices, who have been required to join "primary care networks" (PCNs). PCNs are intended to be a mechanism for developing shared services at a level above individual practices, typically serving a combined population of between 30,000 and 50,000 people – though in Northumberland and elsewhere in the country local geography has meant that some PCNs are outside this range of sizes.

2.4 The original national model was that each PCN would ordinarily include all practices serving a defined geographical area. In practice, in Northumberland, the arrangements that have developed are rather more complicated. Initially, six PCNs were created, but one of these was based on the merger of three large practices in south-east Northumberland (Wellway, Lintonville and Brockwell) to form Valens Medical Group. Valens has surgeries in most major settlements in South East Northumberland other than Blyth, but in most of the area which it covers there are also other practices operating, which are members of geographically-based PCNs. Since April 2022, there has been a further departure from the geographical model, with the five GP practices operated by Northumbria Healthcare establishing a separate PCN. These practices are geographically scattered, including surgeries in Haydon Bridge, Rothbury, Ponteland, Cramlington and Seaton Delaval.

2.5 Care and support teams have been aligned with PCNs, except in the case of the Northumbria PCN, where the geography would make alignment impractical. The Northumbria practices will be served by the teams aligned with the PCN for the geographical area where they are based. In south-east Northumberland, because of the smaller travelling distances involved, alignment with the non-geographical Valens PCN is less problematic, and in fact even before the formal organisational changes in April this year there had been particularly encouraging developments in joint working with Valens, including regular participation of adult social care workers in practice-based multidisciplinary teams.

2.6 Across the county, 14 locally based care and support teams have now been created. Currently these consist of social workers and care managers, but we will be keeping under review the potential benefits of moving further staff into these teams. While it is too early for any assessment of the overall impact of the introduction of these teams, initial feedback from staff is that the more flexible and informal arrangements for working together brought about by the change are being viewed positively.

3. Specialist teams and CNTW services

3.1 In the period leading up to the consultations in 2019 there were particular reasons for concern about the weakened link between social care and NHS community mental health services. In a small number of cases where care arrangements had gone seriously wrong, limited communication between adult social care staff and CNTW professionals appeared to have contributed to the outcome, and in a larger number of cases unnecessary difficulties had developed because staff in social care teams were unaware of CNTW involvement with the person, or had too little contact with CNTW professionals to be clear how best to call on support from appropriate specialists. One of the key objectives of closer integration in mental health services is to ensure that services maintain consistent contact with people with enduring mental health conditions, so that any deterioration in their condition can be identified as early as possible and appropriate support provided.

3.2 Six community mental health teams and four learning disability teams began operation in April, initially aligned with PCNs. Currently, CNTW are in the process of planning reorganisation of their community mental health teams, as part of a broader programme of transformation of their community mental health services. Their teams are currently based on older geographical localities, but they are intending to align them more closely with PCN arrangements, and we are in discussion with them about how we can best align the social care and NHS teams. The social care community mental health team aligned with the North PCN will also take countywide responsibility for coordinating social care support for people who are also being supported by the specialist CNTW service for people with traumatic head injuries.

3.3 Learning disability nurses formerly employed by Northumbria Healthcare will shortly be transferring to CNTW, where they will continue to work as part of an integrated service with the adult social care staff. We are exploring with CNTW what formal partnership agreements may be desirable to ensure that social workers and nurses can operate flexibly across health and social care, with nurses continuing to be able where they are the lead professional to carry out needs assessments under the Care Act on behalf of the Council, and social workers potentially again taking on the formal role of care coordinator for people whose NHS support is organised through the "care programme approach", as used to be the case before the former partnership arrangement ended in 2013.

3.4 Currently, there is no plan to return to the fully integrated community mental health and learning disability teams which existed under the former partnership, but in the medium to long term no options have been ruled out.

4. Future developments

4.1 The changes to teams introduced in April this year are expected to be only the first stage of a process which will evolve in the light of experience.

4.2 One early further step will be a relaxation of the expectation that all new referrals should be routed through the "single point of access" at Foundry House in Bedlington. As care and support teams develop their links with primary care, it is expected that a growing proportion of referrals will be made directly to local teams

by GPs or nurses. There have also been initial discussions with CNTW managers about joint referral arrangements in mental health teams.

4.3 In the medium-term, we expect further developments to include moves towards co-location of specialist teams with CNTW services, and exploration of options for basing care and support teams or team members in GP practices. The context for this has changed since 2019 because of experience over the past two years of remote working and online meetings, and we expect to experiment with a variety of ways of strengthening informal interactions between social care and health professionals.

4.4 If these developments, and agile working arrangements more broadly, lead to frontline staff working from a wider range of bases, there will also be a need to review back office support arrangements. In this case, the best option may turn out to be a rather more centralised service, focused on ensuring that the financial and contractual aspects of commissioned services are administered by staff with the right training and support to ensure that no errors are made. Already within the existing arrangements the complicated financial arrangements that have operated over the past two years because of special NHS Covid funding schemes have stretched the capacity of generalist administrative staff supporting social work and care management teams, leading in some cases to misunderstandings that have delayed payments to care providers and resulted in backdated charges for service users. Planned national changes to social care funding and charging mechanisms are likely to create further challenges.

4.5 We will also be reviewing whether it would be beneficial for further groups of adult social care staff to move into care and support teams or specialist teams from services which are currently centrally based or separately organised. Plans will be developed in discussion with staff, and after considering carefully the balance between on the one hand the benefits of specialisation and peer support from others with the same professional skills or carrying out the same tasks, and on the other hand the benefits of working in a multidisciplinary team supporting the same group of service users. There will always be arguments on both sides of this question, and during the consultations in 2019 and subsequently we have heard some strong views expressed by staff about the benefits of specialist teams and the peer support which they provide. Our starting point will continue to be the view that service users benefit from the professionals who support them working together as closely as possible, and that any arrangements which we make should be designed with that aim.

IMPLICATIONS ARISING OUT OF THE REPORT

Policy	The developments described in this report are designed to further the Council's long-standing objective of maximising integration between adult social care services and closely related NHS services.
Finance and value for money	The organisational changes described in this report have been implemented within existing budgets.

Legal	Any formal partnership agreements required as a result of the developments described in this report are expected to take the form of Section 75 agreements under the NHS Act 2006. In the case of mental health services, the joint health and social care after-care duty under section 117 of the Mental Health Act 1983 is an important part of the framework for joint working, and proposed changes to the aftercare duty will be considered as part of the programme of future work with CNTW.
Procurement	No implications.
Human Resources	The organisational changes were implemented in line with the council's HR policies. No redundancies were required.
Property	There are no immediate implications. If co-location arrangements are proposed at a later stage in this process, they will be reported separately through the council's usual processes.
Equalities (Impact Assessment attached) Yes ☐ No ☒ N/A ☐	This report is for information.
Risk Assessment	Not required.
Crime & Disorder	Forensic mental health and learning disability services are among those which we are aiming to integrated as closely as possible with CNTW.
Customer Considerations	One stimulus for the review which led to the strategy described in this report was complaints from service users linked to the fragmented process for responding to new referrals.
Carbon reduction	No direct implications.
Health and wellbeing	The services covered in this report are crucial for the health and well-being of some of the county's most vulnerable residents.
Wards	All

BACKGROUND PAPERS

There are no background documents for this report within the meaning of the Local Government (Access to Information) Act 1985.

Report sign off.

Authors must ensure that officers and members have agreed the content of the report.

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