

Integrated Care Board

Date of meeting	3 May 2023
Title of paper	Community Health Services Transformation
Presented by	Sarah O'Brien (Chief Nursing Officer) and James Fleet (Chief People Officer)
Authors	Sarah O'Brien and James Fleet
Agenda item	8
Confidential	No

Purpose of the paper

It is the ICBs ambition and vision to have a world class and community-centric health and care system, consequently, a key transformation priority for the ICB is to address the variation in community health services and shift the balance of resource from the acute sector to integrated community teams. This will support improved health outcomes in local populations, address health inequalities and keep more people out of hospital. Through transforming community services the LSC system will be able to better support people to stay well through identifying those in the community at risk of deterioration and offering them proactive personalised care and support.

The aim of this paper is to present to the Board an overview of the current variation in community health service offer, to outline the vision and work plan for transforming these services to better meet the health and care needs of LSC's communities, as well as support greater efficiencies in the use of patient capacity and resources. This paper also seeks approval to progress with an immediate and significant piece of work to stabilize, strengthen and integrate the provision of Community Services within BwD, through a contract transaction between LSCFT and ELTH in Autumn 2023.

Executive summary

A core ambition of the NHS Long Term Plan is to move more care out of hospital into community settings. Therefore, enabling the shift from care within acute hospital settings to a greater emphasis on people being supported within their communities.

Nationally, community health services have had relatively less investment than the acute sector and despite widespread agreement that more resource needs to be directed into community care away from acute hospitals many systems have found this difficult to achieve. This is evident in Lancashire and South Cumbria (LSC) where there is significant variation across the previous CCG footprints in: community service funding, contractual arrangements, service delivery, clinical models and outcomes.

The vision for the community health services transformation programme is to create a strong foundation for the establishment of integrated community services across the four Lancashire and South Cumbria places that support and enable people to live healthier lives for longer in their own homes.

Some elements of community service transformation will take 1-3 years to achieve but there are some early wins and as outlined at previous board meetings it is imperative that while working towards long term system change, we also deliver where possible early and immediate improvements.

This transformation programme will have two distinct components, one aspect will be Community Services Baseline work where we will undertake a comprehensive baseline of community services to identify gaps and unwarranted variation which will need addressing so that each of the four place-based partnerships are supported by appropriately resourced community health teams working within agreed 'system wide principles' for delivery and some shared system outcome measures. The second component will be the Transforming Community Services work which will involve three focused pieces of work relating to BwD and East Lancashire, Central Lancashire and West Lancashire. Further transformation may be required for South Cumbria and Blackpool depending on the outcomes of the Baseline work

Currently community health services across LSC are variable and this is a causal factor in some of the inequity of access and outcomes across the four places and this transformation work is key to enabling the ICB to address this.

Recommendations

The Integrated Care Board is requested to:

1. Note the current challenges due to variations in the resourcing, contracting and delivery models for community health services across LSC.
2. Note the two distinct projects as components of the Community Transformation Programme.
3. Support and approve the immediate piece of work to stabilize and strengthen the provision of Community Services within BwD, through a contract transaction between LSCFT and ELTH in Autumn 2023.
4. Note the potential for future business cases to address gaps in resource allocation to community health services.

Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes
Various executive, provider and place discussions regarding the transformation of Primary and Community services.	December 2022-March 2023	Community Services Transformation formally approved as one of four priority system workstreams, along with; Integrated Neighbourhood Teams, Care Sector and Intermediate Care. Regular governance and

				reporting to this forum from April 2023.
ICS Delivery Board				Community Services workstream approved and supported.
Conflicts of interest identified				
'not applicable'				
Implications				
(If yes, please provide a brief risk description and reference number)	Yes	No	N/A	Comments
Quality impact assessment completed			x	For each stage of the programme these will be completed
Equality impact assessment completed			x	For each stage of the programme these will be completed
Data privacy impact assessment completed			x	
Financial impact assessment completed			x	This will be applicable once baseline work is completed
Associated risks	x			Not completing this work will result in inadequately resourced community services continuing to be a contributing factor to system wide challenges in UEC, prevention and management of Long Term Conditions
Are associated risks detailed on the ICB Risk Register?	x			Some risks associated with community contracts are on risk register

Report authorised by:	Professor Sarah O'Brien, Chief Nursing Officer
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Integrated Care Board – 3 May 2023

Community Health Services Transformation

1. Introduction

- 1.1 A core ambition of the NHS Long Term Plan (reiterated in the guidance and legislation for Integrated Care Systems) is to move more care out of hospital into community settings. Therefore, enabling the shift from care within acute hospital settings to a greater emphasis on people being supported within their communities and the place they call home.
- 1.2 Lancashire and South Cumbria (LSC) Integrated Care Board (ICB) recognises the pivotal role for community health services in prevention and improved health outcomes when working in an integrated approach with primary care, social care and wider partners to support local communities in places and neighborhoods.
- 1.3 The agreed narrative for Place development in LSC highlights the significant role of integrated community services in models which provide anticipatory neighbourhood-based care, ongoing support to remain at home and community based short term care and crisis intervention.
- 1.4 Community health services cover a wide range of services and provide care for people from birth to the end of their life. Community health teams play a vital role in supporting people with complex health and care needs to live independently in their own home for as long as possible. Many services involve partnership working across health and social care teams, made up of a wide variety of professionals including GPs, community nurses, allied health professionals, district nurses, mental health nurses, therapists and social care workers. The ICB and emerging arrangements in place provide a real opportunity to move this partnership approach to a much deeper level of integrated working.
- 1.5 Nationally community health services have had relatively less investment than the acute sector and despite widespread agreement that more resource needs to be directed into community care away from acute hospitals many systems have found this difficult to achieve. This is evident in Lancashire and South Cumbria and the out-of hospital sector has been financially squeezed significantly for well over two decades and this lack of funding has left large gaps in the numbers of care workers available to look after people in their homes.
- 1.6 There is significant variation across the previous CCG footprints in: community service funding, contractual arrangements, service delivery, clinical models and outcomes. Whilst some of this variation is warranted, there is a need to

develop a consistent approach and framework for the transformation, planning and delivery of community health services across the LSC footprint.

- 1.7 It is our ambition and vision to have a world class and community-centric health and care system. A key transformation priority for the ICB is to address the variation in community health services and shift the balance of resource from the acute sector to invest in scaling-up prevention, including establishing integrated community teams that will support improved health outcomes in local populations. Evidence suggests that investing in community teams will prevent admissions and speed-up discharges, through joined up anticipatory care planning, providing urgent community response and effective Intermediate Care services.
- 1.8 Some elements of community service transformation will take 1-3 years to achieve but there are some early wins and as outlined at previous board meetings it is imperative that while working towards long term system change, we also deliver where possible early and immediate improvements.
- 1.9 The aim of this paper is to present to the Board an overview of the current variation in community health service offer, to outline the vision and work plan for transforming these services through some immediate changes and some longer-term transformation that will ensure we have world class integrated community teams that can better meet the health and care needs of LSC's communities, as well as support greater efficiencies in the use of patient capacity and resources.
- 1.10 This paper also seeks approval to progress with an immediate and significant piece of work to provide a sustainable, strengthened and integrated model of Community Services within Blackburn with Darwen (BwD), through a contract transaction between Lancashire and South Cumbria Foundation Trust (LSCFT) and East Lancashire Trust Hospitals (ELHT) in Autumn 2023.

2. Current Status of Community Health Services

- 2.1 Within LSC historically, the commissioning approach to community health services varied across the former CCGs resulting in differing models from vertical integration (with acute Trusts) to Horizontal integration (with primary care, social care and other partners at place level) or a combination of both.
- 2.2 Three out of four of the acute Trusts deliver community services and this is associated generally with more effective operational delivery and outcomes are typically better.
- 2.3 In East Lancashire in particular, there is a robust model of vertically integrated community services with high performance in areas such as virtual wards, low levels of 'Not Meeting Medical Criteria to Reside' and a strong ethos and commitment to integrated community teams within the acute trust senior leadership team. We want to build on this learning and underpin this transformation work with the evidence from our highest performing integrated community services.

- 2.4 The level of resource invested by the CCGs varied as did the service specifications within contracts. Consequently, staffing levels are variable and may not reflect local population need. Additionally, new guidance on community safe staffing has been published and needs reviewing with community providers.
- 2.5 Community services have traditionally been commissioned through block contracts, but this is problematic. The National Community Service baselining exercise which took place in August 2021 demonstrated how difficult it was to show consistency and comparisons across LSC providers due to differences in finance lines, service descriptors, performance, and workforce working across several service lines. Finance and performance descriptions often do not match service specifications and delivery models across providers.
- 2.6 Within existing block contracts there is unwarranted variation, with several different service specifications and contract variations across LSC. Furthermore, even within the same service specification we have noted different delivery expectations and clinical models due to historic agreements. For example, in one area District Nursing teams will pick up CHC reviews and in another they don't which adds burden to CHC delivery. We have other examples of variation across providers / places in levels of therapy for the same intervention and variation in professional leadership, some retaining a medical model whilst others promote Allied Health Professional (AHP) or nurse leadership.
- 2.7 The current variation in contracts and financial allocations to community services will be a challenge for the ICB as we complete this work and look at future contracting and potential procurement options. Board will receive more detail on the contracts for community services in a part two briefing due to the potential commercial sensitivity of this information.
- 2.8 Many service specifications are out of date and do not reflect the complexity of current demand for care in the community, rising care needs of the population, the system's ambition to reduce ill health and inequalities and associated with this the major opportunity for LSC to reduce acute hospital capacity through greater investment and focus on bolstering prevention, community and primary care services.
- 2.9 For Blackburn with Darwen (BwD), the community service model is disjointed because the majority of provision sits in one provider (ELTH) with a strong track record delivering outstanding community services, yet other elements are provided by a different provider (LSCFT) with less resilience in this part of the patch. This challenge was highlighted in Autumn 2022 when LSCFT moved the responsibility of 2-hour community emergency response to ELTH to support improved delivery across BwD and East Lancashire. However, this has impacted further on service resilience issues in LSCFT and it is now recognised by both providers and the ICB that a whole scale transfer of NHS adult community services would improve and address fragility issues including difficulty in recruitment and could quickly support a more robust, consistent and sustainable offer for both BwD and East Lancashire patients.

- 2.10 There are also variations in how community specialist nursing and AHP services are provided that don't always support end to end patient pathways from acute to home and we have some stark examples of this in long term conditions such as stroke and diabetes. This programme of work provides the opportunity to fully explore major workforce transformation opportunities that exist, to improve quality and operational efficiency and productivity, as well as maximise the benefits of integration. Building a multidisciplinary team approach where staff from health, care and voluntary sector organisations work together in an integrated way will provide tailored support that helps people and their carers to live well and independently at home for longer.
- 2.11 This will be supported by workforce transformation which has been identified as one of the priority areas for focus by the ICB People Board and will be a major component of the systems five-year Workforce Strategy.

3 Transformation Programme

- 3.1 The vision for the community health services transformation programme is to create a strong foundation for the establishment of world class integrated community services across the four Lancashire and South Cumbria places that support and enable people to live healthier lives for longer in their own homes.
- 3.2 Given the strong rationale that has been set out within this paper, there is an ambition to move as quickly as possible, however before we can fully deliver on our ambitions and realise the benefits of integrated neighbourhood teams in each of the four places, we need to undertake a comprehensive baseline of community service models to fully understand the unwarranted variation
- 3.3 Gaps and unwarranted variation will need addressing so that each of the four place-based partnerships are supported by appropriately resourced community health teams working within agreed 'system wide principles' for delivery and some shared system outcome measures.
- 3.4 To meet the programme vision to reduce unwarranted variation and provide a strong foundation for future placed-based integrated community care the transformation programme will undertake two significant enabling projects, which will be led by a dedicated programme lead and supported by the emergent ICS Programme Management Office (PMO). The projects and indicative timelines are summarised below:

Community Services Baseline:

1. Complete a comprehensive baseline mapping of existing services in relation to funding, service model, clinical pathways and workforce. Identify gaps and unwarranted variation across LSC. This will be completed by September 2023.
2. Develop any necessary business cases to address resource gaps identified in the baseline mapping and explore the full extent of opportunities to transform

the workforce model, to support deeper integration, as well as drive efficiency and productivity gains. To be completed by December 2023.

3. Develop and agree system wide 'principles and outcomes' to underpin the delivery of community health services in each of the four places, including clinical models for nursing and therapy. To be completed by April 2024.

Transforming Community Services:

1. Resolve urgently the disjointed and fragile provision of community services in BwD / East Lancashire including an immediate piece of work which will target a contract transaction between LSCFT and ELTH in Autumn 2023. A task and finish group, reporting into the Transforming Community Services programme, has been assembled, bringing together representatives from the ICB nursing leadership team, the Director of Health and Care for BwD, LSCFT and ELTH to undertake the rapid planning and enabling activities that will be required to achieve this ambitious timeframe, including obtaining the necessary procurement input and support.
2. Recognising some historical strategic commissioning weakness in Central Lancashire, undertake a transformation piece of work for services in Central Lancashire and establish a community services partnership board led by the Place lead but with key input from Lancashire Teaching Hospitals (LTH) and LSCFT to work towards vertically and horizontally integrated community services, by April 2024.
3. Recognising ICB boundary challenges and some historical commissioning complexities, undertake a transformation piece of work in West Lancashire with a view to re-procurement in 2024/25.

Note: the baseline assessment will determine what/if further transition / transformation work is required in Blackpool, North Lancashire and South Lakes. Similarly, any gaps identified for BwD / East Lancashire will be addressed after the baseline mapping and not as part of the transaction in Autumn 23/24.

- 3.5 The services in scope for this work will be all those included in the baseline mapping which is anticipated to be: Adult Community Nursing, Adult Community Specialist Nursing and Adult Community Therapy.
- 3.6 Further discussion is required regarding the inclusion of children's community health teams (not 0-19 services which are commissioned by Public Health) and this will be reviewed once the baseline mapping is completed.
- 3.7 Simultaneously, transformation work to develop Integrated Neighbourhood Teams and to review Intermediate Care delivery models across LSC will be ongoing and will complement this programme. Furthermore, the four Directors for Health & Care Integration will be working closely with all partners in Place to develop at pace deeper collaboration and integration.

- 3.8 The programme will be led jointly by ICB Chief Nurse and Director Health and Care Integration for South Cumbria, both of whom have a clinical background and together bring extensive experience in the delivery and transformation of community services.
- 3.9 There will be robust programme management and governance with a Community Services Programme Board reporting into a Transforming Community Care Board, which is chaired and led by the ICB Chief People Officer (ICB Executive Transformation Lead) and the programme will have a robust Clinical Reference Group chaired by the ICB Chief Nursing Officer comprising community service clinical leads (nursing and AHP) from across LSC, as well as support from the ICS PMO. This work programme also aligns with the People Board priorities and workplan.
- 3.10 Patient and carer reference groups will also be used to ensure a high level of engagement and the four place-based partnerships will also be closely engaged and consulted with throughout the programme.
- 3.11 On completion of the programme all community contract service specifications will be reviewed against the outcomes of project 1 and 2 and re-written to ensure they are underpinned by the agreed system wide principles and core delivery aims but with flexibility to meet the requirements of place-based partnership priorities.

4. Conclusions

- 4.1 Currently community health services across LSC are variable in resource, contract arrangement and clinical and operational delivery models because of historical variations in commissioning across CCGs. This is a causal factor in some of the inequity of access and outcomes across the four places and this transformation work is necessary to address this.
- 4.2 The ICB has set an ambitious vision for transforming community services within LSC with some early immediate wins and some longer run strategic changes. The overarching aim for the Transforming Community Services Programme is to embed well resourced, high performing integrated community health teams in each of the four places to enable the ICB to deliver its population health ambitions and to be able to drive better flow, better experience and better outcomes for the residents of LSC.

5. Recommendations

- 5.1 The Integrated Care Board is requested to:
1. Note the current challenges due to variations in the resourcing, contracting and delivery models for community health services across LSC.
 2. Note the two distinct projects as components of the Community Transformation Programme and the major opportunity that exists to create a sustainable and integrated workforce model for the future.

3. Support and approve the immediate piece of work to stabilize and strengthen the provision of Community Services within BwD, through a contract transaction between LSCFT and ELTH in Autumn 2023.
4. Note the potential for future business cases to address gaps in resource allocation to community health services.

Sarah O'Brien (CNO) and James Fleet (CPO)

20th April 2023