



### Health and Wellbeing Board 11<sup>th</sup> September 2015

## COMMUNITY & CARE CO-ORDINATORS PROJECT

### Responsible Officer

Email: [Stephen.Chandler@shropshire.gov.uk](mailto:Stephen.Chandler@shropshire.gov.uk) Tel: 01743 253704 Fax:

---

## COMMUNITY & CARE CO-ORDINATORS PROJECT

### 1. Introduction

- 1.1 The Community & Care Co-ordinators project is currently on of Shropshire's 11 Better Care Fund Schemes. The C&CC project began as a pilot in October 2012. Initially 26 practices were engaged in the project covering a population of 220,000. The project was introduced to explore how practices might better manage increased demand. It looked specifically at the growing older population and those with long-term conditions and how within the health and social care economy effort can be made to work in a more collaborative and integrated fashion to better support the most vulnerable numbers in the community and reduce demand upon the health and social care economy.
- 1.2 The aims of the project were founded in the context of increasing prevalence of older people, increasing numbers of people with long term conditions, increasing demand on primary care, increasing hospital admissions and a growing awareness of the impact unmet health and social care need, isolation and loneliness can have on the health and well-being of individuals. Following the presentation of the project evaluation paper of October 2013 to Shropshire CCG's Clinical Assurance Panel, it was decided in the summer of 2014 to roll the project out to as many of the 44 Shropshire practices as possible.
- 1.3 There are currently 40 practices (population 288,062) participating in the project although not all practices have their positions filled. The project is running with four vacant positions (10%). There are discussions with a further two practices and it is hoped that in the near future we can have 100% take up by all of Shropshire CCG practices. A more recent development has been the response of the Care Quality Commission's (CQC) inspectors when carrying out inspections of Shropshire medical practices. In the last four inspections they have highlighted the role and function of the C&CCs as 'outstanding practice' giving them specific mention in the final report.

### 2. Recommendations

- The Health and Wellbeing Board is asked to note the progress and positive impact of the Community & Care Co-ordinator project to date
- The Health & Wellbeing Board is asked to endorse the view from the Better Care Fund Performance, Finance and Contracts Group that the project should move to a position of recurrent funding.

## REPORT

### **3. Purpose of Report**

- 3.1 To provide an update on the progress of the Community & care Co-ordinators Project and to highlight the request for recurrent funding.

### **4. Background**

- 4.1 The C&CC provides a focal point to build on the resources and networks of the community to support people to live independently for longer, ensure individuals receive the correct level of care rather than placing people in care settings that are of higher dependency than their needs require and have a direct impact on reducing hospital admissions. Evaluation of the project in 2013 assessed information available for 3-months pre and 3-months post intervention by the C&CC. The result of the evaluation was to secure funding to ensure roll-out to other practices in the CCG.
- 4.2 The current evaluation reported to Shropshire CCG's Clinical Assurance Panel and Quality Performance and Resources Committee is strengthened by virtue of the more longitudinal data available (12-months pre and post-intervention). This data can be made available on request. The evaluation shows that C&CCs have made a difference. It has proved to be a cost-effective way of channelling the unmet social care needs through to the independent and voluntary sector. It has also demonstrated that identifying unmet social care need at an early stage can reduce future demand.
- 4.3 There is strong evidence that the C&CCs interventions have reduced GP appointments, reduced A&E attendance, reduced hospital admissions, reduced Shropdoc calls and very significantly increased the involvement of the voluntary/independent sector in peoples' lives. However, the current non recurrent funding arrangement compromises the ability of the scheme to operate sustainably and fulfil its full potential, in particular because of the impact on staff working within the scheme.

The project has been viewed positively by NHS England with the likely roll-out nationally.

Discussions are underway with local universities to undertake an academic evaluation

### **5. Engagement**

- 5.1 Patient, public and voluntary sector involvement is key to the work of this project. Engagement has been undertaken with:
- The LTC Patient Reference Group
  - Patient engagement, via patient stories and testimonials

6. **Risk Assessment and Opportunities Appraisal** (including Equalities, Finance, Rural Issues)

6.1 **Performance Implications**

- Anticipated reduction in emergency admissions and A&E attendances
- Increasing community and third sector involvement in supporting local population

6.2 **Quality Implications**

- Patients requiring support identified earlier, unmet needs are met earlier
- Regular and improved training and education for primary healthcare team, reducing variation and improved quality
- Closer working relationships to improve patient access to services
- Improved access/use of voluntary sector organisations
- Significant improvement in patient and carer experience, isolation and loneliness, as evidenced by testimonials

6.3 **Financial implications**

- The full costs assuming participation of all 44 Shropshire practices and including associated travel and support/training costs would be £370,433.38. This equates to £13.33 per hour or £49.72 per session.
- The project has been funded as a pilot; however, evaluation of the pilot shows anticipated cost savings in the range of **£250,000 to £700,000**, after the costs of the project are accounted for. As Community & Care Co-ordinators offer a range of support the savings made may vary from intervention to intervention. This savings range is based on estimates of interventions at these varying levels of complexity
- Recurrent funding has been requested and approved by the CCG and the BCF Finance, Performance and Contract group and the Health & Wellbeing Board is asked to support this position.
- It is also highlighted that if in the future the BCF should cease to exist the ongoing funding of the CCC scheme would revert to the CCG

6.4 **HR/Personnel implications**

- Currently have 8 vacancies for C&CCs in practices (35 &CCs in total at present), however, if recurrent funding is secured, this situation is likely to change very quickly

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**Cabinet Member (Portfolio Holder)**

Cllr. Karen Calder

**Local Member**

all

**Appendices**

None