

Case study- Derbyshire Community Health Service NHS Foundation Trust

Background

Derbyshire Community Health Services NHS Foundation Trust (DCHS) serves a population of more than one million people by providing a wide range of services to people's homes, in 11 community hospitals and in more than 30 health centres across Derbyshire, making it one of the largest providers of specialist community health services in the country. DCHS is part of Joined Up Care Derbyshire, the county's Integrated Care System (ICS), which brings together 12 partner organisations from across the NHS, local councils, the voluntary and community sector, the fire and rescue service and the police.

The case for integrated working in Derbyshire

While there are several operational challenges for Joined Up Care Derbyshire, workforce pressures in the social care sector are viewed by the team at DCHS as a significant challenge for the local system. Data shows that the number of patients waiting for a package of care in Derbyshire has been increasing at an accelerated rate over the last few months, while there are a large and rising number of vacancies in the social care sector and a high rate of staff turnover.

Workforce pressures in social care are impacting on the wider health and care system in Derbyshire, and are viewed as contributing to delayed discharges from acute settings. For instance, there were recently 98 medically fit patients awaiting discharge at the Royal Derby Hospital meaning that two new wards, staffed by clinical personnel, had to be opened to care for these patients. This was seen as both costly to the public purse, and detrimental to the outcomes and experience of patients, who were mostly in need of packages of care or support at home.

Exploring potential solutions across the ICS

In Derbyshire, recent interventions have focused on supporting capacity in the care home sector. This approach has been pursued as the footprint that the Joined Up Care Derbyshire ICS covers has a significant, and uniquely large, portfolio of council-led care homes.

DCHS has been working closely with the local authority to support challenges with workforce capacity. As a large local employer, and the lead provider of the COVID-19 vaccination programme, DCHS has a sizeable bank of temporary staff, and has been exploring ways to support the care home sector by sharing temporary staff with local authority run care homes.

The team at DCHS note that, although this is a straightforward model for sharing resources, there have been some barriers to delivery. Firstly, legislation making COVID-19 vaccination mandatory for all staff deployed to care homes came into force on 11 November, creating a new consideration and additional challenge to the pooling of this temporary workforce. In addition, there are medical regulations around working in certain settings and the gap between different deployments, which has again created a barrier to deploying temporary staff flexibly across different settings.

Despite these challenges, the team at DCHS say that progress has been made in delivering this model at scale, as evidenced by the fact that they are now in discussions with the local authority about developing Service Level Agreements and sharing overheads and management costs.

As a lead provider of the COVID-19 vaccination programme, DCHS is also part of a nationally funded people project called 'Landmark', which will give lead providers the flexibility to redeploy or transition the temporary workforce hired to deliver the vaccination campaign into providers or into an agile workforce that can be deployed across settings (including social care). As such, DCHS

believes that the pooling of temporary staff will be an important approach both now, and in the longer term, as the shape of demand changes.

Alongside this, Joined Up Care Derbyshire ICS is also undertaking longer-term strategic work to explore how the trust can work with the local social care sector to address some of these workforce challenges in the area.

As part of this, Joined Up Care Derbyshire ICS has been looking at ways to scale up and improve the existing apprenticeship offer for social care roles. At present, there is a high level of attrition within the entry-level healthcare support apprenticeship, with many apprentices leaving to take up higher-paid substantive posts elsewhere in the health and care system. Considering this, DCHS is exploring ways to encourage apprentices to stay on through the scheme, including by offering an onward apprenticeship, which is not restricted to healthcare support, or by providing a credit-based reward mechanism for apprentices. Some of these options have been inspired by conversations with the British Army's engagement team about their approach to recruitment and retention, which includes a strong rewards system and development offer.

Furthermore, the team are also looking at the potential to fundamentally change the base rate of pay for care workers in the social care sector. While initial modelling suggests that this would require significant additional funding, Joined Up Care Derbyshire ICS is starting to explore the potential to deliver a model where an agile workforce is employed by the NHS (as there is a strong brand and minimum terms and conditions), and then strategically redeployed back into the private, voluntary and independent (PVI) sector. However, there are outstanding questions about whether this would mean simply offering current PVI employees an enhanced rate with better terms and conditions, and how this could be done without disrupting existing market provision.

Challenges and opportunities of further integration between health and social care

The team at DCHS say that the key barrier to integration relates to a lack of parity across the pay, terms and conditions of different roles across the system. While there are positive examples of teams working together at a unit level - for instance at discharge centres in acute trusts or the co-location of community teams within GP practices – it is challenging to deliver this at scale and level up on pay and terms and conditions. For example, a multi-disciplinary team with staff from primary care, community services and social care operates to deliver domiciliary care services in the area, and there are significant differences in pay between members of the team (which will increase as the Agenda for Change pay uplift comes in). This is viewed as having a negative impact on staff morale and retention in the social care sector.

Despite these challenges, the team at DCHS see significant opportunities associated with integration and the move towards system working. In particular, provider collaboratives provide a significant opportunity to deliver better joined-up care and drive strategic commissioning which can benefit the whole system as well as individual patients and outcomes.