

## **Agreement to Delegate Duties to named staff in Transfer of Care Hub**

Date: 22/8/22

Report of: Deputy Director, Adults and Health

Report to: Director of Adults and Health

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

### **Brief summary**

As part of the System Flow programme, a Transfer of Care Hub has been developed in Leeds Teaching Hospital Trust, St James University Hospital site. Developed as part of the Alliance between Leeds City Council and Leeds Community NHS Healthcare Trust it is a multi-disciplinary team. The multi-agency team have identified tasks that the identified health case manager staff could undertake on behalf of the Local Authority in carrying out the duties under the Care Act 2014. These tasks are defined as delegated duties. The Delegated Duties Agreement outlines the specific tasks, the specific roles that are to undertake them and how the agreement will be managed, reviewed and effectively governed. Responsibility for the operation of the Agreement sits with the Director of Adults and Health and the Alliance Board. Ultimate responsibility for the decision to delegate sits with the DASS. The DASS can then delegate day-to-day responsibilities to Alliance Board but she will retain responsibility for how Care Act 2014 statutory functions are exercised.

### **Recommendations**

- a) Approve the agreement to delegate the Care Act 2014 statutory functions to LCH as set out in the delegation agreement between Leeds City Council and Leeds Community Healthcare NHS Trust.
- b) Note the agreement will be reviewed in August 2023.

## **What is this report about?**

- 1 As part of the development of the Discharge to Assess approach to hospital discharge which was set out in guidance originally published by the Department of Health and Social Care in March 2020, and subsequently revised most recently in June 2022, there have been a number of initiatives, projects and changes made to the way in which the hospital discharge and system flow processes operate in Leeds. One of these is the Transfer of Care Hub (TOC) which was led and piloted by Adult Social Care and Leeds Community NHS Healthcare Trust (LCH) in November 2021. It currently sits within the remit of the System Flow Programme Board, led by Mike Baker. The Senior Responsible Officer for the workstream is Sam Prince, Chief Operating Officer, LCH. The TOC manages the discharge of any patient from LTHT and also Leeds and Leeds resident who requires support to return home from other out of Leeds hospitals. It supports people to return home, to access a range of intermediate care or step down services, and only when required, to move to a new permanent residential or nursing care placement.
- 2 Approval was given in April 2022 by the Integrated Commissioning Executive for the recruitment of additional posts in order to create a fully functioning multi-disciplinary and multi agency team. Recruitment for this team by both LCC and LCH is underway and the Transfer of Care Hub will be fully established by September 2022.
- 3 Since last November there has been a crisis in social work recruitment and despite being given additional resource for staffing in the TOC, it has not been possible to recruit fully to the team during 2022, and as a result creative options have been developed to offset this demand and continue to develop and deliver the TOC.
- 4 Leeds Community NHS Healthcare Trust (LCH) have had more success in recruitment especially to a role called Health Case Manager (Band 5) and these staff, co-located with the social workers and social work managers in the TOC, are being asked to undertake delegated duties – duties of the local authority under the Care Act 2014, that will be fulfilled by LCH staff with the approval and authorisation of the local authority staff in the team. These staff will undertake some delegated duties alongside their regular work within the TOC.
- 5 These duties include:
  - Upgrades from permanent residential care to nursing care.
  - Care Act Reviews – this would include people who are already in receipt of an adult social care service where a small change/increase is required.
  - Gathering of information for support planning – to aid in the completion of Care Act assessments.
  - Arrange deep cleans - for people with care and support needs
  - Single Direct Payment – for one off areas of need such as household equipment
- 6 This delegated duties agreement is required under Chapter 18 of the Care and Support Statutory Guidance 2014 in order to formally delegate the duties within a legal framework, to provide assurance to both LCC and LCH that there is a governance framework around these delegations, and to provide a formal review mechanism. The duties are outlined in a schedule of the agreement in which it states that the list is subject to further review and that further duties can be added with agreement. Further, the agreement sets out the requirement for an audit of practice to assure both parties that the duties are being carried out properly and with due regard to the strengths and asset based approach that the citizens of Leeds expects in its interaction with Adult Social Care.

## **What impact will this proposal have?**

- 7 The proposal will have a direct impact on the performance of the Transfer of Care Hub, allowing information to be gathered and decisions made quicker, enabling people to return home from hospital in a timelier way. In turn, this impacts on Length of Stay in hospital which should improve outcomes for people who will experience less hospital acquired harm and allows for

better access to hospital beds for people admitted on a planned or unplanned basis into hospital.

### **How does this proposal impact the three pillars of the Best City Ambition?**

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 8 The Health and Wellbeing Strategy and the Leeds Health and Care Plan are predicated on effective deployment of resources to citizens of Leeds in the right time, right place. The level of delays that are seen within LTHT are at times significant and prevent effective system flow through the hospital which results in inefficiencies and risk of harm across the system. The TOC will support effective system flow.

### **What consultation and engagement has taken place?**

Wards affected:

Have ward members been consulted?

Yes

No

- 9 Consultation has taken place through the System Flow Board with partners, through the Alliance Board with the directly affected partners, LCH and LCC, through engagement with staff teams in both services. Trades Unions have been consulted on the deployment of social care staff into the TOC, the changes that are outlined in this report do not require consultation with ASC staff. LCH staff have been recruited on the basis that they will work in a multi-disciplinary way and will receive support and training to enable them to carry out these duties effectively.

### **What are the resource implications?**

- 10 There are no direct resource implications for the Directorate as all funding decisions that are being made would have been made by LCC employed staff. It is necessary to ensure that the staff receive support to work in a strengths-based way as we recognise that this approach has had a positive impact on demand across the city. There is an indirect resource implication as the staff will require training, shadowing, supervision and on-the-job support from their LCC colleagues in the TOC.

### **What are the key risks and how are they being managed?**

- 11 Inappropriate spend or allocation of council resources – mitigated through the agreement – ensuring that staff are suitable trained is one of the main mitigating actions to the risk of adult social care resources being utilised incorrectly.
- 12 Approval mechanisms -Team managers will sign off any spend so there is the same level of scrutiny on these decisions as any others
- 13 Specific delegations – the Agreement does not cover full Care Act assessment but is restricted to low spend options
- 14 Business continuity – a business continuity plan is required to be developed.
- 15 Information Governance – the key risk of inappropriate use of personal data is covered through the agreement, a DPIA, training and support.

### **What are the legal implications?**

- 16 The decision to delegate certain statutory functions to health colleagues is permitted under s79 of the Care Act 2014. In addition, Chapter 18 of the Care and Support Statutory Guidance 2014

requires that a legal agreement is put in place to underpin any such delegations. Any delegations of statutory functions by the local authority to a 3<sup>rd</sup> party remain the responsibility of the Council. The delegation agreement has been drafted to ensure that there is appropriate accountability between the partners and that there is clarity of purpose.

- 17 There are risks that the delegations could result in the delivery of poor services or decision making but this had been addressed by the Director in ensuring that there will be appropriate training for LCH staff, supervision of their work and a review of the way in which the delegations are being operated. All decisions regarding resource allocations will be made by local authority managers.

## **Options, timescales and measuring success**

### **What other options were considered?**

- 18 The only other option is to retain the current arrangement with a strict delineation between Care Act duties and other duties. The TOC is predicated on a good practice model of multi-disciplinary working, and this agreement builds on the work already achieved. Without this agreement, backlogs of work going into social work teams will continue to grow, leaving people at risk.

### **How will success be measured?**

- 19 The main measures of success will be (a) reduced length of stay in LTHT (b) more people discharged 'Home First' (c) fewer people directed into residential care for step down or discharge purposes. These each have developed metrics and performance frameworks so the trajectories will be seen to have improved. The other measures of success will include (a) evidence of good practice through audit and reflection sessions (b) improved satisfaction reported by people and their families.

### **What is the timetable and who will be responsible for implementation?**

- 20 The responsible officer is the Director of Adults and Health, the timetable is set out in the System Flow Board plan for Pathway One – Transfer of Care workstream. The Senior Responsible Officer is Sam Prince, LCH and the lead officer for LCC is Nyoka Fothergill.

## **Appendices**

- 21 Equality Assessment

## **Background papers**

- 22 None.