KENT ADULT SOCIAL SERVICES

Written Submission to the Health Overview and Scrutiny Committee Meeting 3 September 2010

THE FUTURE OF PCT PROVIDER SERVICES AND THE USE OF COMMUNITY HOSPITALS

Summary:

- Opportunity for joint cost reductions
- Personalisation and Choice
- Early Intervention and Prevention
- Provision of Care Closer to Home
- Integrated working
- System of incentives

INTRODUCTION

1. Kent Adult Social Services (KASS) welcomes the opportunity to submit this evidence to the Health Overview and Scrutiny Committee (HOSC) in its consideration of aspects of the *Transforming Community Services*.

2. The views of KASS expressed in this submission are against the background of long standing partnership arrangements with NHS organisations in Kent that cover older people, mental health and learning disabilities services, from the strategic multi-agency team and the case management levels.

3. The need to work together to improve the lives of the people of Kent, at a time when we face the twin challenges of rising demand (due to the impact of demographical changes) and reducing public funding is compelling.

4. Equally compelling, is the need to ensure improved user experience brought about through locally integrated services that deliver better health outcomes which is derived from flexible and responsive approaches whilst enabling people to exercise more choice and control. This will result in people being able to stay at home for as long as possible and with fewer unplanned admissions to hospital and long term residential care and is in line with the policy set out in the Government's recent White Paper :" Equity and Excellence, Liberating the NHS ".

EVIDENCE

Opportunity for joint cost reductions

5. The *Total Place* national reports provide evidence of the benefits that may be realised by public services which are prepared to seize the opportunity to redesign how facilities and other assets are used. These could be combined to deliver improved services and thereby secure financial and non-financial efficiencies.

KASS is of the view that is an area that HOSC may wish to pursue and test the extent to which the NHS community service organisations in Kent are willing to explore the potential opportunities.

6. At one end of the spectrum, it is possible to envisage arrangements where shared systems and approaches can lead to cost reductions. Although this will be challenging, partly as a result of the need to overcome organisational, cultural and professional barriers, we are confident there is collective will to put strategy in place to overcome them.

Personalisation and Choice

7. KASS observes that the transformation changes taking place across adult social care has its equivalent programme in the NHS. The foundation of this is captured in the Next Stage Review by Lord Darzi *(Department of Health, 2008)* and more recently in the Government's White Paper:" *Equity and Excellence, Liberating the NHS ".*

8. KASS supports any move that leads to people being offered choice and control over how they are supported. This position underlies why KASS is supporting NHS Eastern and Coastal Kent's Personal Health Budget pilot. We believe that we can work together by influencing the market and encourage improved choice for people through commissioning personalised service, which individuals can choose through their personal budgets.

Early Intervention and Prevention

9. KASS is aware of the growing evidence base of the efficacy of early intervention and preventative services that we know can prevent or delay older people from needing more expensive support services. The headline report shows that the reduction in hospital emergency bed days resulted in considerable savings, to the extent that for every extra £1 spent on the *Partnerships for Older People Projects* (POPPs) services, there had been approximately a £1.20 additional benefit in savings on emergency bed days.

10. Furthermore, through the implementation of pro-active case coordination services visits to A+E departments fell by 60%, hospital overnight stays were reduced by 48%, phone calls to GP's fell by 28%, visits to practice nurses reduced by 25% and GP appointments reduced by 10% (*National Evaluation of the Partnerships for Older People Projects: final report, January 2010).*

11. The place of preventative services should therefore form part of the consideration of changes to community services. This should not be limited to services delivered that are delivered from fixed locations. In addition, we place a high value on the NHS making use of 'out-reach' models of care as part of these changes.

Provision of Care Closer to Home

12. We strongly believe that this is the chance for making 'Care Closer to Home' a reality. The changes under consideration must include investment in different forms of NHS rehabilitation services for the most vulnerable people in the community whose need for non-acute care may be as a result of stroke, dementia, falls or end- of- life.

13. We believe that the provision of 'assessment/step down beds' which allow patients to be assessed away from the acute site is essential. Not only would this help improve the quality of assessment but also lead to better patient experience. Moreover, it would free-up acute beds at a quicker rate, and reduce the number of delayed transfers of care.

14. We would advocate that the provision of 'emergency nursing respite' should be in place so that those eligible for nursing care can be looked after if their carers become ill, or if their carers require respite. The contribution of carers is estimated at between £67bn and 87bn *(Carers UK, 2007).* It is essential that the proposed changes should be taken forward in a way that positively address better support for carers

15. The KASS position in regards to the use of community hospitals is that their role within the health care system should be reviewed and re-defined, to incorporate a mixture of the above services.

Integrated working

16. KASS and the Primary Care Trusts have maintained an effective joint working approach within the new commissioning systems and structure despite the inherent challenges. In addition to addressing the modernisation of existing services and working within a tight resource position, a number of joint funded initiatives and partnership projects have been implemented. Examples are:

    - Dementia Collaborative Pilot (incorporating DementiaWeb and Dementia Helpline
    - POPPS (INVOKE)
    - Whole System Demonstrator Project (WSD)
    - Westview, Westbrook House and Broadmeadow (rehab and recuperation)
    - C4 Project (Canterbury)

17. While these projects have provided an insight into future commissioning practices and services which benefit the public, they have also presented some challenges in terms of joint-working. Provider services, community hospitals and KASS are, in essence, part of one system and aligning the strategies of each so that planning and performance is measured similarly is crucial.

18. A key part of planning and performance management is the evaluation of services and projects. The review of services is not always possible in a joint-working structure because of the difficulties inherent when combining different systems and agendas. A consistent approach to evaluation and performance management would be welcomed.

System of incentives

19. The implications of the separation of commissioning function and from those of a provider of community services in the NHS need to be further analysed in order to identify the full range of opportunity, both in joint commission and joint provision. This would include understanding the implications of the 'tariff system' in so far as it affects the operations of primary and secondary care services. The HOSC may wish to explore this area to better understand how it may affect future operations.

Conclusion

20. KASS would wish to maintain its collaboration with as set out in the NHS Eastern and Coastal Kent's *Community Services Commissioning Strategy 2009-2013* and the *NHS West Kent's Best Possible Strategic Commissioning Plan 2010-2015*

21. We are in no doubt that HOSC would wish to explore what each PCT is planning to put together under the proposed arrangement. In particular, to assess what this means in terms of opportunities and benefits in terms of improved outcomes for patients.

22. In conclusion, there are opportunities for the NHS to work with KASS and other partners, focused on bringing together service arrangements that can truly deliver improvements for the people of Kent. Health and social care services in the community can be redesigned in order to provide a more integrated service in the community that lead to better outcomes and long term efficiencies. This would be greatly advanced if assistive and mobile technology use is given a central role.

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