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To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 30 March 2012

Subject: **HEALTH AND SOCIAL CARE INTEGRATION PROGRAMME – INTEGRATING ADULT COMMUNITY HEALTH AND SOCIAL CARE PROVISION**

Classification: Unrestricted

Summary: A report on the programme of work to deliver the integration of adult community health and social care provision across Kent.

Recommendation: Members are asked to note the progress being made to integrate the provision of adult community health and social care in Kent.

Introduction

1. (1) This report is about the programme of work to deliver the integration of adult community health and social care provision across Kent, with a focus on creating new integrated community health and social care teams.

(2) The programme will deliver the following benefits to Kent citizens:

- Deliver better co-ordination of care, particularly for disabled and older people with complex health and social care needs
- Provide better experiences and improved outcomes for individuals and their families
- Enable people to have more choice and control through underpinning integrated services by a personalisation ethos
- Deliver efficiencies by improving productivity and managing costs

Relevant priority outcomes

2. (1) The integration of social care with community health services will support the ambition in “Bold Steps for Kent”, which explicitly states that “We will work to join up and integrate health and social care service provision to reduce costs and demand that could be avoided.”.

(2) This also directly supports the Bold Steps Delivery Framework priorities “Support the transformation of health and social care in Kent” and “Improve services for the most vulnerable people in Kent.”

(3) The Leader of the Council's recent submission (December 2011) of the interim "Kent Health Commission" report to the Secretary of State for Health also recommended the integration of health and social care provision, citing Dover as an exemplar area in which to start this work.

(4) The integration of health and social care provision is an integral component of the Families and Social Care – Adults Transformation Programme 2012–15, which has recently been supported by Cabinet as a mechanism to deliver efficiency savings.

Financial Implications

3. (1) Any financial savings achieved through creating more efficient health and social care services will need to be appropriately aligned to the respective organisation, and for KCC this would form part of the savings target allocated to Families and Social Care.

(2) In the longer term, Kent like all other parts of the UK, is facing a demographic pressure of increasing numbers of older people and people living with multiple long term conditions. If services are going to be sustainable in the future, then KCC needs to work in a smarter way with community health service providers to meet the ever growing needs of residents, particularly those with long term conditions.

Legal Implications

4. (1) There are a number of legal implications that accompany this proposal. Support is already in place from Business Strategy and Support – HR, Governance and Law, Business Strategy, ICT and Property and Infrastructure divisions.

(2) Implications and consequences include:

(a) A formal partnership arrangement needs to be established in the first phase of the programme, with the Kent Community Health NHS Trust. A solicitor has been appointed to support this work. The form of the partnership agreement is still to be determined.

(b) Information Governance and Data Protection. This will be supported via the Kent and Medway Information Sharing Agreement and reinforced through the partnership agreement. It has been identified by information governance specialists that a more robust information sharing agreement is required to support the work of practitioners and work is in hand to develop this.

(c) Human Resources. In the first phase of the programme HR has supported the introduction of a new 6 month long pilot post in Thanet and Dover (since 2.2.12) – Integrated Community Services Director / Head of Service. KCC has an arrangement with the Kent Community Health NHS Trust for KCC to host this joint management post. The post holder has responsibility for older people and physical disability

services for adult social care and for intermediate care and long term condition NHS services.

HR is also supporting the establishment of jointly agreed HR principles. The involvement of recognised trade unions is already underway.

- (d) Policy and operational procedures. There will be a number of policy changes required to support improved co-ordination of care by staff co-located in integrated health and social care teams.
- (e) Shared use of KCC and NHS property and IT infrastructure to support integrated, co-located teams.

Staffing Implications

5. (1) These recommendations will impact on a significant number of staff as the programme is rolled out across the County. The total staffing cohort across the County, who may be impacted, is outlined below:

- Kent Contact and Assessment staff - 32
- Kent Enablement at Home – 303
- Locality Staff (Assessment & Enablement and Co-ordination staff) – 687
- Operational Support – approx 37, subject to restructure which started in February 2012.

(2) The implications for staff at this time are a possible change in office base and to be working as part of an integrated health and social care team. Changes to management structures for integrated teams are inevitable.

(3) Depending on the nature of any organisational integration in the future (or not), there may be further implications for other KCC staff who provide other business support functions to FSC e.g. HR, finance, policy, performance.

Main body and purpose of report

6. (1) A paper was submitted to the Corporate Management Team (CMT) on the 10 January 2012 which asked for decisions to be made on the following:

- (a) To agree the strategic direction to integrate adult community health and social care provision.
- (b) To note and discuss the implications for the Council and for directorates other than Families and Social Care.

(2) CMT agreed the recommendation to support the integration programme and also of the potential impact to other directorates, most notably Customer and Communities, who currently host the Kent Contact and Assessment Service (see below).

(3) A paper was presented to Families and Social Care Directorate Management Team (FSC DMT) on 21 December 2011 which asked for decisions to be made on the following recommendations:

- (a) to agree the strategic direction to integrate community health and social care services for older people and physical disability services.
- (b) to agree a proposed operational framework and for “Model A” to be tested out in Dover, Swale and Maidstone/Malling during 2012.
- (c) to agree that these three areas would be viewed as the first phase of a significant transformation programme, rather than as pilots.

(4) DMT supported all the recommendations. Rather than repeating the detail of the programme information in this report, a copy of the DMT paper and the proposed Operational Framework can be found in Appendices 1 and 2.

(5) Members of the Policy Overview and Scrutiny Committee are also asked to note that the operational model A was also agreed by the Kent Community Health NHS Trust Board on 24 November 2011.

(6) Some Clinical Commissioning Groups (CCGs) have expressed interest in developing alternative integrated team structures and KCC and health providers are working at a local level with those CCGs to explore options.

(7) There are a number of implications for the council as a whole and for other directorates. These include:

- (a) An immediate and direct impact for the Customer and Communities directorate, where the Kent Contact and Assessment Service (KCAS) is hosted. The implication of the preferred model is that the functions currently delivered by KCAS would be realigned so that there is (a) an enhanced information, advice and guidance response by Contact Kent, supported by a shift to better online public access and (b) the more specialist element of the service would be provided in an integrated way in partnership with community health services via a number of “Single Points of Access”, jointly commissioned by KCC and the Clinical Commissioning Groups.
- (b) Clinical Commissioning Groups (CCGs) have all stated their intention to jointly commission integrated health and social care teams. There is a need for FSC Strategic Commissioning to work closely with CCGs to jointly commission local health and social care services.
- (c) Supporting the strategic direction to become a commissioning organisation: There are future opportunities for social care case management services to be provided by organisations other than KCC, for example, social enterprises. This could result in the creation of quality, integrated care organisations. The Right to Challenge process may assist with this.

- (d) If, in time, front line social care staff do move out of the direct employment of the council, there is an assumption that operational support, performance, HR, policy and finance functions would also need to be reviewed as part of this.

Consultation and Communication

7. (1) Stakeholder engagement activity is detailed in section 4 of the DMT report in Appendix 1.

(2) The Kent Local Involvement Network (LINK) has held places on the programme board since the start of the programme and there has been engagement with the public through some of their meetings.

(3) There have been regular briefings and discussions with the Leader of the Council, Cabinet and Local Members.

(4) Health commissioners (PCT and CCG members) and providers have been actively involved in shaping the proposal.

(5) Engagement events have been held with KCC and health service staff. Managers from Customer and Communities have been involved with the programme for several months now, particularly in relation to the development of Single Points of Access.

(6) There is a Communication and Engagement group which has responsibility for overseeing and co-ordinating the delivery of related activity. There is a detailed Communication and Engagement plan. Staff from the Communications and Engagement division are working in partnership with NHS colleagues to deliver the plan.

(7) KCC's statutory 'Duty to Involve, Consult and Inform' has been considered and one of the Consultation Officers is working with the Kent Community Health NHS Trust in this respect. There is agreement that further public consultation activity will take place early in 2012 to:

- Build knowledge of what the programme is and how it will change individuals' experience of service provision.
- Highlight that the programme has been designed in response to previous feedback from services users about how services need to improve / change.
- Give service users and all stakeholders the opportunity to express opinions on the programme.

Risk and Business Continuity Management

8. (1) There are strategic risks with not undertaking the programme. There is a risk that if health and social care commissioners and providers do not work together to deliver integrated services, our health and social care system will remain fragmented, with people falling between gaps in service. People will continue to be

admitted to expensive acute hospital care, where this could be avoided through the provision of more appropriate, cost-effective community health and social care services.

(2) With the establishment of the Single Points of Access (SPAs), there are operational risks associated with the realignment of KCAS resources and with the telephone call handling system. This can be mitigated by phasing the development of the SPAs by managing the alignment of staff and through the introduction of appropriate technological solutions.

(3) All of this work needs to be done within a strong integrated commissioning framework.

Sustainability Implications

9. (1) The proposal particularly supports social justice through the development of services for people with diverse needs and improvements to personal well-being. It also supports a sustainable economy, through making efficient use of resources.

Recommendation

10. (1) Members of the Adult Social Care and Public Health Policy Overview and Scrutiny Committee are asked to NOTE the work being taken forward to integrate adult community health and social care provision across Kent in order to deliver better co-ordinated services that will meet the needs of the most vulnerable people in Kent.

Background Documents:

- FSC Directorate Management Team paper 21 December 2011(see Appendix 1)
- Locality Based Integrated Health and Social Care Service: An Operational Framework (September 2011). (See Appendix 2)
- Bold Steps for Kent, KCC, 2010
- Equity and Excellence: Liberating the NHS – White Paper, HMSO, 2010

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