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To: Social Care and Public Health Cabinet Committee, 14th September 2012

Subject: Health and Social Care Integration Programme – integrating adult community health and social care provision: an update

Classification: Unrestricted

Recommendations

1. (1) Members are asked to note the positive developments and progress being made toward integrating community health and social care services that have been made over the past 6 months.

Introduction

2. (1) The last update on this programme was given to the Adult Social Services and Public Health Policy and Overview Scrutiny Committee in March 2012. A six month progress update was requested following this.

(2) This Kent-wide programme of work will create new integrated community health and social care teams for adults, based around clusters of GP practices. We will ensure that health and social care staff are working closely together around the needs of the individual.

This 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
- Deliver efficiencies for KCC and the NHS by improving productivity and managing costs

(3) KCC and the Kent Community Health NHS Trust (KCHT) staff and managers are working hard together to create new integrated teams, which will replace the health and social care teams that currently exist in our organisational silos. The Kent and Medway NHS and Social Care Partnership Trust (KMPT) are also working alongside us on this programme, particularly in relation to older people's mental health.

(4) A change programme of this scale should not be underestimated in terms of its complexity and it will take some time for new relationships to be formed and for new arrangements to be put in place across the county. Our starting point is the practical measures we can take to make improvements by bringing our teams and systems together today, where possible co-locating staff in shared accommodation.

Relevant priority outcomes

3. (1) This is an important programme because it will create the capacity and capability across the NHS and social care to improve health and social care outcomes for individuals. We will expect to see:

- A reduction in hospital admissions
- A reduction in residential care admissions
- More people with long term conditions managing their own care, relying less on health and social care services and experiencing improved health
- Efficiency savings for the NHS and KCC through reduction in duplication and making better use of the professional resources available to health and social care organisations

(2) The integration of adult 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.".

(3) 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."

(4) The integration of health and social care provision is an integral component of the FSC – Adults Transformation Programme 2012–15. The Health and Social Care Integration programme (HASCIP) will provide the capability which will deliver the transformation programme themes and has the potential to achieve efficiencies through working more closely with the NHS.

Implications

4. (1) Financial, legal, staffing, consultation and communication, risk and business continuity management, sustainability implications were covered in detail in the paper which was presented to the Adult Social Services and Public Health Policy and Overview Scrutiny Committee on 30th March 2012. No new significant issues or risks have arisen since then.

Background

5. (1) The development of integrated health and social care teams will contribute to the sustainability of health and social care services in Kent which

are faced with significant demographic pressures of an ageing population, many of whom have one or more long term conditions. It is now widely acknowledged that integrated health and social care teams are an important approach to providing interventions for people with long term conditions. A long term condition (LTC) may be defined as a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies (DH, 2012).

Making a difference to people's lives

6. (1) We anticipate seeing improved outcomes for individuals who get support from integrated health and social care teams who deliver targeted interventions focussed on improving the person's ability to self-care. The sorts of results already seen elsewhere in the country includes:

- increased number of people who report improvements to their mobility
- fewer people reporting problems getting washed and dressed
- increased number of people who report improvements to carrying out usual activities (e.g. work, study, housework, family or leisure activities)
- a greater proportion of people having no pain or discomfort
- fewer people feeling less anxious / depressed
- An overall perceived improvement in health

Example 1 – reducing the risk of hospital admission

A pilot of "Pro-Active Care" in the Shepway area has started.

Multidisciplinary teams are working with GPs to identify people who are at risk of hospital admission. The team work with an individual for up to 12 weeks to enable them to understand and manage their own long term condition better, to improve quality of life and reduce the chances of hospital admission or to become dependent on social care services.

As at the end of July 2012, 17 people have been targeted for this new approach to working with them, with a further 17-20 identified. Early outcomes already identified have included reducing the need for medication and preventing hospital admissions. A fuller evaluation will be completed by Canterbury Christ Church University.

Progress in the last 6 months – developing the capability for change

7. (1) Whilst there are not yet any new teams in place, managers across the NHS and social care are working with their own staff and with other support staff to prepare for the new teams to be implemented. This means working out how staff need to work differently with each other, developing new relationships, developing integrated care pathways as well as looking at some of the practical aspects like enabling access each other's buildings and IT

networks for co-location opportunities and ensuring that the right information governance (personal information and data sharing) arrangements are in place.

(2) At a strategic level an agreement has been developed between KCC, KCHT and KMPT, which describes how we expect our managers and staff to work together. An extract is below. There is also a commitment to re-align geographical boundaries between KCHT and KCC social care so that they are co-terminus and based around the new Clinical Commissioning Group boundaries.

Integration: Our Starting Point Expectations and Outcomes

Together we will:

- Hold multi-disciplinary team meetings, with GPs and primary care staff, to assess and discuss cases
- Use the same assessment process and documentation, and develop integrated care plans
- Share the detail of our caseloads, so that we do not duplicate efforts and instead offer integrated care packages
- Enable easier and faster access to resources, for example setting up rapid packages of care, by pooling our resources and budgets, and sharing the authority to approve packages
- Use risk stratification tools to ensure we have considered all the key sources of information so that we can make full and rounded assessments
- Put in place an integrated single point of access into our services
- Co-locate teams, where it makes sense, while recognising that our practitioners spend the majority of their time out with the people who use our services, in their homes and community settings and we need to support them to work in mobile and virtual ways.
- Agree and work to joint standards on response times
- Develop joint channels of communication with GPs, acute hospitals and other agencies
- Combine our expertise to best support the people who use our services, and their carers, to be in better control of their conditions through self care and 'personalisation'
- Work together to offer integrated personal budgets
- Agree joint key performance indicators (KPIs) and dashboards for integrated working – these will be reflective of and incorporate the existing KPIs within our individual organisations so that we deliver these must do's and then add value through our combined efforts in improving quality, innovation, productivity and performance
- Jointly review the performance of our integrated teams
- Capture and respond to feedback and surveys from the people who use our services and their carers.
- Offer joint induction, training and development and opportunities to share good practice and innovate.

(3) Whilst it is still early days in developing integrated teams, some positive steps have already been taken. Some examples follow.

Example 2 – Co-location Opportunities: sharing accommodation

- Practical steps are being taken in the Dartford, Gravesham and Swanley area to house health and social care staff in the same office accommodation. Kent Community Health NHS Trust staff will soon be moving into the KCC Joynes House office to sit alongside adult social care staff in readiness for the new integrated team working arrangements.
- Internet access has been put in place at Thistley Hill, Dover, so that Kent Community Health NHS staff can work from this building and access their own IT systems.

Example 3 – Integrated personal budgets

In the Dover and Thanet areas, 3 people have participated in a pilot to have an integrated personal budget. Staff have participated in joint training about integrated support planning and integrated personal budgets.

One person particularly wanted to be part of the pilot as she had experienced for many years duplication when using health and social care services and thought that an integrated budget would enable her to have more control over the services she used.

The integrated personal budget allowed for employment of Personal Assistants to help with day to day activities (social care funded) and to provide access to physiotherapy (NHS funded) to help maintain the muscle integrity in her arms, hands, legs and feet. It was hoped that the physiotherapist could do home visits and train the Personal Assistants so that they could continue to do daily exercises with her. For the direct payment monitoring it was agreed that the KCC Families and Social Care Employment Support Worker would take the lead to reduce duplication and the number of people involved with the case.

Example 4 – The benefits of an integrated management post

A joint post was created in February 2012 to pilot the management of both community NHS (nursing, community matrons and intermediate care) and social care staff under one senior manager. The Integrated Community Services Director / Head of Service post is a partnership role between KCC and the Kent Community Health NHS Trust, currently hosted by KCC.

She has formed an integrated management team, developing leadership competencies and providing opportunities for local managers to gain a better understanding of respective health and social care services. This has created the capability for staff to begin to begin to work across organisational silos, to ensure that the right care is provided at the right time by the right service.

Example *5 – Creating capacity through new cross-organisational roles*

We have designed new "Health and Social Care Co-ordinator" roles, which will work across health and social care boundaries and support the co-ordination of care in partnership with GPs. These new roles will be tested out shortly in the Canterbury and Swale areas. These staff will be key members of the multidisciplinary teams through their ability to gather information from a range of health and social care systems and are expected to be a key point of contact for GPs.

Conclusion

8. (1) There is some very good work going on to develop integrated health and social care teams, strongly driven by KCC and the Clinical Commissioning Groups, with full sign up and co-operation from community health providers. It is anticipated that integrated community health and social care teams for adults will be up and running across all areas of Kent over the course of the next year. Further examples of outcomes for individuals will start to become available as the new teams and ways of working become established.

Recommendations

9. (1) Members are asked to note the positive developments and progress being made toward integrating community health and social care services that have been made over the past 6 months.

Background Documents

10. (1) "Health and Social Care Integration Programme – integrating adult community health and social care provision" presented to the Adult Social Services and Public Health Policy and Overview Scrutiny Committee on 30th March 2012.

(2) Bold Steps for Kent, KCC, 2010

(3) Implementing the LTC Model of Care across Kent and Medway, June 2012.

(4) Long Term Conditions Compendium of Information: Third Edition, Department of Health, May 2012

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