



Cabinet

10 JANUARY 2011

**CABINET MEMBER
FOR COMMUNITY
CARE**

*Councillor Joe
Carlebach*

INTEGRATED CARE PROJECT

**Wards:
All**

This report asks Cabinet to endorse and adopt as policy the intention of creating an integrated system of care, to include social care, housing support, community health, primary care and General Practice. Such integrated care will improve access for and better respond to vulnerable adults' needs and their often-stated aspirations for more joined up support at and closer to home. Such integrated care and support will achieve greater value for money through improved productivity and efficiency. Enhanced prevention and rehabilitation capacities will reduce demand on more costly institutional and acute care.

Having adopted this policy, Cabinet authorisation is sought to delegate authority to the Chief Executive to enter into agreements with Central London Community Health (CLCH) NHS Trust under s.113 of the Local Government Act 1972 with a view to placing officers of CLCH and the Council at the disposal of each other. Further delegation is sought for the Chief Executive to then set up integrated services with pooled budgets as appropriate under s.75 of the NHS Act 2006 to encompass community health and social care & support for vulnerable adults. In addition, to progress an effective partnership of these services with GPs, primary and relevant specialist acute health services.

Cabinet is asked to note and authorise the first phases of this programme to deliver integrated care and support.

**HAS A EIA
BEEN
COMPLETED?
YES**

**HAS THE REPORT
CONTENT BEEN
RISK ASSESSED?
YES**

Recommendations:

CONTRIBUTORS

DCS
DFCS
ADLDS

- 1) To endorse and adopt as policy the intention of creating an integrated system of care - to include social care, housing support, community health, specialist acute and primary care and General Practice - in order to improve access, to better respond to people's needs and to achieve necessary efficiencies.**

- 2) That authority be delegated to the Chief Executive, acting with the Director of Finance and Corporate Services and the Assistant Director (Legal & Democratic Services), in consultation with the Leader and the Cabinet Member for Community Care, to enter into agreements on such terms as officers consider appropriate with Central London Community Healthcare (CLCH) NHS Trust through powers under s. 113 of the Local Government Act 1972 to place officers of CLCH and the Council at the disposal of each other in order to manage adult social care, housing support and related health services on behalf of each other.**
- 3) That authority be delegated to the Chief Executive, acting with the Director of Community Services and Assistant Director (Legal and Democratic Services), to enter into agreements on such terms as officers consider appropriate with Central London Community Healthcare (CLCH) NHS Trust under s.75 of the NHS Act 2006 to set up integrated provider services with pooled budgets as appropriate to manage integrated health and Council services, the first of these being for Rapid Care.**
- 4) To note and agree the actions in phase one of this integration programme as set out in section 3 of this report.**

1. INTRODUCTION

- 1.1 In numerous local and national deliberations vulnerable people, their carers and the professionals who serve them have all repeatedly reinforced their request that they be supported and cared for at or closer to home, and that service boundaries be eliminated and that processes for access, assessment and support planning become seamless. This outcome is desired to overcome their current experience of needless or premature admissions to institutional and acute care service and of negotiating these boundaries and navigating multiple processes which is wasteful of precious resources and exasperating for both public and professionals. In response, achieving more care closer to home and deeper integration of care and support for vulnerable people has become a policy priority, most recently reinforced in the previous government's key reforms of "Transforming Community Services" (community health) and "Putting People First" (adult social care). This priority is again centre stage in the current Government's health and social care reforms, most recently captured in the white paper: "Equity and Excellence: Liberating the NHS". It is re-stated in the Government's recently published "Vision for Adult Social Care: Capable Communities and Active Citizens".
- 1.2 Hammersmith & Fulham Council is committed to achieving improved value for money in the provision of greater opportunities for its residents at all stages of their lives, including in the provision of support for our vulnerable residents. Therefore, the Council is determined to progress plans to provide more opportunities for people to be supported at home for longer. It recognises that the achievement of this objective requires acting in closer concert with health partners, especially GPs and other professionals in community and acute health services that support people with long term conditions placing them at risk. In these times of severe resource constraints, the imperative to reduce wasteful duplication, take preventative actions and become more productive is vital to protecting front line provision for those in greater need.
- 1.3 In furtherance of these national and local objectives, strongly endorsed by both public and professionals in the care and support services, the Council may use legal powers to integrate Council and health functions so that multi-agency and multi-disciplinary teams can be established under single management and with single points of access and integrated processes.
- 1.4 Over the past six months, officers in Community Services have undertaken work with GPs and professionals from community and acute health services to produce a blueprint for such a multidisciplinary team, combining professionals and working closely with GPs to deliver a Rapid Care service. This work is now progressing to an implementation phase as described later in this report.
- 1.5 In parallel with this development, the Council is exploring the feasibility of achieving service improvements and greater efficiency through the merger of its adult social care functions with our neighbours, Royal Borough of Kensington & Chelsea and Westminster City Council. Those boroughs are

exploring a very similar integrated agenda and the results of this work will be the subject of a report to Cabinet in February. At that time, progress on this plan for integration with health services will be reported to Cabinet and the interconnectedness of these developments will be described.

- 1.6 In the next section, the plans and processes to progress these proposals will be described together with the first phase of implementation characterised as an integrated care project.

2. ACHIEVING AGREEMENT WITH CLCH NHS TRUST

- 2.1 The Director of Community Services has been appointed to the position of Chief Executive of CLCH NHS Trust and will take up that position in mid February. Whilst he will participate in informing these developments, the Council's Chief Executive, working with the Director of Finance and Corporate Services and the Assistant Director (Legal and Democratic Services), will lead the negotiations with CLCH NHS Trust.
- 2.2 Using the powers contained in S113 of the Local Government Act 1972, it is proposed that the Council delegate authority to the Chief Executive acting with the Director of Finance and Corporate Services and the Assistant Director (Legal and Democratic Services), in consultation with the Leader and the Cabinet Member for Community Care, to enter into agreements with Central London Community Healthcare (CLCH) NHS Trust to place officers of CLCH and the Council at the disposal of each other in order to manage adult social care, housing support and related health services on behalf of each other.
- 2.3 Using the powers under S75 of the Health Act 2006, it is proposed that the Council delegate authority to the Chief Executive, acting with the Director of Community Services and Assistant Director (Legal and Democratic Services), to enter into agreements with Central London Community Healthcare (CLCH) NHS Trust to set up integrated provider services with pooled budgets as appropriate to manage integrated health and Council services; the first of these being for Rapid Care.
- 2.4 Although this report seek agreement to delegate the conclusion of these arrangements to the Chief Executive, the details of the agreement, the arrangements and the final workforce and financial implications will be reported to Cabinet at its February meeting. However, in the next section more detail is included of the elements of the integrated care project - the first phase in the implementation of these plans which have already been the subject of detailed planning with GP's and CLCH NHS Trust.

3. PHASE 1: THE INTEGRATED CARE PROJECT

- 3.1 The Integrated Care Project is a key component of the overarching Continuity of Care Programme, which proposes to transform primary and community

care by improving services so that there is a greater emphasis on prevention and integration, with associated improvements in service user outcomes and system efficiency. A more integrated system of care would be both easier for residents to access and better able to respond to their needs. A primary objective is to prevent premature and unnecessary admissions to institutional and acute care.

- 3.2 The Integrated Care Project is being managed through a governance structure co-led by the Director of Community Services and a General Practitioner and representatives from the Council, H&F PCT, Central London Community Healthcare (CLCH) NHS Trust and Imperial College Healthcare NHS Trust.
- 3.3 The Integrated Care Project includes the Rapid Care and Managed Care workstreams which are explained further below. Most referrals for adult social care services originate from health. A significant number, 27% of all referrals that lead to an assessment, are referrals from hospitals

4. RAPID CARE

- 4.1 The Council's home care reablement team works closely with CLCH's rehabilitation team to ensure effective discharge from hospital.
- 4.2 There were previously two rehabilitation wards in Charing Cross Hospital - Harold Wesley with 23 beds and Lady Skinner with 15 beds. As a result of extending community rehabilitation services, the need for hospital rehabilitation beds has reduced and the Harold Wesley ward officially closed during August.
- 4.3 Since August, all of those patients who would have formerly been admitted on to Harold Wesley ward are now being discharged back into the community with a package of health and social care. Lady Skinner ward in Charing Cross Hospital is now operating as a specialist assessment streaming hub and a new clinical model has been agreed.
- 4.4 Care within the Farm Lane Community Rehabilitation Unit is provided by a team of nurses, physiotherapists, speech and language therapists and occupational therapists and is overseen by a local General Practitioner practice and there is also some input from a Care of the Elderly consultant from Charing Cross Hospital.
- 4.5 The hospital at home nursing service and the Council's home care reablement service are an essential part of this new model and ideally should be managed together as a single service. They have started working more closely with hospital teams to identify patients in hospital who could be cared for at home. This has also involved local General Practitioners. As a result, patients are now being discharged from hospital at an earlier point, with packages of care to support them at home. The extra costs for home care

reablement are met by NHS H&F.

- 4.6 This work also focused on reducing the number of patients whose discharge from hospital was delayed, There has been a reduction in delayed discharges locally from a rate of 22.6 delays per 100,000 population in April 2009 to 7.3 in July 2010 and to zero in the last reported month.
- 4.7 Whilst a “virtual” Rapid Care service is now operating effectively for hospital discharges and for social care, with all new referrals being channelled through reablement as part of the assessment process since May 2010, the next step is to develop Rapid Care further by creating a fully integrated health and social care service to work towards stopping unnecessary hospital admissions. We are proposing to use S75 of the Health Act 2006 to set up integrated provision and a pooled budget.
- 4.8 A specification for the Rapid Care service is being developed in conjunction with the Council, PCT, CLCH, General Practice and Imperial College.

5. MANAGED CARE

- 5.1 Managed Care is for those most at risk and includes a single point of access to an integrated assessment system for all personal community services, i.e. housing support, social care, primary care, General Practice, community health services, therapies and adaptations.
- 5.2 This service is only at the concept stage at present and is to be designed, incorporating LEAN design principles where appropriate, again in conjunction with the Council, PCT, CLCH, General Practice and Imperial College Healthcare NHS Trust.
- 5.3 Managed Care is a much more ambitious project than Rapid Care. If successful residents of the borough will be able to make one contact in order to access a very wide range of services.
- 5.4 The aim is to have the assessment of a wide range of needs managed by a single individual, thus cutting out waste and improving the experience for the resident. Having a single person managing the package of care will result in the most effective use of health and Council resources and improve care. It is not possible to quantify savings at this stage but it is proposed that the benefits from the service improvements would alone justify the project.
- 5.5 The challenges include creating a single IT system, recruiting and training staff with the required competencies and establishing robust accountability and governance arrangements.

6. DELEGATED RESPONSIBILITY

- 6.1 Delegated authority is sought for the Chief Executive, acting together with the Director of Finance and Corporate Services and the Assistant Director (Legal and Democratic Services), in conjunction with the Leader and Cabinet Member for Community Care, to decide upon integrated care arrangements and to enter into such Partnership Agreements under Section 75 of the National Health Act 2006 as appropriate.

7. RISK MANAGEMENT

- 7.1 The Integrated Care Project is a component of the Continuity of Care Programme. As a key corporate transformation programme, its delivery is included on the corporate risk register. Likewise, progress on achieving project outcomes are managed in accordance with the Council's project management principles and governance arrangement

8. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES

- 8.1 Some important MTFs savings rely upon the integration of social care with the NHS. Therefore the proposals in this paper fit with the financial plans of Community Services and the Council as a whole. This paper does not seek any additional funding for these proposals.

9. EQUALITY IMPLICATIONS

- 9.1 The decision that this EIA refers to is not yet at detailed design stage. We recognise that 65% of all services users in a year are 65 or over. Of all service users in a year 61% are women, which increases to almost 70% for those aged 65 or over. All have a disability or long-term impairment. It is therefore likely that the project will impact more on those people, who may also be represented in one or more other equality strands. The project will take this into account at detailed design stage, through to delivery of the service. (source : RAP 2009-10 and includes all community based and residential / nursing placements)
- 9.2 To create a single point of access to an integrated information and assessment service including housing support, social care, General Practice, community health services, therapies and adaptations will be an essential step towards making long term improvements for all groups. Similarly, the long term aims of reducing hospital admissions and ensuring effective discharge will benefit all groups.

10. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

10.1 The Council and NHS bodies have the power to enter into the type of arrangements proposed. S75 of the 2006 Act allows the Council and NHS Bodies to delegate functions and provide services to one another, share staff and enter into pooled budget arrangements whilst S113 of the 1972 Act allows for the sharing of officers. Legal advice will need to be sought in relation to the negotiation and drafting of the agreement and any employment issues, such as the application of TUPE, which may arise. In developing the arrangements due regard will need to be given to the Council's equality duties.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Cabinet report: A Framework for Investment in Prevention and Early Intervention for Adults	Mike Turner	Ext 2811
CONTACT OFFICER:		NAME: John Chamberlain EXT. 5004	