TITLE:	**Adult Community Care Partnership Board and Integrated Teams**
TO/ON:	**Executive 13th November 2006**
BY:	**Director of Housing and Capital Works**
STATUS:	**Report**
PORTFOLIO:	**Health**

STRATEGIC FACTOR CHECKLIST
The Council's Corporate Management Team has confirmed that the Strategic Factor Checklist has been applied to the development of this report and there are no key issues, over and above those set out in the body of the report, that need to be brought to Members' attention.

1.0 SUBJECT MATTER AND PURPOSE

1.1 The purpose of this report is to update members on the Adult Community Care Partnership Board; to provide information on the proposals for Integrated Teams and to obtain approval to progress development of east and west integrated adult community care teams for the Derwentside locality. A copy of the report, "Integrated Community Teams Appropriate to the Derwentside Locality", is attached at Appendix One.

2.0 BACKGROUND

2.1 The Adult Community Care Partnership (ACCP), is a partnership between Durham County Council, Derwentside District Council and Derwentside Primary Care Trust. It was developed in 2002. The ACCP governs and directs the work of the Design Team. The Design Team is a group of officers from the partners, charged with delivery of the ACCP directions. The aims of the Partnership are to:

- Improve the health and social well being of vulnerable adults within the Derwentside locality
- Ensure that all users and carers receive the most effective and efficient care services that can be provided for them
- Ensure that high quality, cost effective adult care services can be jointly planned, commissioned and delivered for the benefit of those users and carers who need them.

2.2 One aspect of the Partnerships work plan is to 'commission care and enable improved access and utilisation of accommodation and related support services'. One way of delivering this is by the integration of community services.

2.3 Integration will help the Partnership to provide 'suitable, easily accessible services without "organisational barriers"'. This was the aspiration expressed by local people in consultations conducted in 2003 and 2004. It will also meet Government mandates to provide

increasingly efficient and effectives services through integration and through joined-up working by agencies involved in the commissioning and delivery of those services.

3.0 PARTNERSHIP OBJECTIVES

3.1 The Partnership wants to create, within the structure of the social care and health environment and accommodating the requirements of the service commissioning stakeholders:

- A single visible identity for Health, Housing and Social care services within local communities
- A one-stop single assessment service that integrates access to Health, Housing and Social Care support
- Robust, integrated teams delivering both the preventative and direct service
- Joint management of resources, including budgets (although budgets will not be pooled initially).

3.2 There are two criteria that any integration proposal offered to deliver these objectives must fulfil:

- The proposal must be affordable
- The proposal must be acceptable to stakeholders.

3.3 The Derwentside Partnership wish to create integrated teams that are more responsive to the needs of service users and their carers, and that minimise inefficiency (for example duplication of effort.

4.0 BENEFITS OF INTEGRATION

4.1 Benefits reported by areas that have experience of this integration include:

- Closer inter-professional awareness and trust, developed through a clearer understanding of the roles and perspectives of others
- Improved awareness and recording of changes to client's details through face-to-face dialogue between team members
- Regular constructive feedback and adjustment to shared care plans through face-to-face dialogue between team members
- Development of flexible role boundaries with a willingness to work differently
- A speedier joint response to discharge, support and crisis
- Raised public awareness of services with improved signposting to information and advice (through the establishment of a single point of referral), leading to quicker access to services
- User and carer surveys indicate that the complexity of service delivery is simplified by a single assessment process
- More economic and efficient delivery of service through unified management of resources and shred workload
- Admission to acute and long-term care can be avoided by speedier provision of community services to meet the client's needs

5.0 SERVICE INTEGRATION

5.1 County Council Adult and Community Social Work staff and therapists and PCT district nursing staff will integrate their activities. However, due to the transfer of staff to Derwentside Homes, housing staff will not be actual members of the teams, but will work closely with the teams.

5.2 At the time of writing this report, Derwentside District Council has yet to be formally notified if it has been awarded the contract for the Community Alarm and Warden service to run from April 2007 to March 2010. The VIP Project timetable as it stands, suggests the Council will be notified whether or not its tender has been successful by the end of October, although there may be some slippage to the timing. However discussions have been taking place at the ACCP such that if the tender was awarded to the Council, both the integrated teams and the Council's Careline service, could benefit by including the wardens in the proposed model initially at a liaison level.

5.3 Viable prospects of integration predominately rely therefore in the first instance, on the merger of the existing resources of Social Care and Health's Promoting Independence Team and the Primary Care Trust's District Nursing Team (for adults).

6.0 NUMBER OF TEAMS

6.1 A presentation about Integrated Teams was made to the Derwentside GP Reference Group in order to get their opinion about the proposal. The GPs advocated "integration based around the GP surgeries", so an extreme option would be to create an "integrated team" attached to each GP surgery (15 in total), however the additional resource requirements to provide each surgery with appropriately skilled personnel, every day of the week, make such a proposition unattainable.

6.2 The converse extreme is a single, co-located team serving the whole of the Derwentside community. However this ignores the expressed wish of people living in the community (for easily accessible services) and the aspiration of the GP stakeholder group.

7.0 CURRENT SITUATION

7.1 A team of nurses, carers, social work staff, and therapists (incorporating the PCT's community rehabilitation therapists) has been co-located within the 5th floor Tower accommodation at Shotley Bridge Community Hospital. They will utilise the 'Durham Single Assessment Process' and employ the County Council's record and management tool, SSID. This consolidated team, managed by the Integrated Intermediate Care Service Manager, Jo Murray, will offer one contact point to accept referrals for intermediate care services and will fulfil the Partnership's vision for an Integrated Intermediate Care Service for Derwentside. This has been Phase One of the process of integration with Phase Two being the development of the integrated teams.

7.2 The Promoting Independence Team (PIT), based at Social Care and Health in Stanley, is recognised as a high-performing team serving the whole locality. The Team assess the social care needs of adults (18+) including mental health services for older people, but excluding adult mental health and learning disability services. Specific activities of the Team include assessment, care planning, commissioning, implementation and delivery of services, monitoring and review.

8.0 INTEGRATION OPTIONS

Options that were considered as possibly feasible involved merging the PIT and District Nursing resource into 2, 3, or 4 integrated teams serving defined geographic areas within the Derwentside locality and aligned to groupings of GP surgeries within the Derwentside locality.

8.1 Fragmenting the District Nursing resource into more than 4 teams was regarded by the Modern Matron as impossible without severely compromising current service levels due to issues of continuity of care, distribution of skills and smoothing of workload. Given the PIT resources, it was difficult to envisage how a split into more than 2 teams would be feasible on the same grounds.

9.0 INFLUENTIAL FACTORS

9.1 There are a number of factors which influenced the design and number of any teams:

- GPs did not wish to loose the current levels of convenient communication, rapport and support provided by District Nurses in the current organisation.
- GPs would welcome closer co-operation with Social Work staff (but envisage this only as afforded at the surgeries).
- Practice Based Commissioning: services must be satisfactory to the GP stakeholder group.
- A strong parish lobby would like some form of community team based within Lanchester.
- The PCT has paid for accommodation facilities in a few, newer GP surgeries.
- There may be more unallocated space in the planned Stanley Health Centre than initially expected, because some of the teams initially anticipating to occupy space may, under current thinking, not do so (e.g. Children's' Services).

9.0 OPTIONS

9.1 Do nothing – the existing situation

9.1.1 The existing situation of an integrated intermediate care team and independent Social Care, Housing and Health organisations is a "half-way house".

9.1.2 This model partially facilitates the attributes and advantages of integration, but does not move totally to a holistic approach to care. Costs and uncertainty associated with further change are avoided.

There would be opportunities to strengthen communication, working relationships and processes within the existing organisation structure.

9.1.3 However the model would not advance the integration agenda that government expects. There will be limitations to the advantages of integration that can be won and in meeting the aspirations of the local population. It is questionable whether it will be fit for future service demands, i.e. increased volume of work and increasing complexity of individual service user needs.

9.2 15 integrated teams

9.2.1 The extreme option of fifteen teams based in GP practices, is simply not feasible on economic or operational levels.

9.3 The 2 (or 3 or 4) Integrated Community Team model

9.3.1 These models might each be designed to find their optimum balance between the advantages of locality and the economies of scale. However, the greater the number of teams, the greater the management overhead and the greater resource required to make 'single point of contact' an effective reality.

9.3.2 From the service user's or carer's perspective, the 4-team model may appear to offer the best prospect of easy access to services and, from the GPs perspective, it may appear to offer least threat to the existing arrangements the GPs enjoy with the most prospects of further benefits for them. In reality, neither premise may be the case, the same funding and resource deployed in a 2-team model might give greater benefits, and certainly initial work suggests that the most viable proposal is for two integrated teams based on a west team and an east team.

9.4 Cost and SWOT Analyses

9.4.1 As can be seen from pages 20 to 23 of the report at Appendix One the most realistic options of 2, 3 or 4 integrated teams, were subject to cost and SWOT analyses. Both of these analyses favour a '2-team' integrated community team model. The views of the Promoting Independence Team's Commissioning Manager and the District Nurses, Modern Matron, regarding limitations to the extent their teams can be fragmented, also promote this model as the only viable prospect.

9.5 Recommendation of the ACCP Board

9.5.1 The recommendation is that two integrated community teams, a west team and an east team, is the most viable and opportune proposition. The model can be designed:

- To retain the good features of the current arrangements
- To better meet the aspirations of the service user and carer community
- To be 'fit for future' service demands.

9. Other Integration Opportunities

9.4.1 There are documented examples of initiatives such as closer working between Community Matrons and Social Care staff.

9.4.2 An integrated approach to the deployment of telecare services which may be achievable through the Integrated Intermediate Team and/or through a multi-agency "telecare implementation steering group" (convened to apply for and to deploy Preventative Technology Grant funding). However, this option could be subject to restraints on its ability to make lasting decisions pending the outcome of the Supporting People VIP Project. The application for the Preventative Technology Grant was successful and your officers are working with Social Care and Health and the PCT both at District and County level, to implement the Preventative Technology Strategy.

10.0 PROGRESS TO DATE

10.1 Paul Taylor, Project Officer for the Derwentside Adult Community Care Partnership and whose post the partners fund jointly, has been coordinating the work on integrated teams. Following the initial feedback from the GP Reference Group and the cost and SWOT analyses, the recommendation (two teams), set out in paragraph XX has been endorsed in principle by:

- The PCT's Executive Directors Group meeting
- The PCT's Professional Executive Committee
- The Practice Based Commissioning Executive Group
- The County Council's Adult Services Management Team

10.2 All stakeholders insist that detailed design proposals need to be affordable and mainly within current resources – especially the management costs of the integrated organisation.

10.3 The Design Team has met to begin working up detailed proposals and to look at the operational issues that will arise.

10.4 Paul Taylor has, by joint agreement, had his contract extended on a part time basis to allow for this work to be completed and also work to be done on the Preventative Technology Grant Strategy.

11.0 RECOMMENDATIONS

11.1 Members note the report and agree to the recommendation in Paragraph 9.5 to support the formation of a 2-team, East and West Integrated Community Team model.

11.2 Members note and agree that in the short to medium term it is not possible to physically locate housing department staff in integrated teams, but that should the Council be successful with the VIP bid then work will be done to explore the use of the mobile wardens within integrated teams.

11.3 Members agree that officers will continue to work with the partner agencies to develop the integrated team operational details and milestones.

For further information please contact Kath Heathcote, Front Street Stanley on 01207 218930.