

Integrated Community Services - Adult Social Care Scrutiny Briefing

The purpose of this paper is to brief the Adult Social Care Scrutiny committee on why the integrated localities project has been started. The details of what is happening will become clearer over the coming months as the preferred models of integration are developed and agreed.

1. Background

- i. National framework: The 2012/13 Operating Framework for the NHS in England identifies integration as key to sustainable improvement (*"It will be equally important that, as more decision making is taken locally to reflect the needs of patients and the clinicians who support them, the NHS does more to integrate service delivery, not only across primary and secondary care between mental and physical health but also with social care organisations"*). Recent papers by the Futures Forum have identified that "centrally dictating a model for integration will not work" and any integration "should be around the patient not the system"¹.

While the Association of Directors of Social work see integration as: *"a potential solution to the immense challenge that faces the whole public sector from greatly reduced budgets, changing demography and an increased/different type of demand for services."*

- ii. Local Framework: The Oxfordshire Clinical Commissioning Group (OCCG) circulated a commissioning intentions consultation paper in January 2012. The paper was agreed separately by the commissioning arm and the provider services from Adult Social Care. The paper contained details on the outcomes that integration would deliver, and a vision on the key characteristics of an integrated service: *"Patients, GPs and Acute Service providers will have one quick and simple route to well joined up, locality based care that enables patients to stay in their usual place of residence as much as possible – regardless of how many different community based health and social care specialists are involved in providing them with that care."*
- iii. Local Expectations: Following the National and local drivers there is an expectation that Oxfordshire begins moving towards integrated community services involving Health and Social Care teams. The establishment of a joint front door to access services is seen as one of the first steps towards integration. The Government has made integration one of the key aims of its radical restructuring of the NHS in England². It is accepted that although integration must not be an aim in itself, it should be something that local authorities consider if it is believed that by working more with others better outcomes can be achieved; improved or faster access to appropriate services or reduced costs to deliver outcomes that are at least as good.

¹ NHS Future Forum Summary Report- Second Phase, 10 January 2012

² Dennis Campbell, The Guardian Newspaper, 21st December 2011

iv. Efficiencies

From initial enquiries there is little hard evidence of savings being made elsewhere in the country as a result of integrating social and health care services. Reporting has concentrated on the 'service benefits' of integration, such as better access and improved response to growing demand, rather than real savings in terms of reduced expenditure. It is also difficult to separate the savings achieved by a single service, like a single point of access, from a larger integration scheme. However, although not quantifiable there are implied financial savings in the business case below in setting up a Single Point of Access.

2. The Integrated Community Localities Project

i. The Project

The Integrated Community Localities Project was formally set up in February 2012 with Oxfordshire County Council Social and Community Services writing a joint Project initiation Document with Oxford Health NHS Foundation Trust following the commissioning intentions paper. Reflected in the Project Initiation document is a decision, by the project board, to deliver a Single Point of Access for Health and Social Care community services. The service is aimed at reducing hospital admissions by General Practitioners (GP's) and supporting discharge from Acute Hospital settings.

ii. The Project Vision

The vision for the project is to provide a quick and simple route to well joined-up, locality based care that enables patients to stay in their usual place of residence as much as possible. The first phase is for Oxford Health NHS FT to aggregate their service contact numbers into a single telephone contact number for GP's to refer to. Phase two is the integration of the Adult Social Care social and community services to create a joint integrated service.

iii. The Business Case

The primary reason for setting up the Single Point of Access follows a steer from some of Oxfordshire's GP's that navigation into and around community services can, at times, be confusing and difficult. There is anecdotal evidence that due to the complexity of accessing the most appropriate services, and finding the relevant contact points, some GP's are referring directly to Social Care teams or deferring to hospital admission in cases of emergency.

Some elements of the business case that will benefit Oxfordshire County Council are:

- A reduction in inappropriate referrals to services
- Improved outcomes for patients; reduce unnecessary hospital admissions
- A reduction in number of long term social care placements
- A reduction in Delayed transfers of Care
- Using the Single Point of Access to build a business case for further integration of Health and Social services.

iv. Project stages

The project is split into 3 phases:

- a) Phase 1 is Oxford Health NHS FT going live with the Single Point of Access for their community services. The dedicated number went live on April 30th and is accessible by Primary Health staff.
- b) Phase 2 is the integration of Social and Community services into the Single Point of Access. An options paper is currently being drafted to determine what the model of integration will look like; it is expected to be low impact by making use of the established processes and referral pathways already existing within the Social and Health Care team. As the Single pint of Access is a dedicated service for Primary Health staff the Social Health Care team will continue to function as it currently does. The current estimated go-live for phase 2 is September 3rd 2012.
- c) Phase 3 is the integration of Mental Health services into the single Point of Access with a go-live by October 31st 2012.

3. Next steps

- v. The proposed model for phase II integration will be finalised and agreed corporately before being shared with Oxford Health NHS Foundation Trust for project sign off. Detailed process maps, referral pathways and performance indicators will be fully developed and agreed by all parties prior to go-live.
- vi. Scrutiny Committee is asked to:
 - a) Agree the principles.
 - b) Discuss the advantages and disadvantages of this approach and provide guidance.

John Dixon/ Nick Horn

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