SUBMISSION TO COMMUNITY HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE

Date: 27th September 2011

Agenda Item: 4

BACKGROUND PAPER PREPARED BY COUNCILLOR MRS BRENDA CONSTABLE

THE INTEGRATION OF SERVICES BETWEEN STAFFORDSHIRE COUNTY COUNCIL AND THE PROPOSED STAFFORDSHIRE AND STOKE ON TRENT PARTNERSHIP NHS TRUST

BACKGROUND

The present three Primary Care Trusts (PCTs) currently provide community health services in South Staffordshire, North Staffordshire and Stoke on Trent respectively, Staffordshire County Council provides social care for the county (excluding Stoke).

Under the Department of Health guidance on transforming community services and the white paper on quality and excellence, the NHS and County Council are proposing a new Staffordshire and Stoke-on-Trent partnership NHS Trust. This will be formed from the community provider services of the present three PCTs with this integration of the community health services and some social care services provided by the County Council. It is believed that the new services will improve the health and wellbeing of Staffordshire residents, with the integration between health and social care.

The new Trust will amalgamate all community health services that have previously been managed within the PCT provider arms. These will include District Nursing, Community Therapy Services, Community Matrons and Specialists Services such as podiatry (Chiropody). Burton Hospitals NHS Foundation Trust will manage the two community hospitals in Lichfield and Tamworth. The County Council will continue to commission and provide services for learning disabilities.

South Staffordshire and Shropshire Foundation Trust will continue to provide services for:

- Mental Health
- Substance Misuse

ENABLEMENT SERVICES

Enablement teams are professionally or vocationally trained staff who provide direct care and support in a person's home, or someone who has been placed in a community based bed for up to 12 weeks. They also coordinate the rehabilitation of a person to get them back on their feet to manage in their own home. These teams also help to discharge patients in their preparation to return home from acute hospitals, community hospitals Or short-term residential care. They also work with other agencies in the assessment of patients for ongoing care packages; each person has a named member of staff or key worker who would coordinate all health and social care to enable them to live at home. Many people who use a "Direct Payment" or a "Personalised Budget" which helps them to remain in control of the care and support they need to live the life they choose.

INTEGRATED SERVICES

The new Trust is capable of providing integrated community health and adult social care services in a more focused and 'integrated' way together with both services managing a single financial arrangement. There will be quicker assessments by the combined service and fewer people visiting individuals' homes. Discharges from hospitals and care homes will be more integrated and 'seamless' into the community.

Improving services system efficiency for service users with complex needs by taking a "whole system approach", where services recognise their interdependencies and plan together to provide a comprehensive range of services for a local population can only enhance a person's quality of life.

Cllr. Mrs Brenda Constable
July 2011