

Department of Social Care

Briefing Note: NHS Community Services and Organisational Structures

1) Background and Context

- 1.1 The Dept. of Social Care and Middlesbrough and Redcar and Cleveland Community Services (MRCCS) have established an extremely effective working relationship predicated on the compatibility of our respective strategic objectives. The policy objectives of Social Care services are to enable people to maintain their independence, and maximise their physical, psychological and emotional well being, so that they are able to enjoy the best possible quality of life. In essence, Social Care services aim to improve the health and well being of the people of Middlesbrough through the provision of community based services.
- 1.2 MRCCS share the same strategic objectives: enabling people to lead healthy lives, supporting those at risk of ill health through the delivery of early interventions, reducing avoidable hospital admissions and facilitating timely hospital discharges to help people maintain their independence.
- 1.3 The working relationship between Social Care and MRCCS is therefore critical, in ensuring a cohesive and comprehensive approach to service delivery and development, based on a common purpose, and common set of aims and objectives.

2) Challenges and Opportunities

- 2.1 At the time of writing, there appear to be 3 potential “host” organisations for MRCCS: South Tees Foundation Trust, North Tees Foundation Trust, and Tees, Esk and Wear Valley MH Foundation Trust. It is acknowledged, however, that this situation could well have changed by the time of the Health Scrutiny Panel meeting in late May. Each of the potential hosts will present both challenges and opportunities, in differing degrees.

- 2.2 The compatibility of the role and function of an Acute Trust, with the role and function of NHS Community Services is perhaps the most obvious challenge. The core business of the Acute Trusts is providing high quality care predominantly in a hospital setting. Their resources, expertise and organisational structure are focussed on hospital based services. Their financial incentives are derived from optimum use of hospital based services – competing with other hospitals to attract elective patients, further development of specialist, and tertiary services, becoming regional/sub regional centres of excellence in some specialities. To date, Acute Trusts have had little or no financial incentive to invest in a great deal other than hospital based services.
- 2.3 The primary aim of Community Services, however, is to avoid the need for acute admissions.
- 2.3 The challenge is to resolve this apparent incompatibility of primary function, and ensure a strong focus not only on maintaining, but further investment and development of **local** community services. The **local** dimension might present a further challenge were the choice of host to be an Acute Trust with limited direct experience of local communities, networks and partnerships.
- 2.4 Acute Trusts, by the very nature of their core business, have limited experience of integrated working with Social Care. Integrated working and integrated service delivery is a key feature of the success of the current relationship between MRCCS and Social Care.
- 2.5 The selection of an Acute Trust as the host organisation for MRCCS does also present opportunities. The model of integrated working across Social Care and MRCCS could be extended across a wider section of the health economy. In terms of the patient pathway, it could present significant opportunities to reduce the number of “hand overs”, and provide a more seamless service for patients, ensuring greater continuity of care - responsibility for the whole patient journey would be less fragmented.

- 2.6 In respect of TEWV, their strategic aims are similar to those of MRCCS, and Social Care – providing services in the community. Avoiding the need for acute admissions, provision of preventative and early intervention services, with a primary focus on enabling people to enjoy good mental health and well being.
- 2.7 TEWV have extensive experience of integrated working at a local level. Social Care has a long history of working with TEWV to develop services that promote rehabilitation and recovery. There are clear synergies, therefore, between the strategic goals of Social Care, MRCCS and TEWV.
- 2.8 TEWV is, however, a mental health and learning disability Trust, and as such, their “customer base” is not as inclusive as that of MRCCS, even though, for many, the psychological impact of physical conditions is significant.

3) Best Outcomes

- 3.1 The best outcome, from the Social Care perspective, would be the selection of a host organisation which has experience, and a sound track record, in delivery of integrated, community based services in Middlesbrough, coupled with the motivation and strategic vision to further develop community services in partnership with local people and local organisations. Governance arrangements would clearly and explicitly enable the appropriate level of priority being given to community services.
- 3.2 In terms of the selection process, the best outcome would be for the decision-makers to take account of the views of Social Care. It is therefore encouraging to note that the PCT is actively involving and seeking the views of Social Care at each step throughout the process.

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