

Report to: **Social Services & Health Scrutiny Committee**

Date: **25 September 2003**

By: **Director of Social Services**

Title of report: **Implementation of Integrated Community Equipment Services**

Purpose of report: **To update the Committee concerning progress towards a joint service.**

RECOMMENDATIONS

The Scrutiny Committee is recommended to note

1. The progress that is being made towards a joint Integrated Community Equipment Services (ICES)

1. Financial Appraisal

1.1 It has been agreed with Health that East Sussex County Council should act as the “host partner” and the “lead body” with responsibility for commissioning community equipment and receiving funding from partners to do so. The size of the prospective tender will require advertisement in the Official Journal of the European Community.

1.2 The tendering of an integrated service is not expected to require additional Social Services funding. However, a joint piece of work with Health has highlighted a possible deficit in Health funding of £0.85m, which is the estimated additional cost of out-sourcing current Health activity and achieving the required standards.

1.3 Approximately half of the estimated shortfall is attributed to the system of credits (for recycled equipment) which is used by commercial suppliers of contracted stores. NHS organisations in East Sussex have requested that an in-house bid should be commissioned and considered as part of the formal tendering process, as it may provide a lower cost alternative and/or be used as a useful benchmark against which to evaluate other tenders.

2. Background

2.1 The NHS Plan set out the Government’s commitment to modernising community equipment services. In March 2001 the Department of Health issued the circulars Community Equipment Services (HSC 2001/008 and LAC (2001) 13) simultaneously with a guidance document called Guide to Community Equipment Services. These documents set out the vision and requirement for the integration of local authority and NHS community equipment services to be achieved by April 2004 at the latest

2.2 The main characteristics of an integrated service are that there should be one management structure and no distinction between Health and Social Services equipment with a pooled budget in place to support the arrangements. There are also expectations for improvement in quality regarding access and response times, in demonstrated user involvement, and in the range of equipment available. A “seamless” service that is flexible, timely and respects the autonomy of the individual underpins the ICES vision.

2.3 Failure to achieve an integrated service is likely to have an adverse affect on star ratings and Comprehensive Performance Assessment scores. It will jeopardise receipt of £90,000 ‘Access and Capacity Grant’ and represent a lost opportunity to achieve economies of scale, increased purchasing power and best value.

2.4 At its meeting on 19 August the Health, Social Care and Education Executive (HSCEE) agreed to make recommendations to proceed to tender to their respective Boards and Lead Member. A service specification and tender documentation has been prepared in line with these requirements and in consultation with all partners.

3. Conclusions

3.1 Implementing ICES not only meets government requirements, it is an opportunity to provide better services for users and carers.

3.2 It is also likely to result in economies of scale and greater purchasing power, and should represent the best value way of meeting the increased performance requirements.

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