Integration of Health and Social Care

West Lothian Community Health & Care Partnership

Context

West Lothian has a well-earned reputation for delivering ground-breaking and quality-driven public services to local people. The introduction of community health partnerships (CHPs) in 2005 was therefore seen as an ideal opportunity for West Lothian to take partnership working between health services and local authority to a new level and develop a more advanced model of CHP.

Because of the extensive joint working that had already taken place in West Lothian it was decided to continue this tradition by bringing health and social care services closer together wherever possible and work in partnership to deliver more accessible, integrated and high quality services which are jointly planned and community focused.

The creation of an integrated CHCP in April 2005 jointly managed by, and accountable to, NHS Lothian and West Lothian Council, therefore built upon a long history of highly effective joint working. The establishment of the CHCP demonstrated a move away from traditional models of health and social care and brought together community based health care and social work services.

The CHCP governance arrangements reflect the equal involvement of Health and Council and core services go well beyond those listed in the original guidance.

West Lothian CHCP is now a well established partnership for the delivery of primary care and social care services. The CHCP manages a substantial range of NHS and Council services including: community care, personal care, residential care, continuing care, mental health, general practitioner, dental, pharmacist, district nursing, health visiting, five of the allied health professions, community-based children's services, learning disabilities, physical disabilities, Tobacco, Alcohol and Drug Partnership (TADP) and criminal justice.

The CHCP has a single joint director, integrated management arrangements and a number of fully integrated operational teams and in many ways already represents the integrated model of health and social care proposed by the Scottish Government.

West Lothian is therefore well placed to maximize the approach advocated by the government given its focus on early intervention through the Life Stages Outcomes Planning model and its tradition of multi-agency working, allied with developing work around the older people’s and early years/intervention change funds and joint commissioning.
What have been the challenges in better integrating health and social services in the past and are there exemplars of good practice?

Factors which have assisted West Lothian in developing a more integrated approach to health and social care services include

- a long tradition of highly effective partnership working
- adopting a whole person approach
- the co-location of staff and services.

Allied with these, the CHCP has adopted a combination of measures including

- service redesign
- joint planning
- anticipatory care
- health improvement initiatives
- the innovative use of housing and technology

to deliver better health and care outcomes for people across all communities in West Lothian.

Challenges

The CHCP has experienced a number of areas that have challenged the process of further integrating community based health and social care services in West Lothian, including

- Demographic and economic pressures
- Tackling inequalities in health & well-being
- Increased bureaucracy/reporting
- Governance arrangements.

Current governance and accountability arrangements

The CHCP is not an autonomous body from the partners and has no legal personality of its own, but draws its ability to strategically influence the partners through the authority conferred to the members and officers of both organisations who are employed to discharge the remit of the CHCP.

In relation to the development and shape of CHPs, the West Lothian way has been different to the standard requirement for a CHP. Uniquely, the work of West Lothian CHCP is governed by a Partnership Board, which was created to reflect the equal involvement of NHS Lothian and West Lothian Council, and is made up of 4 NHS appointees and 4 elected members from Council.
The CHCP Board operates as a decision-making body within NHS Lothian, as determined by the wider governance structures and policies and procedures of NHS Lothian and as an advisory body to West Lothian Council with the CHCP Director implementing any agreed actions as a Council officer with delegated powers.

The CHCP Director is jointly accountable to the Chief Executives of NHS Lothian and West Lothian Council for the strategic and operational management of CHCP activities. Both Chief Executives ensure that the CHCP Director has delegated authority and resources in order to discharge his role.

The Sub-Committee is an advisory (but legally required) body concerned with input to the operational management of the CHCP through the involvement of frontline staff, independent contractors and other stakeholders in ensuring that the CHCP meets local needs and service development priorities.

Current scrutiny and reporting arrangements for the CHCP require reports being submitted to a plethora of groups spanning both partners and CHCP groups including the CHCP Board, CHCP Sub-Committee, Health & Care Policy Development and Scrutiny Panel (PDSP), Social Policy PDSP, Lothian NHS Board, West Lothian Community Planning Board, NHS Lothian Executive Management Team and a variety of sub-groups.

Financial Accountability

The CHCP currently operates an aligned budget of approximately £170 million, reporting on the use of this resource to both West Lothian Council and NHS Lothian. The budgets for all of the specified services are devolved to the CHCP and the CHCP has delegated authority to distribute the combined budgets which have been allocated by each parent body. A single finance report is submitted to each meeting of the CHCP Board.

Exemplars of good practice

DELAYED DISCHARGE

West Lothian CHCP has consistently been at the top of the national delayed discharge performance tables with a zero return being reported on a regular basis.

WEST LOTHIAN COMMUNITY REHABILITATION AND BRAIN INJURY SERVICE (CRABIS)

Jointly funded and managed this service provides specialist, multi-disciplinary assessment and rehabilitation to individuals aged over 16 who have either a physical disability and / or acquired brain injury.
JOINT PREMISES STRATEGY

Through Strathbrock Partnership Centre, Fauldhouse Partnership Centre, Bathgate Partnership Centre (with another under development) and initiatives such as the Child Development Centre, Pathways at Quigley House, Forrest Walk, Perinatal Unit and the Regional Eating Disorders Unit the CHCP has designed and structured premises to facilitate innovative ways of working across boundaries.

INTEGRATED INFORMATION MANAGEMENT

The CHCP has been to the fore in the development of multi agency information sharing systems. These systems currently provide the capacity to build a whole person view for all client groups in West Lothian. The adults system provides the vehicle for deriving single shared assessments for health and social care needs; the children’s system supports child protection and also provides multi-agency assessment.

Safe at Home assessment tool has been developed. This creates the capacity for one worker from any discipline to carry out multiple ‘expert’ assessments based on a single interaction with an individual.

USE OF ASSISTIVE TECHNOLOGY

West Lothian is the biggest user of telecare in Europe with 4,196 households supported by Home Safety enhanced package of lifeline, pendant and sensors.

MULTI-AGENCY TRAINING

A number of valuable joint training opportunities have been developed eg Getting It Right For Every Child (GIRFEC), adult protection, child protection, single shared assessment, C-Me, falls education etc.

FALLS EDUCATION/PREVENTION

Areas of good practice in West Lothian include

- community based assessment, rehabilitation and care services
- coordinated delivery of equipment through Community Equipment Stores
- a self referral pathway for small equipment, including rails
- wide use of telecare technology
- community sport and leisure opportunities linked with the Health Improvement Team and West Lothian Leisure
- a pathway for assessing osteoporosis risk of those attending A&E with a fracture.
COMMUNITY MENTAL HEALTH TEAM (CMHT)

The CMHT provides an intensive, community based service to people with severe and enduring mental health problems. This joint team combines health models of treatment and social models of support and care to provide a holistic service. With specialist professional insight being brought into play, from both social work and health, a process of synergy is developed whereby the client is able to receive a comprehensive service which is flexible and responsive. The service manages a devolved budget from Health and Council.

FIRST STEPS TO HEALTH & WELLBEING

First Steps to Health & Wellbeing is a jointly funded initiative for patients who suffer from chronic conditions where a closely monitored activity programme encourages mental and physical health improvements of the residents of West Lothian. The project is committed to reducing health inequality by targeting deprived communities with the aim of promoting and supporting initiatives to improve the health of the community as a whole and aims to improve the management of long term conditions and mild to moderate mental health issues thereby reducing their long-term effects. Recent evaluation results suggest that the project can improve both the physical and mental health of patients referred over the 12 weeks of their participation. The programme is also achieving a good retention rate of those continuing to exercise after the initial programme is completed.

RELATIONSHIP WITH THE ACUTE SECTOR

The acute sector is represented on the CHCP Sub-Committee and the allied health professions (AHP) services based in the CHCP also support acute services at St John’s Hospital, facilitating close working relations with the acute sector.

An Interface Group was established in 2010 specifically to improve communication between community and hospital. The group brings together senior managers and clinicians from primary and secondary care to improve communication and facilitate dialogue relating to the provision of seamless clinical pathways to improve outcome and patient experience. Membership has been extended to include CHCP (Council) representation.

24/7 CRISIS CARE SERVICE

The Crisis Care Service is a new approach that involves working in partnership with community nursing services to provide a 24/7 service to people who are experiencing a health or social care emergency, to deal with the immediate crisis in their own home. The service is structured around community GP localities and aims to provide treatment and arrange short-term support services (up to 5 days) to support people at home. The service involves District Nurses, Social Workers, Physiotherapists, Occupational Therapists and care support staff.
PERFORMANCE MANAGEMENT

The CHCP has developed an integrated approach to performance management over the last year and close partnership working between Council and NHS staff has led to considerable progress in the development of a more comprehensive range of performance indicators across the CHCP. Work is ongoing to extend the range of performance indicators to include measures related to GP practices and community nursing.

COMMUNITY PLANNING

The functions of the CHCP Sub-Committee and community planning forum for Health & Wellbeing have been integrated and the Sub-Committee now has responsibility for delivering four of the outcomes in the West Lothian Single Outcome Agreement.

The role of the voluntary sector is acknowledged and welcomed formally through the community planning arrangements in West Lothian and in particular through the forums and joint planning teams. This role has been further strengthened in the CHCP through membership of the CHCP Sub-committee of a voluntary sector representative and a representative from Carers of West Lothian.

What would the detail of the Scottish Government’s proposals need to address to overcome the barriers to integration?

Barriers

1. Lack of autonomy of the single accountable officer post

All West Lothian CHCP staff are ultimately managed by the joint Director post, with this post being jointly accountable to and managed by both Chief Executives in West Lothian Council and NHS Lothian. In the past concerns have been expressed in relation to legal/contractual responsibilities of the post which resulted in a formal Partnership Agreement failing to be signed off. The legal position of the single accountable officer in relation to resource and staff management would therefore need to be clarified and redefined in legislation if required to enable the post to have sufficient autonomy to discharge his/her duties effectively.

2. Streamline governance arrangements

Currently policy discussion and decision-making processes within the CHCP can be frustrating due to the duplication and increased bureaucracy resulting from the number of approval forums. A single integrated working arrangement through which Council and Health jointly plan, deliver and manage agreed functions and responsibilities to promote the Health and Wellbeing agenda in West Lothian would therefore be desirable.
Although the CHCP Board was established as a committee of Lothian Health Board, under current legislation the Council can only delegate decision making through a committee (requiring two-thirds of membership to be councillors) or a Council officer. As the main governance body of the CHCP, the Partnership Board, has the same number of Health and Council members to reflect their equal involvement this body can therefore not, in its present form, be a decision-making body in Council.

A change in legislation would therefore be welcomed to allow a true joint committee to be set up within Council with responsibility for CHCP functions (with corresponding enabling changes within Health) which would have decision-making powers and streamline governance arrangements, allowing a more equal balance between parent organisations, quicker decision making, less duplication, reduced bureaucracy and a single point of accountability for the joint Director post.

3. Transfer of resources

In order to support the re-balancing of care to keep people at home means there will need to be a corresponding shift in resources to reflect this social and financial movement from secondary/acute care to the primary/social care element or an equivalent transfer of resources eg nursing staff/AHPs into the community side to offset this change of emphasis.

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