REPORT TO: Healthy Halton Policy & Performance Board

DATE: 10th November, 2009

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Social Care In Practice Service

1.0 PURPOSE OF REPORT

1.1 To inform Healthy Halton Policy & Performance Board on the progress and developments made in the Social Care In Practice (SCIP) pilot.

2.0 RECOMMENDATION: That

(1) Healthy Halton Policy & Performance Board Members note and comment on the report.

3.0 Introduction

3.1 The Social Care in Practice (SCIP) service was commissioned by Runcorn PBC Consortium to establish formal links between primary care and social services, so that people with long-term conditions and decreased functional ability can access social care assessments and have a personalised care plan devised to support them within their own home / community wherever possible. It was also envisaged that earlier interventions and signposting to other services and agencies would support primary care patients more effectively and reduce the need for more intensive health interventions.

3.2 It was also anticipated that this proposal would not only facilitate enhanced quality of life for those older people with access to social care in general practice, but would also increase understanding within health and social care of each other's culture, services, access and priorities, including safeguarding issues **(Appendix 1).**

3.3 Evidence from similar models identified a decrease in hospital admissions and lengths of stay for this patients group, resulting in significant savings that could be reinvested to fund practice based social care posts and additional related services.

3.4 The project has a base in 4 health centres enabling 7 separate surgeries to access the SCIP workers. The project consists of 2.5 (WTE) community care workers, a 0.5 (WTE) worker from Sure Start to Later Life, a Practice Manager and admin support. Due to the consortium recognising the value of the service the pilot has now been extended until February 2011. The Practice Manager post, which was funded to develop the service, was initially funded by the Directorate; however, this too is now being fully funded by the Consortium.

3.5 Provision of space for the social care staff within each health centre is different. The social care staff can be located in a room with community matrons; this appears to work well as can be evidenced with the number of referrals received from the two surgeries where this occurs. The other two health centres provide a room for the worker. All workers liaise well with district nurses and continue to work to raise their profile within the health centres.

3.6 The dedicated SCIP CCW's attend their respective Primary Health Care Team (PHCT) meetings, and access clinical systems to enable holistic assessments to be undertaken. They also work closely with the PHCT to provide social care information to enable older patients to fully benefit from the integrated health and social care approach. The SCIP Practice Manager regularly attends practice meetings to continue to raise the project's profile further, to address any issues whilst the service is developing and to support the social care staff.

3.7 Distribution of social care sessions within each practice are based on the proportion of 65+ patients as % of overall practice population, prevalence of LTC's and by considering admissions and readmissions for this age group by practice. By targeting the social care resource in this way it is considered we can have a greater impact on this patient group in each practice, reducing admissions where possible, but also enhancing the PHCT's understanding of available social care support, improving patient and professional pathways to access social care and wider community based solutions, thus improving the quality of life for this vulnerable patient group.

4.0 Evaluation

4.1 When the pilot service was established a number of areas for evaluation were agreed. The majority of these were quantitative, with some qualitative evaluation from case studies. At the recent Steering Group it was agreed that there must be a move towards a more qualitative approach, and a questionnaire is being developed to support this in conjunction with Sandra Harris.

4.2 Evaluation to date:

4.2.1 Number of referrals between July and September 2009:
Source of referrals:

PRACTICE	REFERRALS TO SCIP	SOCIAL CARE ASSESSMENTS	SS2LL REFERRALS
Tower House	37	8	0
Grove House	15	1	0
Murdishaw	7	2	0
Castlefields	38	15	0
Brookvale	17	3	3
Weavervale	7	4	0
Heath Road	0	0	0
Total	**120**	**33**	**3**

These figures show a small decrease on the previous quarter. This is in part due to the holiday season and the effect of swine flu, which drastically reduced the number of people attending the surgeries. The figures show that the largest proportion of referrals did not necessarily lead to a full social care assessment, as many are managed through signposting etc. Recording now identifies all the other outcomes from referral, eg signposting, referral to other services/agencies etc. as well as working towards a more qualitative evaluation.

4.2.2 The consultant who is employed by the PBC consortium identified that it had been too difficult to capture the actual savings that SCIP had made for the Runcorn Consortium, and indicated that the qualitative evaluation tool being jointly developed will be welcomed by the GP surgeries. However, he reports that feedback from the Runcorn Consortium from the GP's perspective is very positive and they are delighted with the outcomes they have seen so far.

5.0 Next Steps

5.1 The PBC consultant has been identified by the PBC to support the further development of the project. David Bowie (Acting Practice Manager SCIP) to be part of the PBC work stream.

5.2 Qualitative data collection/collation is to be developed to evidence the outcomes of the project for the target group.

5.3 Further work is required to proactively identify people who are at risk of hospital admission.

5.4 A new referral form has been developed to provide easier access to service. It will also further identify the long-term conditions of people being referred and evidence that people with complex conditions are being targeted. It has not been taken up by all the surgeries but workers are still able to capture the information that we are requesting from the surgeries.

5.5 To further develop the evaluation framework to provide sufficient information to support decision making on the sustainability of this service.

6.0 FINANCIAL/RESOURCE IMPLICATIONS

6.1 The project is now funded until February 2011.

6.2 David Bowie is now acting Practice Manager. PBC are now funding this post.

6.3 The Directorate is currently funding an agency worker to backfill the acting Practice Manager post, this SW post will now be advertised on a temporary basis until February 2011 as the agency costs are significant.

Appendix 1

Anticipated Outcomes

Outcome	**Progress to date**
Provides more rapid, efficient and holistic assessment and care plan coordination and promotes multi-disciplinary working practices	Social care workers are co-located in practices, forming new multi-disciplinary community teams. Referrals to social care are taken in person, cutting out the 'red tape'. Joint home visits and assessments are being undertaken. SAP folders are being issued jointly. Care plan coordination is more holistic.
Ensures older people are better supported and maintained in the community by utilisation of a single point of contact within GP practices for health and social care, with continuity of care and consistency of linked social care staff.	Social care workers are based in each practice and have become the single point of contact for PCHT staff. Primary named workers have been allocated to each practice. All practices are aware of who to contact if the worker is not available.
Increases understanding of each other's contributions and potential inputs between health & social services, including eligibility under FACS and Continuing Care.	Through co-location and joint working social care and PHCT staff are developing a deeper understanding of each other's contributions. Workers are engaging each other in discussions about their own systems and processes.
Enables PHCT members to access to appropriate social care advice, assessment and resources for any identified patient in need of social care input. Enables Social care staff to access medical knowledge And support.	Joint home visits and assessments are taking place. Patient discussions are had regularly and information and advice shared. Resources are being accessed (e.g. packages of care, Intermediate Care). Patients are being signposted to community-based resources.
Improves understanding for clinicians of vulnerable adult abuse, and ease of access to advice and safeguarding processes where abuse is suspected.	Social care workers are providing information to clinicians about safeguarding processes. Social care workers are building up PCHT staffs' understanding of vulnerable adult abuse through case discussion.

Promotes timely multi-disciplinary interventions to prevent, where possible, hospital admission or avoidable admission to long-term care, reduces length of stay in acute care and enhances the ability of OP to live independently for longer within the community.	Referrals to social care are taken in person, cutting out the 'red tape'. There has been some difficulty obtaining data relating to number of admissions to hospital, length of stay from PCT informatics team.
Increases opportunities for older people to be referred or signposted to services or activities that are proven to increase health and wellbeing, facilitate independent living and improve quality of life.	Older People are being referred to and signposted to services. Sure Start to Later Life information officers are holding information clinics at all practices, taking patient self-referrals and referral from professionals. Increase in number of referrals to Sure start from Runcorn Practices
Social care staff to have access to complex information to support people in their own homes	Social care staff all have access to the surgeries computer systems. Feedback is that this has been very valuable and has speeded up times that staff can respond to situations.