

Health Scrutiny Action Learning Project

Health and social care working in partnership

A review of how well services in Salford are meeting the needs of people with a physical or sensory disability. With a focus on the themes: enabling health, independence and wellbeing; support for long term needs and putting people in control.

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Executive summary

Chairman's foreword

On behalf of the Community, Health and Social Care Scrutiny Committee I am pleased to present this report on 'Health and social care working together in partnership', a review which was funded through the Health Scrutiny Support Programme.

We were fortunate in having a great deal of input from a number of service user and carer representatives from the Independent Living Partnership Board. I would like to thank them for the time and commitment they gave to the review. Also to staff from the wide range of organisations who gave evidence to the review. We have found this a valuable piece of scrutiny work, which has increased our understanding and knowledge about a broad range of health and social care services and the experiences of some disabled people and their carers.

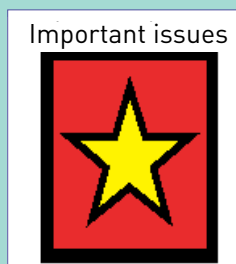
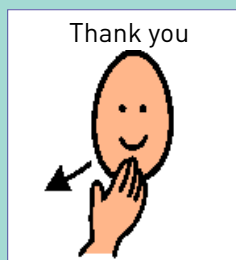
I feel that this work provides further evidence of the developing contribution Overview and Scrutiny is making to important issues affecting the council and communities within Salford.

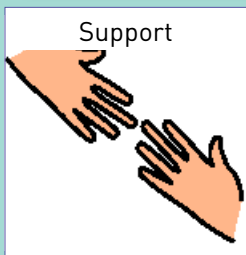
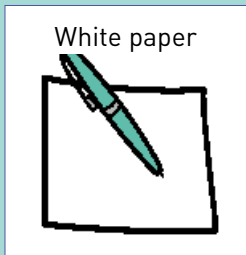
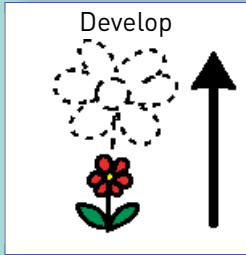
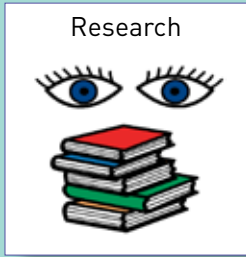
I commend this report to Salford City Council, Salford Primary Care Trust, Salford Royal Foundation Trust, the Independent Living Partnership Board and Salford Strategic Partnership.



Councillor Joe Kean

Community, Health and Social Care Scrutiny Committee





Health Scrutiny Support Programme

The Health Scrutiny Support Programme, managed by the Centre for Public Scrutiny, comprises three elements:

- national evaluative research;
- practical support; and
- action learning projects.

Action Learning Project

Each year the Health Scrutiny Support Programme funds a small number of innovative projects that aim to develop health scrutiny in a particular locality. Lessons can be learnt from these projects and best practice shared with other local authorities and health partners.

The aim of this project was to carry out a scrutiny review in response to the government's White Paper, "Our health, our care, our say," with a view to taking forward locally a theme (or themes) from the White Paper.

The strapline to the White Paper is "Health and social care working together in partnership". The focus of the project in Salford was the Independent Living Partnership Board (ILPB) and the services delivered in partnership by Salford City Council, Salford Primary Care Trust (Salford PCT) and Salford Royal NHS Foundation Trust. The review considered how well these services were meeting the needs of disabled people, in particular, in respect of the White Paper themes: enabling health, independence and wellbeing; support for long term needs and putting people in control.

“Direct payments – good care plan, well organised and experiences of feeling listened to”

“There are some excellent professionals – if you get one and they become your first port of call then you can achieve real independence”

The objectives of the review were:

- to review the partnership arrangements in place
- to consider what added value is derived from delivering the services in partnership, through a pooled budget
- to consider with users and carers whether the services fully meet their needs
- to consider to what extent partners are already embedding the themes of the white paper into the services and how this might be further developed.

The review was conducted by members of the Community, Health and Social Care Scrutiny Committee assisted by a number of user and carer representatives from the ILPB. The review took place between June 2006 and March 2007.

Members of the committee:

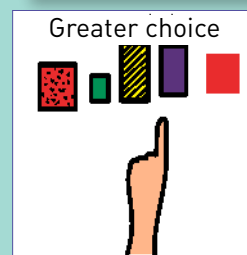
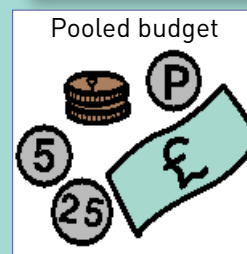
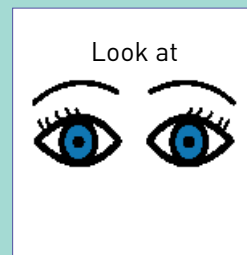
Councillor Joe Kean (Chair)
 Councillor Val Burgoyne
 Councillor Alan Clague
 Councillor John Deas
 Councillor Christine Gray
 Councillor Janice Heywood
 Councillor Bernard Lea
 Councillor Jane Murphy
 Councillor Pat Ryan
 Councillor Leslie Turner
 Councillor George Wilson

Co-opted members:

Sharon Brearley
 Margaret Dixon
 Harold Kershner
 Jim Wheelton
 Marian Wilson

Advisers to the review:

Karen Holland	Salford University
Russell Bernstein	Scrutiny Support
Karen Dainty	Scrutiny Support



Background

Section 31 arrangements to develop a pooled budget for community equipment, adaptations and wheelchair services within Salford were established in 2004. The monitoring arrangements for the pooled budget were via the establishment of a partnership board (ILPB) whose membership includes:

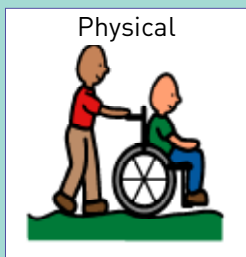
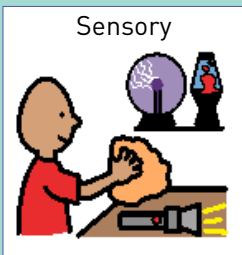
- users of services and their carers (citizen representatives)
- senior managers from Salford City Council, Salford PCT and Salford Royal NHS Foundation Trust
- representatives from the voluntary sector.

The Board has since widened its remit to include all aspects of service provision (health and social care) for people with a sensory or physical disability. During the two years that the Board has been in operation a number of issues have been raised not only relating to direct provision of health and social care services but also in connection with leisure, employment and housing.

'Our health, our care, our say' states that its aim for people with longer term needs is for services to support people to take greater control over their own lives and to allow them to enjoy a good quality of life and contribute fully to their communities. Individuals need information, signposting and support so that they can take control and make informed choices about their care and treatment.

Salford City Council

Salford **NHS**
Primary Care Trust



Recent national surveys show that we still need to do more to empower people with long term health and social care needs through greater choice and more control over their care.

Independent living is about disabled people having choice and control over the support they need to go about their daily lives. The White Paper supports the development of community services that provide independence and choice, however many service users with physical and sensory disabilities identify that their choice and independence are limited. There is specific reference within the White Paper of the need for “collaboration between health and social care to create multidisciplinary networks to support those people with the most complex needs.” The partnership arrangements within Salford provide the opportunity to examine whether the networks already established meet the needs of service users.

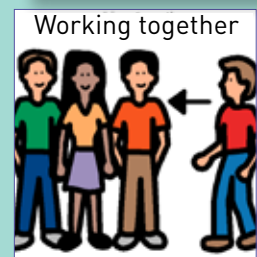
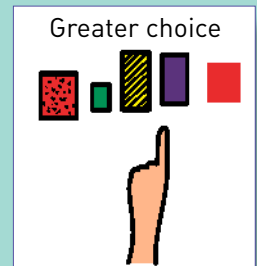
Methodology

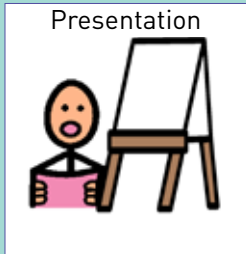
User carer researcher involvement

A number of user and carer representatives are members of the Independent Living Partnership Board. We invited them to take part in this review as this would have a number of benefits:

- members of the Community, Health and Social Care Scrutiny Committee could learn from the personal experiences and understanding of the service users and carers
- user and carer researchers could gain an understanding of the role of health scrutiny in the council and develop scrutiny skills which would assist in their role on the partnership board.

The service user and carer researchers carried out focus group work with other service users and carers. A questioning framework was developed around key themes of the White Paper. We asked people what three things they would like to see happen to improve health and social care services for disabled people.





Presentations/reports

Members attended a range of presentations and received reports about the White Paper – ‘Our health, our care, our say’, the ILPB, the type and range of services for people with a physical or sensory disability and any relevant performance information.

Site visits

Accompanied by user and carer representatives, members of Community, Health and Social Care Scrutiny conducted site visits to a range of services. This was to find out about the services and facilities on offer from relevant staff.



A questioning framework was developed so that all services could be asked the same range of questions and to ensure a consistent approach. The questions were based around the White Paper themes: enabling health, independence and wellbeing and support for long term needs and putting people in control. We asked people what three things they would like to see happen to improve health and social care services for disabled people.

Site visits included services in the acute and primary health care sector, the voluntary sector and community social care services.




“Have a single assessment – people are sick and tired of repeating themselves”

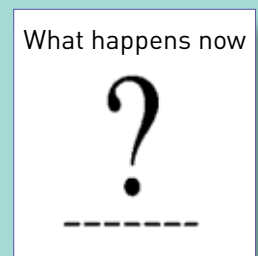
Interviews

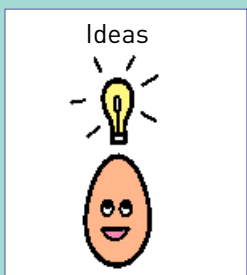
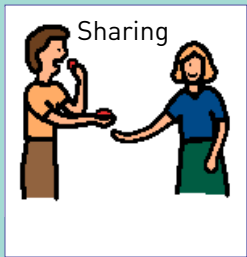
Interviews were carried out with senior representatives from Salford Royal NHS Foundation Trust, Salford PCT and Salford City Council’s Community, Health and Social Care Directorate. Interview questions followed the same lines of enquiry as the user and carer research and site visits. This allowed comparisons to be made between what service providers were saying and the experiences and perceptions of those receiving services. We also asked people what three things they would like to see happen to improve health and social care services for disabled people.







Findings and recommendations

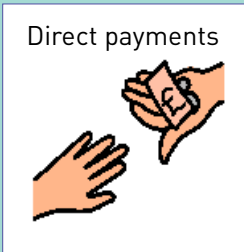
 Findings	 Recommendations	 Timescale
Department of Health		
1. Members support the direction of travel outlined in “Our health, our care, our say” and feel that there are already firm foundations within Salford to support the delivery of health and social care working in partnership. There is concern, however, that since the publication of the White Paper, the Department of Health has not given this priority and also that there was no additional finance associated.	The Department of Health should give greater priority to ‘Our health, our care, our say’ and recognise the additional costs that may be required to implement the changes to the delivery of services.	April 2008
There has also been concern expressed that there may be a threat to the viability of some services if direct payments are available for all services.		

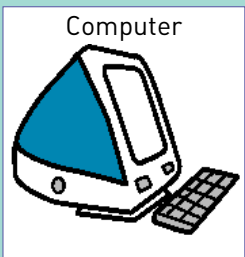
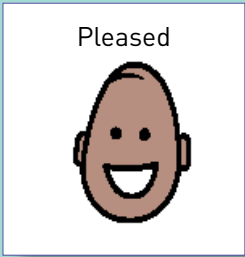
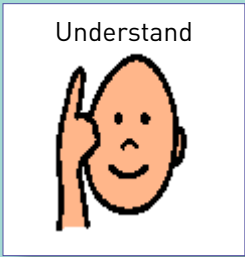






 Findings	 Recommendations	 Timescale
<p>The committee welcomes and recognises the strength of partnership working within the city and the development of a number of partnership boards. However it is not clear how models of working, learning and best practice are shared across partnerships, in particular from the more mature partnership boards to the ILPB.</p>	<p>Partners should develop a model for partnership boards which incorporates best practice in respect of membership; governance arrangements, user/ carer involvement and training, sharing good practice and monitoring outcomes.</p>	<p>October 2007</p>
<p>There is no formal induction or training process for user and carer representatives on the ILPB.</p>	<p>There should be a formal induction and training process for user and carer representatives on the ILPB (and across other health and social care partnerships). There should be more opportunities for joint training/information sharing across service user and carer representatives on the different health and social care partnerships.</p>	<p>October 2007</p>
<p>The process of gathering and bringing views of a cross section of users and carers to the partnership is unclear.</p>	<p>A defined process should be developed for bringing views of other networks of disabled people and carers to the ILPB.</p>	<p>October 2007</p>

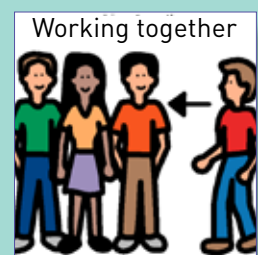
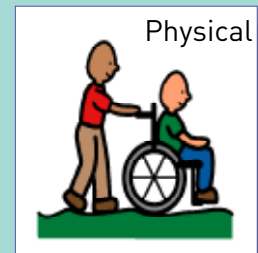
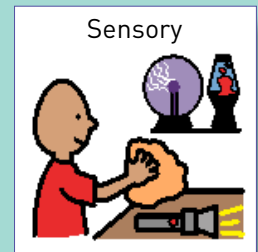
 Findings	 Recommendations	 Timescale
<p>In respect of user and carer involvement, most individual services visited gave examples of their approach, but very few conducted any formal evaluation to demonstrate outcomes.</p>	<p>A good practice model for evaluating user and carer input and resultant changes to services should be developed along with a mechanism for sharing good practice and experience from service user and carer involvement.</p>	<p>April 2008</p>
<p>There was little formal evaluation or evidence of what has changed as a result of service user and carer involvement.</p>	<p>Services and partnerships should develop mechanisms to evidence what changes have been made as a result of user and carer involvement.</p>	<p>April 2008</p>
<p>Salford has had a steadily increasing uptake of direct payments over the last three years. Direct payments and individualised budgets give people greater choice and control over the services they receive.</p>	<p>The use of direct payments and individualised budgets (when available) should be promoted to people with disabilities so they can take control of their own support services.</p> <p>People should be offered support in the process of changing to direct payments and advice offered on mechanisms for ensuring quality of service.</p>	<p>April 2008</p>





 Findings	 Recommendations	 Timescale
<p>Users and carers said that agency systems and structures can limit people’s independence – what they will or won’t do, time allowed for tasks, and when they come. They are often reluctant to change or be flexible.</p> <p>They felt that there can be a different standard of support available to people with different impairments. Also that people in different parts of the city could experience different levels of service.</p>	<p>Service providers and commissioners of services should have a broad understanding of different disabilities and sensory impairments and ensure this is reflected in the services offered.</p>	<p>April 2008</p>
<p>Better communication is required. Some people are not aware of what services they could expect – particularly those outside the “system”.</p>	<p>More information leaflets and other media should be developed across services as a whole for disabled people.</p> <p>Burrows House should be further developed as a “one stop shop” for disability issues.</p>	<p>April 2008</p>
<p>User and carer research showed that people are sick and tired of repeating themselves to health and social care professionals/organisations.</p> <p>Members were impressed with the integrated care team model at Walkden and believe the rolling out of services such as this across the city will help with better communication and delivery of services.</p> <p>An electronic patient record is needed to ensure that all information is kept in one place and accessible across services.</p>	<p>We should continue to develop better joined up working between health, social care and voluntary/independent sector partners with an appropriate referral system where clients’ records can be shared to prevent duplication.</p> <p>There should be a case management approach to all services through the use of a single assessment process and sharing of current IT systems.</p>	<p>October 2007</p>

 Findings	 Recommendations	 Timescale
<p>The Office for Disability Issues is carrying out an Independent Living Review, to develop practical proposals for independent living. An initial report is expected in summer 2007.</p>	<p>The ILPB should consider the findings and proposals of this review and any practical recommendations which may improve services locally.</p>	<p>October 2007</p>
<p>Salford City Council and Salford PCT</p>		
<p>There is no joint commissioning strategy for physical disability and sensory services.</p>	<p>A joint commissioning strategy should be developed for health and social care services for physical and sensory disability.</p>	<p>April 2008</p>
<p>There is very little available in terms of the vocational side of rehabilitation. Members are aware of the project at BASIC for people with brain and spinal injuries and the Pain Programme, which helps people with chronic pain back into a working environment. A wider range of opportunities should be available to support independence.</p>	<p>Commissioners should consider the provision of greater support for vocational rehabilitation services to help get people back into work wherever possible.</p>	<p>April 2008</p>
<p>Salford Strategic Partnership</p>		
<p>Members have been made aware of issues in housing and social care. The majority of residential and day care is aimed at older people. The younger client group need a more stimulating environment, working towards improved outcomes. If there is not the right community provision, what is it that is needed?</p>	<p>Commissioners should look at the feasibility of providing this intermediate care type provision where necessary on a Greater Manchester basis.</p>	<p>April 2008</p>



**Findings**

Members support the development of a Wellbeing Strategy for physical and sensory disability.

The review highlighted that issues are not just about health and social care services. Universal services need to be more accessible and receptive to the needs of disabled people and remove barriers.

**Recommendations**

Salford's Local Strategic Partnership, in partnership with the ILPB, should develop a Wellbeing Strategy for physical and sensory disability and support its recommendations.

There should be more awareness of and opening up of universal services to people with disabilities so they have less need to use specific specialist social care services. This should include greater awareness of accessibility including the needs of people with sensory impairments. We need to create an inclusive society for disabled people, implementing the social model of disability across Salford.

Salford's Local Strategic Partnership should take a lead in promoting this model across the city

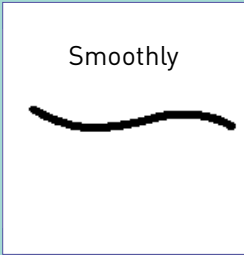
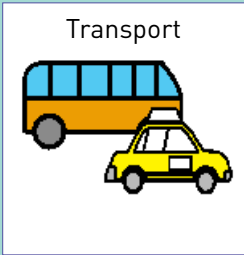
**Timescale**

April 2008



April 2008

A central resource point should be developed for partner organisations from the voluntary, community, public and private sectors, in respect of best practice in communication and sensory impairments.




 Findings	 Recommendations	 Timescale
<p>During the course of the review, the issue of limited physical access to buildings and transport issues were experienced on several occasions.</p>	<p>Partner organisations in the city should have clear mechanisms in place for access issues to be raised and addressed.</p>	<p>April 2008</p>
<p>Salford Primary Care Trust</p>		
<p>Salford Community Neuro Rehabilitation team provides a very good service, but there can still be delays between people being discharged from the intermediate neuro and stroke rehabilitation services and receiving services from the community team.</p>	<p>The resources of the Community Neuro Rehabilitation team should be reviewed to ensure a more seamless service between intermediate and community rehabilitation services and early intervention.</p>	<p>April 2008</p>
<p>We understand there are proposals to review Greater Manchester Neuro Rehabilitation services in the future and would wish to consider recommendations at this time.</p>	<p>The Community, Health and Social Care Scrutiny Committee should receive future reports on any review of the Greater Manchester Neuro Rehabilitation services.</p>	<p>April 2008</p>



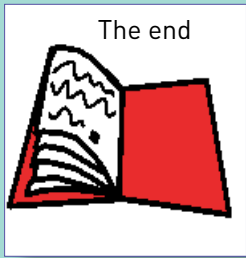


 Findings	 Recommendations	 Timescale
Salford Royal NHS Foundation Trust		
<p>Some disabled people say they are reluctant to go into hospital – often professionals don't have the correct information, equipment or facilities and fail to follow a person's care plan.</p> <p>Facilities in hospital for those with a hearing impairment are limited – access to Patientline, for example, which only has one programme with subtitles.</p>	<p>Salford Royal NHS Foundation Trust should ensure that generic services are accessible and review planned, and unplanned, admissions to ensure that wherever possible arrangements to follow an individual's care plan are in place.</p> <p>Appropriate arrangements should be in place for those with a sensory impairment, for example, access to information such as Patientline.</p>	<p>October 2007</p>

“Often when you raise issues with services, no-one gets back to you. You don't know if people have listened to you and what has/hasn't changed as a result.”

 Findings	 Recommendations	 Timescale
Overview and Scrutiny		
<p>Transition between children's and adult services can be an issue and also work, college and training opportunities for young disabled people in the city are limited. Unfortunately these issues could not be addressed further as they were outside the scope of this review.</p>	<p>These issues should be referred to the Children's Services Scrutiny Committee for possible consideration during 2007/08.</p>	<p>June 2007</p>
<p>Members are concerned that there are still delays in housing adaptations being carried out. Also there is limited availability of adapted housing suitable for younger disabled people. This is an area of work this Scrutiny Committee has identified previously.</p>	<p>The Community, Health and Social Care Scrutiny Committee should consider revisiting this service area during 2007/08 to monitor progress and make further recommendations on areas for improvement. This could be carried out jointly with the Environment, Housing and Planning Scrutiny Committee.</p>	<p>June 2007</p>



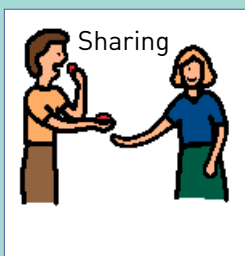


Conclusion

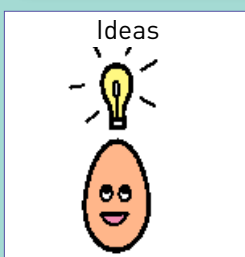
There is clear evidence of partnership working between Salford City Council and Salford PCT, and evidence in certain areas with the Acute Trust at Salford Royal NHS Foundation Trust. It is important to acknowledge the hard work of practitioners in all professions and the managers of those services, who often have very difficult decisions to make with regards to priorities and finance.



Salford as a whole is making positive progress in terms of meeting the Department of Health agenda on integration of services and partnership working. However the ILPB is a relatively new development in comparison to some of the other partnership boards in the city. It was clear from talking to the user and carer representatives that they would have liked to be more involved in looking at how their counterparts on these groups worked – either by attending meetings with them or getting together to talk about service user and carer involvement.



The review found there needs to be more robust mechanisms and agreed models for partnership working across health and social care organisations and ways to share learning on the added value of working in partnership.



The ILPB is less mature than some of the other health and social care partnerships in the city. Service user and carer representatives are involved but there is no clear process for them to obtain the views and experiences of a wider network of service user and carers to inform the work of the partnership.



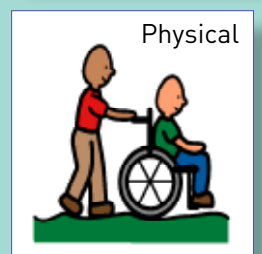
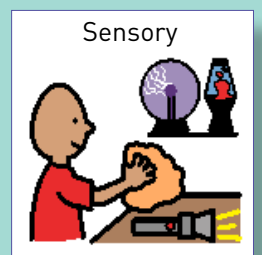
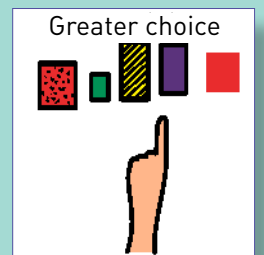
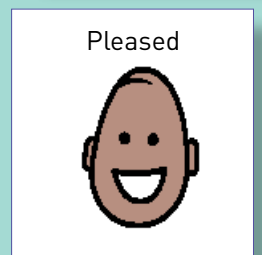
There have been efforts by individual services to involve service users and carers and many services have adopted a patient centred approach. However very few services gave evidence of conducting any formal evaluation to check whether this is leading to improvements for people receiving services.

Members recognised that there was commitment from staff to work in partnership across health and social care. However there are sometimes barriers, such as a lack of shared systems and limits on resources. This can lead to delays for the service user and/or give the impression that services aren't joined up.

Members were impressed with the pilot integrated care team model at Walkden and the improved service that has resulted. They are supportive of the roll out of this model across the city and want it to happen as soon as possible. This approach needs to be adopted in other services, as it is one of the few examples we found of a single access and assessment process.

Although the focus of this review was on health and social care services, it was recognised that there should be greater access to universal services for disabled people so they do not need to use specialist social care services. This should be a focus for the Salford Local Strategic Partnership in respect of action by the public, private, voluntary and community sectors in ensuring the social model of disability is implemented across the city.

We understand that a Wellbeing Strategy for people with a physical or sensory disability is in the process of being developed. We welcome this and hope that some of our findings and recommendations can be reflected in this strategy.



Acknowledgements

The committee would like to thank the following people for their contribution to the project:

User carer representatives from the Independent Living Partnership Board

Anne Williams
Cllr Norbert
Potter

Julia Clark
Community,
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Care Directorate

Mike Burrows
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Wendy Edge and
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Linda Upton
and staff from
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NHS Foundation
Trust

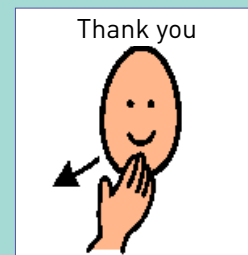
Jerry
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Sensory Disability
Social Work
Teams

Julie Rigby and
Neil Cudby,
Community Neuro
Rehabilitation
Team

Pam Hood,
Kim Whitehead
and staff from
the Walkden
Integrated Team

Lynn Dixon
and staff from
Burrows House



Glossary

DH	Department of Health
ILPB	Independent Living Partnership Board
CHSC	Community, Health and Social Care
BASIC	Brain and Spinal Injury Centre
CNRT	Community Neuro Rehabilitation Team
PCT	Primary Care Trust