

Calderdale proposal to improve Health inequalities as an integrated health and social care initiative

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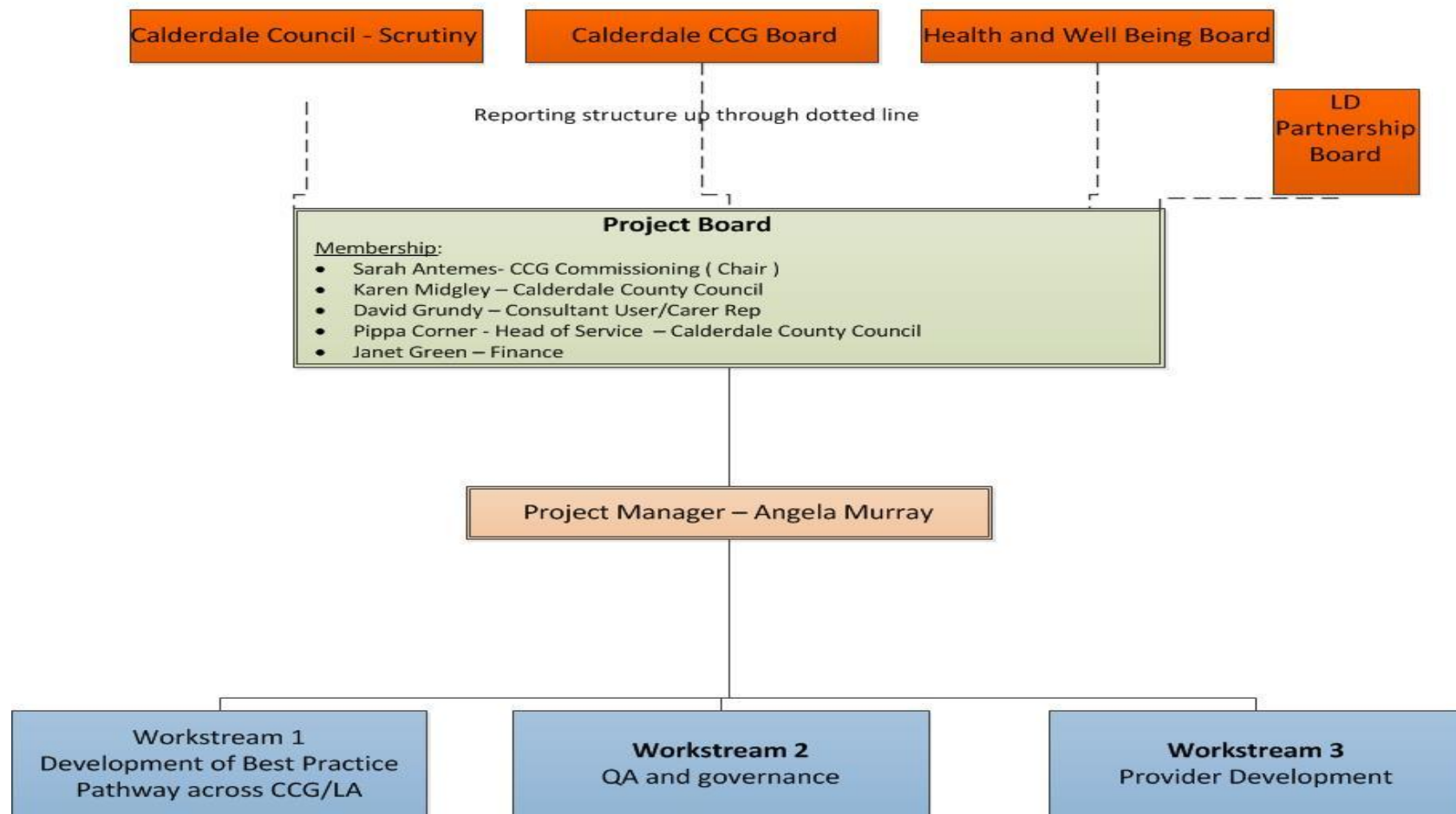
Head of Commissioning - Specialist Care and
Learning Disabilities



Working together in a real way

- We set up a 'lean' Project Board with decision makers from health and social care at the table, along with User/carer reps
- Project Board targets the work needed to turn the services around, which includes;
 - Addressing the issue of joint registers
 - Tier 1 services introduced to improve reasonable adjustments in community health provision, GP's etc.
 - Introduction of personal health record (laminated single style)
 - Annual health checks and action plan to address diabetes, heart disease, obesity subject to 6 month pilot in 2 GP surgeries using personal coach process





Strengthening the LDPB By:

- Introducing a business agenda to their work that includes status reporting on ALL areas of project including CIPOLD recommendations
- Chaired by user of service supported by Volunteer worker
- Admin support by Volunteer Carer
- Leading on Getting Things right audit reporting to HWBB
- Sign off on Best Practice Modelling and all significant changes to LD services
- Communication protocol for interaction between LDPB and CCG / LA



Workstream 1- Best practice model across health and social care:

- This workstream develops the best practice model in has clear focus on physical health as well as management of an individuals LD. The model developed will address the health inequalities and will offer support to those with LD to access appropriate services
- This model will meet recommendations 1,2,4,5,6

Workstream 2 - Quality and Governance gives oversight to:

The project

The model

All policy and protocols relating to how services work together in LD provision and operational protocols are reviewed

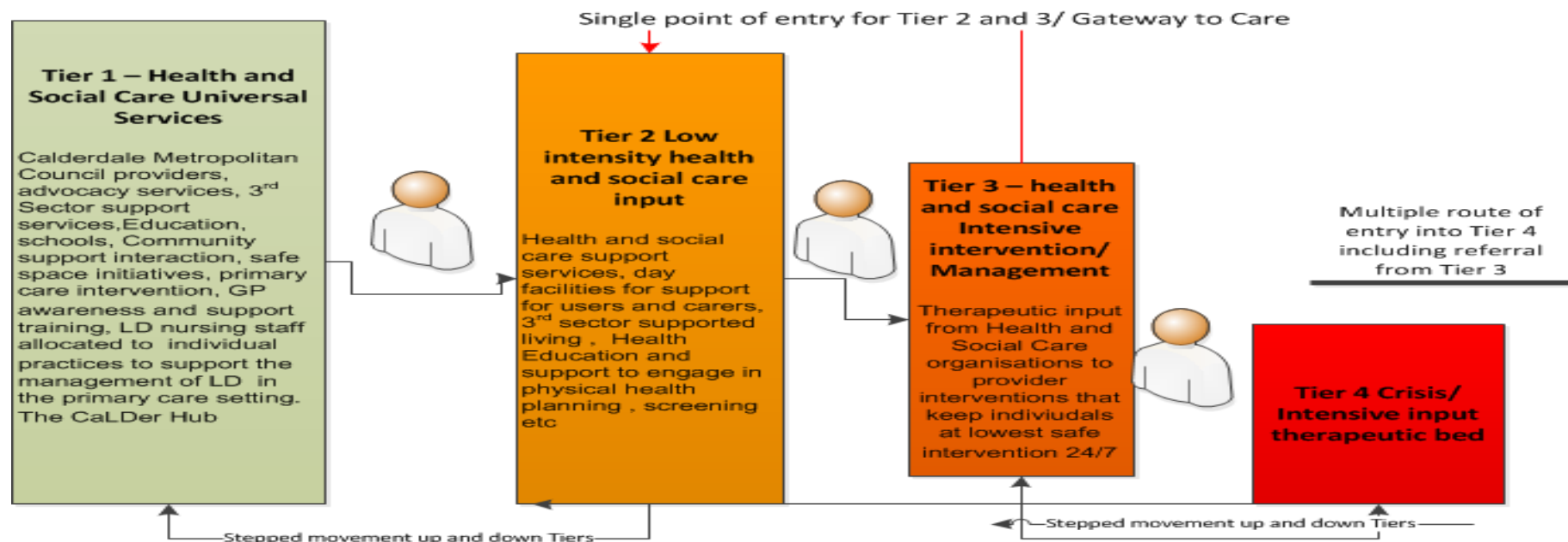
Workstream 3 - Provider development:

- All statutory , private and 3rd Sector providers work in a workstream/sub groups to ensure the services they offer are fit for purpose to meet the needs of the individuals , these contracts will recognise the need to work through health actions plans with GP's
- Contracts will be redesigned to ensure that clear outcomes are identified for health and social care needs and statutory and private providers will be performance managed to ensure these are delivered
- Health sub-group established under LDPB

Workstream 3 - Provider development continued:

- CCG commitment through improvement programmes to address issues of recommendations 7,8,9,11 ,14

Movement occurs between Tiers (up and down) depending on need at any given point in time, but the aim is to keep individual at lowest level of need through supportive health and social care interventions, and if higher level of intervention is needed the aim is to return to the lower level at the earliest opportunity



Performance and Quality Assurance Programme runs in an integrated way across all Tiers simultaneously focusing on outcomes measurement of active support to maintain lower levels of input and maximum independence and choice for the individual.

Users and Carers at the heart of service improvement

Tier 1 - Services supporting improvement in health screening outcomes:

- Calder HUB will deliver programme of education/awareness re LD individuals, work with advocacy service etc to ensure support with engagement is carried out in order to have positive impact on screening attendance and health plan outcomes
- Drives and monitors the introduction of support systems to ensure recommendations 5,6,and 7 are embedded into community

Users and Carers at the heart of service improvement

Tier 2 – Developing professionals in primary care:

- Active engagement with GP's and other community health professionals to educate, engage, support and drive forward initiatives with LD individuals designed to address health inequalities in Calderdale , which includes all issues in recommendations 2,4,5,6,7,8,and 9 are embedded into community development programmes/pilots in community settings

Users and Carers at the heart of service improvement

LDPB are key managers of this change and will report on the review of statistics to the HWBB , CCG and CMBC :

1. Named healthcare co-ordinators in place
 - Health checks and follow up actions captured
 - All providers have supplied performance data matrices will include details of health action plans and follow ups.
 - User/carers feedback in focus groups and through CaLDer Hub to LDPB
 - Introduction of monitoring by LDPB (Getting Things Right)
 - Reduced DNA for LD individuals in hospital/GP and Community service settings
 - CCG commissioning review of individual providers performance and improvement plans/re-commissioning when required.