

## Lancashire County Council : Integrated Teams for services for Older People

### Single Assessment and Shared Access to Services in East Lancashire Using Single Electronic Record

In September, 2004 a Strategic Partnership Agreement was formally signed by Burnley, Pendle and Rossendale PCT, Hyndburn and Ribble Valley PCT and Lancashire Social Services Directorate to work towards developing an Integrated Older Peoples Services between the three agencies. A Health and Social Care Leadership and Implementation Group was established in December, 2004 to deliver the integrated service agenda. Six key work streams were agreed as fundamental building blocks to the first stages of integration. The work streams are:-

- Integrated Primary Care Services.
- Integrated Unscheduled Care Services.
- Integrated Intermediate Care Services.
- Integrated Community Equipment Services.
- Integrated Older People's Community Mental Health Team.
- Integrated Hospital Discharge Services.

Detailed Project Plans are in place for five of the six key work streams. It has been decided to refocus the Community Equipment Services work within the implementation of the Single Assessment Process and the Shared Access to Services. Health and social services staff will conduct all assessment and care management business using a common electronic record system developed in-house by Lancashire County Council. The same system automatically collects management and performance information (PIs)

A pilot scheme built around the Single Assessment Process and Shared Access to Services agenda based on the locations identified for implementing Integrated Primary Care Services. Two locations have been identified for Integrated Primary Care Services- Burnley Wood in the Burnley, Pendle & Rossendale PCT area and Clitheroe in the Hyndburn & Ribble Valley PCT area. Each location serves a patient population of approximately 30,000 people. The key elements of the project are:-

- To amalgamate professionally unqualified but competently trained staff into an initial assessment and service provision team.

- The team would undertake the majority of Contact and Overview assessments within the Single Assessment Framework for people with health and social care needs.
- The team would be trained to undertake assessments and service provision across health and social domains, dismantling organisational and professional barriers and utilising a person centred approach.
- The team would consist of Review Assessment and Support Officers (RASO) and Sensory Support Worker from Social Services, Technical Instructors from Occupational Therapy Services and Health Care Assistants from District Nursing Services.
- The team would be managed by an Integrated Health and Social Care Manager (new post for the project and jointly funded with the PCTs).
- The project will start 1 November 2005 and reviewed after six months.
- A regional University is being commissioned to carry out the evaluation

The benefits to patients/service users and the Organisations covered by the project are:-

- They would be part of one assessment process, rather than potentially three.
- One person would arrange/deliver care services rather than referrals to potentially three or four organisations.
- Increased capacity for assessments across health and social care services due to a streamlined system.
- Single health and social care electronic records systems.
- The development of a skilled generic workforce within the front end of primary care.
- A consolidated building block for the delivery of a totally integrated Primary Care/Unscheduled Care Service.