

Case study- City Health Care Partnership

Background

The City Health Care Partnership (CHCP) is a community interest company that started in 2010, having previously been NHS Hull provider services. The partnership provides over 50 diverse health and care services in Hull, the East Riding of Yorkshire, Knowsley and St Helens. Services include palliative care, school nursing, stroke services and offender health as well as four bedded facilities for intermediate care, eight general practices and public health services. The partnership employs over 2,000 people and its mission is to deliver high quality, safe health and care services that are personally responsive, caring, respectful and inclusive of all.

Delivering integrated health and social care services

A joint health and social care team provides end of life care to those who have both health and social care needs (in addition to local authority support). The team was commissioned by the local authority and CCG through mandated joint commissioning, and originally started as a small health and social care team carrying out a few care calls a day, to support people during the last year of their life.

This model has now grown and the partnership has increased its operational hours to provide more calls across the patch, including night sits within the Hull remit and some medical calls. CHCP also offers intermediate care calls for people on the rehabilitation pathway with the aim of getting them back to a pre-hospital position and improving their independence.

Learnings from the CHCP experience

CHCP is well established having delivered a wide range of health and social care services for over a decade. There is important learning to be taken from their experience of delivering integrated health and social care.

Firstly, the team at CHCP say that one of the biggest challenges for the local social care market is the recruitment and retention of staff. This often relates to non-competitive terms and conditions, zero-hours contracts, and low pay in the private social care market. At CHCP staff are employed on an Agenda for Change (AfC) salary and NHS terms and conditions, and receive professional development opportunities, including secondment and sponsorship for clinician training, which are essential to reward hard working staff appropriately, and to support recruitment and retention.

Another challenge associated with the private social care market is the over-prescription of care, which not only increases costs and reduces capacity for the delivery of other services, but can also have a detrimental impact on the independence of an individual and their longer-term outcomes. The team at CHCP feel that, due to a profit-making model, some private providers are incentivised to continue delivering care when it may be possible to reduce the support provided by offering a model that focusses on reablement and rehabilitation, thus reducing the need for care calls.

The CHCP team regularly review the needs of patients, and will look to reduce or withdraw services when they are no longer required. CHCP believe that giving social care staff more time and training to focus on reablement and rehabilitation would support staff to deliver the right amount of care for people. In order to incentivise this, CHCP suggest that a Key Performance Indicator on reducing the number of care calls (where medically appropriate) could be embedded in commissioning processes to encourage private social care providers to shift their focus towards rehabilitation and recovery.

Ongoing challenges to integration between health and social care

CHCP find the way in which services are regulated by the Care Quality Commission (CQC) and NHS England and NHS Improvement are occasionally a barrier to integration. For example, there have been occasions where voluntary and community sector (VCS) organisations have wanted to offer elements of support but are deterred by the challenges around obtaining CQC registrations and indemnity insurance. Working across health and statutory services is viewed as offering the opportunity to deliver blended models of care, with integrated teams sharing the care of an individual requiring care calls. The team at CHCP also suggest that matrix working, with one member of staff being sent to a person's home to provide a few different pieces of support, would be more efficient overall – both in terms of cost and capacity.

More broadly, CHCP is in favour of a flexible and integrated approach to the regulation of health and social care. The team at CHCP suggest that this could be supported by joint health and social care training at a foundation level, so that all staff can provide a minimum set of services that cover both health and social care. The CHCP team say would create a more consistent regulatory and accountability structure that would allow social care worker to provide certain health services, thus avoiding duplication.

The benefits and opportunities of integrating health and social care

Despite the challenges outlined above, the team at CHCP has identified a number of benefits and opportunities that integrated health and social care services provide. One of the key benefits of integration is the ability to provide more coordinated care for local people, with care embedded within local place level arrangements, and tailored to meet local population needs. There are also benefits at organisational levels including the ability to develop more flexible teams and services and to achieve some economies of scale.