

# **Health co-ordination as a solution to integrated provision for children and families**

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**East Lancashire  
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# Local Background



- Within East Lancashire proactive steps were taken to address the need for greater integration between LA and NHS services for children and families.
- Appointment in 2008 of Health Co-ordinators (HC) with responsibility for the development of community led, family focused health care across organisational boundaries.
  - Four HCs covering the four PCT localities
  - Two public health midwives with perinatal HC roles.
  - 3 of the HCs were health visitors and 1 had a professional background in health promotion and sure start children centre service delivery.

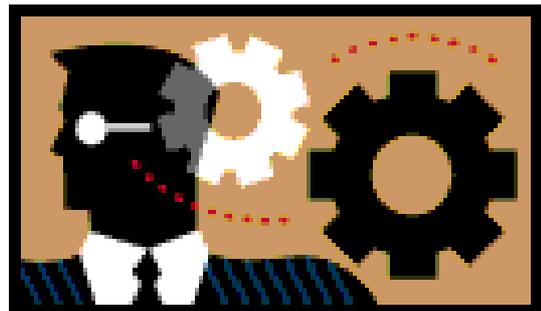
# Aims



- Overall evaluation purpose.....
- To develop an understanding of
  - the HC role,
  - how it functions,
  - the outcomes achieved and the potential cost savings within East Lancashire.

# Methods

- Realistic Evaluation (RE)
  - Examines how outcomes were achieved
  - Identifies contexts (circumstances)
  - Identifies mechanisms (reasoning and resources) (Pawson and Tilley 1997).
  - RE is based on the idea that when the conditions are right, certain changes in our everyday experiences will occur. These changes are identified as outcomes.



# Data collection

- Interviews (individual and group)
  - HCs, n=6
  - CC managers, n=14
  - NHS partner practitioners, n=6
  - Service leads/commissioners, n=7
- Observation of HC practice
- HC time activity sheets (up to 4 weeks each)
- Reviewed programme reports and CC self assessment documents

# Findings

- Qualitative data provides an explanation of the health co-ordinator role and how it functioned.
- Four themes identified
- Three of these represented the context for service provision
  - Human resource
  - Leadership – supporting the human resource
  - Strategy – guiding the human resource
- One represented the operating mechanism for achieving the outcome of integrated service delivery.
  - Whole Systems Approach

# Human resource





## Emancipatory



Learning from a democratic style has:  
*enabled people to have a voice* (CC Manager: 6).

# Strategy

*It's been through the HCs mapping exercise that we've been able to review and plan what we do (CC Manager: 2)*

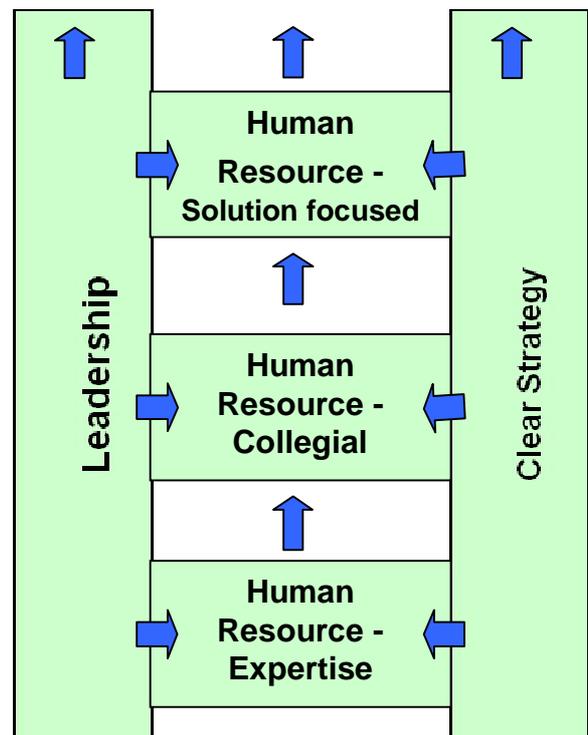


*We meet every Tuesday – so if a bright idea came up or something came in sideways we'd bring it to that meeting and discuss it, so we'd do something with it and make use of it (HC3).*

# Service context

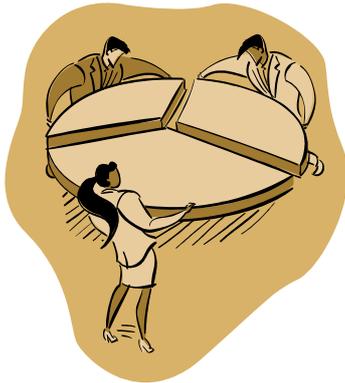
The service context was made up of the:

- human resource (the health co-ordinator practitioners) who demonstrated expertise, collegial practises and a solution focused approach
- The human resource functioned with support from strong leadership and guidance from clearly stated strategy. This legitimised the role of the health co-ordinator.



- Collectively the **human resource, democratic leadership and clear strategy** created a context conducive for the operation of whole systems approaches within and across localities.

# Whole System Working



...an approach to organisational development that views groups of people who come together around a shared purpose as living systems.

(Pratt *et al.* 2005)

- *Better links with services like midwives, GPs and better understanding of these services also better continuity between 6 centres (CC Manager: 6).*
- *She reviews with us our Health plan – helping us work out what is a priority for us and the PCT. (CC Manager: 2)*
- *She has helped us develop a good relationship with the HV team, we can now more easily liaise directly with the HV team who help keep us updated on health information and have the early notification system set up (CC Manager: 8).*
- *The networking opportunities that have arisen out of the health ops meetings. We have been able to bring services into the centre, like the smoking cessation worker, they come to some of the groups. (CC Manager: 2).*

# Mechanism

## **Whole systems working approach**

Improving communication

Sharing challenges

Sharing resources & goals

- The mobilising of whole systems working was a mechanism (M) that came into play given the context previously explained. This mechanism triggered a change in the way partners co-operated with each other and in what they did to deliver services.

# Integrated Delivery



- By working together and taking a whole system approach to tackling health challenges, there emerged examples of integrated service delivery.
- *HC has helped us align our work to the NHS health promotion calendar – that is develop a health programme to run events at times when the national NHS events are, she has helped us tie our programme in this calendar so match up with events like no smoking week for example. ....Added value from working with the HC is seen in the additional training for example baby massage where the HC was able to help provide access to CC workers (CC Manager: 3).*
- *Particular emphasis is put on delivering the messages from a multi agency stand point ensuring universal delivery in a coordinated manner (Ofsted report – CC Self Evaluation Form, centre 9).*

# Where progress was slower..

- As Hudson (2006) reports some organisations may not see themselves as partners in the whole system and a failure to co-operate can act as a barrier.
- Some health visitors expressed a sense of threat
  - *The feeling is that the health co-ordinators role is to train the children's centre staff up to deliver health....and it's starting to get like 'us and them' ....they are just training up the children's centre staff to deliver what we have historically as health visitors delivered ourselves (HV practitioner).*
- Some GPs expressed concerns about the movement of services from surgeries (e.g. ante-natal clinics) to children's centres. Concerned that these moves would impact on the family doctor relationship.
- *"we get blamed for taking their health visitors and midwives off them – well no, we've not done that, we've not got them."* (CC manager)

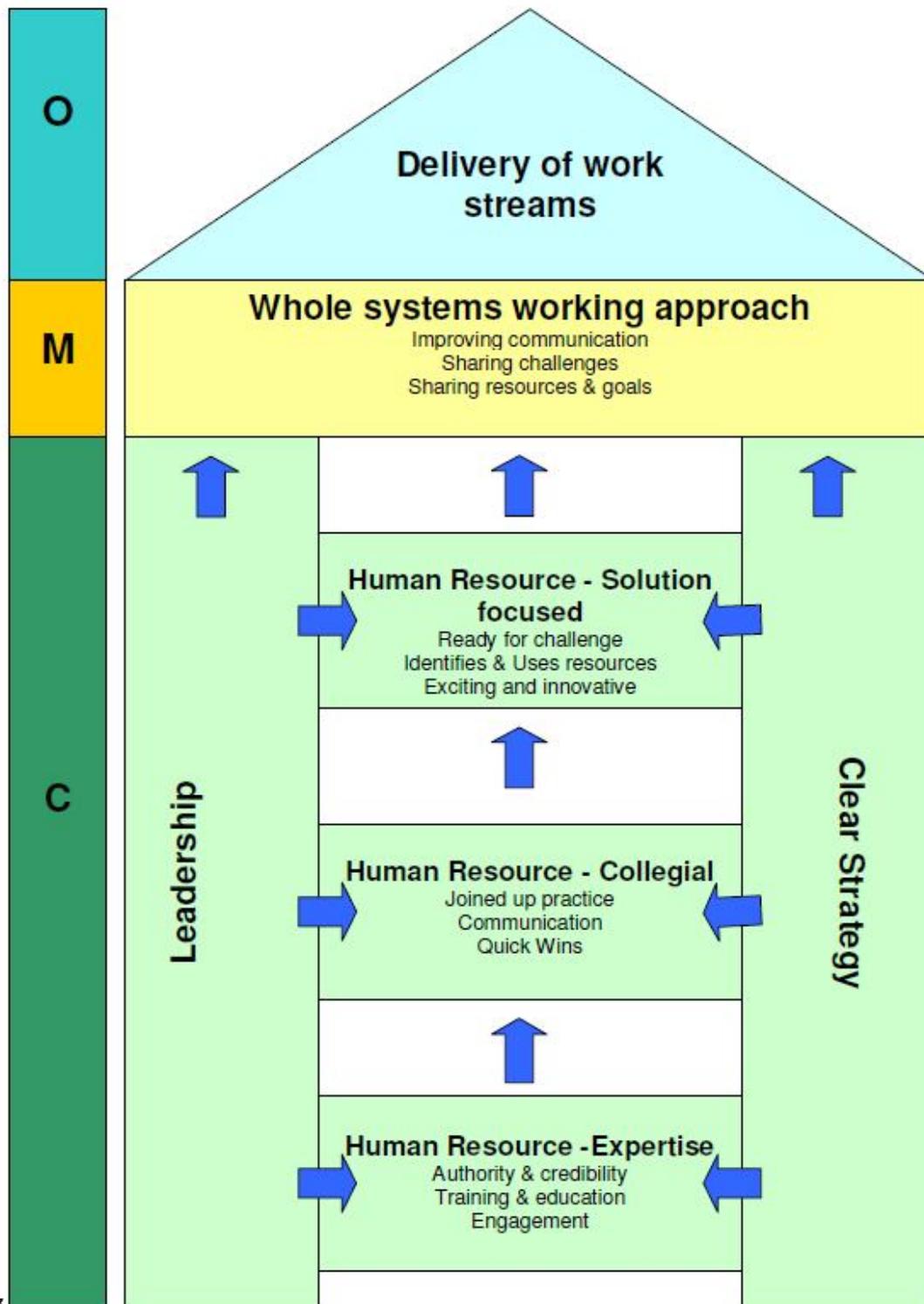
# Outcome



**Delivery of  
integrated  
work streams**

- The delivery of work streams changed. **New programmes** were developed and delivery increasingly involved **joint working and shared resources** across the NHS and the Local Authority.
- Delivering training for CC practitioners impacted on the **capability of CCs to contribute** to service delivery.
- *...things like the vitamin D project, the baby massage and the Bump Birth and Beyond – we wouldn't be doing it without the training they have provided. (CC Manager: 7).*

# The Framework for Emancipatory Practice (citation as Whittaker et al. 2011)



# Learning for Health Visiting

- Review recruitment strategy for health visitors and readiness to sign up to the call for action  
.....personal potential as an expert, collegial practitioner who employs positive solution focused approaches to managing challenges
- For existing health visitors, review performance regarding above within annual appraisal.
- Ensure clear strategies are in place for health visiting contribution to partnership work that feed into, for example, Children's Trusts action plans
- Ensure sufficient freedom in management of health visitor professional practice, enabling devolved decision making and the ability to work with strategy alongside other partners
- Identify democratic leaders to support the health visitor in practice and assist in steering work streams
- Build a culture of positive appreciation within and across teams and actively promote respect for partners

# Health Co-ordinators, they.....

*....brought services to children's centres and fostered relationships with other agencies (CC Manager 8).*



Descriptors of the HC role produced using wordle.com

# References

- Hudson, B. (2006) *Whole Systems Working. A guide and discussion paper*. Integrated Care Network, London.
- Pawson, R. & Tilley, N. (1997). *Realistic Evaluation* London: Sage.
- Pratt, J. Gordon, P. Plamping, D. (2005) *Working Whole Systems. Putting theory into practice in organisations*. Second Edition. Oxford, Radcliffe Publishing.