

Embedded and emerging good practice in health and social care

Aligned to the [Framework for Community Health and Social Care Integrated Services](#)

Health and Social Care Partnership: West Dunbartonshire				
Author and contact details: Beth Culshaw (Beth.Culshaw@ggc.scot.nhs.uk)				
Name of good practice: My Life Assessment				
Select (x) all areas that apply to your good practice (select more than one if applicable)				
CLIENT GROUP	Children and young people		Older adults	x
	Younger adults			
SETTING	City	x	Remote & rural (incl islands)	
	Corporate		Urban	
SERVICE AREA	Addictions		Management team	
	Admission avoidance		Mental health	
	Community care services incl care at home/care homes		Physical disabilities	
	Day services		Physical health	
	Housing incl Homelessness		Primary care	
	Intermediate Care incl Hospital at Home		Rehabilitation	
	Justice services		Social care services	x
	Learning disabilities		Supported discharge	
	Other – please specify			
ELEMENTS of FRAMEWORK	Anticipatory care planning	x	Live independently at home or in a homely setting	
	Assets based approach	x	Manage own care	x
	Connect with communities		Reablement	
	First point of contact		Seamless working with acute	
	Enhanced care in care homes / supported accom		Short term targeted interv to meet more complex needs	
	Fully integrated community teams		Teams aligned with general practice	
	Other – please specify			
ENABLERS	Agile working		Information sharing	x
	Aligned plans	x	Infrastructure	
	Clarity of vision	x	Management information	x
	Clinical and care governance		Shared accountability	x
	Collaborative leadership		Strong team ethos	x
	Culture and values	x	Technology	x
	Fit for purpose premises		Well-developed lead professional roles	x
	Improvement capacity		Well-developed relationships	x
	Other – please specify			

West Dunbartonshire HSCP

My Life Assessment (MLA)

SITUATION	<p>The need for change regarding assessment in West Dunbartonshire HSCP was produced, in part, due to feedback from staff and other stakeholders. Staff had reported some concerns about the previous assessment not facilitating best practice in relation to assessment.</p> <p>These concerns were echoed by the Care Inspectorate.</p> <p>In June 2019 the Care Inspectorate published its report on its inspection of the implementation of SDS across 6 HSCPs, including West Dunbartonshire.</p> <p>Among other things, the Care Inspectorate commented that, “current assessment tools did not prompt staff to have or record good conversations and were not focussed on personal outcomes.”</p> <p>They also noted, “the outcomes being achieved were through a deficit-led approach to assessment rather than as a result of asset-based, personal outcomes approaches. There was still work to do to ensure that all assessments were outcomes-focused.”</p>
ACTIONS TAKEN	<p>As part of the response to this report, the service improvement leads within the Strategy and Transformation Team led a redesign of assessment. My Life Assessment (MLA) was originally based on an assessment template identified by the Care Inspectorate as exemplary.</p> <p>Revisions and improvements were made through piloting the assessment with 20 stakeholders, which included staff from each team involved in assessment, third sector partners closely associated with assessment and people with lived experience of being assessed by the HSCP.</p> <p>The design of the assessment was reviewed, the content was assessed and the assessment was tested using case study data. The pilot and the input from stakeholders helped shape a well-designed assessment which has good content validity that will help assess the needs, risks and strengths of people in relation to their health wellbeing and independent living.</p> <p>An important piece of feedback received during the pilot concerned ambiguity around how independent living is defined; while health and wellbeing are generally well understood, independent living often is not. NHS Scotland, Scottish Government, CoSLA and the Independent Living Coalition have developed the following definition,</p> <p><i>“Independent living means disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself, or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.”</i></p> <p>The MLA works to this definition when considering and assessing independent living. It is the responsibility of HSCP staff to support people to understand this definition.</p>

OUTCOME / IMPACT	The MLA was introduced on the 1 April 2021. It is too early in the lifecycle of this work to accurately assess the outcomes/impact. However, the HSCP has established an Evaluation Advisory Group, the purpose of which is to provide advice and expertise and to provide assurance that will maximise the quality and relevance of the outputs assessing the impact of the implementation of the MLA. This group has an estimated two year life span.
Measures/ indicators of success	<p>As outlined above it would be premature to reflect on the positive outcomes of this work. However, the Evaluation Advisory Group are considering a number of measures/outcome/output indicators including:</p> <ul style="list-style-type: none"> • More reviews will be undertaken timeously (in line with standards and / or when agreed at assessment) • Reviews will evidence collaborative decision-making • More people will experience a reduction in risk • More people will leave HSCP services on a planned basis with supported transitions (SDS S10)
<p>Even better if ... (enablers to further the principles of integration and result in even better outcomes if ...)</p> <ul style="list-style-type: none"> • In light of the work undertaken as part of the development of the MLA, the HSCP Senior Management Team has agreed that the HSCP would benefit from redesigning the initial contact point for people accessing services. In other parts of the country there are variations of what has been called a single point of access / single point of contact and sees, to different degrees, various services' access points centralised. • Scoping the options for a single point of contact has begun and has to a great extent been stimulated by the work related to the MLA. The purpose of this first phase of work is to help discover, design, develop and deliver a new approach in this area for the HSCP including the development of a fully integrated multi-disciplinary reception team. 	
<u>NATIONAL HEALTH AND WELLBEING OUTCOMES</u>	
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	x
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	x
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	x
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	x
5. Health and social care services contribute to reducing health inequalities.	x
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	x
7. People who use health and social care services are safe from harm.	x
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	x
9. Resources are used effectively and efficiently in the provision of health and social care services.	x
<u>Health and Social Care Scotland's 5 Essential Elements (click link to listen to statement of intent)</u>	
1. Transforming the approach to improving health, wellbeing and independence	x
2. Building stronger community care systems and primary care services	x
3. Establishing a new focus on mental health	
4. Securing a sustainable acute hospital service and specialist care service	
5. Strengthening future partnerships to ensure a modern sustainable workforce	x

Links to any published reviews/evaluations	
Before submitting this example of good practice please ensure approval and sign-off by your head of service / chief officer.	
<i>Approved for online publication (signature and position)</i>	Beth Culshaw, Chief Officer
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