THE WELSH NHS CONFEDERATION
CONFFEDERASIWN GIG CYMRU

Integration between health and social care and celebrating best practice
A briefing for AMs

This briefing provides an insight into how successful and effective integration between health and social care has brought about health benefits and improvements in peoples' general well-being and quality of life.

Key Points

Integrated services lead to better service satisfaction, better outcomes, and when implemented effectively, make better use of resources. Integration is about all parts of the system working together so that people receive efficient and effective care with the outcomes that matter to them. To achieve this, we need services to work seamlessly together in health and social care, primary and secondary care, and physical and mental health.

More broadly, improving population well-being and reducing demand on services needs an integrated approach as it depends on good housing, education, social care, health, community support and an environment that actively promotes and encourages people to live healthy lives. To this end, public bodies have a duty to work collaboratively to build a healthier Wales and through the Social Services and Well-being (Wales) Act (SSWA) 2014 and the Well-being of Future Generations (Wales) Act (WFGA) 2015, we have a significant opportunity to achieve this.

This briefing highlights case studies of activities involving our members which are progressing the integration agenda and scaling-up best practice. The five case studies from across Wales demonstrate the positive impact these developments have had on service users.

This briefing has been produced following the joint publication between the Welsh NHS Confederation and ADSS Cymru, **'Health and Social Care: Celebrating Well-being'**. The joint publication evidences integrated styles of working and the positive outcomes for individuals.

The legislative context

The SSWA 2014 and the WFGA 2015 established the structures and policies to improve collaboration and joined up styles of working both within and across organisations.

Since the SSWA 2014 came into force in April 2016, Health Boards and Local Authorities have been working together to bring about improved outcomes for service users by providing vital services closer to home and the support they need to maintain control over their lives.

Health and social care services have enabled a new focus on prevention and early intervention, but shifting our thinking and our actions towards helping people make healthy choices throughout their lives remains our greatest challenge.

The SSWA 2014 puts onto a statutory footing seven Regional Partnership Boards (RPBs) and brings together Health Boards, Local Authorities and third sector partners to improve the efficiency and effectiveness of service delivery. The RPBs oversee the Integrated Care Fund (ICF) activity in their region and their purpose is to improve the outcomes and well-being of people in response to the population assessment required by the Act. RPBs will also be required to promote the use of pooled budgets in response to the Population Needs Assessment.

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The WFGA 2015 compliments this landscape through the introduction of Public Service Boards (PSBs), which enable public services to commission and plan together, ensuring services are integrated and that services deliver improvements in health and well-being outcomes for the local population. Population Needs Assessments have been undertaken to by PSBs to identify priorities and specific actions needed to meet the health and well-being needs of their citizens and to help tackle health inequalities in their area. It is important to involve other partners in the design of local preventative services, including non-devolved public services, local private companies and social movements. By improving innovative partnerships, NHS Wales is developing more cost-effective and scalable ways to engage more closely with people with health and well-being needs in their areas and enable them to maintain their independence as much as possible.

Both Acts have been implemented primarily to provide a legislative framework that enables and encourages collective decision making models within national and regional priorities, especially around service reconfiguration. Alongside legislation, we welcome the continued funding of the ICF, which has led to the development of a number of preventative an innovative projects and services across Wales and encourages Health Boards and Local Authorities to work collaboratively in their approaches to allowing the frail elderly to be cared for in their own home. Its success comes from providing dedicated resources, joint decision-making and collaborative styles of working to enable public servants to deliver transformational change and we welcome the increase in the continuation of funding to the ICF in the Welsh Government budget for 2017/18.

It is vital for the long term health and well-being of the population that a 'health in all policies' approach is implemented, with all public bodies being required to conduct health impact assessments on future policies. We need to work collaboratively across sectors to help people make healthier choices, reduce their risk of developing chronic disease and maintain their health and well-being needs.

Integration in action

Powys Teaching Health Board – The Integrated Reablement Service

Eirian was in hospital following surgery on a broken hip and needed to return home. She had been immobile for a considerable period of time and the Health Board were concerned that she would cease to do the day-to-day tasks that kept her healthy and independent after such an unexpected injury.

Through the Integrated Reablement Service, the Health Board and Powys County Council provided her with the support she needed to make adaptations to her home that would allow her to move around more freely. The team consisted of an occupational therapist, a physiotherapist and trained support workers who worked closely together to develop a plan that allowed Eirian to keep active and stay where she loved the most – at home, surrounded by her family.

The adaptations to Eirian's home and the regular team visits made a massive difference to her general well-being and enabled her to regain her confidence and independence so that she could continue to enjoy her life with her family and loved ones.

Gwynedd Council – A collaborative Care Plan focused on what matters

Mrs A suffered with short term memory loss, epilepsy, restricted mobility and needed support with various issues. After having a 'What Matters' conversation with Mrs A, it was agreed that maintaining her independence for as long as possible was of paramount importance to her. She wanted to feel safe and secure, less lonely and more financially stable.

A Community Psychiatric Nurse (CPN) and support worker met with Mrs A and developed a plan to carry out joint visits to ensure consistency of care from both professions after she was diagnosed with vascular dementia. The support made daily half-hour visits to Mrs A to help her in her daily routine – sorting through her post, checking all food labels, noting upcoming appointments and carrying out some general cleaning tasks. Mrs A was also successful in being offered a ground floor flat in sheltered accommodation and received a grant of £2,200 to fund her removal and furnishing costs. She has since applied for a blue badge, is a member of a local dementia group and attends a local physical activity group. The CPN and the social worker also amended her Care Plan once Mrs A had moved to her new home to include new tasks of accompaniment to local shops and to support her in getting to know the local community.

The CPN and the support worker explored different ways of working to achieve the outcomes that really mattered to Mrs A. By developing a Care Plan collaboratively, Mrs A was made to feel that she was involved in her own care, involved in the decisions being made, and had the confidence to speak freely and openly about what mattered to her.

Conwy County Borough Council – The Extra Care Housing Scheme

Mr VD, an 82 year old man, moved into a caravan some 24 years ago following a change in personal circumstances. He had been diagnosed with vascular dementia and district nurses visited weekly to support him with his catheter. Until a fall a year ago which resulted in a knee fracture, Mr VD had been a keen runner and cyclist, but as the winter months drew nearer, district nurses became concerned that Mr VD was losing weight and was presented as cold on their visits.

Having declined support from social services on two previous occasions, Mr VD was eventually persuaded, with the support of his friend, to spend two weeks in a short term flat in the local Extra Care Housing Scheme jointly funded by health and social care. Assessing Mr VD using a reablement approach, the team found that while Mr VD enjoyed the company of one-to-one conversations with the Extra Care Housing Scheme manager, he felt uncomfortable socialising with large groups of people. He did however enjoy the greater freedom he had to move around and to prepare his own meals, but these activities soon became increasingly difficult due to his dementia. Initially, Mr VD was reluctant to return to his caravan as he had enjoyed having a nutritious meal and a shower each day, as well as the greater freedom the scheme had allowed him to manage his own care.

The turnaround in Mr VD's quality of life and general well-being is testament to the close working relationships between a local district nurse, a social worker and the local housing association. The co-located teams acknowledged the urgent need for re-housing but gave Mr VD the confidence to express what mattered to him and worked collaboratively to identify the most effective solutions. Mr VD now feels less isolated, is more welcoming of support from social services and has applied for a permanent flat in Extra Care Housing.

City of Cardiff Council – Telecare Cardiff

A Warden from the Welsh Ambulance Services Trust (WAST) responded to an emergency 999 call from Mr GT, who had fallen in the hallway of his home and was unable to stand. The Warden arrived on the scene within 12 minutes and confirmed that Mr GT had suffered no injuries.

During his visit, the Warden made Mr GT aware of the services available from Telecare and occupational therapy. Mr GT gave consent for a referral to occupational therapy and a full assessment of his home was carried out five days after his fall. Telecare Cardiff received an application from the Mobile Response Service to install the Telecare equipment at Mr GT's home, which was fully operational within ten days of the initial application being made.

Mr GT now has an emergency pendant to use if he falls, rather than dialling 999, whereupon Telecare will respond within 45 minutes. Mr GT feels more assured knowing that he can access the support he needs from the comfort of his own home and feels less isolated.

Vale of Glamorgan Council – Collaborative working across organisations to reduce loneliness and improve the general well-being of vulnerable people.

Mrs X is 92, is virtually blind and has been diagnosed with some other chronic health conditions. Her husband is of a similar age and is at an advanced stage of dementia. Both are fiercely independent but had recently accepted (albeit reluctantly) a small Package of Care from the Local Authority. However, as their health deteriorated, Mrs X became increasingly stressed and isolated and recognised that more help was needed.

The Third Sector broker was able to engage Age Connects' Western Vale Good Neighbour Scheme (GNS) and the Alzheimer's Society to provide the support they needed. A co-ordinator from Age Connects visited their home to explain how they could help and arranged for a volunteer befriender to visit them on a regular basis. A dementia support worker from the Alzheimer's Society also visited to advise Mrs X on her condition management skills and ways of communicating with her husband more effectively.

Mrs X reports that the befriender visits alleviate her loneliness and keep Mr X motivated. The Alzheimer's support officer has empowered Mrs X by providing her with more effective coping strategies in managing her husband's dementia and has allowed her to attend a once monthly Alzheimer's café. Mrs X is delighted with the befriender volunteer and looks forward to his regular visits as he engages them both in uplifting conversations and carries out general tasks around the home. She says that everyone who has been in contact with them has been supportive, friendly and assured her that help is always on hand.

Conclusion

Integration is about so much more than health and social care. It is about harnessing the skills, knowledge and networks we already have in place across sectors and across organisations to recognise their responsibility to work together, share best practice and to deliver the best possible services to those who need them.

The SSWA 2014 and the WFGA 2015 provide Wales with a golden opportunity to make real progress in the way we deliver vital services and promote people's independence. The Acts serve not only to demonstrate the readiness and willingness of those involved in the decision-making process to think differently about how our existing structures and policies can be transformed, but also allow us drive forward the integration agenda with a view to providing care that is person-centred and delivered in home and community settings.

To this end, we urge Assembly Members to continue to support the integration agenda and realise the unique opportunities we have in Wales to deliver person-centred care; providing citizens with a seamless service at the right time and in the right place for their individual needs.

How can the Welsh NHS Confederation help you?

Please get in touch if you want further details on any of the issues raised in this briefing.

For more information, please contact Nesta Lloyd–Jones, Policy and Public Affairs Manager:
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The Welsh NHS Confederation is the only national membership body which represents all the organisations that make up the NHS in Wales: the seven Local Health Boards and three NHS Trusts.

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