City & County of Swansea/ABMU Health Board, Swansea Locality

Statement of Intent on Integration of services

Summary

This paper sets out the City and County of Swansea and Swansea Locality of ABMU Health Board statement of intent to integrate Health and Social Care services for older people with complex needs and seeks to capture some of the issues under consideration in the area. Whilst it is written from a specific Older Peoples Services perspective, there will be some inevitable linkage with health and social care services for adults with physical and sensory disabilities, learning disabilities and for people with mental ill-health.

It builds on the Western Bay Statement of intent which provides an overarching statement for ABMU and the three Local Authorities within the ABMU footprint and identifies the local work underway to achieve that integration. It is therefore important that it is considered in conjunction with that document which is appended. It does not seek to repeat the content contained in that document, but focusses on how we intend to develop local services which are integrated. In this context we will ensure that the Third Sector is also an integral part of current and future proposals

Background

Following the examination of key pressures on services in the Health, Social Care and the third sector in Swansea, it was clear that many were shared as far as older people were concerned.
As the ageing population grows, so too does the number of people with long-term conditions and multiple health and social care requirements. This can lead to unplanned admissions into hospital, regular presentation at the GP surgery and in many cases premature admission into long term care.
In Swansea we believe that these largely “normal” presentations of ageing should not limit an individual’s ability to continue to live independently at home for as long as possible.

This will not be achievable with the current system which consists largely of disparate and reactive, out dated service models. We know that these services are not adequately meeting the demands of this changing demographic profile because of the additional pressure on primary, secondary, social care, and third sector organisations. By default this means that collectively as two statutory organisations we are unable to meet the fundamental needs and desires of older people who live in Swansea.

We are committed to changing our service models to those that support the expectations consistently articulated by older people. This will involve radical transformation of our current provision of services and greater integration of services between partner organisations.

It will also involve a better understanding, by communities, of the role that the community can play in assisting everyone to maintain their independence, supporting them to remain safe and including individuals in those communities.

At both Western Bay and Swansea Council/Locality level it is recognised that the Intermediate Tier of Service will be the primary area of focus for the first phase of this transformation. This will include component areas, suitable for integration such as

- a Common Access Point;
- a comprehensive Rapid Response service;
- a range of community reablement services available to ensure that individuals can remain as independent as possible within their own homes;
- 'step up' and 'step down' facilities to assess and re-able individuals who cannot initially benefit from reablement facilities in the community;
- third sector brokerage to ensure the wealth of voluntary sector support can be efficiently accessed and appropriately utilised by individuals or professionals on their behalf;
- Investment in and development of other third sector services which will enhance the responsiveness of services
- more effective use of Telecare and other technologies to complement and enhance other services and to make the work of those providing services more efficient and effective
- Expanded medical workforce to better support people in the community

Future intent and Issues for consideration

The components required to achieve this first phase of integration will be:

Robust Governance arrangements

An Integration Board has already been set up comprising the Swansea Locality Director, the Chief Social Services Officer and the Director of the Swansea Council for Voluntary Service. This board will report to the respective Executive bodies of the partner organisations and will also need to develop linkage with the Western Bay Programme Board. Terms of reference for the board are currently being refined

Beneath this Board there will be an Integration Steering Group, answerable to the Integration Board and comprising appropriate representatives of the partner organisations. The Steering Group's primary function will be to ensure that the various work streams already in existence are progressing with the agreed implementation plans to the identified timescales. The Steering Group will also identify further work streams required to deliver the integration intentions

Further work will need to be carried out to ensure that there is effective engagement and meaningful partnership with service users, staff, staff side/ trade unions, patients, carers and citizens in the governance, design and delivery of our ambition

The Work streams already in existence are:

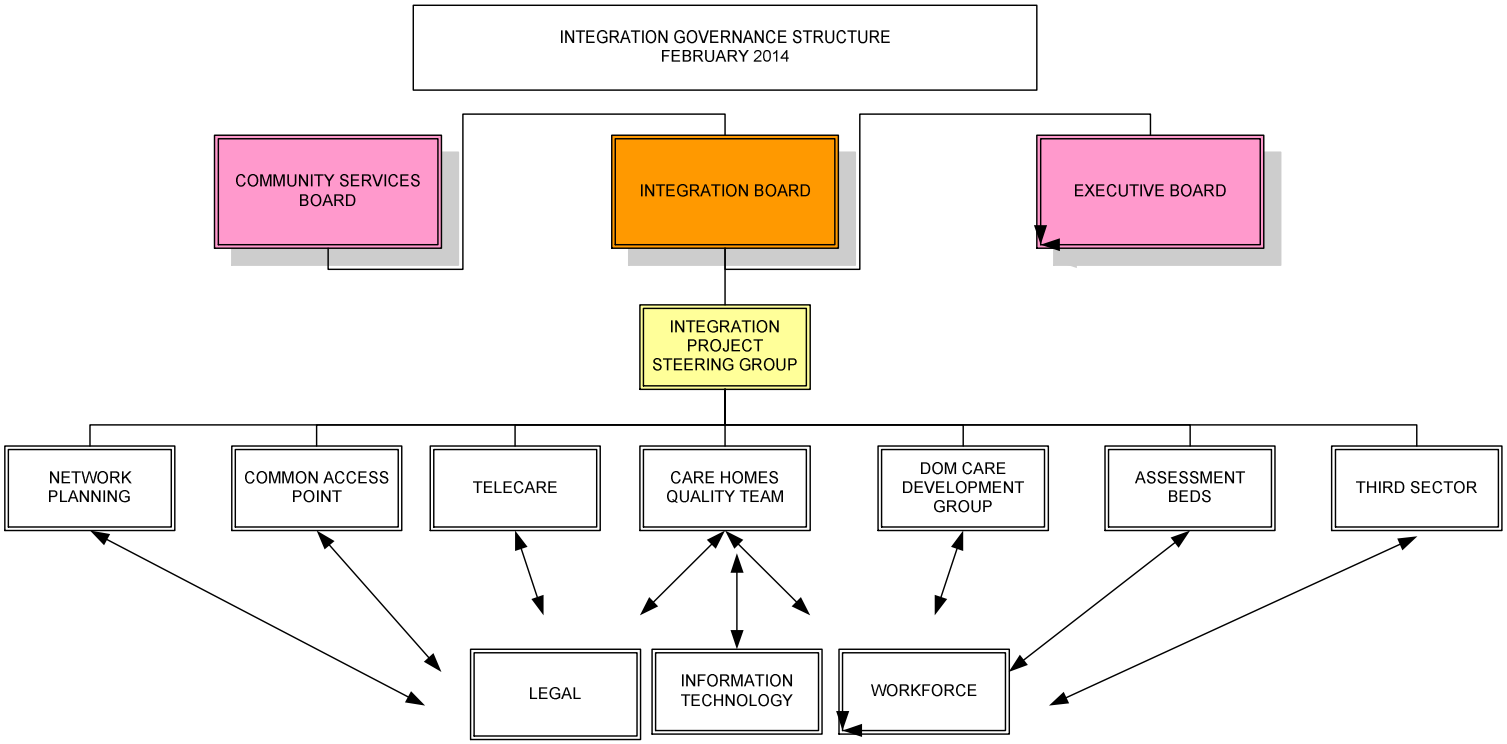
1. Common Access Point – this group has commenced work on developing the plan to channel all community based Health and Social Care enquiries through a single unified team using a single process. It is also working to expand provision of this service to one that operates on a 7 day 8:00am to 8:00pm basis.

2. Integrated Assessment Framework – this group is developing the local approach to implementing the Integrated Assessment Framework in Swansea, which will have some co dependencies with the other workstreams

3. Care Home Quality Team Integration – this group has met once to initially scope out the model of integration

4. Reablement – this is work being undertaken via the Domiciliary Care Development group which was established in 2013 to address a range of issues including capacity in the market, development of reablement services, rapid response, integrated Health and Social care teams and future commissioning arrangements including development of assessment beds (step up and step down)

5. Telecare – This group has been established to consider the development of Telecare, but will also include development of a dedicated responder service



The workstreams will be underpinned by specific task and finish groups to address the Legal, IT and workforce issues arising.

A further range of workstreams will need to be set up including Voluntary Sector Brokerage and planned community support, development of Care and Repair Services, integrated management structures, development of Community Network Hubs and integration of CRT/OT services

Issues to be addressed

The issues which will need to be considered – as identified in the Welsh Government paper on Integration – are as follows:

1: our common cause – why we are doing this

Increasing numbers of older members of the population coupled with increased longevity will result in increases in demand. Additional pressures on health and social care services – evidenced by increased unscheduled care or domiciliary care capacity issues – will continue to grow unless we change what we do

2: our shared narrative - why integrated care matters

The revenue Settlement for Local Government over the next three years, coupled with financial constraints in the health service will require innovative solutions. We have already seen some evidence, albeit on a small scale, of the benefits of integration in the Integrated Gower Care Team pilot. Further templates for integration across services and management will also need to be developed

3: our persuasive vision – what it will achieve

There is a challenge presented by the organisational structures within respective organisations. Corporate pressures on internal hierarchies within Social Care has significantly reduced managerial capacity Health Services struggle with ensuring effective local delivery whilst remaining part of a massive organisation seeking corporate economies and efficiencies

4: shared leadership – how we are going to do this

The commitment to achieving integration is already well rehearsed at organisational levels within ABMU and CCoS. At Locality and Departmental Level there is strategic managerial commitment to the governance structures: The Locality Integration Board which reports to the Local Authority Executive Board and to the ABMU Management Board respectively. As stated above, a Steering Group has been set up to oversee the workstreams already in play and under development which will report to the Integration Board

5: how to build true partnership

This will require significant investment in the development of mutual trust between partner organisations and staff. Whilst good working relationships exist at a variety of levels within the Locality and Adult Services these can often be based on individual relationships rather than organisational relationships. A move towards shared integrated posts will assist in making such relationships more robust.

6: what services and user groups offer the biggest benefits

Our respective organisations are also organised distinctly and differently. For Adult Services, the various responsibilities, managed within one hierarchical structure are not mirrored within Health, where Learning Disability Services and Mental Health Services are distinct Directorates, delivered across the ABMU footprint. It is clear that initially the most significant early benefits to be realised will be in terms of services to older people and disabled adults

7: how to build from the bottom up and the top down

There are already a number of workstreams which have been built from ‘mid-level’ initiatives aimed at improving responsiveness, making efficiencies or addressing increased demand. Engagement with operational staff has been key to taking some of the current initiatives forward quickly. There is also commitment at higher level to achieve the alignment required for integration to work based around the development of the Community GP Networks and the organisational requirements of Older peoples Social Care Services.

8: how to pool resources
Integration of any aspect of two complex structures will inevitably identify system differences. Differences between IT systems, protocols on Data sharing, charging for services, VAT treatment etc. all conspires to make a difficult process even more challenging. However, they are not insurmountable and are part of the infrastructure developments that will be worked through

9: how to use commissioning, contracting, money and the independent sector to create integration
Discussion is underway around how the integrated model being proposed will be based around commissioning 'hubs' which will have a degree of delegated responsibility for the commissioning of services within an overall locality/Local Authority framework. Delegation of financial resources will present a significant challenge, as overall responsibility is likely to remain at Departmental level for the Local Authority to maintain consistency and equity across the LA. However, notional delegation of domiciliary hours and residential placements along with dedicated staffing budgets to Integrated Team Managers will be explored

10: how to avoid the wrong sort of integration
There is a distinct and different ethos in the respective organisations, which have different responsibilities and obligations. This will inevitably lead to some tensions when seeking to determine the 'best' form of integration to pursue. It will be difficult to balance differing pressures and competing priorities and there will be a temptation to regard high level integration as a possible solution to this. Equally, it may be tempting to avoid this level of complication and tension by integrating operational services and leaving separate managerial structures. It is likely that the better solution in the immediate future would be to pursue integration at a sufficiently senior level to achieve some strategic synergy, whilst retaining distinct and separate organisational accountability
It will also be important to ensure that the rationale for integration remains as a true desire to improve service delivery for patients/service users. The danger of being attracted to integration of services as a cost saving or 'cost shunting' mechanism will need to be resisted at all costs if true integration is to be achieved.

11: how to support and empower users to take more control
There will be a need to build on current engagement and consultation initiatives to realise true cooperative input to governance, design and delivery of all elements of this programme. This will present real challenges to both Health and Social Care partners who will need to be able to release and transfer elements of control over the direction of travel to patients, service users, carers and citizens

12: how to share information safely
Protocols for Information sharing already in existence will need to be robustly maintained. Initiatives to move towards shared IT systems will take some time to develop, but bids for Health Technology funding to improve the mechanisms for capture of data may be a stepping stone towards this

13: how to use the workforce effectively
Engagement with the Health and Social Care workforce will need to emphasise the sustainability of the integration approach, especially at a time of LA and NHS financial pressures. Where there are similar functions provided by the LA and Health e.g. (domiciliary and Reablement) those workforces will inevitably become integrated as it would make sense to do so.

14: how to set objectives and measure progress
It will be necessary for the Integration Board to set the goals and milestones for progress and for the Steering group to ensure that these are achieved. Whilst failure to achieve integration will not be an option, it is important to understand that the level and extent of eventual integration will be a negotiated outcome, dependant on a shared level of understanding of respective responsibilities and constraints. Integration will happen where it makes sense to integrate. The organisations will not integrate for the sake of integration if the outcomes for people will not necessarily improve.
Local objective setting at Network levels will be considered for the population within those geographical patches.

15: how to avoid being unrealistic about the costs
It is already evident that some of the issues around differentials in salary and pay grades, degree to which resources can be delegated, different legal requirements around issues such as charging etc will require careful consideration. The temptation to seek the cheapest option to achieve integration may lead to other unforeseen consequences, but will inevitably create challenges in terms of quality and capacity

16: how to build this into a strategy
The following represents the first phase of such a strategy

First Phases Proposal and rationale

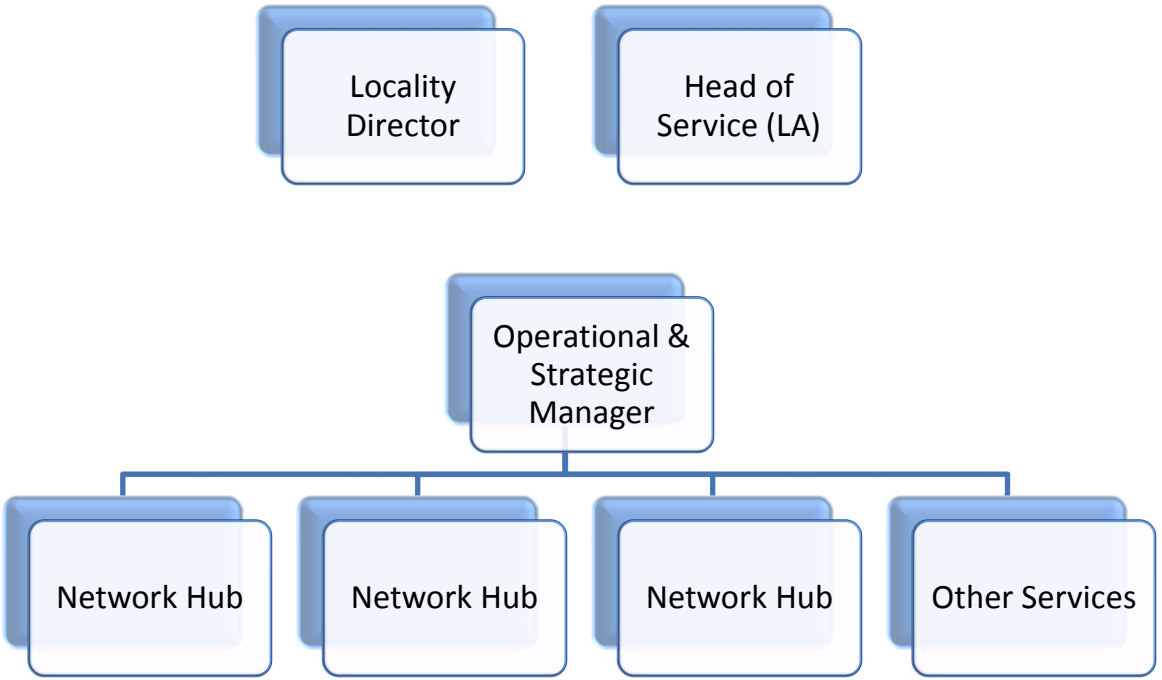
Given some of the issues raised above it may be sensible to consider the appropriate level of integration to which we aspire. To avoid the ‘wrong’ sort of integration requires some careful consideration. Current integration initiatives are aimed at operational and first line management integration around a number of discrete initiatives (as outlined in the attached action plan). Whilst there is good evidence being gathered of the effectiveness of some of these initiatives, it is too early to say whether they will all provide effective working models of integration to build on across the ABMU Swansea locality.

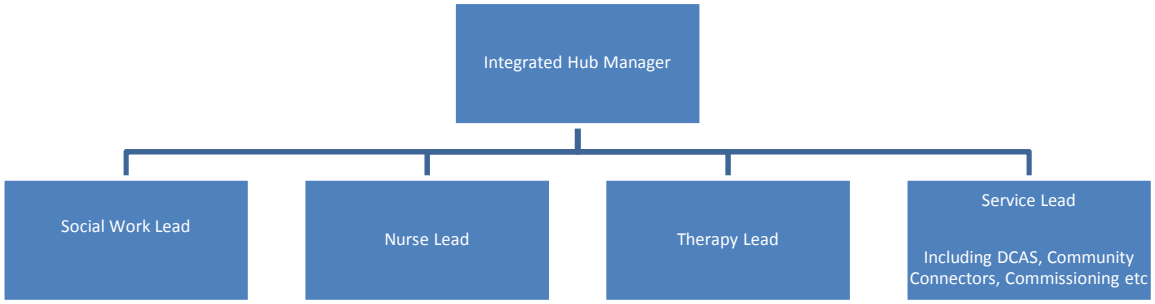
We also need to bear in mind the organisational responsibilities of the respective Health and Social Care Services. Organisational governance arrangements will require senior managerial oversight of respective bodies and this will need to remain within the organisational constraints of the Council and the Health Board.

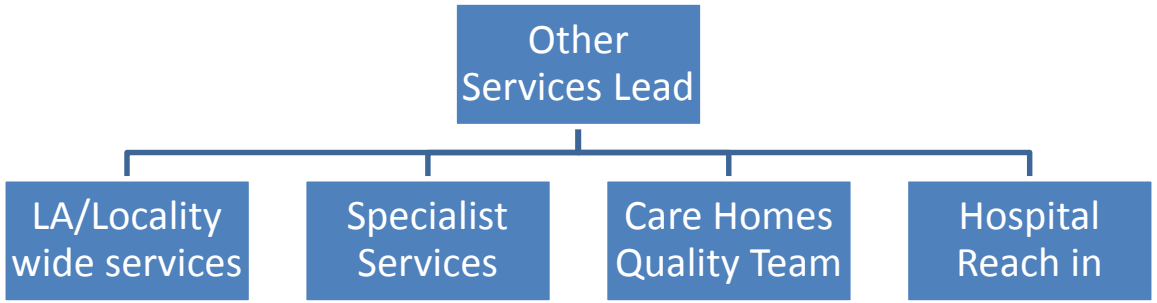
This all seems to suggest a clear coalescence of integration at a strategic level which ‘fits’ beneath current Locality Director/Head of Service level. This should offer sufficiently senior operational and strategic integration, whilst retaining distinct and appropriate organisational governance.

This proposed senior structure is therefore based on an outline model as below

Outline Model (Phase 1)







Some careful consideration needs to be given to how this proposal will fit into current organisational structures and also in terms of what staff and services will be placed within each ‘hub’ and equally importantly what will remain outside the hub. It is also important to recognise that the concept of the Network ‘Hub’ in the Locality is not currently officially a part of any LA or Health structure. The unit of management within the Locality for

health community services is the Community Network, but this does not easily reflect social care demand and service provision arrangements for Older Peoples services. The creation of the Network Hub, amalgamating some networks is a compromise which enables a better ‘fit’ with LA arrangements whilst still delivering and organising services in units which are more locally determined and responsive.

Even within this arrangement there will be some Health and Social Care services which are likely to sit outside these hubs. They are identified above as ‘other services’. Further work is required to determine exactly which services will sit within the hub and which will sit outside in the other services category. These are likely to be those services and professionals who provide particularly specialised forms of support, to relatively small numbers of residents/patients, or where a service may be physically located in one place and for reasons of economic or professional efficiency cannot be broken down into smaller units.

The current proposal for the management of each hub is to have an integrated manager responsible for all services and staff within the hub, answerable to an integrated service manager, which will again be an integrated post.

Current status of Integration

The Welsh Government has usefully provided a Maturity Matrix which enables us to gauge not only the current status of our integration with Health but also to map our ambition. The matrix is reproduced below with colour coded areas representing where we are (blue arrow) and where we aspire to be (red arrow).

A Maturity Matrix to Support Health and Social Care Integrated Care Partnerships

Using the matrix: Identify the level you believe your partnership has reached for each key element (blue) and then draw an arrow to the level you intend to reach within the next 12 months (red). Review the partnership's maturity matrix position on a frequent basis.

Progress Levels / Key Elements	0 No	1 Basic level Principle accepted and commitment to action	2 Early progress Early progress in development	3 Results Initial achievements evident	4 Maturity Comprehensive assurance in place	5 Exemplar Others learning from our consistent achievements
Purpose and vision		Purpose debated and agreed. Values and priorities agreed, and documented. Political agreement to Integration confirmed and documented across Health, Social Care, Third Sector and Partners. 'Health and Social Care Integration Partnership' (H&SCIP*) understands its role	Priorities and stretch goals have been agreed with stakeholders. Robust mechanism for adding and removing services and/or care settings agreed. Plans rooted in local population needs	Evidence priorities are being met, with progress towards stretch goals in some areas. Evidence of citizen engagement and public accountability testing purpose and vision. Existing partnership work considered	Systematically match how purpose dovetails with population needs. Evidence that integrated care is enhancing the quality of services and experience for the citizen	Confidence in achieving purpose and vision as population health benefitting in accordance with plans. Local health planning, local authority commissioners, third sector and other partners have been influenced. Evidence of reduction of waste and duplication through tackling duplication and fragmentation
Strategy		All stakeholder strategies relevant to work gathered and timetable set for developing integrated strategy. Base for all 'H&SCIP' strategic decisions. Political sign-off of strategy by all partners	Strategy development underway. Arrangements in place for areas of joint planning/commissioning and investment opportunities	'H&SCIP' has a current published strategy, which includes improvement milestones and how they will measured and monitored	Strategy refined in light of successful achievement of milestones, and new intelligence and aspirations	Strategy has benefitted other health and social care economies, as well as influencing the strategic direction of all local partner organisations
Leadership of the local health and social care integration economy		'H&SCIP' leadership agreed and appointed. Key stakeholders aware of leaders and how to contact. Relevant stakeholders identified and invited to participate. Local health, social care, third sector and partner resources understood	Leadership development for 'H&SCIP' discussed and agreed. Development plans initiated. Stakeholders understand leadership issues. Relevant stakeholders regularly attend and provide input into work programme	Results of partnership working systematically reviewed. Relationships with partners are positive and ongoing dialogue about planning, commissioning, contracting decisions and joint investment opportunities. Public Health voice is evident in decisions	Review of success of leadership approach. Ongoing succession plans in place. Benefits of partnership working have enabled the majority of stakeholders to meet their improvement objectives and resource allocation	Benefits of partnership working have enabled majority of stakeholders to exceed their improvement objectives. Outcomes improved and this is traceable back to initiatives from the 'H&SCIP'
Governance		Membership and terms of reference for the 'H&SCIP' Board drafted and shared	'H&SCIP' Board set up and first annual cycle of business agreed. Relationships with relevant local organisations being developed	Local stakeholders have clearly incorporated 'H&SCIP' Board accountabilities into their own governance arrangements	'H&SCIP' Board has reviewed its first year of working through a structured annual review process and made improvements to structure and organisation	Good governance benefits identified and the 'H&SCIP' Board know better governance practice has influenced local partner organisations
Information and intelligence		Information requirements identified and format of initial dashboard agreed	Developed a dashboard of key information and information improvement continues. KPIs reflect shared performance objectives across health, social care and partners	'H&SCIP' report confidence with levels of intelligence they receive, and that information systems are reliable and working. H&SCIP receiving evidence of performance improvement against KPIs	'H&SCIP' informed by real-time intelligence, demonstrating improved outcomes, quality and efficiency across health and social care	A single information system established and utilised across the partners. Outcomes and performance benchmark against best performers
Expertise and skills		Skills and expertise for 'H&SCIP' have been identified and agreed	Induction and development plans for 'H&SCIP' partners and staff are up and running	The 'H&SCIP' influencing skills are evident by success in positive change to local planning and the pattern of local service provision	The 'H&SCIP' supports LHBs, Local Authorities, Third Sector and partners by valuing key planning/skills. The H&SCIP Board acts as a forum to bring in specialist skills and expertise to support planning/commissioni	