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18 November 2014

Dear Colleague,

Re: Integration Agenda

Further to previous correspondence, you will be aware that I have taken a close interest in the integration work that is now underway across Wales.

In June, I confirmed my intention to review the final Statements of Intent for Integration of Health and Social Care for Older People with Complex Needs, from the perspective of older people.

I would like to put on record my thanks to Local Authorities, and Local Health Boards for the detailed responses to my correspondence. I have now had an opportunity to assess the correspondence, and the Final Statements of Intent to form a Wales wide view. These evidence that there is clearly a great deal of work being undertaken that sits underneath the Statements, which I welcome and is clearly a credit to all bodies.

Ultimately however, the purpose behind the 'integration agenda' must not be forgotten amongst this activity. That is, improving the individual outcomes and wellbeing of older people, through a move away from 'systems' and towards outcomes focussed integrated care. The attached analysis is intended to provide a clear overview where improvements are still needed and of what success would look like. I have shared this analysis with Welsh Government.

I am offering to develop and facilitate a workshop with the Chair's of all programme boards to discuss the use of consistent, outcome focussed performance measurement. I would be grateful if you could let me know if this is something that you feel would be beneficial.

Yours sincerely,

A handwritten signature in black ink that reads "Sarah Rochira". The signature is written in a cursive, flowing style.

Sarah Rochira
Older People's Commissioner for Wales

Statements of Intent: A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs

Older people are the single biggest user of our health and social care services, and often say things to me like ‘why don’t people talk to each other?’ and ‘why does a crisis have to occur before anything happens?’. Which is why, as the independent voice and champion for older people in Wales, I have taken a ‘close interest’ in the agenda for integration of our health and social care systems.

In March 2014 I provided all Local Authorities, Local Health Boards and Welsh Government with my view on the first iterations of the regional partners ‘Statement of Intent: A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs’ (the ‘Statements’). The critique, from the perspective of older people, was designed to support the development of the final Statements.

I used the following four questions to structure my analysis:

1. Does the Statement of Intent clearly describe what success looks like and does this reflect the definition of success that older people would use?
2. Does the Statement of Intent show that housing and the third sector are key to the delivery of integrated care, and show an intention to invest within this?
3. Does the Statement of Intent clearly indicate how steps will be taken to ensure older people have voice and control?
4. Does the Statement of Intent focus clearly on prevention and wellbeing, with wellbeing clearly understood in a manner that reflects older people’s views?

Following the publication of all of the final Statements, I signalled my intention in June 2014 to review them once again from the perspective of older people.

To assist me in this assessment, I asked all regional partners to report against their own Statement using my four questions. I have now received

responses from all regional partners and am providing a Wales wide view on the final Statements, and the integration agenda.

There is clear evidence that integration is being taken seriously. The Statements indicate a wide range of activity, and some areas of weakness that were present in the draft Statements have been improved in the final version. However, the test of the success of the delivery of the Statements will be, as the Framework outlines, improved care and support for older people so that they are able to achieve better individual outcomes.

Outcomes

1. Does the Statement of Intent clearly describe what success looks like and does this reflect the definition of success that older people would use?

If there is to be a successful move away from a focus on systems, then clear and consistent success criteria must be developed that can be applied across Wales.

It is my view that success criteria are needed at three levels:

- System indicators (as found in the Framework and also Kings Fund materials)
- Service indicators (for example, easy and rapid access, staffing and professional standards)
- Care and support indicators (outcome focussed, views of individuals must be an integral and ongoing part of service evaluation)

The detail of the Welsh Government framework, 'A framework for integrating health and social care for older people with complex needs' (the Framework), and the 'well-being statement' and National Outcomes Framework that sits within the Social Services and Well Being (Wales) Act clearly sets the need for outcomes based success measurement, and the use of more detailed performance measures. There will be a public

consultation on the draft regulations and codes of practice that sit underneath the Social Services and Well Being (Wales) Act 2014 in the Autumn/Winter 2014/15, one of which focus on the Local Authority Social Services Performance Measurement Framework.

However, clarity will be needed on how these measurements will be developed and used by regional partners to support the integration agenda, otherwise it will prove impossible to move from an evaluation of activity to an evaluation of impact.

Evidence that was provided by the regional partners demonstrates an acknowledgement that consistent performance measurement is needed, and this includes a focus on individual outcomes. Furthermore, there is a clear willingness to align regional performance measurement work with the Social Services and Well Being (Wales) Act National Outcomes Framework, and the NHS outcomes framework (when published).

However from the evidence that was provided to me, there appears to be variation in the progress of the development of performance measurement, and the detail within them. As the final Statements were published in March, a number of regional partners stated that their regional performance measurements were still under development and were due to be finalised by September 2014.

There is also variation in the understanding of, and plans to use both qualitative and quantitative performance measurements to report in an outcome focussed manner. Only evidence from a small number of partners referred to the planned use of the views and experiences of individuals in their own performance measurement metrics.

Therefore I remain concerned that overall, addressing the voice and control of individuals, through effective performance measurement was weak. Without this, the methods of performance measurement will not adequately reflect the definition of success that older people would use.

Housing and the third sector

2. Does the Statement of Intent show that housing and the third sector are key to the delivery of integrated care, and show an intention to invest within this?

The final statements appear to show that the third sector is beginning to be included at a strategic and governance level more frequently than it has been previously. For example one Statement was co-signed by a representative from the regional third sector alliance. However I am aware that there is still a significant level of variation across the regions in the success of the third sector being included as an equal partner at a strategic level, as opposed to only being brought in at a service delivery level. Furthermore, it is unclear from the evidence provided that there are sufficient levels of investment in this sector to the level that will be needed.

Housing is referred to in the Statements, however it is referred to less often as a key partner and appears to have significantly less representation at strategic and planning level when compared to the third sector. It is welcome that a number of the Statements did increase their explicit understanding of the role of housing as a key partner from the draft versions. However, there is still a large amount of inconsistency in how this role is reflected and understood. It is still only briefly mentioned by some, or only in the context of a specific event, for example bariatric care, as opposed to a key partner. The Statements do not clearly recognise the wider, housing-led community initiatives that contribute to the health and well-being of older people.

Evidence that the regional partners provided often demonstrated a clearer understanding of the role of housing, and the third sector than the content of the Statements themselves. The Statements themselves should be able to clearly demonstrate this understanding within the document itself.

It is not clear from the Statements, the extent to which the knowledge and experience of housing and the third sector is being proactively and

ambitiously sought to strengthen the planning and design of integrated services.

The Intermediate Care Fund is clearly seen as an opportunity to further include housing and the third sector as equal partners. However, in their evidence, a number of partners raised concerns over the long term success of this approach in light of the short term nature of funding arising from the Intermediate Care Fund. Evidence appeared to demonstrate that only one Statement considered regional forward planning for the future of intermediate care after the initial funding from the Intermediate Care Fund has ceased.

Voice and control

- 3. Does the Statement of Intent clearly indicate how steps will be taken to ensure older people have voice and control?**

The services that are constantly changing and evolving are public services. It is important that the public understand what is trying to be achieved through integration, and what service provision will look like in the future. Therefore, engagement with older people and the extent to which they have voice and control over the planning and delivery of services should be ongoing, and not 'done' for a specific event.

From the evidence that I received, there appeared to be a recognition that the voice and control that older people have over the planning and delivery of services does need to improve. However, there appears to be a reliance on the use of older people's fora as a method of engaging. This may not necessarily reach a representative range of older people, or those with specific needs such as carers, people living with dementia, or sensory loss. On the whole there does not appear to be a deeper understanding about how improved voice and control will actually be achieved in the everyday planning and delivery of services. For example, only a small number of Statements recognised the role of the individual's voice in governance frameworks and performance measurement.

Also the explicit understanding of the value of learning from complaints to hear an individual's voice, understand their experiences and use this to improve integrated care services was weak. This is pertinent considering the publication of 'A Review of Concerns (Complaints) Handling in NHS Wales, Using the Gift of Complaints, Keith Evans' in July 2014, which found (amongst additional findings) that:

- 'a change in culture is needed to "genuinely learn" from people who have had difficult NHS experiences,
- 'analysis of complaints and incidents needs a higher profile at NHS board level so information is used to improve services'.

Evidence from a number of regional partners referred to their intention to move towards delivering 'Prudent Healthcare', and the transformational approach proposed under the Social Services and Well Being (Wales) Act. These were seen as a driver for improved continued engagement with, and involvement of individuals within the planning and delivery of services. However as a policy, Prudent Healthcare is yet to be 'rolled out' in a tangible manner across Wales, and the Social Services and Well Being (Wales) Act is yet to be implemented. Action clearly needs to be taken to improve current engagement with older people so that partners are equipped to deliver truly appropriate integrated care services to older people across Wales.

The Statements are not particularly external facing, although I recognise there were not required to be. However openness and transparency, a 'plan' that can be understood by the public, and regular and accessible performance measurement is one of the ways to improve engagement with individuals and ensure a continued focus on outcomes.

Prevention and well being

4. Does the Statement of Intent focus clearly on prevention and wellbeing, with wellbeing clearly understood in a manner that reflects older people's views?

The Statements demonstrate a variation in the definition of well being. A number of Statements outlined the elements that they considered central to wellbeing, such as 'independent, healthy, fulfilled lives' or stated that well being differs across individuals. External sources were even referred to, such as the work on well being that has been undertaken by the New Economics Foundation. However, common understanding is from the definition of well being that is found within the Social Services and Well Being (Wales) Act.

Across the Statements, there is a common recognition of the importance of, and need for further improvement in preventative care. For example, one Statement referred to the development of a joint commissioning strategy which included preventative work and the inclusion of the third sector. Also, the Intermediate Care Fund is recognised as a vehicle for preventative work and further involving the third sector in this. As referred to above there is concern over the short term nature of the funding and the impact that it might have in the longer term.

Understanding needs

A number of Statements do refer to needs assessments that they have carried out to inform integration, and future planning and delivery, or their intention to refresh current needs assessments. However, the understanding of needs assessments and the detail that was provided about them appeared to be variable.

I would have liked to see a better understanding being shown of the nature of complex needs, particularly people living with dementia and those who are carers, and how delivering the intent within the Statement will affect the future needs and outcomes of these individuals.

In particular, there is a need for all bodies to focus more strongly on the concept of frailty, both in terms of emotional and physical frailty and to demonstrate an understanding of the two. Although success in this area is again variable, it needs to be strengthened particularly in relation to needs assessment. Frailty is both an indicator of need, and in many ways a “condition” in its own right, that needs to be understood clinically and be responded to in a way that is in line with growing evidence and good practice.

I would also have liked to see a much stronger understanding of the factors that lead to people becoming in need of support, preventative or actual, for example loneliness and isolation, lack of information and advice and lack of transport. These are often seen as separate from the health and social care agendas, yet are in fact highly preventative in nature.

Finances and spending decisions

I am frequently contacted by older people who tell me about services being closed, or priced so that they are unable to use them, for example day centres. Yet these services are crucial to the delivery of the intent of the Framework, and in particular its focus on prevention. I have ongoing concerns about the impact of spending decisions upon the delivery of the intent of the Framework.

A number of the Statements refer to the challenging financial settlements facing both Local Authorities and Local Health Boards in the delivery of services, and one Statement does raise the role of, and complexities surrounding ‘charging for care’ in the effective delivery of social care services. However there does not appear to be detailed explanation within the Statement of the cost implications of moving towards this new integrated model, and the important link to the new eligibility criteria that will be developed under the Social Services and Well Being (Wales) Act 2014. This must not be overlooked, a new model of care that many are not eligible for will not deliver the intent of the Framework, or the Act and will further re-enforce or create frailty, dependence and the need for more complex packages of care.

Conclusion

It is clear that there is a lot of work underway, some of which began some time ago, to move towards integrating health and social care services. This is to the credit of all bodies.

However, the ultimate test of the success of the Statements is whether improved outcomes for older people are being achieved. I will continue to monitor the implementation of the plans that sit beneath the Statements, to ensure that integrated services are not only achieved but transition into the delivery of integrated care.

My view of the Statements, and additional evidence that was provided to me by regional partners demonstrated that there are a number of areas where improvement is needed to provide me with assurance that the Statements will deliver improved outcomes for older people.

These are:

- Published, clear and consistent performance measurement criteria is needed that is outcome focussed, includes individuals views and shows ongoing learning and continuous improvement including problem areas.
- Inclusion of housing and the third sector as key partners at a strategic level from the outset of service design, to practical delivery. Clear demonstration that the knowledge and expertise of these sectors has been used to improve outcomes for older people.
- Proactive and ongoing engagement with older people, to increase their voice and control over service design and delivery. Actions to ensure the voices of those with specific, and complex needs are heard.
- A public facing statement that is based on the contents of the Statement of Intent but written in a way that resonates with older people. It would include clear outcome based performance measures, and an understanding of the local needs.
- A stronger understanding of the factors that lead to the need for support, such as isolation and loneliness, and the importance of prevention and wider community services.

- A stronger understanding of the needs of the local population, in particular the nature of 'complex needs', such as people living with dementia, those who are carers and the concept of both emotional and physical frailty.
- A more robust demonstration of the cost implications that sit underneath the delivery of the intent behind the Statements.