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Speech Integrated Health & Social Care Conference: 26/11/15

Thank you for inviting me to address this conference today.

Integration is a key theme of the Social Services & Well-being (Wales) Act 2014.

The effective integration of services is a massive challenge but it is a challenge to be confronted for user groups across a wide range of services.

The successful integration of health and local government services will depend on these organisations agreeing upon shared values, common objectives and developing a clear vision of how they will work together to achieve agreed outcomes. It will require detailed programme approach to implementation.

Our definition of integration should inform these values and objectives. We define integration in relation to the individual as being about:

"My care is planned by me with people working together to understand me, my family, and carers giving me control, and bringing together services to achieve the outcomes important to me".

To respond to this challenge we will have to give considerable attention to the design of services, their management and the governance arrangements.

Some of the consultation responses to Part 9 of the Act on cooperation and partnership raised the question of whether we were simply introducing another tier of management.

So we need to be clear that the Act is not about reintroducing some form of 1980s joint planning arrangements around how we spend any new form of government funding.

It is not about social services and health services carrying on as usual with some additional requirements to work more effectively together and align budgets.

It involves whole-systems design from front door to service delivery and the evaluation of services. It involves the integration of core services.

Our plans for integration are about integrated service delivery, and integrated management and governance arrangements.

We can achieve this though both the provisions of the new Act and those of existing legislation such as the NHS (Wales) 2006 Act and we can achieve this without the wholesale and disruptive reorganisation of services required if we had planned to merge health and social services.

It is also important to note that our approach to integration encompasses acute hospital services as well as primary and community health services and social care and housing services. For integration to work we will need clear integrated pathways between all of these sectors. We need good frontline preventative services to prevent

inappropriate admission to hospital and we want good effective community services that hospital staff understand and have confidence in to facilitate safe and effective discharge.

As you will know the Social Services & Well-being (Wales) Act 2014 gives Welsh Ministers powers to direct the use of formal partnerships and pooled budgets. Although we plan to use them in relation to two services (to consolidate Integrated Family Support Services and Care Homes) our approach is one of co-production.

We are not prescribing a vast range of formal partnerships and pooled budgets. We want local authorities, health boards, and their partners in the independent and third sectors to help us design the most effective arrangements for integration. Service users and carers will also have a contribution to make to service design.

People, however should be under no illusion that this means ‘business as usual’. We are ambitious about the integration agenda and should partners fail to respond to this challenge Ministers will prescribe more partnership arrangements. Rising demand and expectations coupled

with an extremely challenging financial environment will require us to deliver on our long standing ambitions.

We are establishing regional partnership boards to help us take forward this important agenda. These will oversee the development of local partnership arrangements and the integration of services.

We do not want to pursue integration for its own sake; the end point is not formal partnerships and pooled budgets. The criterion for integration includes:

- Improved outcomes for users and carers
- More personalised solutions and services
- Improved use of resources by removing duplication and waste
- More sustainable services though more effective use of resources.
- Improved staff morale with staff having to jump through fewer organisational hoops to get decision; and learning and developing their knowledge and skills by working in multi-disciplinary teams.
- Improved governance of integrated services

The same criteria will apply to the integrated commissioning of services.

Before moving on to discuss commissioning it is important that we get the design and operation of frontline services right because this will impact upon the demand for other services.

The landscape of service provision is changing across Wales. We are seeing the development of ‘single points of access’, information, advice and support services; community resource teams, new intermediate care services and so on. I have visited one in the Vale. These are in different stages of development. It will be important for health and local authorities to have a clear vision of how these services will work together and explain this to both their staff as well as the public. People need to understand the pathways between services. If these arrangements are not clear resources, particularly in relation to staff time, will be wasted and opportunities to respond to individuals with effective solutions will be lost.

Partnerships will need to ensure that they have effective integrated processes in place for assessment and care management. Focusing on ‘what matters’ for the individual and their family will help to focus on the priorities important to them and will help us to avoid wasting resources.

An assessment process, for example, which focuses purely on the deficits of an individual and ignores their capabilities and the outcomes they want to achieve; will generate higher levels of demand for services neither wanted or required and will probably generate dependency. Listening to individuals in need of care and support and their families will help us develop the most appropriate solutions.

An essential prerequisite of good commissioning concerns getting agreement of the models of service we want in place. Before we develop a commissioning strategy for services for people with learning difficulties, for example, we need to decide what constitutes good practice in terms of for example, supported living, occupational support or responding to the needs of people with challenging behaviour.

Key questions will include: What do we know from research and evaluation? What are people with learning difficulties and their families telling us? What are professionals telling us?

The Act requires local authorities and health boards to assess the needs of their people and the servicers required to respond to them. This will

require a quantitative and qualitative analysis. Identifying good practice and listening to people will help us get design and deliver appropriate services.

We also have to develop a continuum of services. The Act requires the development of services which prevents or delays the development of people's needs for care and support. This will involve not only the commissioning of targeted preventative services such as reablement or intermediate care or Flying Start services for children but other valuable community resources such as community transport services which help elderly and disabled people access GPs, dentists , hospitals appointments, shopping, and social events. We cannot afford to take these community assets for granted. We need to be aware of their contribution and create an appropriate climate to help them operate. We also need to evaluate the effectiveness of such services.

I should also stress that some individuals will require long term care and support. Services such as residential or nursing home care must not be viewed as of secondary importance where we put people when other services have failed. These services are responding to the needs of our

most vulnerable citizens. They will still be required to support individuals to maximise the voice and control of their daily lives.

We are requiring health boards and local authorities, for example, to develop an integrated approach to the commissioning of services from care homes. This will require the development of formal partnerships and pooled budgets by April 2018. The reason for this timetable is that we do not want the development of formal partnerships to be used as an excuse for delaying the implementation for the integrated commissioning of these services.

We want local authorities and health boards to be working towards an agreement on the range and capacity of services they require. This assessment can be updated over time. This will need to embrace services purchased by local authorities and health boards (Funded nursing care and continuing health care placements). They will also have to take account of the needs of self funders.

These services from care homes will include long term placements, short term interim placements to facilitate hospital discharge and choice of accommodation; step up step down intermediate care beds, respite care facilities and any other services they wish to jointly purchase. In some rural communities care homes may operate more as resource centres offering a broader range of services.

This will require an integrated approach to negotiating contracts, fees, outcomes to be achieved and arrangements for quality assurance.

One of the purposes of integrated commissioning is to use the combined purchasing power shared objectives of health boards and local authorities to shape the market. We know that we have a mismatch in Wales between the demand for and supply of care home placements for people with dementia. Rather than simply accept this deficit health boards and local authorities will need to work with existing and new partners to address the deficit.

This means that it will be important to achieve effective working relationships between commissioners and providers. The days of master / servant relationships between commissioners and providers should be long gone. Providers are a source of knowledge and potential solutions. We need to a grown up relationship to deliver against our current and future care needs. Commissioners and Providers should be working together to put in place the appropriate range of services with the appropriate capacity to respond to needs. Equally this offers a challenge to providers. Providers who continue to provide a service no longer required will eventually go out of business.

Commissioning includes the disciplines of planning and procurement. These cannot be divorced. The Commissioning or planning process should drive procurement and information from the review and evaluation of services should feedback to inform any changes required in commissioning.

Commissioning practice should continue to be updated. One of our aspirations expressed for some time is the desire to move towards more outcome focused commissioning arrangements. This is easier said than

done. It will require changes in practice as well as culture. An event such as today provides us with an opportunity to discuss new ideas and developments in commissioning.

The Act also requires local authorities to promote the development of social enterprises to provide care and support and preventative services. This offers opportunities to innovate and provide a range of local solutions to respond to need.

We also need a coherent approach to quality assurance. This means that everyone has to understand their contribution and responsibilities for quality assurance. The service provider needs to have a robust system in place for ensuring services are provided to the right quality.

The individual receiving the service and their family need to have the knowledge and confidence to be able to raise concerns about the quality of service provision.

In relation to care homes all professionals visiting the establishment have to understand how they report concerns.

The Commissioners will have an integrated approach to quality assurance which will collate intelligence about the quality of service being provided. The Commissioners will ensure they have an effective working relationship with regulators and inspectors.

This provides us with a challenging agenda for integrated commissioning. I am delighted that David Street the Director of Social Services for Caerphilly is now chairing the national integrated commissioning board which will be supported by both the SSIA and Public Health Wales.

This board should serve as the fulcrum for coordinating national commissioning exercises and sharing good practice. The Board will include representation from local authority and health board commissioners, providers, the Social Services Improvement Agency Public Health Wales, CSSIW and the Care Council for Wales. We also have a national Providers Forum in place.

The Commissioning Board will oversee the development of appropriate tools for commissioning as well as working with both commissioners and providers to develop their knowledge and skill base for commissioning. The Commissioning Board will be working with the Care Council and Public Health Wales to develop the skills of commissioners.

In 2010 the Welsh Government published guidance on commissioning for local authorities set out in standards. We will now have to decide whether we publish guidance on integrated commissioning and the form any guidance should take.

The Act is now in place. We now need to focus on ensuring that we get the appropriate range and capacity of services in place and this makes integrated commissioning a priority over the next few years.