

Review of the Interface Between Health and Social Care

The Audit Commission in Wales' Submission to the Health and Social Services Committee of the National Assembly for Wales

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Introduction

The Audit Commission in Wales (ACiW) welcomes the opportunity to contribute to the Health and Social Services Committee's Review of the Interface between Health and Social Care.

The ACiW is in a good position to comment on the effectiveness of the interface of health and social services, as a result of ongoing work in key areas such as Joint Reviews, Services for Older People, the Supporting People Initiative and our current review of whole system service provision that includes analyses of delayed transfers of care. This brief submission draws on findings from these areas of work. As a supplement to this submission, the Committee may also find it helpful to refer to the following Audit Commission publications:

- *Pathways to Improved Social Services in Wales; the Second Overview Report of Joint Reviews in Wales 2001/02;*
- *The Audit Commission in Wales' Response to Welsh Assembly Government's Review of Health and Social Care, overseen by Derek Wanless; and*
- *Aligning the Levers of Change, Audit Commission in Wales strategic plan consultation 2004-2007.*

Copies of these reports are attached to this submission.

Audit Commission in Wales response to the Review

The modernisation agenda for public services in Wales and structural arrangements such as the coterminosity between local authorities and Local Health Boards (LHBs) offers significant potential for joint working between health and social services. Community Strategies and the statutory requirement to form health, social care and well being partnerships provide an additional impetus to link the health agenda to wider determinants of health and well being such as housing, transport, the environment, leisure and crime and disorder.

Work by the Audit Commission and its appointed auditors in Wales has shown that for this potential to be fully realised, a number of key actions are needed:

- there is need for the different agencies involved in the delivery of health and social care to develop a shared vision of service provision that is based upon desired outcomes for those who use services;
- that vision then needs to be backed up by joint strategic planning and commissioning, supported by shared budgets that make maximum use of opportunities conferred by Health Act flexibilities;
- services needed to be integrated in such a way that users experience seamless service delivery that is unfettered by traditional professional and organisational boundaries;
- information to support reviews of needs assessments, activity and performance needs to be shared between health and social services; and

- national policy and guidance needs to be properly aligned.

Our work has shown that there is still much to do in each of the areas identified above.

Shared visions and joint planning

Barriers to effective joint working often reflect issues of control and culture within individual agencies, and demand strong leadership to provide the intent and cultural change that is needed. Our work on Joint Reviews of Social Services in Wales has found that some councils in Wales are wary of getting too close to partners. The explanation may, in part, be historical; new councils post 1996 were keen to demonstrate their ability to establish themselves and deliver core services. With greater maturity and confidence should come a willingness to shift from independence to interdependence.

Although structural changes within the NHS provides the opportunity for coterminous working across health and social care, the upheaval of re-structuring will inevitably detract from the ability to work in partnership as new health bodies concentrate on getting themselves fit for purpose. An investment of time by prospective partners in developing a mutual understanding of each others cultures, work pressures and priorities can therefore be productive and lead to more effective partnership working.

It is clear that joint commissioning is a new skill in Wales. Health Act flexibilities provide an opportunity to develop pooled funding but our work has shown that there is only limited evidence to date of putting core resources to better shared use, and agencies have not made the most of opportunities afforded by the Health Act flexibilities. Encouraging examples of LHBs and local authorities working together are emerging but previous observations that we have made about joint working existing more on an officer to officer basis rather than between organisations are still largely relevant.

Integrating services

Many people who use and depend upon health and social care services do not recognise the different professional and organisational boundaries that exist. Yet all too often these boundaries present barriers to effective service delivery because joint working has not yet found its way into mainstream service provision.

Our recent work on mental health services for older people provides good examples of the variability in service provision that exists across Wales. Auditors have found that working models for Community Mental Health Teams (CMHTs) vary considerably. In some areas such as Wrexham, the CMHT is a fully integrated unit consisting of Community Psychiatric Nurses, therapists and social workers. Casenotes are fully integrated into a single file, there are single policies and a single point of referral. In Ceredigion, CMHTs are co-located and have the benefit of being managed by an officer jointly funded from health and social care budgets. However, casenotes remain on a single agency basis. In other areas even though professionals may be co-located, separate arrangements for management, casefiles and policies operate in individual agencies. In a small number of areas professionals remain completely separate.

Work on mental health services for older people has also highlighted the need to streamline services which have traditionally been provided alongside each other. An example is hospital and social services day care provision. The key challenge for these services is to ensure that individuals receive care in the setting that is most appropriate for their requirements. Auditors found encouraging examples of jointly funded units which provide both inpatient and day services. The Havenhurst Unit in Pembrokeshire is an example of such a scheme.

One of the most common manifestations of a lack of integration between health and social services is delayed hospital discharge and transfers of care. An all Wales survey by the Audit Commission in Wales in November 2003 as part of an ongoing project¹ showed that 11% of hospital (acute and community) beds in Wales were “blocked” by delayed transfer of care. Older people experience the majority of discharge delays, often as a result of lack of provision of care home beds in the community. The number of beds in the independent sector is declining and there is scope for service planners to have a greater engagement with these providers. Our Joint Review work has shown that independent providers and councils have mixed views of each other as partners. Misunderstandings of each other’s needs and interests are at the root of the problems. Promoting more trust and understanding via dialogue needs to be given higher priority in order to prevent serious supply problems, especially in the nursing home sector.

Reliance on independent sector beds can be managed if a more robust approach to whole system care is put in place and resources are targeted at care pathways to provide important facilities such as intermediate care and step down beds. A need to improve some of the processes around discharge planning is also indicated. Earlier interventions and multidisciplinary involvement with participation from patients and carers can help ensure that patients get transferred to the most suitable care setting. Involvement of specialist practitioners such as rehabilitation nurses and discharge facilitators can help improve discharge planning, however, these practices are not consistently applied across organisations.

¹ This survey is part of an all-Wales review by the ACiW into whole system approaches to Securing Improvements in Health and Social Care. Findings are due to be reported in Spring 2004 and will hopefully support the Committee’s work in this area.

Information systems

Incompatible IT systems are a major impediment to effective joint working across health and social care services. To date there has been little progress in developing systems that allow information sharing across the health and social interface. This limits the effectiveness of patient assessments and case management. Procurement processes in individual organisations do not always take account of wider whole system needs. The Commission's auditors have recently come across the example of a Trust commissioning a new IT system without any input from respective local authorities in the area. The end result was the commissioning of a system that was not compatible with those that were currently in place in two of the local authorities that the Trust routinely has to deal with.

Auditors have also found that legal issues associated with the Data Protection Act and Caldicott principles associated with patient identifiable information can often prevent information sharing between agencies. It is important that agencies work together to develop protocols to govern information sharing that acknowledge legal requirements, whilst maximising the exchange of information to support effective care.

Managing and measuring performance

To date uniform approaches to performance management across care sectors have been lacking. Separate performance management frameworks are in operation across health and local government and the development of performance indicators at the interface of health and social care is underdeveloped. These are important issues that require attention since a move to a whole system way of working will require a whole system approach to performance management and measurement that supports decision making, service monitoring and an understanding of where barriers to improvement exist.

Policy alignment

The Review of Health and Social Care in Wales highlighted the problems with lack of alignment of different policies across health and social care. This has the effect of producing different sets of priorities, targets and timescales for health and social care agencies and undermines joint working.

Many policies assume that enabling factors such as joint working can be achieved. However, they are difficult to accomplish because of the factors outlined in this paper and the structural and geographical organisation of partner organisations. A greater appreciation of these challenges when policies are developed is needed, as is a more consistent and robust follow through from policy to implementation and evaluation.

Promoting independence

Promoting well being and independence is correctly becoming an important theme of Assembly policy initiatives. However, policy that affects people's ability to live independent lives is complex and cuts across Government departments and traditional service boundaries. An overarching vision of the whole system is therefore needed to implement these policies.

A fundamental change in culture and thinking is needed if the goals of improving well being and promoting independence are to be achieved. Public services traditionally focus on intervention at times of crisis rather than promoting early intervention and proactive management. This is particularly the case with conditions such as heart disease, diabetes and chronic obstructive airways disease. Acute exacerbations of these conditions typically result in hospital admissions, yet many of these admissions could be avoided by earlier intervention and proactive management of these long term conditions. Other important factors also come into play:

- the ability of primary and community care services to take on greater responsibility for routine management of the conditions mentioned, as part of a more explicit approach to care pathway development;
- the need for individuals to take more responsibility for managing and maintaining their own health and well being;
- the need for services to make better use of assistive technology and disability equipment to allow people to maintain or re-gain their independence; and
- providing the appropriate support and information to carers and ensuring that health and social care services recognise the importance of carers and identify their needs.

Role of regulation

Independent external regulation has an important role to play in helping to secure improvements in the way the interface between health and social care is managed. In addition to the traditional functions of assurance, inspection and ensuring that public money is well spent, regulators must be able to view services from the perspective of the user and follow entire care pathways across organisational boundaries.

Regulators have a key role to play in supporting the development of performance indicators that examine service delivery across organisational and service boundaries. An awareness of which targets currently force agencies to work single mindedly within their own agendas will further assist this process.

Different regulators operating across health and social care systems will need to work together closely to co-ordinate work programmes, information demands and reporting mechanisms. The Audit Commission in Wales is promoting the concept of more joined up and strategic regulation through the consultation on its strategic plan, *Aligning the Levers of Change*.

It is also important that regulators work to common and complementary standards, against which services can be inspected and reviewed. At present this is not the case and work is needed to review standards used by different inspectorates and regulators that operate within the health and social care system.

Conclusions

Joint working between health and social care services is at the heart of many policies and strategies that are emerging from the Assembly. Wales has a real opportunity to use its size, the coterminosity of LHBs and unitary authorities and instruments such as community strategies and health, social care and well being strategies to create a positive interface between health and social care that benefits service users.

However, it cannot be assumed that policy will automatically be followed by successful joint working. This paper and supporting publications from the Audit Commission in Wales indicate that some key challenges still need to be overcome. Concerted effort is needed in specific areas, supported by overarching policies and strategies that recognise and reflect whole system working. These policies and strategies need to identify appropriate levers and incentives to ensure that services are appropriately refocused. They must also be fully informed by the views of patients and carers who use and depend upon health and social care for their health and well being.

Audit Commission in Wales

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