

Potential Health & Social Care Integration between Cwm Taf Morgannwg Health Board and Bridgend CBC

A case for change

Introduction and background

Health and social care services are facing significant and unprecedented challenges as Wales comes out of the Covid pandemic. The demands on health and social care services have never been greater and the economic and social impact of local, national and international events risk creating more pressure on an already struggling system.

The significant health inequalities experienced by the population in the Cwm Taf Morgannwg (CTM) health board area are well known and the Covid pandemic brought these into even greater focus. Whilst progress has been made on improving the health and wellbeing of our citizens, there is still much more work to do to manage some of the real health challenges facing local people and supporting them to live healthier lives in their own homes for as long as possible.

The health and social care workforce is under immense pressure with high levels of vacancies in key roles such as nurses, doctors, residential care and domiciliary care workers. Despite significant recruitment efforts across health and social care, challenges remain significant and vacancies continue to outstrip supply of workers meaning continual impact on service sustainability and impact on care for our communities.

Despite these challenges which are common across Wales and the UK, there is a strong track record within Bridgend of the Health Board and BCBC working in integrated teams at an operational level. Strategic relationships between the Health Board and Council are strong and there is a shared commitment to work together to improve the health outcomes for the local population of Bridgend. Throughout the Covid pandemic, the relationships between the council and the health board were strengthened and the joint work on Test, Trace and Protect (TTP), Covid vaccination programme and wider public health measures evidence how working together across our statutory organisations can deliver significant agendas within a rapid timescale.

In Bridgend there is already a well-developed model of integrated health and social care in the community with shared management arrangements and innovative models such as the Acute Care Team designed to keep people at home with acute healthcare needs supported by specialist nurses and care support. The Health Board and the Council are working together to develop innovative models of domiciliary care support to tackle some of the current challenge in the homecare sector and both organisations are working on developing new models of intermediate care/step-down beds with a local social care provider.

All of these examples are aimed at improving the experience for our local community and helping people to be independent at home for as long as possible. However these initiatives

have all been developed as responses to particular system challenges or funding allocations from Welsh Government which means that they are often at risk of funding being withdrawn, duplication of effort with mainstream services or inconsistent provision for residents. To date there has not been any integrated governance or shared leadership between the Health Board and Bridgend CBC within which local service integration can be framed.

National Drivers

Integration of health and social care has been a long-held ambition of Welsh Government. The drive to integrate care was clearly articulated in 'A Healthier Wales' and in the current Programme for Government (2021) sets out that government will legislate further to integrate health and social care. In addition the Cooperation Agreement states that Welsh Labour and Plaid Cymru *"will continue to better integrate health and care and work towards parity of recognition and reward for health and care workers"*.

There have been a number of discussions more recently around the need for health and social care to work more closely in a number of areas including mental health, older people's services, hospital discharge and learning disability services. Much of the national direction on this integration agenda has been focussed on the Regional Partnership Boards (RPB) as the vehicle of integration, however whilst the RPBs are helpful in bringing together health and local authorities with voluntary sector, housing and independent sector representatives, they do not have oversight of the operational delivery of statutory health and social care services which sit with the health board and local authorities respectively.

Local Drivers

The challenges faced in our health and social care services are well known and understood. However it is important to acknowledge that the service provided to many local residents is not to the standard we would want nor are the staff within our services content that they are enabled to provide the best service to our citizens.

Despite the positive and collaborative leadership shown by both our organisations there are a number of factors that are either preventing or slowing down further integration of services including:

- Lack of a clear shared vision and purpose across the Health Board and Council of how we see integrated health and social care being delivered locally
- Lack of alignment of strategies and planning/commissioning between the health board and the Council in respect of health and social care services
- Separate funding streams leading to discussions about whether services should be health or social care funded
- Community health and social care teams being managed by separate line managers in separate locations
- Limited senior capacity and project resource to develop the integrated health and social care agenda

As well as the service challenges articulated in the introduction, there are significant pressures facing the health and social services departments including the recovery of the backlog of patients waiting for elective tests and diagnostics, the number of people seeking support in the community leading to pressure on assessments for social care, managing the financial impact of constrained budgets across health and social care and the need to develop and modernise the social care provision locally. In all these areas there are potential unintended consequences should one of the partner organisations act independently of the other. If we are to have the best chance to collectively respond to the challenges set out above then we need to consider how the health board and Council social services functions can deepen the integration of service delivery and share our collective resources to the greatest effect for our communities.

The potential scale of our ambition

If we are really intent on delivering a truly integrated health and social care system in the Bridgend area we need to be bold in our ambition and define what success would look like for our organisations, our staff and our communities. A proposed approach for phase 1 is set out below:

Phase 1 – Discovery phase

1. The first step in this journey would be **agreeing a shared vision for integration** across the health board and the Council which would have endorsement from elected members and the board members of the Health Board. This vision needs to be centred on how things would be different for local people using the services as this must be the primary reason for integration of health and social care.
2. **Agree the scope of the programme** i.e. which services/functions of the Health Board and councils will be included in the programme. There are some key questions to answer including:
 - a. Are we planning to integrate services just for adults
 - b. What services in the partner organisations would be included in the programme
 - c. Are we including mental health and learning disabilities in scope
 - d. What are the common principles that will underpin this programme
3. **Appointing a joint Senior Operational leader** to be charged with bringing the health and social care team in Bridgend together. This individual would report to the Director of Social Services in BCBC and the Deputy Chief Operating Officer (Community & Mental Health) in the Health Board.
4. **Establishing an Integration Programme Team** to lead the programme of work across the local authorities and health board. This programme team will need to have dedicated project resource to ensure the programme moves at pace and remains on track.
5. **Review existing integrated team arrangements** to understand what has worked well, what needs to be improved and lessons for future integration plans

6. **Engagement with local service users and communities** to share the vision for integrated health and social care as well as gathering insights and feedback on what is important to communities and their experience of services in Bridgend.
7. **Engagement with frontline staff** including social workers, social care teams, providers, community health teams, GPs and others to understand how the system is working today and what opportunities they see for improving the service to citizens through closer integration. This will also provide the opportunity for staff from health and social care to better understand each other's roles and develop a 'shared purpose' for how they will work together in the future.

Phase 2 – Design phase

Using the shared vision and the feedback from local service users/patients and staff phase 2 will focus on designing how a truly integrated health and social care model will be deployed across Bridgend. This care model will need to consider:

- How will people access their local health and social care services through a single point of contact
- What will an integrated community health and social care team include e.g social workers/community nurses/occupational therapists/physiotherapists/mental health workers
- How will other partners (e.g. housing, voluntary sector) be included in the integrated community health and social care teams to ensure people are signposted
- How to align this work with the development of Accelerated GP Clusters
- How to ensure children's services are also considered alongside the work on adult services

What could 'good' look like with respect to health and social care integration?

A desired future integrated service would have a shared vision which was understood and owned by both council and NHS staff. Integrated teams would be co-located together and would share integrated management arrangements for all care teams working within Bridgend. These integrated teams could be aligned to GP clusters with a single point of access into the team underpinned by a shared digital care record between health and social care.

Fully pooling budgets together would allow the most effective use of resources and reduce duplication of spend. Utilising the population segmentation analysis we can focus on reducing inequalities and take a proactive, targeted approach to support the most vulnerable in our communities.

Commissioning arrangements could also be integrated including all aspects such as care home, domiciliary care and continuing care commissioning to ensure a consistent and joined up strategy for working with the local social care market between the Council and the Health Board.

The performance management for the integrated service would be monitored by a joint committee of BCBC elected members and Health Board independent members ensuring that the outcomes of integrated service delivery were evidenced. This committee would then enable the Health Board and the Council to assure themselves that their statutory responsibilities are being met consistently.

What benefits would closer integration bring?

There could be a range of measurable benefits for our citizens and our staff/organisations, as outlined below:

1. Benefits to our citizens

- Improved coordination of care and simplified access to health and social care
- Patients and their families only have to 'tell their story' once
- More rapid and responsive care when it is needed most
- Being cared for in the right place at the right time
- Supported to be independent for as long as possible in their own homes
- Improved signposting and access to community activities/voluntary groups
- Only going to hospital when it is absolutely necessary
- Improved support offering for families and carers

2. Benefits for our staff and organisations

- Reduced duplication of work and effort
- Less frustration and more rewarding jobs
- Ability to get right professional input when needed
- Satisfaction of providing right support to people
- Reduced bureaucracy and hand-offs
- Integrated information available when needed
- Improved support for families and carers
- Access to right long term support for people when needed
- Professional development and career development opportunities

Forward timeline / next steps

This to fully integrate health and social care in Bridgend will take time and resource. Being able to gain support and agreement for this agenda is a critical first step to ensure both organisations are fully committed to the agenda and to bringing their services together for the benefit of local people.

Next steps:

1. **Agree case for change document** – Agree this case for change document amongst senior leadership within the Council and Health Board. Follow up informal meetings with formal agreement from Council and Health Board.
2. **Build a shared vision for the future** – Using an outline vision statement, work with staff groups and local people to develop an agreed vision and scope.
3. **National support and potential funding** - Inform Welsh Government of the innovative integration programme and discuss opportunity for support as part of a pilot within Wales. Seek to achieve funding to resource this programme.
4. **Agree job description and specification for Senior Integrated leadership role** and recruit to this post
5. **Initiate programme** – On-board and build a programme team and structure, setting out a clear plan and milestones to deliver the joint vision.

Ensuring this is a priority for both organisations is critical and to do this a robust governance structure would need to be established to be able to deliver this ambition. This structure would require regular oversight taking the form of a joint programme board including senior representatives from both organisations.

Risks

As this initiative progresses there will be a number of risks which could impact the pace or successful deliverability of the programme.

Risk	Mitigation
Perceived overlap with the RPB causing friction or a delay in approvals to proceed	Requirement to either set out how this initiative is about a statutory obligation to deliver sustainable services early and / or understand what role the RPB could play in this.
Potential reluctance for staff at all levels to engage with this transformation	The scale of change to ways of working would be far reaching. Being able to resource the change management side of the transformation would be essential to

	build a level of internal engagement of staff who could then act as change agents themselves throughout the programme.
Lack of enthusiasm by involved organisations given the host of wider priorities	On receipt of funding there should be a nationally agreed MoU between organisations to ensure continued engagement and prominence on internal agendas. Stipulated Board / Cabinet items on the topic would keep updates on the agenda.
Development of model for Bridgend being very different from ambitions of RCT and Merthyr Tydfil councils causing complexity of service models for the Health Board	Engagement and informing RCT/MT of progress of work in Bridgend to ensure alignment with developing work on integration in these Council areas.
Lack of Political/Independent Member/Welsh Government backing for the ambition	Ensuring buy in early on in engagement sessions and workshops will encourage engagement and ownership of the plans. Regular updates and championing by organisational Executives / Officers update on progress
Capacity to deliver programme of significant service change	Agree between Health Board and BCBC the necessary capacity to support this programme and seek potential funding from other sources (e.g. RPB/Welsh Govt)

Paul Mears Chief Executive, Cwm Taf Morgannwg Health Board

Mark Shepherd Chief Executive, Bridgend County Borough Council

October 2022