

Guidance Note 1b

Understanding integration and integrated care

What this guidance note does

This guidance note provides advice on what is meant by integration, integrated care and integrated services in the context of the area plan. It is important because the statutory guidance places the focus of the plans on integrated services, planned in response to each core them in the population assessment. You will be expected to start from a point of considering an integrated solution for your priorities. Understanding what this means is vital to preparing plans which are correctly targeted.

Guidance/advice

Despite numerous commentaries, strategies and government statements, it is acknowledged that the term "integration" still has many definitions in the context of care and support and is, therefore, open to interpretation. Integrated care is not a new concept and is founded on the long standing and more easily understood principle and practice of working together. There is already a good track record of integrated services developed locally and regionally, illustrated most vividly by the regional initiatives supported by the Integrated Care Fund. However, the *Social Services and Well-being (Wales) Act* has brought a fresh impetus to the importance of collaborative working through its statutory obligations for co-operation.

Having a mutual understanding of integration amongst partners, and agreed by the RPB, is necessary to avoid confusion or disagreement in respect of the creation of area plans and their implementation. Previously published Statements of Intent may already include an agreed understanding, and ideally an agreed definition, across the region, but you should prioritise reviewing this and/or reinforcing your agreed position at a very early stage of plan preparation. Logically, it is not possible to develop integrated area plans without a mutually agreed understanding.

Experience and research have shown that there are many obstacles to achieving collaboration and integration. Frequently the means become confused with the ends and actions taken to enhance integrated working become proxies for having achieved the goal of people experiencing care and support that is seamless. So, for example, creating a pooled budget, co-locating teams from different agencies and having joint appointments are all recognised enablers to achieving integration which should be celebrated. However, they may still not achieve the ultimate goal of the truly seamless service.

Similarly, there is a school of thought that suggests integration can only be achieved via significant organisational change and restructure yet this too is a means rather than an end in itself regardless of its veracity. Integration must take place at the strategic and operational levels.

Having said all that, it is important to recognise that achieving some of the mechanisms to support integration should be celebrated as they are no mean feats. They also help to clarify what could comprise a fully integrated approach. The following might describe such a position:

- An approach to the planning, organisation and delivery of health and social care services:
- Where partners work together on a common cause and are prepared to share sovereignty;
- Where integration is commonly understood and leadership to deliver integrated solutions is shared;
- Where integrated care is built from the bottom up as well as the top down;
- Where professionals are tolerant of each other's business pressures and the complexities of the challenges therein;
- Where resources are pooled, teams are co-located, and commissioning undertaken jointly;
- Where the workforce is used flexibly and effectively and is open to innovations in skills mix and staff substitution;
- Where information is shared widely and openly;
- Where there is shared governance and shared accountability;
- Where assessments of need and care pathways are developed jointly with the aim of maximising joint working for the benefit of the individual.

The purpose of this guidance note is not to explain all the complexities of achieving integrated care but to reinforce the importance of eliminating potential misunderstandings about its meanings from the outset. It is sometimes easier to understand what integration means when it is considered from the viewpoint of the person receiving a service. Welsh Government's Framework for Delivering Integrated Health and Care for Older People with Complex Needs makes some useful comments in this regard. It suggests that for those people needing care and support integration should mean that,

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

It is effectively the opposite of receiving a fragmented series of interventions from different agencies, who often appear not to be communicating with each other, that can lead to confusion, disruption and poor outcomes.

The guidance on the Integrated Care Fund also provides a useful phrase to assist our understanding of integration in that it refers to the fund aiming to encourage integrated working with schemes clearly demonstrating the role and contribution of all relevant partners within the region. It also refers to proposals demonstrating effective local delivery arrangements, based on discussion with Local Authority housing and social services departments, Local Health Boards, Registered Social Landlords and other third sector organisations. Effective delivery arrangements should utilise, and strengthen further wherever possible, the partnerships that already exist and create new ones.

Integrated care applies to people of all ages and there is no limit to the agencies involved in achieving an integrated approach to care and support. Plans should reflect this by not being confined solely to care involving social services and health. The contributions of the third and independent sectors, housing and education, for example, should feature in area plans as should co-productive work with carers.

Reflective questions

- Do you understand your statutory responsibilities to promote an integrated approach to care and support through co-operation between sectors and partner agencies?
- Do you have a mutually agreed understanding and working definition of integration and integrated care on which to base your area plans?
- Does this definition reflect the position from the viewpoint of those needing care and support?
- Are you clear about the difference between means and ends in achieving integrated solutions?

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