

MONMOUTHSHIRE: INTEGRATING HEALTH AND SOCIAL CARE

Monmouthshire County Council and Aneurin Bevan Health Board have been slowly integrating their health and adult social care services over many years, taking a 'place-based' approach, drawing on the support of many voluntary and community organisations.

An integrated services partnership board that meets every six weeks oversees the activities, and three jointly funded integration manager posts support the work.

Those involved believe that early intervention and prevention are key, combined with building on people's strength and interests, rather than just focusing on their needs. The partners are developing networks of community support, enabling frail older people and people with disabilities to take control of their own lives and enhance their well being, by remaining connected to the things that matter to them.

The approach is supported and encouraged by the "Well-being of Future Generations (Wales) Act, 2015", and the "Social Services and Well-being (Wales) Act, 2014".

EXAMPLES OF INTEGRATED SERVICES

Monnow Vale Health and Social Care Community Hub

In Monnow Vale in Monmouth, health and social care services have been integrated for over 12 years. There are a 19 hospital beds as well as community services such as nurses, occupational therapists, physiotherapists, home care staff, social workers, day services, reablement teams, a day hospital, a memory clinic

and out patient services. Staff work across the service, for example, they might work on the ward as well as in community services.

The integration has happened over time, moving from co-location to integration. Staff are employed either by the health board or by the county council, so have different terms and conditions, but are managed under one structure.

As an integrated services manager explained: “Across Monmouthshire we have put a lot of time and effort into integrating services. It is hard work. Some other areas in Wales have tried to integrate and there has been resistance from the workforce. But here we had permission from the leaders. Perhaps in other areas there is a lack of trust.”

“Staff are very happy. They love the way that it works. Some who have moved away for jobs in other areas tell us they can’t believe how difficult it is to work when, for example, you can’t get hold of a nurse. Here you just ask for help, you don’t have to refer someone, and fill in lots of paperwork.”

“We maybe have five or six people on our waiting list, and they will be seen in a week. If it is a crisis they will be seen that day. In other areas there are huge waiting lists, for example for occupational therapy services. People don’t have to be referred by a GP. Anyone can walk in, or refer someone. We are there for the people.”

“There are so many silos across a complex system, with people operating in their own little bubbles. Whereas we have a bubble at Monnow Vale, but it is a bubble where everything has been tipped into that bubble.”

The Monnow Vale partners have signed a Welsh Government ‘section 33 agreement’ that set out the obligations and responsibilities of both parties. The agreement is legally binding so it gives the integrated working a sense of safety and security in planning for the long-term. If one of the organisations wants to change it they have to go back to the Welsh Government. Smaller changes can be made by the agreement of the partners.

Mardy Park Multi-Agency Health and Social Care Resource Centre

Mardy Park in Abergavenny has been supporting older people and people with disabilities for over six years. It has hospital beds, in-patient services, occupational therapists, a day centre, community activities, and many other services.

As one of the managers explained, services aim to “recalibrate our relationships with individuals and communities. In this way we will ensure resources are available at the right time, in the right place whilst making best use of existing gifts, skills and talents.”

The aim is to:

- Promote and protect physical and mental health, wellbeing and independence instead of waiting for people to fall into crises
- Ensure informal solutions and social support are the first resolution not the last
- Work alongside local communities to use and develop assets and build reciprocity and resilience
- Release capacity and simplify the service system by greater integration at an individual and community level

As one of the leaders explained: “We believe in concentrating on what matters to people, focusing on assets and strengths. We work alongside individuals and their families to find imaginative solutions to the situations they face.”

The services were developed “ground up”, through events with the local community. “People start in the wrong place. Don’t start with a project plan. Start by talking to the community. We had 400 people at an open day with tea and cake. We asked them what they wanted. They wanted community gardening, crèches, volunteering opportunities, a community café.”

When they started their aim was to create more community resources to support local people – to reduce loneliness and isolation. “We found we didn’t need to

create lots of new community activities – there were wads already. What was missing was the ability to knit and weave them together. “

The council’s local area co-ordinator acts as a ‘community connector’. “We help people navigate what is available. People make people happy – not services.”

Many local organisations work with and support Mardy Park: “We are team well being Abergavenny.” Monthly meetings attract between 35 and 45 people. “We’ve developed an agreed outcome framework. We tell stories, get to know each other, look at blockers and what’s working well.”

Usk Health and Social Care Hub

A new integrated health and social care services hub with a similar approach opened in Usk in August 2018.

Short Term Assessment and Reablement Teams

In 2008 the council and the health board created teams integrated teams of health and social care professionals to provide frail people with short term support to regain their confidence, mobility and health.

The majority of those supported by the service no longer needed longer term care or support at the end of their involvement. And of those who do require on-going support, the size of longer term care packages is typically much lower than the average. One in four were still fully independent two and a half years later. So the teams have helped to contain the demand for community care support, which previously had been increasing dramatically.

Tackling loneliness and rural transport issues

The council was awarded £1.25m by the Government Digital Service to see if small technology companies might help to address two major local issues: loneliness and rural transport.

When the council invited technology companies to suggest how these challenges might be tackled, 57 submitted ideas. Five were chosen to develop their ideas, and two were given 500k each to develop their solutions, with the council specifying that these should be coproduced with the community.

As a council senior manager explained: “One of the companies is working with a community car share scheme that has volunteer drivers. They did rich research, attending lunch clubs, going out with drivers, doing over 350 telephone interviews. Over the last year they have achieved a 60 to 70% increase in the car share scheme’s capacity by introducing more efficient systems. They’ve digitised the back office function which means that they’re able to help far more people, and put far more of their energy into recruiting volunteer drivers.”

Offering post office services in Usk’s community hub

The council has maintained its five town-based community hubs as access point for citizens, providing services like libraries and adult education.

In Sept 2018 both the local post office and last remaining bank in Usk announced they were closing. In response to local residents’ concerns about losing all banking facilities the council, with Usk Town Council, agreed to reopen the post office within their community hub.

As a council manager explained: “We’ve seen some great outcomes. You draw more people in. They may come in for a stamp but go out with a leaflet for a local pottery class. We’ve seen an increase in library membership. We believe it helps to keep people well, but it’s very hard to prove. We don’t know what would have

happened without these services being there. But it's the determination of Monmouthshire's councillors to preserve local services. They have a role in the local community that is hard to quantify, but once you remove them you see costs emerging in other part of the system."

KEY LEADERSHIP ACTIONS

Setting the context by:

Taking a united political and managerial approach There is strong, determined, long term political and managerial support for integrating health and social care services, and for innovation. As a leading politician commented: "When you have the political leadership and the paid officer leadership aligned in they're thinking, you can move quite fast in a direction. We have been clear that things are going to get tougher and things are going to change. And we are not frightened of change. We have a group of politicians from a commercial background, with an open mindset, and we have chief officers, who are a team that have been built via the chief executive, who equally want to push the barriers and challenge the status quo. And so we empower each other to push these boundaries."

Encouraging both innovation and partnership working at all levels in the council As one frontline manager observed: "Our senior managers are creative, brave and trusting, risk enabling and tenacious. There is a trust that decisions can be taken at all levels. They can be taken where you are delivering the innovation." Another described the senior management team as: "A partnership of dynamic, committed individuals". And a leading politician commented: "Our chief executive has been brilliant in enabling people to think outside the box. Basically we are challenging our staff to think of different ways of doing things, because we have a different set of problems now. We have got to reshape what the public can expect."

Building mutual trust by:

Recognising the importance of building strong relationships with partners.

Managers go out of their way to build strong personal connections with people in other organisations. As a senior council manager explained: “You achieve more more through conversation”, a health service manager observed: “Personalities and motivation are key. You need to build relationships and trust”, and a leading politician commented: “It is always about people. Where people trust you, and you’ve got their respect, and you respect them, then suddenly the barriers between organisations can be levelled.”

Confronting and resolving difficult issues with partners As a senior health service manager advised: “You need to face problems, put them on the table. We have a different set of targets work against. You need honest discussions about where accountability lies.” And another leader remarked: “It’s not always a bed of roses. At times you have to stand your ground and argue.”

Agreeing shared strategies by:

Taking a whole systems approach Leaders encourage a whole systems approach focused around the needs of local people and places. As one declared: “In some places people don’t look at things from a holistic point of view. They say: ‘I won’t pay for that because it will affect my budget, it doesn’t matter that it will cost the public sector significantly more, as long as my bit is ok.’” And another explained: “In the early days leaders gave a lot of thought to how to deliver things better.”

Having a very clear purpose As one leader commented: “We work out how to best deliver services from the local resident’s perspective.” And another: “We have a very clear purpose, helping people to lead their own lives.”

Integrating services slowly and thoughtfully, learning and adapting Services have been integrated gradually over time. As one leader explained: “It’s an itera-

tive process: we are not focussing on a gant chart.” And another: “We are quite organic. We don’t follow process very well – it’s a bit messy. It’s important how you nurture learning, learn from small failures.”

Delivering results by:

Appointing integrated service managers Monmouthshire started with two Integrated Service Managers focused on services for older people and people with disabilities: one for North and one for South. Now there are three integrated service managers. Currently one is employed by the health board and two by the council. Each brings a different expertise.

Being tenacious As one manager commented: “It is hard work. Across Monmouthshire we have put a lot of effort into integrated services.” And another: “It has taken a long time – like any attempts to change a system – it has been incremental – it has grown. You can’t impose it through a management structure.”

Engaging middle managers and frontline staff As one of the integration leaders commented: “So much depends on middle managers – whether they have a ‘can do’ attitude and are prepared to take a risk.” And a health service manager observed: “Over the last 10 years the council have rooted out a lot of the traditionalists”. Another manager described how: “Staff are involved in the vast majority of discussing how services should be delivered. We have monthly meetings with staff where we ask: ‘What one thing can we do this month that will make a difference?’”

CHALLENGES

As Monmouthshire is a comparatively wealthy area the council gets less government funding than other Welsh councils. That can make it more difficult to find sufficient resources to invest in developing partnership innovations.

Monmouthshire's population has a relatively high proportion of older people, so that a significant rise in cases of dementia is expected. Leaders recognise that they may not be able to reverse the increasing demand on services, but they may be able to reduce the scale of the increase.

Some leaders feel that the requirements of the regulators can stifle new initiatives: "They apply 'best practice' – so you never get innovation".

THE FUTURE

Council leaders want to build on their successes in health and social care integration. For example, they want to create dementia friendly communities and enable more people to stay at home in the community for longer.

They are now extending the integrated approach pioneered in health and social care in children's services.

As a senior politician stated: "We want to create a legacy for our grandchildren. You have to adopt a proactive approach if you want to make progress."

ADVICE FOR OTHERS

The way political and managerial leaders behave is seen as being critical to the success of health and social care integration. As one commented: "Leaders need to think about what we are delivering and why we are delivering it. We have only got to where we are today because we have leaders who are committed to delivering the service that people really need, as opposed to leaders who only want to build and protect their empires. We are here for the public. We need compassionate leaders – not command and control leadership."

MORE DETAILS

Short video about Monmouthshire's strength-based approach to adult social care:

<https://www.monmouthshire.gov.uk/about-social-care-for-adults/>

Monmouthshire's Wellbeing Plan:

www.monmouthshire.gov.uk/our-Monmouthshire

[Details about how Monmouthshire is engaging local residents in enhancing well-being: https://www.nesta.org.uk/blog/county-serves/](https://www.nesta.org.uk/blog/county-serves/)

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This case study is based on interviews from both December 2019 and spring 2017.