

Jane Green, Welsh NHS Confederation

As I said, I'm from the Welsh NHS Confederation, and Strengthening the Connections is a joint project between ADSS Cymru and the Confederation, and it's funded by Welsh Government. It has a very clear focus for furthering collaboration and integration to support the implementation of the Social Services and Wellbeing Wales Bill.

Helen Birtwhistle, Welsh NHS Confederation

We were really keen to be involved right from the beginning with Strengthening the Connections, because we saw it as a real opportunity to put into practice some of the things that we're all talking about all the time, which is about integration, seeing the bigger picture, working together. But most importantly I think for us, it's having person-centred and person-focused services. Because we tend to be very organisationally focused and work in siloes. And so by working with ADSS Cymru, the Welsh NHS Confederation has been able to create some links, facilitate that good working practice and actually model that working together.

Professor David Oliver, Royal Berkshire NHS Foundation Trust / The King's Fund

At the event:

I think it's also right to say that we shouldn't bang on about one single model of integration. Integration can be anything from partnership working through to care co-ordination through to whole structural solution

Interview:

I think the first thing is that population ageing is a game changer for health and social care services. The fastest growing group of people are those over eighty, and that means increasingly that health services will be caring for people with complex problems, with frailty, with dementia, and we can't duck that. But it's not something that we should catastrophise about, we just need to adapt the services around the group of people with those complex needs. But I think the second thing is those individuals will use more than one service. They may see their GP, they may have social care, they may go into hospital, they may need support from family care givers, and so we need to make services far more joined up around their needs. At the moment they're too fragmented and people are bouncing around between different systems, with different IT, different accountabilities and they're finding it really hard to navigate.

Professor Ian Philp, South Warwickshire NHS Trust

At the event:

And the point of it was about giving voice to older people. That's my theme.

Interview:

The needs that we were identifying were largely around preventative care, looking at the main risks to health, independence and wellbeing in old age. We were using a validated assessment tool called Easy Care that we've developed over the last twenty five years, proved its efficacy in over forty

countries around the world, and we're now moving into practical implementation. I believe this approach is one which could really help with the project in Wales to join up and connect our various services, based on the needs of older people and of their families.

Dr. Claire Whitehead, Sheffield Teaching Hospital NHS Foundation Trust

At the event:

So if you're wanting to make some change to the way that services are delivered in quite a substantial way, it's so vital to get the people doing that on board really early on.

Interview:

The workshop this afternoon was about the GP enhanced care home service that we have in Sheffield, that's been running now for nearly five years. And in the service, GPs are paid an additional amount to enable them to have more time to spend with care home residents and to perform an annual review where they sit down with the resident, their relatives, and care home staff, review their health needs and develop a plan of care. And it's also a chance for them to discuss a person's health, which may be deteriorating, and to gather an individual's preference for care as their health deteriorates, and as they approach the end of their life.

Marcus Longley, Welsh Institute for Health and Social Care

So lots of evidence that our current system not only fails to deliver for Marie and her mother, but it actually is probably quite inefficient.

Mark Shone, Cheshire Fire and Rescue Service

Really the presentation talked through the practical partnerships that we had to bring together to make our prevention activity happen, and the most successful or most critical factor of that really has been a data sharing agreement with our local NHS organisations, which has allowed us to draw down every year about one hundred and eighty thousand GP records of people aged sixty five plus who are the cohort most at risk of having fires in the home really. So what we do is overlay demographic data and other fire risk data and factors over those records, and we have a list of twenty to twenty five thousand addresses then every year that we focus our home fire safety visits on. And once we're through the front door, because we're a trusted uniformed service and people have a lot of respect for the fire and rescue service, we can not only do the practical fire safety checks and fit the smoke alarms and so on, but it's also an opportunity to engage with people on things like whether or not they're getting enough benefits, support, whether they'd benefit from being put in touch with befriending organisations, people like Age UK Cheshire. Whether they need more specialist support in terms of alarms for people who might be hearing impaired, whether they need some advice around dementia and so on. So we call it the integrated front door model, whereby we don't just go through, it's more than a home fire safety check now.

Stewart Greenwell, ADSS Cymru

At the event:

What I'd like you to do is ask me what's the one or two things that are really important to me that would really improve the way I feel about my life.

Interview:

What I often say is what we've got to do is stop giving people the run around, and I think that if people go away with that message, let's stop giving people the run around and as a result of that people will experience different, and better services.