EYE HEALTH CARE CONFERENCE

Integrated Health and Social Care

Good afternoon everyone and I am very pleased to be with you today at the annual eye health care conference.

Many of you will be aware that prior to my current post, I was the policy lead for eye health care within Welsh Government, so the development of the eye health care plan is something I am proud of being involved in.

The eye health care plan sets out a vision to

* develop high quality, patient focused, integrated services to improve the eye health of people living in Wales.

The plan also refers to the need to improve joint working between health, social care and the third sector

* particularly in relation to supporting people with sensory impairment.

The plan refers to:

* Ensuring there is an assessment of the care and support needs of people with sensory impairment.
* Providing information, advice and assistance to help people find out what services, care and support are available – and how they can access it.
* Ensuring people are signposted or formally referred to the services they need.

When people are identified with potential eye health care issues then it is essential they are provided with the care and support they need from all appropriate organisations – including health, social care and the third sector.

I am therefore going to talk today about the work that is being taken forward in relation to the integration of health and social care and in particular to focus on the Social Services and Well-being (Wales) Act.

The Act provides the legislative framework to transform the way social services are delivered. It focuses on improving outcomes and well-being of people. The Act is about all people – and not just for particular groups. It is aimed at those people who are in need of care and support.

The Act (S14) places a duty on local authorities and health boards to jointly assess the care and support needs of people in their area.

This also includes the need to assess both the range and level of care and support services that will be required, including preventative services (S15) which:

* Prevent or delay people’s needs for care and support.
* Enable people to live as independently as possible
* Minimising the impact of any disability on people.

The Act (S17) also places a duty on local authorities, with the support of health boards to ensure people are provided with:

* Information and advice relating to care and support.
* Assistance in accessing care and support.

This includes ensuring this is provided in a way that is accessible to the person.

The Act requires local authorities to maintain a register for people who are:

* Sight impaired
* Have a hearing impairment
* Or have sight or hearing impairment which in combination have a significant effect on their day to day lives.

The Code of Practice will require local authorities to:

* Identify, make contact with and keep a record of people who are deafblind/have dual sensory loss.

The Act (S19) also places a duty to assess the needs of people who require care and support. In carrying out the needs assessment they will have to:

* Identify the outcomes the person wants to achieve in day to day life.
* Assess how care and support, preventative services or information, advice and assistance could contribute to enabling the person to achieve the required outcomes.

A care and support plan should also be agreed, maintained and reviewed.

The Act (Part 9) also provides regulatory powers for greater collaboration, partnership and integration. The purpose is to ensure local authorities and health boards work effectively together to plan and deliver integrated services, care and support to best meet the needs of people in their local area.

Regulation making powers will require the establishment of regional partnership boards. These boards will need to consider in relation to the population assessment, how they can work in partnership and cooperation to provide integrated services, care and support.

The statutory guidance will also specify some priority areas for integration.

We are focusing on integration because we want to:

* Improve the care and support for people (ensuring they have more say and control over their care).
* Improve outcomes and wellbeing of people.
* Provide co-ordinated, person centred care and support.
* Make more effective use of resources, skills and expertise.
* To develop more sustainable models to enable us to deal with increased demands and financial pressures.

As well as improving outcomes for people, integration also enables more effective partnership working across organisational boundaries and more effective use of people’s skills and expertise.

When we talk about integration it is about people. This is about them, not about us. It is about improving outcomes for individuals, their carers and families. It is about listening to and understanding what they need.

There is a wealth of evidence of the benefits of integrated services and we need to focus our attention on what it means for those people who require high levels of care and support. It is about ensuring that their care is planned with them, by people who understand their needs and who can work together with others, across health and social care, with third and independent sector partners, to deliver the outcomes important to them, their family or carer.

We want to ensure that people and families get the right support, in the right place, at the right time. We want people themselves to be at the centre of decisions about their wellbeing and to remain in control of their lives.

It is essential that we all work together to ensure delivery of integrated services, care and support to meet the needs of the people of Wales. However, it is also important to recognise that each partner will also have their role or contribution to make.

I have provided a brief outline of some of the key areas of the Act which relate explicitly to areas identified in the eye health care plan.