West Yorkshire
Health and Care Partnership

healthwatch
working together in West Yorkshire

Healthwatch Report to System Oversight and Assurance Group (SOAG) – Integrated Care

September 2021

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People's experiences of integrated care

Introduction: Why Is Integrated Care Important?

Sometimes, we receive care and treatment from multiple health and care services during a single period of our lives or, for some with high health and care needs, day in and day out. That care can seem disjointed if all the different professionals involved don't know what the others are doing or plan to do. This can mean that the onus is on the patient or service user to explain what they need, if indeed they are able to; it can also make it more likely for things to go wrong.

In this paper, we set out some of the key themes we've heard about people's experiences related to integrated care. We also provide recommendations which we believe will help make care more integrated in the region.

Theme 1: Effective communication with service users/patients

Good communication and feeling listened to are key to how people's access to health and care services. When staff give straightforward, honest and clear explanations, setting and meeting realistic expectations, this has a positive impact on enabling people to make informed choices; feel more confident to self-manage; and feel in control. When we ask what could make people's experiences better, their answers nearly always centre around how people communicate with them.

Theme 2: Communication between professionals

This is a central requirement of integrated care. Examples of when this doesn't happen include when information about a person's needs (such as diet) aren't passed from professional to professional via notes, even within a single hospital. On the other hand, when communication is good, people feel more secure and in control of their health; their relationship with professionals is better; and they have more trust and confidence in services.

Theme 3: Transitions and decision-making

When people move from service to service, they need to be given the option of being part of the decision-making process if their care is to be integrated. This is never more the case than when discussing changing social care arrangements that might have an impact on where and how a person lives, for example. As a bare minimum, professionals should offer an explanation as to why decisions have been made.

Theme 4: Viewing mental health and physical health as interlinked

People don't necessarily see their mental and physical health as separate issues, not least because living with a long-term condition can affect mental wellbeing. When a person is being treated for a physical condition and they are known to have mental health needs, this should be factored into the way professionals communicate and the arrangements they make regarding their wider care needs (such as access to family).

Theme 5: The role of families and carers

Families and family carers play a huge role in keeping people as healthy as they can be. Sometimes, when a person is too unwell to make their own decisions, their carer needs to be included, so that he or she can advocate. There should also, however, be an acknowledgement that caring can take a toll on carers' mental health, and carers can also be cared-for themselves.

Theme 6: Crucial role of person-centred, co-ordinated care

Good person-centred care is approachable, clear, open, responsive, involves the person receiving the care and considers carers and wider family relationships in decisions. We have heard that community matrons can play a fantastic role in making sure a person's care is integrated. As well as enabling people to live at home with their families for longer, professionals who coordinate care can provide a much-valued single source of information and get to know the patient as more than just a set of symptoms. They can support carers to advocate for their loved ones, and generally, give them the sense of safety and confidence that comes from knowing there is always someone willing to talk to them.

Theme 7: The importance of good compassionate care

All the themes listed above contribute to compassionate care, in that they put the person at the centre of the process. Good compassionate care helps people feel reassured and safe.

What change would we like to see?

- That the fundamentals of what makes a good service for people become part of the pathways for all health and care services in West Yorkshire and Harrogate.

- That the new Quality arrangements both in place and at West Yorkshire level use these markers to assess the quality of service provision.
- That the importance of effective communication with service users and patients is seen as part of the pathways for health and care services.
- That the West Yorkshire health and care system becomes the first Plain English ICS in the country.
- Review where communication between professionals consistently falls down, so that procedures can be put in place to prevent this from happening.
- Train health and care professionals in how to support service users and their carers to play a meaningful part in decisions.
- Record on patient notes how mental health needs are factored into decisions about physical health (and vice versa).
- Work with carers' support services to learn more about how carers can be both included and supported by health and care professionals.
- Work to ensure everyone who would benefit from a care co-ordinator or similar has access to one.

Appendix

A report on Joyce and Edgar's experiences of joined-up health and care, taken from the How Does It Feel for Me? programme: https://healthwatchleeds.co.uk/wp-content/uploads/2021/06/Joyce-summary-report.pdf

Healthwatch Kirklees and Calderdale: Integrated Care

- Patients family contacted Healthwatch Kirklees in relation to issues with GP practice and end of life care, incorrect medications, lack of communication between family, care home and district nursing team. Patients family were also not informed of local support services they could have accessed. They found out about these services after their loved one had passed away.
- Audrey (not her real name) has heart failure, atrial fibrillation, pulmonary fibrosis of the lungs, osteoarthritis, gout, diabetes type 2, incontinence & sleep apnoea, requiring oxygen 24/7. She has had to pay for a private podiatrist to attend to her feet during the pandemic as she has not been able to see a podiatrist although she is entitled to do so on the NHS. It's important due to the diabetes to look after her feet, she cannot do this herself due to breathing issues and difficulties bending down. Following a nasty fall she was taken to Accident & Emergency where family expressed concerns regarding access to carers to help support her at home upon discharge. Despite raising the concerns no support was put in place and Audrey was discharged without medication and spent the night sleeping downstairs in her recliner. Following another fall the next day Audrey was taken to an alternate local hospital she was assessed and treated for a cut to the head, a broken wrist and urine infection which was probably causing the falls. She was in hospital for a week and family commented on how they were 'brilliant' on discharge arranging carers and keeping them involved. A complaint was made to the original hospital and family are

satisfied with the result of the complaint but at the time it was extremely traumatic for them.

- Beryl (not her real name) faced difficulties following a recent fall. She was hospitalised and when she returned home the hospital staff arranged for her to get free short term home care to help with personal care and daily tasks. She has eczema and uses medication prescribed by her GP to bathe in. Her injuries left her unable to bathe in her bath and not having a bath since the fall has left her legs very dry and swollen. She told us "I did want to be as independent as possible and I was offered a shower but this is no good for my skin as I need to soak in my solution for at least 20 minutes, but the carers helped me to exercise by taking me for a walk when the weather was nice". After Healthwatch Kirklees listened to Beryl's concerns they were able to signpost her to Gateway to Care and the Care Navigation for a needs assessment, which could assess whether or not further help with getting washed and dressed or adaptions were needed due to Beryl living alone and requiring further support due to her age and disabilities.

- We have also heard from lots of people with regard to how pharmacies and GP were working in an integrated way in relation to patients having video call appointments with GPs, GPs contacting local pharmacies with prescriptions and pharmacies then delivering medication to patients within the same day during the pandemic. Patients said they felt well supported by pharmacies, not only when they visited in person but also for delivering medication to those shielding or unable to get out; and for the information staff offered to patients