Research and Evaluation for Transforming Access to Community-based Health & Social Care across North Wales - Single Point of Access (SPOA) Programme

Report by Wilson Sherriff

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Introduction

1. This report sets out the findings of the evaluation of Transforming Access to Community-based Health & Social Care services across North Wales - Single Point of Access (SPOA) Programme which was taken forward in North Wales 2013 – 2016, funded by the Welsh Government Regional Collaboration Fund
2. The body of the report examines the progress of the programme as a whole and identifies key findings and learnings. Attached at annex A are summary reports on our evaluation of the SPOAs in each of the six counties of North Wales.
3. We would like to take this opportunity to thank the managers and project leads of the programme for their excellent collaboration during the course of this evaluation, as well as the professionals and citizens we spoke and wrote to in gathering information and exploring the issues

Overview

Aims of the programme

4. The Single Point of Access Programme taken forward in North Wales 2013 – 2016 aimed as its title suggests to transform access to community-based health and social care.
5. Pilot sites were established in the six counties of North Wales – Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, and Wrexham – together with a set of cross-cutting workstreams. The sites aimed to enable citizens and professionals to gain access to community-based health and social care provision through by providing bilingual information and where necessary advice and assessment.
6. The Social Services and Well-being (Wales) Act 2014 was a major driver for the programme which aimed also to reduce dependency on statutory services, encourage use of third sector services, and enable individuals to become more independent. It also aimed to make more effective use of the time and skills of professional and front-line staff, reduce duplication and encourage 'flow' through the system.

What happened

7. The evaluation framework which underpins this report was developed using co-production principles by the evaluators and stakeholders in the region.
8. In each county the SPOA has evolved differently and at a different pace. A summary of how each county approached the task is described in paragraphs 36 to 41, and more detail on our evaluation of each site is in Annex A.
9. Across the six counties we found that real progress has been made towards meeting the requirements of the Act to offer information, advice and assistance to those citizens who require it. We found evidence that the What Matters conversation was in use in all the SPOAs and that significant progress was being made with effectively recording the conversation.
10. We had some very positive comments from professionals about how the SPOA in a number of counties had contributed to streamlining and improving their ability to concentrate on their core roles. Early in the programme some professionals were sceptical about what the perceived as additional steps in the process. On our later visits much of that concern had disappeared in most counties.
11. The importance of the Dewis database to signposting third sector provision was repeatedly emphasised. The database was developed as a partnership between the

Social Service Improvement Agency, the data unit and the SPOA programme to build the prototype for Wales which has included guidance notes to help others to set up an information network.

12. The involvement of third sector staff in the SPOAs was a major achievement leading to more signposting to third sector services and also gaps being identified through better understanding of what citizens need.
13. Major structural changes were taking place in the health sector regionally during the course of the programme and this affected the extent of involvement by health representatives and reduced the scope for a fully integrated approach across health and social care.

Future potential

14. The SPOAs have already changed how professionals and front line staff work together. Evidence of impact on service users, patients and carers is still emerging but case study examples point to the scope for the SPOAs to play a significant role in improving how resources are used to support citizens, and encourage them to be more independent. An example is the 'meet Phyllis' case study below and there are many more.

> *Phyllis was admitted to hospital for a hip replacement after a fall at home. Phyllis also suffers with lung disease. Phyllis was worried and sad about returning home, as she lives alone and her family live some distance away. The hospital Social Worker contacted the Single Point of access (SPOA) with a request for the Reablement team to support Phyllis on her discharge. A few days later a referral also came into the SPOA for a District nurse to support with dressings. The referral stated Phyllis was to be discharged that day.*
>
> *The benefit of having a coordinated SPOA IT system that records all community health and Social Care referrals meant that Sandra, the SPOA Community Services Partnership Manager (CSPM) was able to to get a full picture on what was happening with Phyllis. Sandra knew that as Reablement support was still being arranged which meant that Phyllis could be returning to an empty house. Sandra's concern for Phyllis was increased further when she discovered that Phyllis had only lost her husband 6 weeks ago. Sandra believed that if Phyllis went home to be alone with no support, that her already low mood and anxiety associated with her medical condition could lead to Phyllis phoning the ambulance because she felt unwell which would lead to a re-admission.*
>
> *Sandra decided to arrange for Health & Social Care Support Workers to pop in and see Phyllis at regular intervals over the weekend, to offer reassurance and practical support and advice to facilitate Phyllis's recovery. Also sitting in the SPOA, is Bex, the Third Sector coordinator who has access to DEWIS, the wellbeing website and directory resource, as such with Phyllis's permission referrals to Cruise and a befriending Scheme were quick and effortless.*
>
> *As a result of responsive actions of SPOA for the weekend and the ongoing plans in relation to third sector support, Phyllis felt confident enough not to need the Reablement service and it goes without saying a re-admission to hospital was averted.*

15. Continuing to build on the SPOA programme could lead to more effective collaboration between professionals and front line staff in statutory and third sector services providing more options and choices to citizens and in turn enabling them to become more independent.
16. As we were told on a number of occasions, the prize is a shift in culture and behaviour for all concerned.

Future actions

17. In the closing paragraphs of our report we set out a number of questions which we are recommending that stakeholders in North Wales address in moving forward. From the perspective of evaluators we would identify the following actions that would contribute to future successful development of the SPOA programme.
    - In all six counties the foundations have been established for future development in the shape of SPOA and Dewis, and they need to be sustained if future progress is to be made.
    - The involvement of the third sector on a systematic basis has been a key feature of what has been achieved and probably the most important step for the future will be to ensure that this is consolidated in all six counties. The network of third sector contacts across the region should also be maintained for its positive impact on peer learning.
    - It is very positive that Betsi Cadwaladr University Health Board is re-engaging with the SPOA framework strategically through its new area structure, and there is now scope for the full potential of the programme to integrate health and social care practice. This will require a careful balance in respecting what has been achieved to date and allowing practice to evolve flexibly.
    - Systematic engagement of patients, service users and carers will be essential to sustain the citizen focus of the service.
    - Finally, it would be highly desirable to build on the cross-region peer support and learning that was underpinned by the programme so that good practice can be exchanged for the benefit of all citizens in North Wales.

Background

18. Wilson Sherriff were commissioned to undertake a review and evaluation of the Transforming Access to Community-based Health & Social Care Programme - Single Point of Access (SPOA) Programme taken forward in North Wales 2013 – 2016. The programme consisted of a series of linked projects – six local SPOA pilots were delivered, together with cross-cutting work streams (themed around those things necessary for an effective SPOA).
19. The programme goals was defined as:

    ‘to create a new, streamlined, way for adults across North Wales to gain access to advice, assessment and co-ordinated community Health and Social Care services, by contacting one central team.

20. The main outcomes for the programme were defined as

    - A single integrated system providing bilingual advice, assessment and, where needed, referral into services which provides an easily understood, streamlined approach for citizens and professionals across the region
    - Better informed, more independent and self-caring citizens

- Better integrated care-coordination, reducing duplication and minimising bureaucracy.
- More sustainable service, better able to meet the population's growing demands.

21. From the beginning it was accepted that the SPOAs would evolve quite differently in the six counties of North Wales: Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, and Wrexham. The scope of ambition, process undertaken, style and culture were distinctive in each case, although they had common characteristics and to a large extent common goals – summarised in the phrase 'regionally developed but locally shaped and delivered. A strong feature of the programme was learning not only across the counties but also between the cross-cutting work streams.

Approach to the evaluation

22. Our approach to evaluation was based on co-production principles through which we involved partners, stakeholders and to some extent service users in the development of the evaluation programme. We worked collaboratively with the local project leads as part of the evaluation workstream of the programme.
23. In Winter 2014 – 2015 we facilitated a series of stakeholder workshops to assist in the development of an evaluation framework which was agreed as the basis for this evaluation. The framework included both process and impact measures.
24. The list of questions is set out in Annex B.
25. The evaluation framework developed in this way aligns closely with the emerging methodology for evaluating integration of interest to the Welsh Government. This was developed by the University of Swansea as a preferred model[1].
26. This model focuses on three levels of evaluation:
    - Macro (national policy, strategic local policy, senior management, budgets)
    - Meso (Management, organisational structure, planning service delivery, process of delivering services)
    - Micro (Staff delivering services, service users, informal carers).
27. This Swansea framework is strongly focused on outcomes and, importantly, recognises the importance of evaluating the unintended consequences of change. Although this is an emerging framework and it was not able to draw upon in developing the SPOA evaluation framework, it has informed our thinking for this evaluation report.
28. The evaluation methodology was mainly qualitative, based on interviews, group discussions, and telephone calls backed up by review of documentation largely provided through regular reporting by the individual projects to the programme. Where possible we aimed for triangulation of data – that is being able to support findings from at least three sources.
29. We undertook two series of evaluation visits to the six counties – for Anglesey, Conwy and Denbighshire in March and November 2015; and for Gwynedd, Flintshire and Wrexham in June 2015 and January 2016. The difference in dates reflects the different stages of development of the SPOAs in these counties.
30. In each case we met both strategic and operational stakeholders with an interest in the evolution of the SPOA and gathered evidence in relation to the themes in the evaluation framework. We also carried out telephone interviews with service users. However, these interviews were limited both in number and scope due both to the overall numbers of service users involved to date and the methodological difficulties

[1] Chichlowska SC, Assessing the impact of integrated health and social care delivery: a case study of integration and evaluation, University of Swansea, unpublished

of separating opinion on the services offered by the SPOA from the wider health, social care and third sector services.

Findings

31. In the following paragraphs we summarise our high level findings for each of the themes covered by the evaluation framework.
32. In annex A we provide more detailed commentary on the questions in the evaluation framework for each of the six SPOAs.
33. Then in paragraphs we identify the key issues which emerged from the evaluation and comment on them in more detail.

Progress in developing the SPOA

What progress has been made in developing the Single Point of Access?

34. Each of the six counties made progress in developing a Single Point of Access during 2015. The extent of that progress varied considerably. In practice there were two 'waves', with Anglesey, Denbighshire and Conwy making more progress earlier in 2015, followed by Flintshire, Gwynedd and Wrexham.
35. There was considerable discussion at the beginning of the project about whether to develop a uniform model and apply it across North Wales or whether to recognise that service configuration and working relationships were different in each of the six counties. The latter approach was adopted.
36. Anglesey built on an existing model single point of access to develop further a referral team based in council offices, introducing What Matters, and engaging with the challenges of the ICT systems. A 'third sector SPOA' located in the offices of Medrwn Môn provided an additional resource for referrals to third sector services on Anglesey.
37. The Conwy SPOA retained the name Conwy Access Team, the access team being co-located with a multidisciplinary team in a leisure centre in Colwyn Bay (although the co-location may not continue). Ad hoc support from the third sector was provided and What Matters was introduced.
38. Denbighshire developed its model the furthest, bringing in significant project funding to develop a Single Point of Access covering both social care, health and the third sector supported by an 'extended SPOA' multidisciplinary team with co-located third sector support. Real progress was made in introducing What Matters, enabling SPOA operators to access multiple information systems, developing resources and providing training, publicising the SPOA and moving towards seven-day-a-week working.
39. Flintshire relocated the local authority First Contact team in a health building in Mold, and developed more integrated practice, introduced What Matters and included in the team a part-time third sector link worker.
40. Gwynedd took a quite different approach to the other five counties, and worked largely independently. It undertook a root and branch system review and then designed a multi-disciplinary service based in Alltwen Hospital, Porthmadog. By the end of the programme, this service was provided in one locality, Eifionydd, with the intention that district nurses would join the team in 2016. What Matters has been introduced. The aim is also to be able to 'challenge the system' directly by identifying blockages to effective support for citizens and draw in senior management support to resolve the issues identified.
41. Wrexham use their front line call centre as the gateway to the single point of access which is located in council buildings in the town. The team included social workers

as well as other staff with floating support from a district nurse. What Matters was introduced and collaborative arrangements developed.

Who has been involved and what governance arrangements are in place?

42. As can be seen in Appendix A, all of the SPOAs involve local authority and third sector personnel. The direct involvement of health in the work of the SPOA has been more varied (see below) and has also changed over the lifetime of the project with some good engagement, particularly at strategic level early on, then some disengagement and more recently reinvigorated engagement.
43. The SPOAs developed as projects with joint governance arrangements involving health, social care and in some cases third sector representatives. As the project became a service, the joint governance arrangements have finished without new arrangements begin developed. The involvement of health in local governance reduced over time largely due to the impact of structural change within the health system. We were told of ways in which local project leads kept informal contacts going despite this so that the health perspective was still retained.
44. Strong lines of governance and accountability including for the use of funds were maintained at the programme level.

How many contacts were made with the Single Point of Access either by referral from a professional or directly by citizens?

45. All of the SPOAs received contacts from both professionals and citizens.
46. Official figures on contacts to come.

Was 'What Matters' conversation used?

47. We found evidence that the What Matters conversation was in use in all the SPOAs and that significant progress was being made in all cases with effectively recording the conversation. This is work in progress, however, and while SPOA staff and those around them were becoming quite practised at the approach and the recording, staff in other organisations had developed this approach less fully. See below for more comments on this.

Impact on patients, service users, carers and citizens

How do patients, service users and carers find out about the Single Point of Access?

48. In Denbighshire and Anglesey, the SPOA is being directly publicised to the public through websites, professional channels e.g. GP surgeries and, in the case of Denbighshire, through extensive use of leaflets, business cards and coverage in the media. This reflects the stage of development of the SPOA sites, and in the other areas, publicity strategies have not yet been developed and implemented. Indeed there was some discussion during the evaluation visits of the value of wide spread publicity at the present time which might have the effect of raising citizen's expectation of statutory services. In all cases, we were told professionals advised service users and/or their families of the service.

How satisfied are patients, service users and carers with the service they receive from the Single Point of Access?

49. During the second phase of the evaluation we spoke to service users who had contacted a SPOA to follow up on their experience, asking about how satisfied they were with the service received. Those we spoke to were largely satisfied by and appreciative of the service they received. Unfortunately, this was not a statistically valid sample. However, the indications are that citizens found the approach of the SPOAs helpful and family members in particular commented on the value of knowing

there was a number to call when they didn't know what services were available or how to deal with an issue. This was backed up by further qualitative evidence such as appreciative letters from service users and positive case study examples were also identified by the programme.

50. We found it difficult to find evidence of the impact of the SPOA on service user satisfaction. In the main this was due to the stage of development of the services, which are all quite new. It is however a methodological issue as what matters to the service user is the quality of the service they received and it is extremely difficult to separate the effect of this from their satisfaction with the SPOA itself.
51. In Denbighshire, Anglesey and Conwy, systems for following up service users and gaining feedback on their views of the service offered by 'SPOA operators', the information and advice they received and feedback on what they did are used or being developed. This will provide evidence in the future of service user satisfaction.

Do patients, service users and carers receive a timely service from the SPOA?

52. For the reasons outlined above we were not able to find significant evidence to support this from patient and service user feedback, although case studies and a series of 'postcards' from service users did provide quantitative materials indicating a positive response.
53. However all of the SPOAs had systems in place to track, so far as possible, the timeliness and completeness of referrals.

To what extent do patients, service users and carers understand the role of the Single Point of Access?

54. From our interviews with patients, service users and carers we found that once they contacted the SPOA, they understood it was a number to use when they wanted access to information about different services. However, the small numbers we spoke to had little understanding of a wider role. We would emphasise that this is not a statistically valid finding but more of an early impression.
55. When we raised it with the groups at the evaluation visits, on two occasions it was questioned whether the public needed to understand the role, as opposed to simply receiving information, advice and assistance to meet their needs.

Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?

56. We addressed this question under a number of headings, so our evidence is drawn in the main from what we have been told by staff in the SPOA and professionals rather than by service users themselves, although case studies gathered by the programme evidenced service users being referred or signposted to third sector services, thus reducing recourse to statutory services
57. There is good qualitative evidence of service users and carers receiving appropriate information on third sector services in all SPOAs. Over time this is developing into the provision of advice on different types of services, often given by a third sector representative or after seeking advice from them. SPOA staff in Anglesey, Conwy and Denbighshire all commented that they now knew more about services in the third sector than they had previously. In those counties and in Flintshire, the third sector representatives were using their involvement with the SPOA to monitor gaps in provision both in terms of geography and availability. So for example, lack of befriending services and a general lack of services for people who are not young and not old appear to be common issues.

Is there any evidence that patients, service users and carers becoming more independent?

58. Anecdotal evidence was presented of services users, for instance, contacting a local authority to seek services and in practice being offered advice on how to invest in products that are available commercially; or of being encouraged to develop their own resilience through community activity rather than seeking medical or social work support. In Anglesey and Denbighshire examples were given of people wanting information on where to purchase, for example, equipment and advice on the type of equipment that was most suitable for them. They wanted a reliable and authoritative source of information rather than the direct provision of equipment, and in some cases, services.
59. We were also told by third sector representatives of communities where there is a history of self-help and mutual support rather than reliance on the public sector and that the SPOA and in particular third sector involvement could support these communities without making them dependent on statutory services.

Impact on professionals and front-line staff

What progress has been made along the integration continuum?

60. In developing the evaluation framework we drew upon two models:
    - the integration continuum tool produced as a resource for the SPOA programme. It identified 9 levels of integration along a continuum from autonomy through coordination to integration
    - the AQuA (Advancing Quality Alliance) System Integration Framework focuses on three dimensions of integration: teams, services and systems. The AQuA framework includes the perspective of staff (team development) service users and patients and their experience of integrated services, and the systems questions which can include issues such as IT and budgets (e.g. joint commissioning). Thus is brings together both the process elements (creating integrated teams) and the outcomes (services perceived as integrated).
61. Progress with integration has varied from county to county. However, in general terms little progress has been made in integration of health and social care services with the exception of in Denbighshire. In Denbighshire, the integration level is evident and using the AQuA model this is particularly across teams and systems with an integrated approach to services at the point of contact with the SPOA. Elsewhere, coordination is more evident with some integration typically taking the form of a single person providing occasional support. Increased coordination between social care and the third sector is more extensive, again particularly in Denbighshire and also in Anglesey and Flintshire, with encouraging signs in Gwynedd also. In discussions in Anglesey, the question of colocation and integration with the third sector was raised by stakeholders and whether, given the direction of travel in terms of independence and resilience of citizens, it was appropriate to encourage integration.

Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?

62. See above.

To what extent has the Single Point of Access reduced administrative demands on professionals and enabled them to concentrate on supporting service users?

63. We had some very positive comments from professionals about how the SPOA in a number of counties had contributed to streamlining and improving their ability to concentrate on their core roles. Early in the programme some professionals were

sceptical about what the perceived as additional steps in the process – for example, in all counties there seemed to be an issue that for health professionals the What Matters documentation was seen as a social services initiative rather than a Wales-wide approach. On our second visits much of that concern had disappeared in most counties. In a minority of cases we heard concerns that the SPOA might create additional demands in the system requiring staff to 'feed the beast'. This was particularly the case where the SPOA became involved in health-to-health referrals.

How are professionals and front-line staff in the public, third and independent sectors connected and how do they communicate?

64. We found that the third sector and statutory services were collaborating with the support of the SPOA. Most communication was face to face or by phone, backed up by electronic records. We found no evidence of systematic engagement with the independent sector although in Anglesey and Denbighshire this was on the agenda for future development.
65. The use of faxes by health staff was a continuing issue for an integration of IT systems. In the main, this had been addressed by the purchase of faxes that convert to electronic formats.
66. More broadly, Denbighshire has just launched an 'open door' initiative to make sure teams in social care are invited to visit the SPOA and find out more about its work. We were shown the feedback from these visits which is very positive and clearly helps people understand what SPOA can do to help them in their work. This initiative is being widened to include health and the third sector and other counties are developing along similar lines. Other SPOA sites have taken advantage of this to inform thinking on their own SPOA development.
67. We also found strong evidence of continuing communication across the counties about the evolution of the SPOA programme including a third sector network group which was providing a useful forum for exchange of practice and insights.

To what extent do professionals and front-line staff in the public, third and independent sectors consider that they are working together more closely than in the past, and has the arrangement added value to their practice?

68. We had strong indications from across the counties that the SPOA arrangements were contributing to more collaboration across different professions and specialisms, including between health, social care and the third sector.
69. In some cases the locally based Multi-Disciplinary Teams (MDTs) provided the main focus for joint working and this issue is discussed in more detail below.
70. Some concerns were expressed that effective collaboration on the ground was not mirrored by similar arrangements at senior level, leading to a lack of clarity about the strategic direction of the SPOA approach.

What arrangements are there for joint learning and peer-to-peer support among professionals and front-line staff in the public, third and independent sectors?

71. There was evidence of learning and development opportunities, for instance on what Matters, third sector awareness, and outcome setting, across all counties.
72. However the opportunity to develop a joint approach to learning together across health, social care and the non-statutory sector has not yet fully emerged.

Are professionals and front-line staff in the public, third and independent sectors spending more time collaborating with others?

73. We found extensive evidence of this – see above.

Impact on organisations and the system as a whole.

Has the Single Point of Access developed in line with Welsh Government thinking and with the Social Services and Wellbeing Act?

74. Across North Wales we were able to see that the six SPOAs were shaping up as a major contribution to achieving the aims of the Act. Mapping has been undertaken by the six SPOAs against the draft National Service Delivery standards for the content and delivery model of the Information, Advice and Assistance Service required of local authorities. We discuss this in more detail below. We understand that the programme has been invited by the Welsh government to showcase the SPOA and Dewis development as an example of how information, advice and assistance are being implemented in line with the Act.

Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?

75. See above.

What has been the financial impact of the Single Point of Access?

76. Our evaluation approach, the resources and data available did not enable a systematic analysis of the financial impact which would have required us to draw conclusions comparing what has been achieved with what might have been achieved had the SPOA programme not been put into effect.
77. We observed that in all cases the funding for the SPOA programme has led to action being taken and as this report makes clear there is emerging evidence of this action having an impact on professionals, front line staff, service users and patients. Again this is difficult to quantify because the aim is not simply throughput numbers but a shift in the nature and quality of the support provided. However the individual county reports provide our evaluation of the outcomes achieved in each case.
78. In Denbighshire more extensive funding was attained to support a more developed approach and this led not only to the development of a 'full SPOA' model in practice with significant learning about what can be achieved, but also to significant work on staff development and support resources. As outlined below we are suggesting that the region as whole can benefit from this experience.

Has the Single Point of Access improved 'patient / service user flow' through the system?

79. The use of What Matters, an underpinning core data set and the ability to track referrals through the system have been developed to varying degrees in each county. These factors contribute to 'flow' through the system. The SPOA approach also alerted professionals to areas where the flow had broken down, sometimes on a systematic level and sometimes in an individual case. In Anglesey, Denbighshire and to a degree Conwy, the SPOA team leaders were active in managing these issues.
80. Barriers to 'flow' include different working hours across staff groups making it less easy to handle issues in the moment; so the move to seven-day-a-week operations in Denbighshire were improving the ability to handle discharges when required.

What have been the key enablers and barriers to the development of the Single Point of Access?

81. The principal enablers identified were:
    - Drive from leaders and the role of the six county leads supported by committed teams on the ground were essential to what was achieved.

- The Act was a major driver of local authority behaviour, perhaps less so of health behaviour
- Enthusiastic engagement of the third sector was seen as essential to the achievement of a major shift in practice and in culture.

82. The principal barriers identified were:
    - The varied involvement of health due to restructuring (see below) contributed to a sense among practitioners that there was not a sustained strategic vision shared by all parties. In turn this also reduced the scope for practical enablers such as pooled budgets or joint commissioning which would take the 'SPOA approach' to the next level.
    - Lack of integration across ICT systems was seen as a major barrier in particular early in the programme, although good progress was made in finding ways round this.
    - Six SPOAs were seen as developing at inconsistent rates across the six counties and the different models initially caused confusion. This came into particular focus later in the programme when BCU confirmed their focus on three areas with the implication that it may be difficult to manage two different SPOA models in one area.

How do partner organisations perceive the change process that has taken place?

83. We found a wide range of views on this. The overarching constant was the way in which the system dynamics of health shifted during the course of the programme, with the result that what had been a joint endeavour was seen as led by local government, with health then coming back into the picture towards the end of the programme and beginning to focus attention on the way forward.
84. This meant that partnership dynamics were perceived as patchy. In all cases we found evidence of strong collaborative relationships between individuals at different levels, but there was some disappointment expressed about lack of consistency and drive from the strategic level to operational implementation.
85. The involvement of the third sector was important, but issues around their standing and the appropriate way to contribute to the change were evident. Third sector representatives, understandably, were pressing for more systematic involvement – a full seat at the table – to build on the progress made to date. They were also pressing for the recognition that changes to providing more services in the third sector needed more financial support and resources, even where those services were provided by volunteers.

How do partner organisations perceive the value of the Single Point of Access?

86. Local authorities saw value in the SPOA tightening up and improving the effectiveness of key services and supporting the changes required by the Social Services and Well-being (Wales) Act 2014.
87. For health, the jury was out at the time of writing with some health professionals commenting enthusiastically, others sceptical and others non-committal.
88. The third sector seemed to see the SPOA programme as an opportunity to find their rightful place in building a common understanding of what service users, patients and citizens need. More strategically there was a strong view shared by most participants that the SPOAs had value in enabling services to become more responsive to what matters to patients and service users.
89. The importance of the Dewis database to signposting third sector provision was repeatedly emphasised. The database was developed as a partnership between the Social Service Improvement Agency, the data unit and the SPOA programme to build

the prototype for Wales which has included guidance notes to help others to set up an information network. Examples were given of third sector organisations that intended to merge their own directories into Dewis. This was seen as a very significant development, although there was a perception that the directory would only be as good as the information contained in it and the effort put into maintaining the accuracy of the information. Another view was that Dewis would make it easier than in the past to keep information accurate and up to date.

How do partner organisations perceive the future of the Single Point of Access?

90. We found wide agreement on the need for a SPOAwhich is focused on the individual patient or service user, offering him or her options including self-management and community based support, third sector services and statutory advice and assistance.
91. This would enable a reduction in the overload on statutory services, including acute healthcare, and a more proactive, enabling support framework.
92. Access to information, advice and assistance in a way that suits the needs of the individual, as well as first class professional communication are needed.
93. Many of the staff working with What Matters spoke of a shift of culture and understanding which would underpin this approach.
94. At the same time, we did not find a specific approach that was clearly articulated and supported by all partners. A number of issues were raised that we were told needed to be addressed for progress to be made. These include how far it is possible and desirable to move along the track of common services and systems, including ICT systems, working practices and working hours. Embedding systematic input from the third sector is also a key challenge, together with a view on whether a 'broad' or 'lean' SPOA model is the most appropriate. Finally, there is a question about the use of levers such as pooled budgets or joint commissioning to underpin a shared endeavour.

Findings: emerging themes

In this section we draw out key themes which emerged from our discussions and analysis of the findings which offer insight into how the SPOA programme evolved and what it achieved.

Progress towards the Social Services and Well-being Act

95. We were specifically asked in the visits we made in Winter 2015/16 to consider the progress made in meeting the information, advice and assistance provisions of the Social Services and Well-being (Wales) Act 2014. We found that across the six counties, significant progress has been made in preparation for the implementation of the Act.
96. Specifically in each case the SPOA is a focal point for an offer of information, advice and assistance. The What Matters conversation which is intended to put the service user / patient at the heart of service provision is in use. The role of the third sector is integral to delivering information, advice and assistance.
97. Each of the SPOA teams had taken steps to ensure that team members understood the What Matters approach and training was offered. All teams were monitoring progress in the use of the What Matters questionnaire and issues around how the form transferred to ICT systems were being addressed. Many staff told us how much they appreciated the What Matters approach and how it was shifting perceptions of service user need and the options being offered to them.
98. The evidence, including some review of completed What Matters forms, suggests that practice remains very variable. SPOA staff, and third sector partners, over the course of the programme became quite experienced in using What Matters and

recording outcomes appropriately on the form. However as a referral point, SPOAs received forms completed by a wide range of different professionals and the quality and consistency of these was very variable. This points to the need for a continuing effort in communication and making training available to support the introduction of What Matters more widely.

99. As mentioned above, the use of What Matters by health staff raised a number of issues. We found evidence that many health staff were using What Matters and the What Matters form is now included in the standard documentation for practitioners. However concerns were raised about whether the approach was appropriate in all cases. For instance we were told that What Matters did not allow for medical history to be recorded which was essential for instance for Occupational Therapy practice. Some health staff saw What Matters as an extra piece of bureaucracy. There was some evidence that this view was decreasing over time as staff from health and social care worked together using the new approach.

100. Evaluation discussions suggested that community health staff were using What Matters more widely. However this was not seen to be the case for staff in acute settings. This may point to the need to focus attention on the use of What Matters in acute settings, and in particular its role in facilitating appropriate and timely discharges.

Collaboration between health and social care

101. Integrated health and social care provision was a core feature of the programme which was conceived as being underpinned by a partnership approach between health and social care. Both the Betsi Cadwaladr University Health Board (BCU) and the six local authorities made a commitment to the programme approach, evidenced by signed Memorandums of Understanding.

102. A risk identified at programme level early on was the potential impact of organisational change and from early in 2014 major structural reorganisation came into effect in BCU. This has a significant effect on the ability of Health to commit resources and time to the programme. Over the course of the evaluation we found evidence of the overwhelming majority of work being carried out by local authorities who also provided most of the funding. This gave rise to some frustration on the part of local authority staff who understood the cause of the withdrawal of health involvement, but nonetheless had to bear the load; and we found that health staff increasingly viewed the SPOA programme as a local authority initiative with health inputs additional to it.

103. In the later stages of the evaluation, in particular during the visits we carried out around the turn of the year 2015 – 2016, the high level restructure in BCU had been completed and early work was under way to determine priorities for the three regions within the BCU footprint: West (Anglesey and Gwynedd), Central (Conwy and Denbighshire), and East (Flintshire and Wrexham. Early indications from our discussions with heath personnel suggest resumed support for the SPOA approach as a key component of service delivery including the deployment of resources.

104. Overall, we found that the reduced presence of health in taking forward the development of the SPOAs required local authorities to focus on integrating their own services while opening up scope for health to become engaged at a pace and level to suit local circumstances. That is not to say that health was entirely absent. In Denbighshire and Anglesey, in particular, effective joint working arrangements were taken forward. However the focus on local authority services was such that in our discussions with Conwy stakeholders it was suggested to us that the health and social care system should in practice have two main gateways – the SPOA for local

authority services, and the GP for health services. This suggestion was not widely supported although there was considerable discussion on how to ensure that the SPOA did not create work in terms of within service referrals and also that the SPOA did not pick up work that should be done elsewhere e.g. completion of What Matters documentation.

Where should integration take place?

105. Local authorities and BCU have developed different approaches to multi-disciplinary working in different council areas, and we found that the role of Multi-Disciplinary teams (MDTs) and their relationship with the SPOA was also perceived differently.

106. In Anglesey and Conwy we found a sharp focus on the role of locally (patch) based MDTs which were perceived as the main way in which health and social services integration was being developed. In these local authorities, consequently, the role of the SPOA was lower key, principally directed to referrals and acting as the front door to services. By comparison, in Denbighshire and Flintshire the role of MDTs is different. In Denbighshire at the 'extended SPOA' operated as an MDT so that the SPOA (broadly defined) took enquires and referrals and also handled cases thus offering the full range of information, advice and assistance. In Flintshire MDTs were within services rather than across health and social care. The Gwynedd approach, being piloted in part of the county, features a multidisciplinary team situated in Alltwen hospital. Members of the team visit service users in their home for the What Matters conversation. They then provide a continuing individual contact with the service user. The potential development in Gwynedd would see similar arrangements in other localities, effectively a series of local MDTs/SPOAs.

107. A key question for the future development of a more integrated approach to health and social care provision will be a decision around the main 'sites' of integration, whether SPOA or MDT. This should take account of the need to ensure that the system chosen remains agile and responsive. A number of participants expressed a fear that the requirement to ensure that service user contact are handled through the SPOA could be onerous – the need to 'feed the beast'.

ICT and communications

108. Health and social care have different information systems, and there are also different systems between professional groups. All of the SPOAs wrestled with issues around how to provide an integrated front end service to citizens when each information system only told part of the story. This became particularly important when seeking to follow up referrals or otherwise find out what happened when an individual was passed from one service to another.

109. A dedicated workstream as part of the programme took forward development work around information and communications system. There is no prospect of a move to a single system encompassing all services across health and social care without the new configuration of ICT being developed across Wales. However there does seem to be scope for a move towards common systems across local authorities and across health. In taking forward development work on the Paris and RAISE systems (used by local authorities) particular attention has been paid to ensuring that the What Matters approach can be accommodated.

110. At a more basic level, effective communication between health, social care and third sector is hugely undermined by the persistence of non-electronic modes of communication in particular fax in health. SPOA staff found work – arounds for this

problem, but it is a clear illustration of the practical difficulties of collaboration across organisations at different stages of development.

Third sector role and Dewis

111. The involvement of the third sector in the SPOA programme has been a major step forward in ensuring that the third sector have a seat at the table when the needs of service users and patients are considered. Again, different approaches emerged in the different localities – ranging from ad hoc support in Conwy through dedicated third sector staff in the SPOA in Flintshire and Denbighshire, and the separate 'third sector SPOA' in Anglesey. All evidenced a growing understanding of the importance of the third sector, and relationships were being built between the third and statutory sectors and also across third sector teams in North Wales with an interest in the SPOA approach.

112. In the evaluation we wanted to find out if patients and service users were being referred to third sector services more frequently. As awareness of services built, this appeared to be the case and this brought with it an issue of demand. Having the third sector fully involved in the future evolution of the SPOA will enable an understanding of where the gaps in provision are found.

113. During the course of the evaluation the Dewis resource was developed through a collaboration involving the SPOA programme. This was widely welcomed with the proviso that the quality of the information would need to be maintained. Our interviews also emphasised the importance of maintaining and developing the relationships between the third sector and the statutory sector, using Dewis as a key tool but one which should not replace human contact.

114. A key example, repeatedly cited, was the need for more befriending support not just for elderly people but for citizens more widely. We were told of many examples of where befriending was the key thing that mattered for citizens, yet the number and capacity of such services is limited.

115. This points to a critical questions concerning the capacity of the statutory and third sectors and how activities are funded. Commissioning third sector services is not of course the only way of meeting need, but it does seem evident that some shift of resources from the statutory to the third sector will be indicated over time. Some statutory sector participants in the evaluation also drew attention to the importance of more informal community based ways of building resilience.

116. Over time, as the implications of a more citizen centred approach based on What Matters are worked through there will be challenges for traditional models of commissioning and provision of assets, both in health and social care. In turn the third sector will be challenged to connect its voluntary ethos with the knowledge that there is substantial demand for more of the services they provide.

117. The different ways in which the third sector related to the SPOA was also significant. In most cases, a third sector staff member was situated in the SPOA or provided ad hoc support, reflecting funding availability. By comparison, in Anglesey, a distinct 'third sector SPOA' was established which could be reached by phone either by SPOA staff putting the caller through, or directly through a dedicated number. The intention of this model was to encourage citizens to bypass statutory services altogether and, in an increasing number of cases, to approach the third sector directly. This was seen as potentially opening the way to a 'lean' model in which citizens' concerns were increasingly handled in the community, as compared to a 'broad' model in which the local authority sits at the centre and assists the citizen to find the right option including third sector services.

Service user engagement

118. Pioneering work on service user engagement was carried out in Gwynedd on behalf of the programme team early in the programme but was not sustained at that level through the course of the programme as operational imperatives took over, although it was clearly defined as an element for benchmarking among the SPOA sites.

119. Equally our own efforts to involve service users more fully in the evaluation fell short of expectations mainly because it is early days in the development of this approach and it is difficult to disaggregate general service user feedback on services from the more subtle issues of shifts in perception and service user independence. As outlined above, service users and patients are largely unaware of the existence and role of the Single Point of Access with the possible exception of citizens in Denbighshire. There were also different views about the extent to which citizens need to know about the 'hidden wiring' of the system.

120. There is still substantial scope to involve citizens both directly and through community organisations in the continuing evolution of the What Matters and Single Point of Access approach.

Staffing issues

121. All aspects of the SPOA are delivered by people employed in different organisations with different terms and conditions, making consistency difficult. At the basic level, local authority staff tend to work shorter hours than those in GPs' surgeries, meaning that surgery staff could not rely on an answer to their enquiries when phoning after 5pm.

122. More significantly, the challenge of seven-day-a-week working will apply to both local authority and health staff, and whatever the evolution, alignment will be needed to enable full integration. One idea that was floated in the discussions with strategic stakeholders in Flintshire is that SPOAs could pair up to offer greater flexibility in covering different shifts. Denbighshire SPOA is also piloting seven-day-a-week working.

123. Quite unexpectedly we also found that moves to 'hot desking' – called variously 'wise' or 'agile' working also made the conventional measure of co-location as an indicator of integration much less reliable. Where fewer staff have regular fixed work stations, co-location becomes a much more fluid concept.

Regional opportunities and future collaboration across the SPOAs

124. As we hope this report has made clear, the SPOA approach evolved differently across the six counties. This has caused some issues where people or services cross organisational borders because each SPOA has slightly different working practices and handle referrals differently. There has been a concerted effort on the part of the different SPOA to minimise the differences, particularly for example in use of different documentation. There are quite different views on how serious this issue is. Health professionals have highlighted differences between the two SPOAs that operate in their health area. On the other hand, other health professionals have said that it is not difficult to identify which SPOA needs to be contacted and if there is regular contact, the differences in processes become minor. The issue is perhaps more perceived than real but it does point to the importance of continuing to share information and resources between the different SPOA.

125. Moreover there is scope to treat the learning and resources developed over the course of the programme as a resource for the region as a whole. This includes the fruits of the cross-cutting work streams such as the work on ICT systems and of

course Dewis, but it will be useful for leaders in health and social care to consider how they may draw upon what has been achieved and use it as appropriate.

126. In particular, given the extensive developments in the county, Denbighshire has been a critical learning site throughout the programme and has produced resources that have been and could be shared across the region and used to inform the future development of systems and programmes to the benefit of patients, service users and carers.

Integrating adult, children's and Mental Health SPOAs

127. We were asked to discuss with stakeholders their views on integrating adult and children's information and access systems to create a single SPOA. In Denbighshire this had been the original intention but developments in adult and children's services had meant that this wasn't followed through. The view in Denbighshire is that this would be a progression of services that could be achieved. In the other counties, the view was that adult services should concentrate on developing the SPOA as the systems and services were very different within children's services. It was however recognised that the Act emphasised services to families and this was something that should be explored. In these discussions, the question of referrals to Mental Health being included in the SPOA was discussed. It was regarded as important to an approach to well-being that referrals to mental health services should increasingly become part of the SPOA.

Conclusions and looking to the future

128. The SPOA programme led to the development of different approaches in the six counties of North Wales as was understood within the programme from the outset.

129. The original intention of providing a focus for integration of health and social care focused around a Single Point of Access did not emerge in the form envisaged in large part due to the organisational change in the health sector referred to above. However there was clear evidence of closer working and understanding between front line staff and professionals in health and social care.

130. The pace of development was varied and in some counties progress was quite limited. However in each county the SPOA programme provided a focus and catalyst for the development of a systematic approach to achieving the aims of the Social Services and Well-being (Wales) Act 2014. Introducing What Matters in this context may be counted a major achievement.

131. Each SPOA involved the third sector and this, together with the introduction of Dewis, has helped to build significantly greater understanding of the range of resources available. This has already begun to provide evidence of need and of gaps in support to inform commissioners and the third sector itself.

132. A substantial body of experience and understanding has now been built up across the six counties as well as resources and ways of working.

133. There is emerging evidence that this way of working allowed patients and service users to be offered a wider range of options, including those that reduce dependency on statutory services.

134. The SPOA team and in particular the county leads who led the project on a day to day basis provided strong and innovative leadership for the programme.

135. Looking to the future, it is important to ensure that the knowledge, understanding and practice gained through the programme is consolidated and used for the benefit of the whole region, not just the individual counties or areas.

136. The involvement of the third sector is critical to the shift in practice implied by What Matters and it will be important to find a way to develop the integrated working and relationships put in place through the SPOA programme and not lose impetus.

137. Considering the role of SPOAs in serving citizens better, future working arrangements need to take account of the need for more common timetables and working practices, and the need for simplicity and clarity in lines of communication.

138. Finally, the citizen is at the heart of this approach and more needs to be done to explore how citizens can best be involved in future development so that they contribute to shaping the services that support them.

Key questions for the future

139. These findings and conclusions lead to a number of key questions that could usefully be explored as the project ends and the SPOAs develop without project support. We intend to explore these at the stakeholder event on February 4, 2016 to provide some initial views:

- Should there be a jointly agreed strategy for the development of the SPOAs across North Wales? If so, how should it be developed? If not, at what level should future strategy be developed?
- Should it be a priority to have a single telephone number particularly for service users and citizens as was the original concept? If so, how can that be achieved; if not how can it be made easier for citizens to access the different SPOAs?
- How can some of the cross border issues and differences between SPOAs be minimised?
- How can the joint learning and development continue between the SPOAs continue in the future? Should for example, there be a system in which individual SPOAs lead on different themes?
- What other issues need to be considered to make sure the SPOAs develop effectively across North Wales?

140. It has been a great privilege to see the different SPOAs develop over the last eighteen months. We are extremely grateful for the spirit of openness and collaboration in which everyone involved in this evaluation has shared their learning and views. We hope we have done justice to the range of different views.

Simon Wilson and Carol Sherriff
Wilson Sherriff

Annex A – overview of how each county SPOA has evolved

Individual reports for the six counties

Annex B – evaluation framework

The questions we used in the evaluation framework were as follows.

The 'process' questions designed to find out what had happened in developing the SPOA were as follows.

- What progress has been made in developing the Single Point of Access?
- Who has been involved and what governance arrangements are in place?
- How many contacts were made with the Single Point of Access on either by referral from a professional or directly by citizens?
- Was 'What Matters' conversation used?
- Was the conversation concluded and fully recorded?
- Was it recorded in outcome-focused language?

Questions focused on the impact on patients, service users, carers and citizens were as follows:

- How do patients, service users and carers find out about the Single Point of Access?
- How satisfied are patients, service users and carers with the service they receive from the Single Point of Access?
- Do patients, service users and carers receive a timely service from the SPOA?
- To what extent do patients, service users and carers understand the role of the Single Point of Access?
- Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?
- Is there any evidence that patients, service users and carers becoming more independent?

Questions focused on the impact on professionals and front-line staff

- What progress has been made along the integration continuum?
- Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?
- To what extent has the Single Point of Access reduced administrative demands on professionals and enabled them to concentrate on supporting service users?
- How are professionals and front-line staff in the public, third and independent sectors connected and how do they communicate?
- To what extent do professionals and front-line staff in the public, third and independent sectors consider that they are working together more closely than in the past, and has the arrangement added value to their practice?
- What arrangements are there for joint learning and peer-to-peer support among professionals and front-line staff in the public, third and independent sectors
- Are professionals and front-line staff in the public, third and independent sectors spending more time collaborating with others?

Questions concerning the impact on organisations and the system as a whole were as follows.

- Has the Single Point of Access developed in line with Welsh Government thinking and with the Social Services and Wellbeing Act?
- Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?
- What has been the financial impact of the Single Point of Access?
- Has the Single Point of Access improved 'patient / service user flow' through the system?
- What have been the key enablers and barriers to the development of the Single Point of Access?
- How do partner organisations perceive the change process that has taken place?
- How do partner organisations perceive the value of the Single Point of Access?
- How do partner organisations perceive the future of the Single Point of Access?

-