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# **MOVING TOWARDS INTEGRATION: EVALUATING THE RELATIONSHIPS BETWEEN MANAGING BETTER AND ITS KEY STAKEHOLDERS**

Executive Summary

for Care & Repair Cymru, Action on Hearing Loss Cymru and Royal National  
Institute of Blind People

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# 1. INTRODUCTION

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## PROJECT SUMMARY

The Managing Better programme is a three-year project funded from the Welsh Government's Sustainable Social Services, Third Sector Grant. The service is led by Care & Repair Cymru in partnership with RNIB Cymru, Action on Hearing Loss Cymru and Care & Repair agencies across Wales.

Managing Better is a critical prevention service provided to people aged over 50, on a cross tenure basis, and managed operationally by Care & Repair. The service is delivered by 13 Managing Better caseworkers that work with health and social care to identify and create a healthy home environment for vulnerable older people. This builds on the traditional Care & Repair service and incorporates wider responsibilities for identifying client issues, providing information, referring to specialist services and introducing relevant products to older people with sensory challenges and possibly cognitive impairments.

## METHODOLOGY

The Welsh Institute for Health and Social Care (WIHSC), University of South Wales provided independent evaluation of the Managing Better programme. WIHSC's role was to assess the impact and effectiveness of the service and to reflect on how it had achieved impact so that good practice could be shared with other parts of Wales. The findings in the report below are drawn from three principal evaluation methods: 1. analysis of selected internal project documents kept by Care & Repair Cymru; 2. case study research in five places across Wales: Bridgend, Blaenau Gwent/Caerphilly, Cardiff, Conwy/Denbighshire, and Newport; and 3. in-depth interviews to explore common areas of inquiry across all case studies to assess potential impact.

This complemented a number of extant previously published sources of evidence provided by Care & Repair and its partners. These were provided in a variety of forms such as case studies,<sup>1</sup> digital stories, the Year 1 Impact Report,<sup>2</sup> a Good Practice Guide<sup>3</sup> and Bridgend Case Study<sup>4</sup> documents. All demonstrate the positive role Managing Better has played in supporting people across Wales.

## LITERATURE REVIEW

WIHSC looked at evidence gathered from Care & Repair and from other existing literature and searched studies that explored the impact of home modifications on falls and associated costs to the health and social care system. WIHSC specifically aimed to identify studies that focused on older people with sensory loss.

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<sup>1</sup> <http://www.careandrepair.org.uk/en/about-us/who-we-help/?csid=341>

<sup>2</sup> [https://www.housinglin.org.uk/\\_assets/Resources/Housing/OtherOrganisation/Impact\\_Report-web.pdf](https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Impact_Report-web.pdf)

<sup>3</sup> [https://www.careandrepair.org.uk/files/6415/3987/2171/Good\\_practice\\_guide\\_FINAL\\_E.pdf](https://www.careandrepair.org.uk/files/6415/3987/2171/Good_practice_guide_FINAL_E.pdf)

<sup>4</sup> [https://www.careandrepair.org.uk/files/6715/3968/6221/Case\\_Study\\_Managing\\_Better\\_E.pdf](https://www.careandrepair.org.uk/files/6715/3968/6221/Case_Study_Managing_Better_E.pdf)

The literature review concluded that it is difficult to talk about “typical” cost for some types of adaptation, as the nature of the work and local costs can be highly variable. Literature reports the cost benefits arising from adaptations in terms of offsets to health and social work services, but it also needs to be borne in mind that there are other benefits. Adaptations can significantly enhance independence and increase quality of life. In addition to the benefits for older people with disabilities or long-term limiting illness, adaptations can also deliver tangible benefits to relatives who are acting as full time carers. Adaptations can lessen the demands on carers time and reduce the levels of stress that they are exposed to. We found no literature that focused on adaptations in the homes of older people with sensory loss specifically.

## **PERSPECTIVES FROM MANAGING BETTER CASEWORKERS**

The five services studies in this evaluation varied in the proportion of referrals they received from different organisations. This had changed over time as relationships and referral pathways with other professionals has developed. Some caseworkers had developed to be a part of a formal pathway of referrals of patients from health and/or social care. These different proportions of referrals from organisations sometimes led to caseworkers receiving a very different mix of clients. The nature of referrals in terms of clients’ housing tenure also varied by agency as some funding sources were only available to, for example, home owners, whereas other funding was not restricted by housing tenure.

The Managing Better service has evolved at different rates in different regions. Some agencies started with strong engagement with local services with health and social care professionals supporting the service from the outset. It appeared initially that some statutory services needed reassurance about the role of the Managing Better caseworkers. However, these issues have been resolved effectively such that the service is now well regarded and complementary to statutory services.

The Managing Better services have different case mixes of clients, in terms of sensory loss and housing tenure, and different proportions of work. These ranged from spending the majority of their time on property repair work to time supporting older people with assistive listening devices in their home. There is evidence of the impact that Managing Better has made, and what would be at risk should the service ever find that it was no longer there for older people across Wales.

## **INTERVIEWS WITH KEY STAKEHOLDERS**

WIHSC staff interviewed 23 health and social care staff in Wales. The interviews explored the level of engagement with health and social care that Managing Better has in each region. Interviewees were asked to describe the impact of the Managing Better service on their role and the impact on their clients. The interviews also explored any issues with the service and what could be improved about the service and its integration with health and social care.

Analysis of the interviews concluded that Managing Better has developed effective working relationships with sensory teams and ROVIs across the five case study areas. Initial issues of role definition and clarification have been resolved and there is a widespread appreciation of the complementary skills that Managing Better caseworkers bring to their statutory sector partners. Services have been developed in a bespoke manner in response to local circumstances and context, and they provide a holistic assessment for people.

## CONCLUSIONS

In terms of moving towards an integrated form of service alongside its key stakeholders, we conclude that Managing Better has worked very well to move from a ‘standing start’ in 2016 to developed trusting relationships and partnerships with key stakeholders in the five case study areas.

### Context

The context within which the Managing Better service has differed greatly. This variation has been a function of five key factors – namely the:

- NHS and local government presence on the ground, and the extent to which the infrastructure surrounding provision has differed;
- Local teams and professionals and their practice, and the ways in which this affects services delivered in communities;
- Extant relationships with the third sector, the role partner organisations (Care and Repair, AOHL and RNIB) that make up Managing Better have played, and the contribution that local organisations and groups that needed to refer to (or receive referrals from) within the third sector have made;
- Identity of the local Care & Repair agencies within the five case study areas, which is not uniform and is a reflection of the leadership within those agencies; and
- Skills, knowledge and approach of the Managing Better teams and workers which has meant that distinct patterns of support and approach have become manifested ‘on the ground.’

Variable starting points have led to variable impacts. What is clear is that Managing Better has worked very successfully to work through such contextual factors. If we were to reflect on realistic expectations of service achievement in the two years of its existence, it would be fair to conclude that the current pattern of delivery within the five case studies reflects a good outcome.

### Typology of service delivery

It has been possible to create a typology of service delivery across Managing Better. This demonstrates the fact that Managing Better service has evolved in different ways across the different Care & Repair agencies. The table describes five internal and five external factors uncovered during the evaluation that are common to all the Managing Better service models. Not all of these factors apply equally to all services, and this is described further in the service typology matrix that follows.

Internal factors	Description of services
<i>1: Healthy homes check and provision of basic adaptations</i>	All Managing Better caseworkers conduct a healthy homes check and are able to provide basic adaptations although funding for the work varies across agencies and the tenure of clients’ housing.
<i>2: Referral routes into Managing Better</i>	The level of information collected about potential clients differed at initial referral into Managing Better.

<i>3: Specialist lighting assessment</i>	Some caseworkers assess properties for lighting and others install lighting based on assessment and recommendations of the local authority.
<i>4: Welfare benefits assistance</i>	The level of welfare benefits advice provided to clients varied. Managing Better are unable to take referrals solely for benefits assistance, many referrers requested identified help with welfare benefits as an important unmet need.
<i>5: Provision of assistive listening devices</i>	Caseworkers varied in the amount of work they did with older people who were D/deaf or hard of hearing. Some agencies were embedded in specific pathways within audiology and/or local authority services for the provision of assistive listening devices.

<b>External factors</b>	<b>Description of services</b>
<i>1: Established relationships with statutory sensory teams</i>	From the programme outset some Care & Repair agencies had existing strong links with sensory teams, whilst others had to start from scratch. For the latter this impacted on the speed at which Managing Better caseworkers could make effective links with the sensory teams.
<i>2: Joint visits</i>	Joint visits between rehabilitations officers for the visually impaired (ROVIs) and Managing Better caseworkers were considered an effective way to asses a clients' needs and co-ordinate the work between the organisations in a timely manner. However, some agencies regularly undertook joint visits whereas others were very infrequent.
<i>3: Embedded within pathways</i>	In areas where Managing Better had become embedded within statutory service pathways for people with hearing loss, including the provision of assistive listening equipment the service was able to fill a gap in unmet needs in the community.
<i>4: Trust in knowledge and skills</i>	Health and social care professionals needed reassurance that the Managing Better caseworker had the necessary training to support people with sensory loss and not cause any unintended harm to enable good working relationships.
<i>5: Clarity of roles and responsibilities</i>	Working relationships appeared more effective where roles and responsibilities of Managing Better and the sensory team were clearly defined and there was very little (if not any) overlap between the roles.

In addition to this, WIHSC mapped these 10 internal / external factors against our assessment of the extent to which each of the five case study agencies (labelled A-E in the table) have embedded these factors in their local delivery models. There are three levels implied within the service typology matrix:

- = one tick implies that this factor was a part of the local service delivery within the Managing Better case study, but this was at a developmental stage;

- ✓✓ = two ticks implies that this factor was a key part of the local service delivery within the Managing Better case study, and that this had been developed such that it was nearly fully developed and realised; and
- ✓✓✓ = three ticks implies that this factor was a core part of the local service delivery within the Managing Better case study, and this had been fully developed, often reflecting an excellent integrated partnership with key stakeholders.

Typology factors	Managing Better Case Study				
	A	B	C	D	E
Healthy homes check and provision of basic adaptations	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓
Referral routes into Managing Better	✓✓✓	✓✓✓	✓	✓✓✓	✓✓
Specialist lighting assessment	✓	✓✓✓	✓	✓✓✓	✓
Welfare benefits assistance	✓✓	✓✓✓	✓✓	✓✓✓	✓✓
Provision of assistive listening devices	✓✓✓	✓✓	✓✓✓	✓✓✓	✓
Established relationships with statutory sensory teams	✓✓✓	✓✓✓	✓✓	✓✓✓	✓✓
Joint visits	✓✓	✓✓✓	✓	✓✓✓	✓
Embedded within pathways	✓✓✓	✓✓	✓✓✓	✓✓✓	✓
Trust in knowledge and skills	✓✓	✓✓✓	✓✓	✓✓✓	✓✓
Clarity of roles and responsibilities	✓✓	✓✓✓	✓	✓✓✓	✓

The matrix represents a very positive picture for Managing Better. The fact that the majority of cells in the matrix contain three ticks is further evidence of the degree to which the service has been able to effectively able to embed itself alongside statutory provision. In addition, the matrix offers a good basis on which Managing Better can think about developing its offer further. There is an opportunity for learning internally from those agencies that have been able to achieve greater progress than others to date in certain areas of delivery so that other agencies can benefit from these perspectives.

## WHAT WORKS? THREE KEY MESSAGES

### **1. Individual factors such as openness to partnership working and trust in the expertise of the Managing Better caseworker affect success in building relationships between organisations**

Relationships between organisations were most effective where the Managing Better caseworker was perceived to have the necessary training and expertise to effectively support older people with sensory loss. Trust in the caseworker to not cause any harm and step over the boundary of what they are trained to do is crucial to successful partnership working and cross referrals. Where the partnerships works well is where there is open and regular dialogue between organisations; individuals are kept up-to-date about any service changes or issues that may affect either services; communication channels and easy and effective; and where the roles and responsibilities of each individual or service has been clearly defined and understood. This is all built on the partnership between the three third sector organisations working – strategically and operationally – closely together to support the caseworkers by providing them with an intensive package of training. This different approach has clearly been effective in building trust and confidence in the service.

### **2. There is a local context that shapes the extent to which new services can become embedded**

It was identified in the evaluation that there are local barriers and enablers to a new service becoming embedded within existing pathways. As statutory services are sometimes tendered out to third sector providers or are being bought ‘in-house’, there are tensions around ‘who does what’ as competition increases for finite amounts of funding. Any perceived overlap in roles and duties of services can, therefore, be a barrier to engagement and highlights the importance of consulting with existing services when applying for funding. The engagement of partners from statutory services during the initial stages of funding applications – rather than after the funding has been secured – should increase the success of any new project being accepted by existing services.

### **3. The implementation of the Social Services and Well-being (Wales) Act 2014 has created changes in the working practices of health, social care and third sector services**

The implementation of the Act has caused a change of working culture within some statutory services and a change in the nature of delivery partners. In that the local authority looks firstly to the individual, family or community services meeting the needs of the individual. The increase in partnership working represents an opportunity for the third sector, such as Managing Better, to develop collaborations with statutory services to best meet the needs of the community.

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Overall, it would be fair to say that there have been a number of successes for Managing Better – whether in respect of developing links with audiology, ROVIs, primary care, social prescribing programmes, or in more general links with hospitals. A lot of work has been done in a short space of time and positive, complementary relationships are now in place between key stakeholders. Managing Better is perceived to have a crucial role in providing ‘intelligence’ to other partners and to help stop people falling through the gaps of the system. There is a need to continue to improve the partnerships and relationships, at least as far as it is possible for Managing Better to achieve this. Whatever follows, the relationships will be building on solid foundations.

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