WHAT IS INTEGRATED COMMUNITY BASED HEALTH & SOCIAL CARE?

MULTI-PROFESSIONAL SERVICE DELIVERY
A person's position on the model may be influenced by many factors, such as health, social, financial or emotional.

This diagram shows Enhanced Community Care (ECC) as one element of a place based integrated health and social care approach. Enabling people to live well, at home through prevention, choice, well-being and independence. ECC delivers a multi-agency team around the person response, with an identified population group, avoiding crisis and acute escalation/interventions where feasible and maximising recovery from acute escalation.

Larger/broader population at 1, reducing to a smaller at 4.

POPULATION - WHO THE HEALTH & SOCIAL CARE INTERVENTION IS AIMED AT

TEAM AROUND THE PERSON, BASED ON A PERSON'S HEALTH, SOCIAL CARE & WELLBEING NEEDS

1 Local communities, no regular access, applies to majority of the population within a defined area.

2 Health and social care services routine support.

3 Multi-professional working, need of increased support - not in crisis.

4 ENHANCED COMMUNITY CARE and support - complex needs and/or at risk of crisis.

Those living in communities with occasional access to primary or social care, i.e. housing support, or those with well managed health conditions e.g. asthma.

Communities with regular access to primary, social care, or third sector to help them meet their health, needs - needs not considered complex.

Those living in communities with independent and/or third sector to focus on social and well being needs - no

Accessing support, e.g. GP service for general screening, immunisations or community resources for self referral.

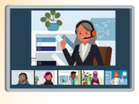
May be using support from multi-professional team and/or specific professionals or services, e.g. domiciliary care, reablement and third sector partners.

Increased support needed to maintain wellbeing, independence and/or management of their condition - may require care coordinator support

Requires intensive time limited multi-agency/multi-professional support - may cross between primary, community and secondary care, using a mixture of technology and face-to-face support

Person may be at risk of hospitalisation - time specific intervention with clear outcome identified, with focus on what matters to the individual and people important to them.

May be increased support for short period with focus on prevention of deterioration or crisis. Person may be living at home, sheltered housing or residential care.



CARE AROUND THE PERSON

Model shows different layers of a person's Primary Care interventions 'position of need'

A person flows through the 4 levels in both directions, receiving the care and services needed at that time.

More information please scan the QR Code or visit:
Primarycareone.nhs.wales/tools/community-infrastructure-ci-programme