



# HEALTH AND SOCIAL CARE INTEGRATION

ROUNDTABLE WRITE-UP

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## INTRODUCTION

**As people, our health and social care needs are closely intertwined,. Our need for social connection is closely related to our physical and mental health. What we do with our time and our relationship to our work, home, community, and friends and family all shape our long-term health outcomes much more so than any institution. The division of health and social care into separate institutions, policies and funding streams does not reflect our basic needs as humans.**

Leaders, politicians and organisations across England share a goal of health and social care integration. Health and social care integration aims to place service users at the centre of the design and delivery of care through bringing together separate health and social systems. Health and social care agencies have been collaborating at organisational and practitioner levels for decades, but integration at strategic level (with joint commissioning and funding structures) is still being developed, although a series of policy interventions have tried to address the issue.

Health and social care integration is something of a hot-button issue recently, as the development of Sustainability and Transformation Plans has reflected the lack

of progress in some areas.<sup>1</sup> Reflecting its increasing prominence, NLGN convened two roundtables in London and Manchester with a range of officers, practitioners, elected members and thought leaders from the local government and health fields. These roundtables were held in January and March 2017 and this write-up is based on those discussions.

The national policy context to these discussions is varying and complex. In the 2013 Spending Review, the government announced the creation of the Better Care Fund (BCF). The BCF requires local health agencies and councils to pool existing funding and to produce joint plans for integrating services and reducing pressure on hospitals.<sup>2</sup> It was followed by the Five Year Forward View (2014, NHS England) which emphasised the goal of prevention and set out how it would achieve the aim of sustainable health and care by 2020, including through integration.

A report from the National Audit Office (February 2017) found that despite the drive towards integration and the provision of the BCF across England, emergency admissions to hospital increased between 2014/15 and 15/16, and there was an increase in delayed transfers of care by 185,000 in the same period.<sup>3</sup> The government's current target date

<sup>1</sup> Reform (2017). Saving STPs: Achieving Meaningful Health and Social Care Reform.

<sup>2</sup> National Audit Office (2017). Report: Health and Social Care Integration.

<sup>3</sup> Ibid.

for health and social care integration is 2020. Sustainability and Transformation Plans are a new platform for NHS reform, with 44 plans across England. They aim to bring local leaders together to create a more proactive and preventative health and care system. They are five-year plans which cover all aspects of NHS spending as well as other place-based services. There has been some criticism of the STP approach; where they have worked best, there has been a history of effective collaboration going back years. Engagement with local authorities is unstructured and patchy. The National Audit Office notes that the “process is widely regarded as NHS-led and NHS-focused.”<sup>4</sup> Some local government leaders have criticised their local NHS agencies for failing to properly involve other partners in the STP process.

Meanwhile, the considerable gap in funding for adult social care has received national policy and media attention as it reaches crisis point. Although the announcement of £2 billion for social care in the Spring Budget was welcome, a long-term solution is still needed. Additionally, there is an increasing focus on the challenges facing children’s services in both health (especially mental health) and social care.

## WHY INTEGRATE HEALTH AND SOCIAL CARE

Health and social care integration has the potential to save money for the system and improve individuals’ experience of care.

Joined up care is an opportunity to work more preventatively. This would save lives, improve quality of life, and extend healthy life expectancy. In Greater Manchester, the stark health inequalities in the city were a major driver of their substantial progress in integration. Life expectancy is 8.5 years lower for men and 7.1 years lower for women in the most deprived areas of Manchester compared to the least deprived areas.<sup>5</sup> Many of these health inequalities are socially determined, affected by social policy areas where local government has power and influence. Earlier intervention can stop serious health problems developing. All too often, people reach a ‘crisis point’ with long-term problems that cost services lots of money to treat but could have been avoided entirely through effective earlier intervention. And more importantly, failure to prevent these poor outcomes has irrevocable effects on people’s lives:

*“We’ve focused too much on late crisis responses, and less on prevention. This drives patterns of demand that are unsustainable. For example, sawing off*

<sup>4</sup> National Audit Office (2017). Report: Health and Social Care Integration, p.10.

<sup>5</sup> Public Health England (2016). Manchester Health Profile.

*someone's foot because we weren't doing something right years ago."*

Senior officer

Integration can improve outcomes for patients. It can also save money for the system, shifting demand away from expensive hospitals towards community based care. The performance of both health and social care agencies is totally dependent on the other: *"if you cut social care the NHS bleeds"*. As is well publicised, demand on hospitals is strongly associated with the resources available to provide social care. Vulnerable people stay in hospital for longer than they need to if they do not have adequate social care provision in place at home.

## SUCCESS SO FAR

Despite the great potential of health and social care integration, integration initiatives have so far had mixed success across England. There are considerable structural and cultural barriers to overcome. However, some areas have made substantial progress. One example is Greater Manchester. It has integration at strategic and governance level, and has overcome many of the common problems of fragmented commissioning.

Some of the factors associated with Greater Manchester's success include:

- A shared vision which underpins why health and social care integration is

so important. Taking a place-based approach with holistic understanding of the city's strengths and challenges was an important starting point

- Taking the time to build an effective relationship. Collaboration in Greater Manchester goes back decades, and so the region had a 'head start' on other areas which are just beginning to integrate
- Structural alignment. The region's health and social care boundaries are largely coterminous; in other areas, a local authority may span several CCGs making integration a much more complicated process
- Integration in governance and in funding. This can be a barrier to integration where it could create a conflict of interest, for example, service providers with vested interests deciding where the money goes. In Greater Manchester, the whole of the partnership decides where the money goes and where there is a potential conflict of interest, the relevant provider is pulled out temporarily
- Symbolic measures which promote transparency of the integration agenda- for example, webcasting meetings of the board

*"We've sent some signals: there is no commissioner/provider split in the governance. We insisted that the whole of the system leadership had to be in the room"*

Senior officer, Greater Manchester

In most other places the same level of strategic integration has not been achieved. But there are examples of good practice, identified by roundtable attendees. Often, there is effective collaboration at team-based level even if this is not mirrored system wide. For example, in some hospitals multidisciplinary teams work together to discharge people from hospital safely and at the right time. This has the potential to save money and improve people's experience of care. It has been effective where partners respect each other's perspectives and experience:

*"In one hospital, ward managers and social care managers do the rounds together. The hospital worked closely with the council to see how the social care profession worked. As a result social workers felt that someone had crossed that line and tried to understand what they do, and where they are coming from – respecting the nonmedical point of view."*

Local government officer

## CHALLENGES PART ONE: STRUCTURAL BARRIERS

Health and social care operate in very different contexts. Local government is a democratic, locally accountable institution, politically led and relatively autonomous. On the other hand, attendees generally felt that the NHS is a centralised system which will have very different priorities. The systems' different requirements will affect ability to

integrate commissioning models and funding streams. For example, local government is legally required to balance its budget, unlike the NHS. Systems also work with different record-keeping technology and information is not always shared effectively between public sector agencies: one roundtable attendee pointed out that it took a serious case review to prompt their local multi-agency safeguarding hub to share data.

Boundary structures create a barrier too. As noted above, service boundaries do not always map perfectly, so a local authority may span several clinical commissioning groups and different STPs. Working on very tight budgets, many councils would not have the resources to engage and build effective collaborations with all these different stakeholders.

Top down structural change to attempt to resolve these problems is common in the NHS. For example, STPs are intended to bring together local health and council leaders to develop plans for health and care in the future. Attendees differed as to whether these initiatives were helpful or a hindrance to health and social care integration. In some areas, they had helped. But some felt strongly that top-down national initiatives were an unhelpful distraction, and did not give space to think about the best solution for a specific place.

*“Brilliant people are burdened with centralised systems and top down initiatives like STPs. They are stifled.”*

*“STPs distract from the situation – they are another beast to be fed.”*

London roundtable attendees

In addition, there was a feeling that initiatives become old hat quickly, replaced by something else without the time to develop and have an impact: *“health and wellbeing boards are less than five years old, but are falling out of the discussion.”*

Perhaps the biggest barrier to reform is financial. Reforming the system while experiencing very high demand on services is a difficult combination. Social care is particularly underfunded and roundtable attendees felt this would hold back ability to transform:

*“However, the biggest problem is the social care funding gap [...] This makes us behind the starting line for transformation.”*

Senior officer

## **CHALLENGES PART TWO: CULTURAL AND RELATIONAL BARRIERS**

There was a common feeling among roundtable attendees that the most significant barrier to health and social integration were culture clashes between organisations and weak professional relationships between

agencies. On the other hand, where areas had built up mature relationships, they could find ways to work around structural barriers and find a way to make progress – what one senior officer called ‘just getting on with it’. Cultural differences are exacerbated in a challenging context of massive pressures in frontline services. When the ‘system is constantly running at hot’, as one attendee put it, there is a tendency towards retrenchment into silos and blame culture.

*“[Health] providers will blame each other for missing a 4 hour target or failing that they will blame social services. We need to recognise that we’re all part of these problems and the solutions.”* Local government officer

In the most challenging cases, health and social care integration is hampered by relationships which are unstable, underdeveloped, and have not had the time to mature:

*“Greater Manchester has 20 plus years of experience and a sense of place. We don’t have that. So conversations aren’t mature enough.”*

Local government officer

In these cases, top-down changes cannot work around the strong tendencies towards siloed thinking. Some STPs have been criticised for failing to truly reflect integrated planning and one officer said that in their area the STP “wasn’t really an integrated plan, it was a series of organisations talking in silos.”

Attendees felt that relationships needed to be developed much more than they were currently to achieve successful health and social care integration.

## MOVING TOWARDS PLACE BASED POLICYMAKING

*“Community based care should involve a wider range of services than just health and social care. For example, the voluntary sector, fire and rescue, housing, and employment. Anything that under-scopes that misses the point”* Manchester roundtable attendee

While clearly there is much to do to achieve health and social care integration, it is one part of a much bigger picture if we are to shift to a more preventative approach. For example, community based organisations are well placed to identify potential problems at an early stage – they may have contact with people who are vulnerable and otherwise isolated. Both employment and housing are closely related to wellbeing and mental health. Many fire and rescue services have shifted towards prevention and ensuring smoke alarms are fitted in people’s homes; this is also an opportunity for wider prevention activity such as falls prevention.<sup>6</sup> There are also specific health services which are not as easily integrated, such as the 111 service and certain specialist mental health treatment.

<sup>6</sup> Mansfield, C. (2015). Fire Works: A Collaborative Way Forward for The Fire and Rescue Service. London: NLGN.

A genuinely collaborative model of place-based policymaking would go beyond just health and social care and includes all the key partners which contribute towards creating a healthy, happy place where residents reach their potential and feel able to develop.

## NLGN PERSPECTIVE

Relationships matter. To integrate health and social care, agencies do need time to develop these relationships. However, the time to start developing these relationships is now. In fact, as health and social care integration has been a widespread goal for years, the task is arguably overdue.

Given the urgency of this agenda, leadership nationally and locally must do what it takes to facilitate collaboration. In a lot of cases this might mean getting out of the way and giving people the space to think about what their place needs and how agencies can come together to achieve it. Focusing on form over function can be distracting; top-down national initiatives encourage focusing on specific performance metrics at the expense of the bigger picture and discourage innovation on the ground. Health and social care integration plans should be able to work based on local areas’ particular needs, strengths, characteristics and challenges, and how partners can work together best to improve their place. With that said, places will not achieve the best outcomes for their residents if essential services are in crisis - both health and social care need adequate funding.

In moving forward health and social care integration, the overall purpose of health and social care integration should remain the primary focus. There is a tendency to focus on specific organisational perspectives and ways of working, and the respective merits of these. Both sides have legitimate points of view but a tendency towards blaming the other side distracts from what the different actors are all working towards. Health and social care integration has the potential to help create healthier and happier places and people.

## THE KEY TO BUILDING STRONG WORKING PARTNERSHIPS? FIRM FOUNDATIONS

What's clear from this report is that there is an appetite in the worlds of both health and social care for greater integration to deliver a more joined-up care experience for users and to make more efficient use of resources.

What remains less clear is how this will be delivered in practice.

There is no indication that a top-down structural re-organisation to implement this way of working is on the agenda for government.

Instead, it is likely to be a question of different local authorities and NHS agencies around the country forming partnerships through arrangements such as alliance contracts or by establishing Accountable Care Organisations.

It's important to sound a note of caution here.

While both sides forming these partnerships will no doubt be committed to working collaboratively, the reality is that the new organisations will be under a great deal of budgetary pressure. Under these conditions, it can be very difficult to avoid a situation where neither party wants to take on the risks involved and relationships can become strained.

The answer is a commercial framework that means both parties share financial responsibility for the performance of the system as a whole and have clear jointly agree incentives for improved performance and ensuring demand management.

The *raison d'être* of public sector bodies is to deliver the best possible care to end users within the budgets available, and 'commercial' can sometimes feel like a dirty word.

However, the reality is that it is only by addressing the commercial realities of these new relationships that organisations are going to be able to maintain the ethos of being entirely patient-focused and prevent contractual difficulties from affecting the quality of service being delivered.

Ultimately, pooling budgets has the potential to do great things in terms of removing silos in the system. Robust frameworks that clarify the sharing of responsibilities are the key to unlocking these benefits.

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