NLGN INNOVATION EXCHANGE

JANUARY 2019

# HEALTH AND SOCIAL CARE INTEGRATION

## INSIGHTS REPORT

In partnership with:

Weightmans

# INSIGHTS REPORT

On 21 September, NLGN corporate partner Weightmans hosted the latest in our series of member only Innovation Exchanges. Attendees came from across the country to discuss how the integration between health and social care can be increased, and what lessons can be learned from work that has already been done.

## THE CURRENT SITUATION

The challenge of restricted finances and ever increasing demand is one of the biggest policy challenges the country currently faces. With both the NHS and local government sector facing untold challenges in the next few years, working together as efficiently as possible is crucial.

Almost everywhere has started the process of integration, but how successful this is has huge variation. There are a number of different approaches and methods to successful integration - and there are a lot of lessons that we can learn from the successes that have happened.

The majority of our discussions and this report focuses on the integration between the NHS and local government. However how both institutions integrate with other partners, such as charities, the voluntary sector, and the private sector, is also crucial to the success of delivering effective social care in the future.

## WHAT DO WE MEAN BY INTEGRATION?

The key aspect to good health and social care integration is getting to a point where an individual receiving care has no reason to know or worry about who is providing their care – whether that is through the NHS, local government, or a third sector provider. This does not mean to say that there shouldn't be choice – individuals should of course have a say in their care wherever possible – but that the services needed are properly co-ordinated and provided seamlessly, with no need to know which sector it is coming from.

The general feeling from delegates attending the Innovation Exchange was that while some progress has been made, there is still a huge amount more to be done, both to cope with the growing financial pressures that public services are facing, and to provide a better standard of care. There are some positive examples where integration has had tangible results, and a number of different methods for achieving this. From local government at least, there is a huge desire to move forward with integration, but there are more structural barriers on the NHS side.

# FOREWORD

Weightmans LLP was delighted to host an innovation exchange with NLGN to consider the best approach to integration of health and social care provision.

This issue remains a huge priority for the health and local government sectors. The rising costs of care and health provision to meet the demands of an aging population means that the seeking of solutions continues to be one of the most pressing issues for organisations across the public sector.

The Government Green Paper is still eagerly awaited. The NHS Long Term Plan was delayed, although it has now been published. There has also been a judicial review challenge to the Integrated Care Provider contract. NHS England successfully defended the case in the High Court and this decision was upheld by the Court of Appeal in December 2018. However, the challengers are seeking permission to appeal to the Supreme Court.

Against the uncertain background practitioners are seeking and implementing practical solutions to improve services and outcomes for people. At the innovation exchange some of the key messages that came out were to not be afraid to try new approaches and that cultural issues can be a barrier to achieving success and work needs to be put into ensuring that these are understood and addressed at an early stage of any integration project.

There was also much discussion about the benefits and drawbacks of different approaches and whether bottom up approaches are more likely to succeed than top down. Ultimately truly successful integration needs commitment and alignment at all levels if it is to succeed.

We are very pleased to have worked with NLGN to produce this report which will contribute to the debate on this vital issue.

**SIMON GOACHER**
Partner, Weightmans LLP

# CHALLENGE 1: WHAT IS THE MOST EFFECTIVE WAY OF ENCOURAGING INTEGRATION?

Most delegates felt that they had had some level of success with integration, but there were differing views on the best way to approach it – and which method is best will depend on the culture of the council. These could broadly be categorised into top down, bottom up, and problem based.

## SOLUTION: TOP DOWN

The top down approach focuses on integrating through collaboration or merging of high level governance bodies or leadership teams. As a result, the emphasis is often on developing joint organisational strategies with overarching aims.

Several delegates noted that they thought a top down approach was key to ensuring that integration was implemented effectively. One of the key benefits to this approach is that leadership from the top sets the direction for the whole organisation, as it is difficult to expect everyone to embrace integration if it was not visibly supported by those in leadership positions. Leadership from the top can also help to reach people in the middle management levels who may be resistant to change.

Furthermore, it gives permission for other staff to use their creativity and initiative to solve problems and work with partners and stakeholders in new ways, without worry about their actions not being understood by those senior to them.

## SOLUTION: BOTTOM UP

Several councils identified the relationships between frontline staff from different sectors as the key to successful integration, with the better the relationship between the people working with clients, the better the services delivered. These good relationships enable better problem solving and flexibility, where the person receiving services is at the heart of the process, but with better understanding of each other's pressures and priorities. However, it can take time for these strong relationships to be built – and this is one thing that is visibly lacking in both local government and the health sector.

For a bottom up strategy to work effectively, the culture of a council needs to be one that encourages autonomy and creativity in solving problems, rather than one that is process driven and has rigid ways of working.

## SOLUTION: PROBLEM SPECIFIC

Several councils have abandoned an attempt at formal methods of integration, and instead have focused on making inroads in individual teams working on specific projects. They have found

that this helps to build trust between different organisations, as it is clear that everyone is working to the same goals. It was also found to make the integration more natural and organic – rather than being told to integrate, people were more likely to do it instinctively.

Alongside this, co-production was mentioned as a specific tool for giving people a sense of accountability and ownership for the services that they are creating. It was also more likely to lead to higher quality services – but it does need by-in from everyone to work.

## CHALLENGE 2: ADDRESSING THE CULTURAL DIVIDE

The NHS and local government have very different working cultures – as do voluntary and third sector organisations that work with them. While many councils have gone through huge modernisation and culture changes, comparably the NHS can have a much greater focus on more traditional hierarchies. Attendees reported being told 'my manager says I have to take this approach', which can lead to a course of action that is not as effective as it could be, and removes the autonomy of staff.

There can also be cultural differences within a council – it is not uncommon for those in leadership positions to be quite removed from those delivering frontline services. In several cases, regardless of leadership, some front-line staff have been found to be more resistant to change, particularly if they have been in that role for an extended period of time. Others have found that front line staff can be reluctant to be innovative out of fear that they will do the wrong thing if there is not a culture of autonomy and risk taking in their team or council.

A final cultural area that was mentioned was the difference in expectations between people receiving care and those responsible for delivering and co-ordinating. Several people mentioned that while we may want service users to be in control of their care, many older people have a deferential respect for NHS workers, and often will not speak up on aspects of their care that they would like to be different. Many also do not want – or are unable – to take responsibility for any aspect of their care, and would prefer all decisions to be made for them.

### SOLUTION: START SMALL

Starting with a particular aspect of service was seen as fundamental to tackling the culture differences.  Using the project specific approach as outlined in challenge one, small aspects of culture change can start to embed themselves in all organisations. Focusing on driving integration in incremental ways allows the celebration of successes, and shows to others the benefits of collaboration. This can remove the fear of change and helps to ease people in gently.

A theme that was raised consistently was that integration needs a long-term strategy, and this can be difficult to achieve within a political system where showing visible results can be more of a priority than a long term intervention. This can make arguing for a preventative system more complex, as it may involve a higher cost now, to save money in the long run – which can feel like a harder sell to the electorate. By starting with small aspects, this allows data to be produced that can be used to help elected members to understand the benefits of integration, without the need for a wholescale approach.

## SOLUTION: PLAY TO YOUR AUDIENCE

Where possible, efforts should be made to de-politicise the issues involved. When explaining why more funding is needed, or why working in a different way is necessary, it is helpful to pitch it from the angle that appeals to the party in power. Where possible, evidence of the benefits of integration and early intervention should be used to seek support.

Likewise, it is important to frame the benefits for integration to the NHS in a way that shows how it will help to address financial pressures and reduce demand. To address the differences in culture between the NHS and local government, some councils have introduced job sharing initiatives and job shadowing programmes. These help people to understand the perspective that the other is coming from, and helps to clarify the differences between the different organisations.

## CHANGE THE LOCATION

One council had found that physically bringing all the organisations involved in delivering care under the same roof had a dramatic impact on the level of integration. Over a short space of time, the council and NHS teams went from being territorial over space and meeting rooms to sharing reception desks and operating in a holistic, place-based manner. Moving to the same location encouraged stronger relationships to be built in a more informal way, which has led to better ways of working and integration. This experience highlighted a broader need for better communication between service providers generally, in order to provide a more person-centred service.

# CONCLUSION

There are a number of different ways that integration can work, but the clear consensus from the Innovation Exchange is that it needs to happen quickly. With increasing financial pressures and constant uncertainty as to whether either NHS or local government funding will be enough to reach demand, all councils need to find an integrated solution that works for them.

# EXAMPLES
## HOW SHOULD INTEGRATION WORK?

### Adults with disabilities
*The current situation*

Currently, physical disabilities are more likely to be treated or accommodated for than less visible or mental disabilities, partially because of a reluctance from residents to come forward, but also because of a poorer understanding of the needs of these disabilities. Patients would also benefit from having all disabilities viewed at the same time, but currently conditions are treated in isolation due to the structure of services, meaning that treatment may not be as good as it could be. This is exacerbated by how care is financed – currently it is oriented towards provision targets, rather than outcomes. This makes service delivery fragmented and inconsistent, with services from multiple providers who may not understand the other services being provided. This can lead to people falling through the cracks, and not getting the treatment they need.

*How should it be?*

Perfect integration for those with disabilities should be a seamless experience for the user, with no need to understand whether a service is provided by the NHS, the local authority, or a third provider. People should be able to feed back on the commissioning process, and influence it to provide the services they want and need. Ideally, this would be part of a comprehensive care budget, to allow bespoke services that will take into account all the wider determinants of health.

To deliver this, there would need to be excellent communication between the NHS, local authority, and third providers by using a rigorously patient-centric approach..

### Elderly care
*The current situation*

Currently, residents do not have well-coordinated treatment. Services are often provided in different counties and areas, with extensive travel needed. Services come from multiple providers, and if the user is unable to coordinate this themselves, extensive input is needed from family members to co-ordinate. Because care is not provided holistically, there is no broader picture as to what is realistic for the individual – either plans are made to help that person be independent regardless of whether that is realistic, or problems are only solved in the short term, without longer term care plans put in place.

*How should it be?*

Ideally, each individual would have a primary point of contact, so elderly people do not have

to repetitively share their information, as well as to reduce the input needed from families. Holistic care would also focus on the wider determinants of health, such as loneliness, appropriate housing and mental health.

There should also be better integration with other front line staff who work in the community, who may notice problems and lead to earlier intervention. This could include bin men, who could alert support workers if curtains haven't been opened, or library staff who notice someone hasn't come in as they normally do. This would need full integrated technology across the council and health services.

There should be just one point of contact with the wider care system, rather than several different people. Ideally, there would also just be one multi-skilled support carer, rather than a multitude of people offering different services.

Carers should also be able to access support for themselves and respite services quickly and easily, to ensure that they look after their own health and wellbeing.

## Carers

### *The current situation*

Most of the contribution that carers make is unidentified or unrecognised, often with very little support. Carers themselves can often feel isolated and trapped, sometimes having to wait in the house all day for nurses or representatives from the local authority to arrive for care or medical appointments. Carers often have to contact many different people for support and repeat the same information, which is time consuming and frustrating.

### *How should it be?*

Ideally, a fully integrated health and social care system would offer joint care planning with the carer, offering proactive support.