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HOW LABOUR AND CONSERVATIVE APPROACHES  
TO HEALTH AND SOCIAL CARE INTEGRATION DIFFER

ROUNDTABLE WRITE-UP

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**NLGN hosted two roundtable discussions in December 2014 and January 2015 centred on the Conservative and Labour parties' approaches to health and social care in the run-up to the General Election in May 2015. This paper details the outcomes of the discussions as well as a section highlighting the key differences between the two approaches.**

## **THE CONSERVATIVE APPROACH TO HEALTH AND SOCIAL CARE**

The Conservative approach to health and social care is built upon four pillars: a long-term economic plan, new models of care, innovation and culture. This section explores these key themes as discussed at the NLGN roundtable.

### **LONG TERM ECONOMIC PLAN**

The Conservative Party argues that providing a strong national economy is vital in order to pay for the public services needed by the population. They argue that there is a need for a long-term economic plan where government takes control of finances and can therefore stave off cuts for the future. A self-perpetuating cycle of the NHS and care sector needing a strong economy and a strong economy needing a strong NHS and care system is in evidence.

Broader public sector integration, concentrating not only on the health and

social care sectors but on a wider range of public services, will ultimately save the state money and will do a better job for people, as services become centred on the individual rather than reinforced silo working. Devolving power down to the lowest level, the individual or patient, is a principle that the Conservative party have committed to while in government, and commit to continuing to do so in the years to come.

Having a long-term economic plan is also about facilitating and preparing for the future. At a commissioning level, there are major tensions with regards to early intervention and prevention, and balancing investment between primary care and acute services. The Conservatives believe that upfront funding for early intervention needs to be justified by tangible benefits downstream. However, it must be noted that there will be a delay between investing in primary care and the time it takes for benefits to be seen in terms of demand on acute services. Therefore, they argue that it will be important not to take resources out of the acute sector during this delay, as these services carry the risk for the entire sector. Finding the balance between funding early intervention and downstream services will be difficult, but crucial as resources become scarce and demand rises.

### **NEW MODELS OF CARE**

Two key buzzwords of providing new models of care are coordination and integration. The

Conservative party are keen to champion and enable integrated care organisations, in an attempt to have the money follow the patient and to provide the best, all-round care possible. Health and social care are similar sectors with many overlapping priorities and objectives. The Conservatives believe here is more to be done to integrate these sectors and to better the quality of care for patients, their relatives and their carers.

However, they also know that the integration of health and social care is not necessarily straightforward. Firstly, there is a fundamental tension as the health service is universal but the social care sector is means-tested.

A second complication to integrating health and social care services is that there are some areas where integration has not worked. And some challenge that integration does not always save money, particularly in the short-term, especially where there is a reluctance within the health service to agree to integrated services. Simply placing social care into the health sector does not guarantee success. For example, in the East of England – including in Peterborough and Cambridge – trusts which had been integrated had to be pulled apart again because the social care objectives had not been delivered. It is important that the right structural and practical support is in place to successfully manage integrated services.

However, these challenges are not to say that Conservatives don't believe integration should not happen at all. Rather, although the health and social care sectors have different objectives and are on different spectrums, in the middle there are many overlapping priorities and objectives which could benefit from integrated working, not least in relation to providing the patient with a joined-up approach to care. For example, the Coalition government have introduced 14 pioneer sites of integrated care, including South Devon and Torbay to join-up services around the patient involving local authorities, local NHS services and CCGs in health and care. Coordinated care services are facilitated by boards for different stakeholders to set out common priorities and objectives. There is evidence that such an approach can work, but care needs to be taken to integrate structures in such a way as to avoid both organisational culture clashes and substantial confusion amongst service providers and patients in terms of the universal or means-tested services they can access.

## INNOVATION

As a means of providing new models of care, the Conservative party strongly encourage the health and social care sectors to embrace innovation, particularly in terms of new technology and the work of social enterprises. Technological inventions have the great potential to revolutionise care services, particularly in relation to reablement and the promotion of independent living. For

example, sensors can monitor whether frail or older people have falls within their homes, or Google contact lenses can monitor diabetes in real-time. Technology can increase the capacity of hospitals, including helping to reduce the workloads of in-demand nurses, at the same time as allowing people to return to their homes as timely as possible.

The private and voluntary sectors can contribute much to the health sector, for example social enterprises have the capacity to pilot health and social care schemes which can be scaled-up and used as models for other areas to follow. The Conservatives consider the role of business in the health and social care sectors on three levels: as employers to promote the health and wellbeing of their staff; for the greater social good in terms of being responsible manufacturers, for example in the food and drink sectors; and as contributors to public health campaigns. The Conservatives believe that as part of a commitment to innovation within the health sector, there needs to be room for the private and voluntary sectors if it will lead to services becoming more efficient and effective for the service user.

## CULTURE

The Conservatives see that the organisational culture needs to be right in all parts of the system: from leading on compassionate care, empowering carers, doctors and patients, prioritising safety to

continuing to devolve power and control to the lowest level of the individual.

Furthermore, the Conservatives believe it is the quality of leadership that is vital in the kinds of partnerships created, particularly in light of the highly centralised nature of the NHS where the structure, culture and systems are both strong and fairly immovable. However, in order to develop transformative change, more is needed than clinical leadership. Joined-up working between different departments is crucial, but there are a lack of incentives for working together. Here, personal relationships, individual style and approaches become more important than the types of partnerships that are created. Instead of needing to rely on personal relationships, the system needs to change to better incentivise integrated working. As a caveat to strong leadership, the Conservatives also believe it is important for there to be a degree of status, title and role for the workforce to aspire to made about the entire workforce in terms of status and professionalisation, including for level care workers through initiatives such as the Care Certificate developed with Camilla Cavendish.

A potential source of tension is that between CCGs and local authorities in terms of who holds the budget and who has the responsibility for services. For the Conservative party, social care will remain with local authorities and health will not be stripped out of CCGs. Instead, CCGs will be

given more space and information to engage in work around prevention. The Conservatives believe it is not useful to impose structural changes on areas and there is no need for uniformity in the system. The example of public health entering the remit of local authority responsibility demonstrates that joint working between councils and CCGs is possible. An important facet of this is data sharing with local authorities, particularly public health consultants, providing information and knowledge to CCGs about areas of need, and CCGs providing per patient costing data and understanding where interventions can be made. Closer working between local authorities and CCGs is therefore encouraged by the Conservative party, with a view for CCGs to be at the centre with a full understanding of both cost and data.

## CONCLUSIONS

There is not a one-size fits all approach to health and social care. They believe that encouraging innovative practice and new models of care are essential to driving change and creating more efficient, effective services for the user. Under a Conservative government, shuffling resources from downstream to upstream, as part of a wider preventative agenda, would be encouraged; however, there is a delicate balance to be struck as funding opportunities tighten and demand is ever-rising.

## THE LABOUR APPROACH TO HEALTH AND SOCIAL CARE

Labour's approach to health and social care centred on two main themes: the intent to repeal the 2012 Health and Social Care Act, and the holistic vision of a ten year plan to provide a single, integrated service for health and social care through the Whole Person Care agenda.

### REPEAL OF THE 2012 HEALTH AND SOCIAL CARE ACT

Health and social care has always been a politically-charged issue, particularly in terms of involving the market, encouraging competition and the degree of integration of health and social care sectors. Labour argue that the 2012 Health and Social Care Act enshrined many of these politically-contestable ideals. Their opposition to this Act has resulted in a commitment from a future Labour government to repeal the act in order to make the NHS a collaborative, not competitive, service.

One of the most uncomfortable elements of the 2012 Health and Social Care Act for the Labour party was the rapid development and facilitation of a marketplace within the health sector, with increasing involvement of the private sector in core service delivery. Section 75 regulations (mandating CCGs to put services out to tender) and the development

of competition within health services will be repealed under a future Labour government with the NHS as the preferred provider model. This is not to say that the Labour Party do not believe that the private and voluntary sectors do not have a place in providing health and social care services, rather their role should be restricted to support and capacity as opposed to wholesale replacement of the public sector.

In addition, the act instigated an immediate top-down reorganisation of the health service which has been highly costly and time-consuming over the adjustment period. First and foremost, the Labour party promise they will not implement another top-down structural change as a result of the resolution to repeal the Act. Instead they argue, focus will be diverted away from structural reform and towards service reform within the established boundaries, with structural change occurring over a much longer timeframe at a rate and pace suitable for individual authorities and providers in a move towards an integrated health and social care sector.

## FORMATION OF A SINGLE INTEGRATED SERVICE

In line with their commitment to collaboration over competition, and as part of a holistic, long-term, ten year forward plan, the Labour party will implement a single, integrated service for health and social care operating with a single pooled budget. The Labour

Party believe the long-term nature of this approach is vital to avoid complicated structural change in the near future. They argue that the main driving force for having a single integrated service is the need to keep people out of the most expensive part of the system: hospitals. By bringing both health and social care under the same umbrella structure, they argue that prevention will be the main item on the agenda.

Such integration will not be straight-forward. Complications arise with respect to the universal nature of the health service and the means-tested social care sector which will need to be addressed. Under Labour's proposed system, it is not expected that all services will be universal, rather that there will be clear dividing lines between services which will be free at point of use and those which require top-up payments from the individual. Therefore Labour argue that improving public knowledge and awareness around citizen's entitlements to care is of high importance. They believe that many citizens are frustrated at the concept of the postcode lottery whereby services available to their neighbours down the road are not necessarily available to them. The Labour Party believe that through implementing a policy ringfence, rather than a financial ringfence, around the provision of integrated services, statutory responsibilities for local authorities to provide such entitlements will create a fairer system for all.

## WHOLE PERSON CARE

The central drivers of the Labour party's approach to health and social care over the next decade are increased individualisation and personalisation of services as well as the push towards a preventative agenda. Whole Person Care sits at the centre of this reform: to join up services around a person's mental, physical and social care needs, and to support independent living for the individual.

A major part of Labour's Whole Person Care approach would be to take care services out of the hospital and into the home, to combat the dual problems of so-called 'bed-blocking' from the health service perspective, and the desire for independent living from the individual's perspective. Acute services and hospitals are at the reactive, and most expensive, end of the spectrum of care. There is no medical reason for patients who have undergone specialist treatment to be required to spend time recuperating and recovering in specialist hospitals as opposed to being transferred to general hospitals or even their own homes. In order to achieve this, and retain specialist hospitals as centres of excellence, Labour argue it is vital to properly invest in health and social care based around the home, built around community services and out of hospitals. Aside from the cost-cutting benefits of such an approach, allowing individuals to recover from mental and physical health illnesses within their

own environments surrounded by family and friends is a core element of Labour's Whole Person Care agenda.

Labour believe that while shifting the focus to preventative measures and independent living, elevating the priority of social care services is essential. Very often, medical problems stem from non-medical roots, for example isolation can contribute to mental illness or poorly ventilated, damp homes can manifest into physical illness, particularly amongst older people. In these cases, Labour argue that social care is fundamental as a preventative measure to ensure that health problems do not deteriorate and individuals are less likely to require professional, medical aid. They believe that through providing an integrated system with fewer points of contact and more comprehensive, joined-up services, the individual is more likely to access the help they require, whether that be medical or non-medical, through health or social care services. At present, access to health and social care services can be confusing from the consumer-perspective, with multiple, duplicated services and siloed working creating the potential for individuals to get lost in the system.

To realise these big ambitions, Labour argues that more needs to be invested in staffing and recruitment. Under a Labour government, the Time to Care Fund will invest £2.5 billion per annum into recruiting and training a

new generation workforce including 20,000 nurses, 8000 GPs and 5000 care workers by 2020 with an emphasis on delivering care and support in the home or community rather than in a hospital setting.

## COMMISSIONING AND THE YEAR OF CARE BUDGET

Under Labour the financial arrangements for Whole Person Care will see a move away from a tariff-based budget to a cohort-based system for personalised care planning. This would mean resources can be targeted around a person's whole needs rather than on individual services. At present, those in greatest need are likely to be using a multitude of services such as social care services provided by local authorities and health services via their GP, CCG and local hospital on a regular basis. The current system pays for each separate service use, regardless of who is in receipt of care. Labour's proposed Year of Care budget would look at the perspective of one person or a cohort of people with similar needs over the course of a year. The aim would be to cover funding for a person's whole physical, mental and social care needs between these different services to ensure that money follows the individual, to prevent duplication or wasteful spending, and to target resources towards preventative services. Labour argue that a cohort-based budget can better focus on preventative services like home adaptations and promoting independent living rather

than the tariff-based system which allocates funding based on the number of people who enter the hospital doors.

Legislation by a future Labour government will be permissive, encouraging and open to different delivery models: descriptive not prescriptive they argue. A suggested delivery model would be to have acute trusts responsible for Year of Change budgets, with commissioning decisions made by Health and Wellbeing Boards which are well-placed to provide strategic oversight to the commissioning process, to understand greatest need within the geographical areas they cover, to lever a more integrated approach across planning, housing, leisure and to provide democratic accountability to the process. For this reason, the Labour party are keen to increase the competency and capacity of Health and Wellbeing Boards as key commissioning bodies at local level, to work together with CCGs as advisers.

## CONCLUSIONS

The Labour approach to health and social care involves a long-term, programmatic plan to integrate the health and social care sectors into a single service with a single budget based on the principles of personalised and preventative services. Given the recent top-down reorganisation of the health sector from the Coalition government, Labour believe another radical structural overhaul is not the answer. They

will prioritise service reform, with long-term structural changes to be implemented over the next ten years. Labour believe that Whole Person Care and planned budgets around this principle are essential to provide better quality services and an overall more holistic, effective experience for the user as resources are declining and demand is rising.

## KEY DIFFERENCES

There are two main areas where the Labour and Conservative approaches differ in relation to health and social care: firstly, the extent to which the two sectors should be integrated. Essentially, these cornerstones of health policy under the Coalition government were enshrined in the Health and Social Care Act 2012, which Labour have vowed to repeal. The Act also enshrined continued separation of health and social care, again the opposite approach to that promised by any future Labour administration.

However, key elements maintain consensus across parties, for example extending the capability and capacity of health and wellbeing boards.

## THE EXTENT OF INTEGRATION

Labour's ten year plan for the NHS involves creating a fully integrated health and social care system with a single pooled budget. Labour acknowledge that such a transition would be complicated and would therefore avoid prescription from the top-down, and

create permissive legislation with a degree of flexibility for different areas and providers to make the transition. Labour are keen to avoid major top-down reorganisation after the structural upheaval that resulted from the Health and Social Care Act 2012. The philosophy driving a single, integrated health and social care system is that of Whole Person Care, where care for a person's physical, mental and social needs are centred on that individual, of which joined-up services are considered crucial.

The Conservative party are equally concerned with the personalisation of care for the individual; however, their approach involves promoting greater access to patients' own GP records, rather than greater long-term structural changes. In fact, they are much more sceptical about the benefits of integrating health and social care as a single pathway to provision, believing such integration would be a potentially 'regressive' move. This is not considered affordable or feasible in the present climate.

## THE ROLE FOR BUSINESS

Traditionally, the Conservative party have been much more open to employing the private sector, particularly in relation to the delivery of services in the health and social care sectors. They believe that there is much room for innovation from the voluntary and private sectors to shoulder the risk in health pilots before scaling-up and replicating models for wider use.

Within this is a flexibility for private and not-for-profit businesses to be the main providers of health and social care services put out to tender. In particular, the Health and Social Care Act 2012 enhanced the marketplace for health and social care, introducing a competitive commissioning process.

For the current Labour party, such markets are impermissible. Instead, NHS is the preferred provider model, with the role of businesses, whether from the voluntary or private sectors, as important only in supporting NHS services. A key motivation in the repeal of the Health and Social Care Act 2012 for Labour is to replace competition within the health and social care sectors with greater collaboration and integration.

## **HEALTH AND WELLBEING BOARDS**

An area of consensus between the two parties is the capability and capacity of the health and wellbeing boards. Created by the Health and Social Care Act 2012, both parties recognise the potential role health and wellbeing boards can play as a forum for key leaders within different organisations to communicate and share best practice. Whole Place thinking is a key element of this to understand and tailor services towards general needs and address health inequalities of the local population. It is expected that the role of the health and wellbeing boards will be strengthened by both Labour and the Conservatives as part of the cross-party drive towards greater joined-up, personalised services around the individual.

## **THE VIEW FROM WEIGHTMANS**

The successful Integration of health and social care is generally accepted as being an essential part of solving the challenges the country faces as a result of an aging population. However, there is still no consensus on exactly how it can be done and the evidence to support the assumption that integration will save money remains sketchy.

The recent announcement of the proposals for integration in Greater Manchester was eye catching and came as a surprise. Many believe that radical solutions will be needed to deliver true integration and the Manchester model could be a significant landmark on this journey.

The differences between the political parties on the issue of integration remain more about how than if integration should be delivered. The differences in how are important which is why we wanted to work with NLGN and the Labour and Conservative advisers to look at how approaches might differ after the election, depending on the outcome.

The Conservative approach focussed on some key underlying principles which would create the environment to deliver a new way of working. The Conservatives recognised some of the tensions between local authorities and CCGs in particular which are inherent in the current structure. There was

a belief that this could be overcome through cultural change and providing the right incentives for integration.

The Labour approach also rejected any further restructuring to deliver the integration agenda, despite promising that the Health and Social Care Act would be repealed. It was suggested instead that integration would be delivered using the existing institutions but again through providing the right environment and incentives. The key difference with the Labour approach is that the incentive would be delivered through the pooling of budgets on a far larger scale than that so far seen with the Better Care Fund. The Year of Care Fund would look at the cost of care across all services and one body would be given the lead responsibility for managing that and taking an overview across the whole system. The decision on which body should take the lead would not be prescribed but would be left to be made locally, though it was suggested that acute trusts may be the best bodies to take up this role.

The announcement of the Manchester model came after the roundtables took place. The Manchester model demonstrates that it is possible to effect a new approach to integration without the need for institutional or structural change. However, given that the different parts of the systems are underpinned by different statutory regimes and probably more importantly cultures and philosophies mean that it is very difficult to implement and

even more difficult to replicate and scale up. The Manchester roadmap may represent the best chance we have of making this work on a grand scale but there is an awful lot of detail to be agreed over the next year or so and many risks to successful delivery. We will watch with interest to see how it develops and how this agenda proceeds – whatever the outcome of the election.

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