LOCALIS

CAPITA

HEALTH AND SOCIAL CARE CO-ORDINATION

Integration in an accountable care system

An interim research note

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About Localis

Who we are

We are an independent, cross-party, leading not-for-profit think tank that was established in 2001. Our work promotes neo-localist ideas through research, events and commentary, covering a range of local and national domestic policy issues.

Neo-localism

Our research and policy programme is guided by the concept of neo-localism. Neo-localism is about giving places and people more control over the effects of globalisation. It is positive about promoting economic prosperity, but also enhancing other aspects of people's lives such as family and culture. It is not anti-globalisation, but wants to bend the mainstream of social and economic policy so that place is put at the centre of political thinking.

In particular our work is focused on four areas:

- **Reshaping our economy.** How places can take control of their economies and drive local growth.
- **Culture, tradition and beauty**. Crafting policy to help our heritage, physical environment and cultural life continue to enrich our lives.
- **Reforming public services.** Ideas to help save the public services and institutions upon which many in society depend.
- **Improving family li**fe. Fresh thinking to ensure the UK remains one of the most family friendly places in the world.

What we do

We publish research throughout the year, from extensive reports to shorter pamphlets, on a diverse range of policy areas. Recent publications have covered topics including building the homes we need, a sustainable healthcare service and the public service ethos.

We run a broad events programme, including roundtable discussions, panel events and an extensive party conference programme. Recent speakers at our events have included Rt Hon Greg Clark MP and Rt Hon Chris Grayling MP.

We also run a membership network of local authorities and corporate fellows.

Contents

Introduction

At the end of January 2017 Localis began a research project to sketch out a set of practical steps which would take the health and social care integration agenda forward. This 'interim research note' provides a window into the project's work so far and hopes to inform debate in advance of the full published report in July 2017.

Specifically, this interim note highlights (i) the three emerging research themes and (ii) local government's reaction to the new NHS England direction on Accountable Care Systems.

Section 1 — Emerging themes

Twenty years after claiming he'd bring it down, Frank Dobson's *Berlin wall* between health and social care remains.[1] As the recent NAO report into the Better Care Fund says, progress with integrating health and care has not been what either practitioners or policy-makers wanted, let alone what politicians promised. The government's target for full integration by 2020 was a convenient political soundbite but a deformed yardstick with which to measure success. With pressure on social care funding reaching a critical level and government soon to be consulting on its future we are forced to ask the question; is health and care integration an inheritance worth preserving?

Health and care integration has a decades long history[2] and its rationale largely rests on two points: cost reduction and improved user outcomes. With an aging population, whose inclination to fund generous welfare has diminished in recent generations,[3] governments have looked to integration to preserve services without having to dramatically increase income, consumption or inheritance taxes.

Unfortunately there is limited evidence either measure (cost reduction or improved outcomes) has been met consistently at scale. The NAO stated that "departments have yet to establish a robust evidence base that shows integration leads to better outcomes for patients" nor is there "compelling evidence to show that integration in England leads to sustainable financial savings or reduced hospital activity".[4] International comparisons suggest the link between integrated care and lower costs is weak.[5] Evidence does show that integrated care can highlight previously unmet need and there is anecdotal evidence which suggests patients enjoy a better quality of service if it is streamlined.[6] One Adult Social Care Director interviewed said that it was entirely possible that integration was achieving outcomes and they were confident it was, just that we were yet to agree a way of accurately measuring them.

1 http://news.bbc.co.uk/1/hi/health/253880.stm
2 House of Commons Library, Notes, August 2016, Integrating Health and Social Care
3 https://www.ipsos-mori.com/Assets/Docs/Publications/sri-generation-strains-ipsos-mori-demos-2013.pdf
4 NAO, March 2017, Health and Social Care Integration
5 Journal of Health Services Research & Policy, Mason, Goddard, Weatherly, Chalkey, 2015, Integrating funds for health and social care: an evidence review
6 Research roundtable contribution

Health and social care integration is caught between two competing narratives; one which says it doesn't work and the other claiming it hasn't really been given the chance to work. So, if we are to give integration a chance of working, how should we go about it? Three themes have emerged.

Theme 1: Co-ordination not integration

The first consistent message during the research was *'integration* has become an unhelpful term'. It is loaded with connotations about structural change and challenges to organisational sovereignty. Nor does it accurately the reflect the good local activity that is happening.[7] "Far better" one council cabinet member for Adult's Services said, "to call it co-ordination, because this is all it is."

One Director of Adult Social Care interviewed stated "good local practice can happen, frequently it does, but often because of the people involved, and almost always in spite of national policy or big structural change". This theme of good practice working around policy, not through it and often via good co-ordination, has been a central message of those we have spoken to (both NHS and local government) during this research project. We will continue to explore this idea as part of the final research report.

Theme 2: Build it around the person

The second strong message to come from both NHS and local government during the research roundtables was that of 'person centred care'. "Integrating via the individual is much better, they don't care about the wires under the hood, they just want a good service where everyone knows what it is going on."[8] Personalisation is now a default for most adult social care services yet the NHS is in the early stages of rolling out personal health budgets. Evidence suggests personal budgets for example, can improve outcomes and there is a high level of local confidence it will deliver savings.[9] However, because they're still relatively new in the UK and downward spending pressure on adult social care and NHS services continues, it would be unwise to offer a definitive conclusion on their success. What the NAO have said is that outcomes differed greatly as a result of the implementation of personalisation suggesting there is further work to be done to improve the way we build services around a person.[10]

Allied to this were questions about data and its accessibility. Integrating via the individual (co-ordination) requires better sharing of data. Interviewees for this work claimed local areas do find ways to do this, but it is often at the discretion of professionals. With NHS England altering requirements to share

7 Research Roundtable Contribution
8 Ibid
9 https://www.nao.org.uk/wp-content/uploads/2016/03/Personalised-commissioning-in-adult-social-care-update.pdf
10 Ibid

data, which in the words of one roundtable participant, "will only make it harder to share" this particular area will be explored further as part of the final research report with a view to making recommendations.

Theme 3: Both sides are taking a break

The recently published *Next Steps on the Five Year Forward Document* has created justified concern amongst local government leaders.[11] After significant investment in the integration process NHS England seems to be signalling a loss of patience with the agenda. The document arguably gives providers an earlier and louder say in what Clinical Commissioning Groups commission but Simon Steven's comment to the Public Accounts Select Committee that his plans effectively end the purchaser provider split will give little confidence to those who feel the system is already too provider dominated.[12] One of the attractions of health and care integration was the argument it would allow for a focus on funding prevention and early intervention in the community.

However, a temporary break wouldn't necessarily be a bad thing. With both councils and the NHS struggling to transform services and deal with funding shortfalls Directors in both the NHS and local government have suggested to us that an opportunity to deal with internal issues would be welcome. There have been calls for greater internal NHS integration and local government similarly has issues it needs to address regarding the configuration of care services and the weak state of the private care market (albeit there is significant local variation in this). What's important is that local areas don't use any space created to slow or stop the effective co-ordinated activity which is already happening. A test of NHS England's new policy direction is whether it helps or hinders that activity.

Therefore, arguably the document's most important message is that NHS England wants certain local areas to move towards becoming *Accountable Care Systems* (ACS). This model would allow for more strategic commissioning of services based on population level health and care information. One criticism raised during the research for this report was that an ACS is poorly defined in the document.[13] We reached out to a number leading Chief Executives, Directors and Cabinet Members in local government to ask if they could provide a definition based on their best understanding and we received contradictory answers. Some saw it as a "single budget for single system" whereas others stated it was a "collective of organisations working to a set of agreed objectives but without the pooling of budgets". Some were highly sceptical claiming it was the "NHS trying to take

11 https://www.themj.co.uk/Integration-future-called-into-question/207255
12 http://www.bbc.co.uk/news/health-39116005
13 Research Interview

control of adult service money".[14] There is a weak understanding of precisely what an Accountable Care System is and what it is supposed to achieve.

Whilst not every area will operate under this model, NHS England's intention appears to be for greater uptake beyond the pilot sites. However, this doesn't automatically include a role for local government. With NHS England noting Accountable Care Systems would not necessarily involve local government, suggesting only they would "often be in partnership with local authorities".[15] I*f health and social care integration is to have a future in which there is a partnership of equals between local government and the NHS, it will need to understand how to exist in an accountable care system.*

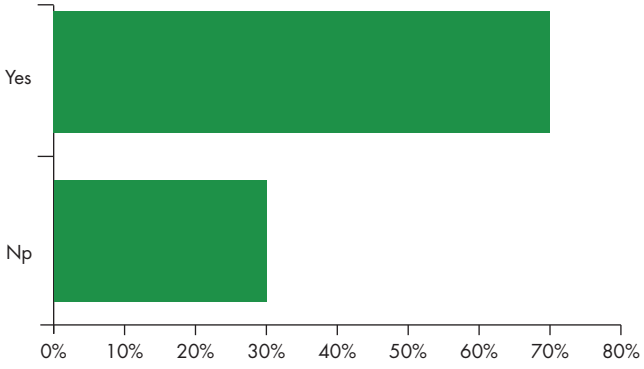
14 Online questionnaire responses
15 https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

Section 2 — The local government view of accountable care systems

Concerns have been raised that the future of integration between health and social care in Accountable Care Systems has not been given enough consideration. When it has been discussed it is largely in relation to supporting the hospital system. The precursor to the new Sustainability and Transformation Partnerships, the *sustainability and transformation plans*, were roundly noted as having minimal involvement from local authorities and in some cases none at all from mental health services.[16] Given the purpose of the plans was to enable the intelligent transfer of resources from secondary care to primary care and prevention, and local government is a critical partner to the NHS locally, such a concern about Accountable Care Systems seems justified.

70% of councils have already been involved in discussions about Accountable Care Systems

Figure 1: Have you held discussions locally with CGC's and Providers on what it means to become and Accountable Care System and how you will work towards achieving this goal?[17] Responses: 63, of which 3 were unsure

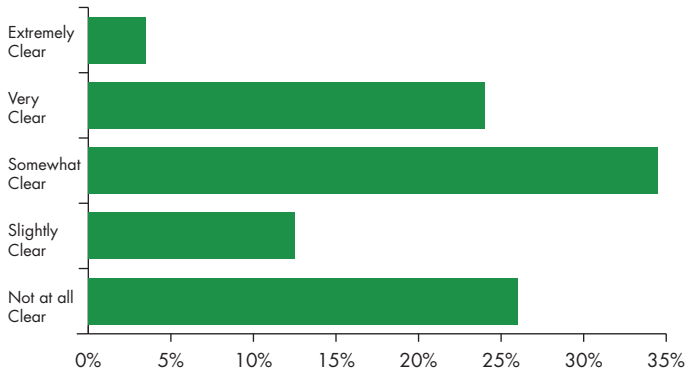


16 Saving STPs, Layock et al, Reform, February 2017
17 Online survey

Over two thirds of councils have been involved in discussions with their local health economies on accountable care systems. Of those that have been involved in discussions their depth ranged from being "active with CCG and STP, including development and away days" right through to "only at preliminary level".[18] Given ACSs were a recent policy announcement one could argue this level of engagement is higher than might have been anticipated. (Although as one interviewee noted they had "been in the works and known by all for a couple of years now".) NHS England has identified 9 areas which will form part of a "light touch process" to encourage others to move towards an ACS.

Local government needs greater clarity on what an Accountable Care System is and how it works

Figure 2: How clear is your understanding of how an Accountable Care System works?[19] Responses: 64



Only a third of responders to our survey said they had an 'extremely' or 'very' clear understanding of how an ACS works. Given the relatively early stage of this policy's development we should see this as a positive sign. Yet the third of people who either have only a 'slightly' or 'not at all' clear understanding should be a note of concern. With local health economies moving ahead with this process of reform, the danger is some local authorities get left out of discussions entirely. One hospital trust chief executive interviewed for this report said "I know exactly how the health system needs to looks locally in five or six years' time, I can't say the same thing about social care."[20]

18 Ibid
19 Online survey
20 Interview response

It's too early to tell whether this is helping or hindering conversations locally

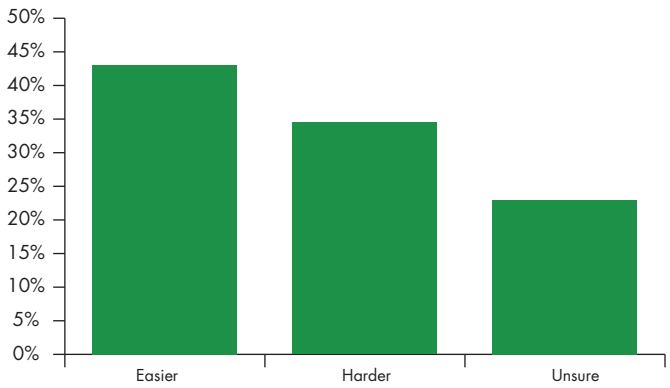
Figure 3: How has the new direction for the NHS laid out in the Next Steps on the Five Year Forward View document affected your confidence in your own local health and social care integration efforts?[21] Responses: 64

The overwhelming majority of responses to our survey suggested there has been no impact on confidence in local efforts to integrate health and social care. We attribute this to the policy officially only recently entering the public domain. However, other recent announcements have generated stronger dividing lines amongst local authority leaders and senior executives.

21 Online survey

Figure 4: Will the effective end of the purchaser provider split make integrating health and social care easier or harder in your area?[22]

Responses: 64



The end of the purchaser provider split has also split opinion in local government. One survey response argued "This will make integration far more difficult, as councils are moving in the opposite direction as they increasingly divest themselves of their provider functions. The end of the purchaser provider split in the NHS seems to be associated with more of a focus on direct NHS provision, rather than on population health outcomes." Conversely a more positive response noted "At the moment, significant senior leadership effort is taken up negotiating (mediating) between commissioners and providers - an artificial split of responsibilities. Having combined leadership for the health services in an area and a finite budget that a partnership is responsible for would lead to less talk and more action/ implementation."

The view that such a split was a "false distinction" was common across most survey responses irrespective of whether they felt it made integration harder or easier. Another common theme was the greater dominance this change could give providers.

There are fears over (greater) Provider dominance

"We see it that way, the CCG GP Federation sees it that way, the local schools and the local third sector providers do to. We, finally, all see it the same way; coordinated commissioning focused on outcomes for patients built on a sense of place. The local hospital however, I'm not so sure." This response provided by a Director of Adult Services when interviewed suggests

22 Ibid

there is a reticence about the motivations of providers. This theme was also touched on during the research roundtables.

One roundtable participant highlighted the political salience of delayed transfers of care (DToC) and its status as a barometer of well-functioning social care in particular, which has been resented by local government. More recently this has reached the point of some hospitals attempting to fine councils for not finding appropriate care homes for patients scheduled for discharge.[23] There is a belief amongst some leaders and senior executives in local government that providers, when given the chance, drive a provider-centric view of services meaning less focus on community and preventative options. One council chief executive interviewed argued movement towards an Accountable Care System would give providers a privileged position in the commissioning process.

The question of commissioning and the role of providers, often the incumbent, has been raised repeatedly however we are not in a position to publish whether this view is supported by evidence over and above the survey and interviews we have conducted. Further attention will be paid to this issue during the remainder of the research process.

23 https://www.localgov.co.uk/Councils-could-face-fresh-wave-of-bed-blocking-fines/42946

Section 3 — Health and Social Care Co-ordination

Whilst the majority of areas are already involved in discussions about the structural changes presaged by NHS England's *Next Steps* document they shouldn't be distracted from practical integration activity still being delivered on the ground. From the perspective of a patient or service user this integration looks a lot like co-ordination, however. The levers to achieve this are almost exclusively held locally. Therefore whilst national policy initiatives like Accountable Care Systems will take up senior leadership time, pragmatic measures to create seamless services for local people need not be halted because of it.

With downward spending pressure on budgets and increasing demand for services, integration in the way envisioned by repeated governments is unlikely to happen any time soon. Realistically we're entering a phase where both the NHS and local government need to work on configuring their own services optimally. The NHS must work through the challenges posed by provider deficits and integrate its own services and systems. Similarly, this provides local government with the space to look at ways of linking up with neighbouring authorities or explore new service models. The question of structural integration is still pertinent, but without a supportive policy framework set down by central government which addresses the mismatch in funding model for both NHS and local government, it will as likely be distracting as much as it is enabling. This doesn't mean they shouldn't work together, but that the "full integration" demanded by government should be put aside in favour of the more realistically and less destabilising goal of *health and social care co-ordination*.

Co-ordination in this context means an exclusive focus on front line collaboration that is achieving positive results for communities and where that practice is shared with others. Questions of structural change or budgetary alignment between NHS and local government is not included in this definition of co-ordination. In the full report to be published later this year we will assess the following topics as potential areas for better co-ordination;

- Digital technology
- Training and leadership development

- Back office efficiency
- Data
- Estates management
- Performance management

However, co-ordination needs to be for a purpose. A criticism raised during the research has been that too many areas have been integrating for the sake of it.[24] To give it purpose there needs to be a concept which is understood by both health and social care, but where there is still room for innovation. To that end *personalisation* or *person centred care* is the most relevant. Local government already has a strong pedigree in this agenda and the NHS, with the personal health budgets and integrated personal commissioning, is quietly expanding the notion of person centred care to new service areas.

24 Research roundtable

Conclusion

Questions of organisational sovereignty, budgets and accountability naturally follow a conversation about structural change. NHS England and the Department of Health have settled on Accountable Care Systems as the policy context in which we must have these conversation. But we should also see it in historical context. Policy initiatives change and whilst the ACS discussion is serious and important it should not be used as an excuse to slow or stop good collaboration on the front lines. To that end our final report, published in July 2017, will explain how local areas should go about encouraging greater health and social care co-ordination and how personalisation can disrupt the health and care system in favour of the patient or service user.

Online Survey Notes

Localis conducted a survey of 64 local government senior executives and politicians - these included Directors responsible for Adult Social Services, Chief Executives, Council Leaders and Cabinet Members for Adult Social Services. The survey ran from 10/04/2017 until 24/04/2017. Data and quotes have been taken from this survey and used in this report and footnoted where appropriate.

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