Health Foundation submission: Public Accounts Committee inquiry - the health and social care interface

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Section One: Health Foundation submission

The Health Foundation strongly supports the principles of taking a place-based approach to planning and delivering services, of better integrating and coordinating services around the needs of the patient, and of a stronger emphasis on prevention and health promotion, including supporting individuals to take an active role in managing their health. Effective integration of health and social care services has the potential to make an important contribution to improving the care that people in England receive. But while structural change can be important in removing barriers to transformation it cannot, by itself, improve service delivery. To better support integration of health and social care, national system leaders need to align funding, policy and regulation across organisations, and frontline staff need to be given the time, space, resources and support to effectively deliver change on the ground.

The funding and workforce challenge

Efforts to integrate health and social care need to be supported by adequate and sustainable funding for social care. A whole range of barriers to integration must be overcome but without further funding the solutions to these challenges will be extremely difficult to find.

Over eight years the social care system has seen sustained cuts. An ageing population and increases in the number of younger adults with disabilities is increasing the cost of caring for older and disabled people. Based on current spending in England, a funding gap of at least £6 billion will open up by 2030/31 just to keep pace with growing demand. To improve quality, access or reform the means tested system would widen the funding gap even further.

Health and social care are inextricably linked and it is clearly not enough to boost NHS funding alone. Just to maintain the current inadequate provision of social care will require funding increases of 3.9% a year. About 400,000 fewer adults received social care services in 2013/14 than in 2009/10, as local authorities have had to prioritise funding for people with the most severe care needs.

Social care faces many of the same workforce challenges as the health service, but with a greater reliance on low-paid staff who are not professionally registered it can be even more challenging to plan, attract and retain a sustainable workforce. Staff turnover rates in social care are over 25% - making integration a near impossibility.

We need to see a significant long-term funding boost in the autumn Green Paper, alongside a long-term workforce strategy.

The key challenge for integrating health and social care: achieving change on the ground

As set out in the *Five year forward view*, the key challenge facing the NHS and its social care partners is to reshape the way care is delivered in response to changing needs, including through better integration and prevention. New contractual and organisational forms, new payments systems, new governance and accountability frameworks – all of these can be important for creating the right incentives and removing barriers to change. But they do not, by themselves, change the way that care is delivered. Achieving that is much harder, requiring doctors, nurses and social care staff on the ground to come together, develop new approaches and work together in different ways.

If changing the way that care is delivered requires those involved in delivering care to work in different ways, then the key question for any programme of reform should be: how is that going to happen? Historically, the NHS has had a tendency to invest in structural reforms with an assumption that the impact of these will filter down to influence the way that care is delivered on the ground, but too often this hasn’t achieved the intended impact.

So, a key question to answer is: is there a clear vision for and understanding of how integration initiatives will lead to and facilitate changes in the way care is delivered? And is the space and support available for those on the ground who will need to plan and drive these changes to do so, alongside the essential business of continuing to deliver day-to-day patient care? If not, there is a risk that new plans, structures and systems are put in place but continue to support fragmented and unnecessarily acute-centred historic patterns of care.

Supporting those driving change on the ground

The hard work of changing the way care is delivered on the ground relies on those who lead and provide this care having the time, space, resources and skills to redesign individual processes and pathways.

We know from the work we fund to support service improvement in the NHS that this can be a significant endeavour. Relationships have to be built across organisational boundaries. New services have to be co-designed with patients, families and staff. Consensus has to be reached on plans for change. New roles or teams may have to be created, such as multi-disciplinary teams. Changes need to be tested, evaluated and revised – which in turn may require developing local analytical or evaluation capacity where this does not already exist. The Discharge to Assess models developed in Sheffield and South Warwickshire, which are described in our 2016 report on improving whole system flow, are good examples of the time, resource and effort it takes to deliver new ways of working at the interface between health and social care.

Even when ideas have been successfully tested elsewhere, substantial work may still be needed to adapt them to a local context. And all while continuing the more immediate task of delivering existing services within a very pressured financial and staffing environment in both health and social care.

Given the hard work required to change the way care is delivered on the ground, it is critical that NHS leaders and bodies support those who will need to lead and implement these kinds of changes as part of the wider mission of improving health care. The complexity of change involved means that it can't be driven centrally; rather, this is about how the 'centre' can enable those who work in the system to drive change themselves.

Successfully delivering change may well require resources – for example, to establish project-management teams, backfill staff positions or for initial double running costs. It also takes time; for example, our recent study of progress made by the new care models vanguard sites found that they had already been undertaking work to establish new models of care for between 2-10 years before the new care models programme started.

In addition, successfully delivering change requires investing in the development of staff to ensure they have the right skills to make change, such as leadership skills, improvement skills, collaboration skills and change-management skills. There are important initiatives on which to build here, such as NHS Improvement's *Developing People, Improving Care* strategy. This kind of capability-building work is vital but often gets less attention and resources than more centrally-led change programmes. It is also important to ensure that efforts to increase the improvement capability of the NHS workforce are complemented by an equivalent investment in the skills of the social care workforce, not least so that people are able to speak a common improvement language. PROSPER, a Health Foundation supported project to build improvement expertise in care homes in Essex, highlights the benefits this can bring to both residents and employees. However, such initiatives are still relatively unusual in social care settings.

Ensuring national programmes are aligned and support local action

The context within which integration initiatives develop and make progress is hugely influenced by national priorities, programmes, oversight and regulation. These can impose significant demands on local systems and have a 'make or break' effect on local partnerships and initiatives. In the Health Foundation's 2015 report *Constructive Comfort* we argued for an annual exercise to understand the 'collective weight' of national policy action on local health economies and to weigh up the costs and benefits.

A particular challenge arises when, as in the current environment, there are multiple place-based programmes and initiatives. Whether or not such initiatives reinforce or conflict with one another can have a significant impact on a local health economy's ability to reshape services. Alignment between national policies and programmes can be particularly important for supporting the local leadership required to drive change across health and social care.

In this context, it is important to understand whether and how national bodies are coordinating their activities, and in particular what, if anything, they are doing to understand the overall impact of these activities from a local perspective.

The challenge of replicating success at scale

Service transformation is highly context-specific, rooted in the particular circumstances and challenges each local health economy faces. While new ideas and care models can be transferable across different locations, each is likely to require significant adaptation to work in the specific context in which it is implemented. This means it would be a mistake to assume that once an idea has been successfully demonstrated in one location then the hard work has been done and everyone else can easily and quickly adopt the same approach. As highlighted by recent Health Foundation research on the challenges of spreading complex healthcare interventions, those adopting ideas and practices from elsewhere will often need substantial time, resources and creativity to translate the idea into their own setting and make it work.

A related consideration is that some areas are substantially better placed to bring about change than others. This variable capability and readiness has important consequences for trying to replicate success at scale, and it is clear that some areas may need more support than others to implement the same types of change.

Very often national programmes focus resources on a few pilots that can demonstrate success and then assume that the same changes can be rolled out to everyone else quickly and with fewer resources. But the considerations above suggest that 'adopters' and 'followers' within national programmes may need just as much, if not more, support to implement new care models as 'innovators', 'vanguards' and 'pioneers' (many of whom were developing their changes prior to the initiation of national programmes).

It is important to consider the appropriate distribution of resources for supporting the development of integration initiatives and the spread of successful practices. In terms of those areas requiring significant assistance, it will also be important to learn from the experience of other national efforts to support challenged health economies, such as the Success Regime.

The value of ongoing evaluation of integration efforts

It is important for NHS England to continue evaluating their progress in supporting change on the ground so that other areas can benefit from new ideas to improve care and understand what is working and what isn't. Our evaluations have shown mixed results from the early stages of work undertaken by some vanguards, underlining the importance of learning from the very challenging task of transforming services.

We know from our experience that staff require time, space, resources and support to effectively deliver change on the ground. We hope to see robust plans and adequate funding to back local areas to achieve this in the long-term plan for the NHS, expected in the autumn.

Section two: questions for committee members to consider asking during inquiry

1. How will the success of integration measures be judged?
2. What are national bodies doing to ensure efforts to bring health and social care services together remain focused on the question of 'how can we improve care?' rather than simply 'how can we become an ICS or STP?'?
3. What support is available to ensure that those on the ground who will need to lead and implement service change have the resources, time, space and skills to do so, alongside the essential business of continuing to deliver day-to-day patient care?
4. What are the national bodies doing to engage with those leading health and social care integration to understand the overall impact of the range of national plans and activities relating to place-based planning, service transformation and improvement, to ensure that these are as coherent and as supportive of change as possible?

Section three: About the Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

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