

# **Failure and Success in the Integration of Health and Social Care**

*Doria Pilling*

City, University of London

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# Health and social care definitions

## Health care

A healthcare need in general terms is one related to the treatment, control or prevention of a disease, illness, injury or disability, and the care or aftercare of a person with these needs (whether or not the tasks involved have to be carried out by a health professional).

## Social care

A social care need is one that is focused on providing assistance with activities of daily living, maintaining independence, social interaction, enabling the individual to play a fuller part in society, protecting them in vulnerable situations, helping them to manage complex relationships and (in some circumstances) accessing a care home or other supported accommodation.

# **Distinction between health and social care**

- ◆ May seem clear, but health and social care needs both come from illness, injury or disability
- ◆ In particular, inclusion of assistance with daily activities, especially personal care is contentious – some consider it a nursing need, and exactly where the boundary lies is a matter of dispute

# Who provides health and social care in England?

- ❖ Health care is provided by the National Health Service, a universal service, free at the point of delivery. Currently in England 207 Clinical Commissioning Groups (CCGs), made up of GPs, other health professionals and lay people commission most of the hospital and community health services in the area for which they are responsible
- ❖ 152 local authorities, elected local governments, are responsible for the provision of social care, which is means tested and has strict eligibility criteria

# Hospital discharge – 2017

- **Statement Jeremy Hunt, Secretary of State for Health, 3 July 2017**
- **I would like to update the House about action we are taking to address delayed discharges from hospital in advance of this winter. Last year there were 2.25 million delayed discharges, up 24.5% from 1.81 million in the previous year. This Government is clear that no-one should stay in a hospital bed longer than necessary: it removes people's dignity, reduces their quality of life; leads to poorer health and care outcomes for people; and is more expensive for the taxpayer.**

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# ... and Hospital Discharge 1963

- **Ministry of Health Circular, 1963**
- Adequate and timely after-care arrangement are not only in the interest of certain types of patient but will prevent beds being occupied by patients who no longer need hospital care. Hospital authorities are asked to ensure – and constantly to verify – that each person in the line of communication realizes his responsibility...

# Introducing Mrs Smith.....







# **Problems of lack of integration**

- **Mrs Smith is a fictitious women in her 80s with a range of long-term health and social care problems for which she needs care and support.**
- **Mrs Smith encounters daily difficulties and frustrations in navigating the health and social care system.**
- **Problems include her many separate assessments, having to repeat her story to many people, delays in care due to the poor transmission of information, and bewilderment at the sheer complexity of the system.**
- **She might well have to go to an Accident and Emergency department, end up in hospital and have her discharge delayed because of lack of co-ordination between the hospital and social services in getting her home care organised**

**A co-ordinated service  
that meets her needs –  
and probably no need  
for hospital admission**

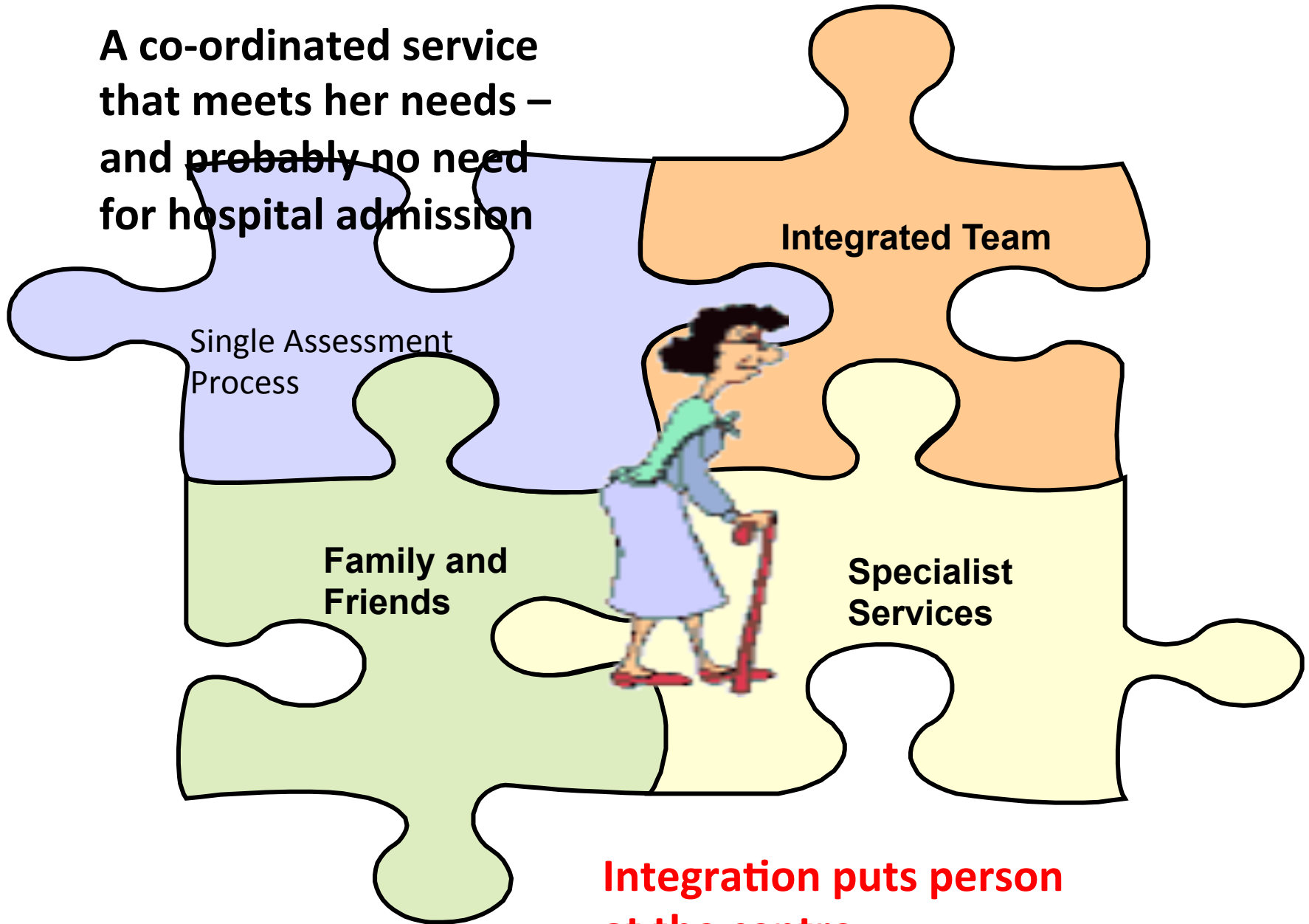
Single Assessment  
Process

Integrated Team

Family and  
Friends

Specialist  
Services

**Integration puts person  
at the centre**



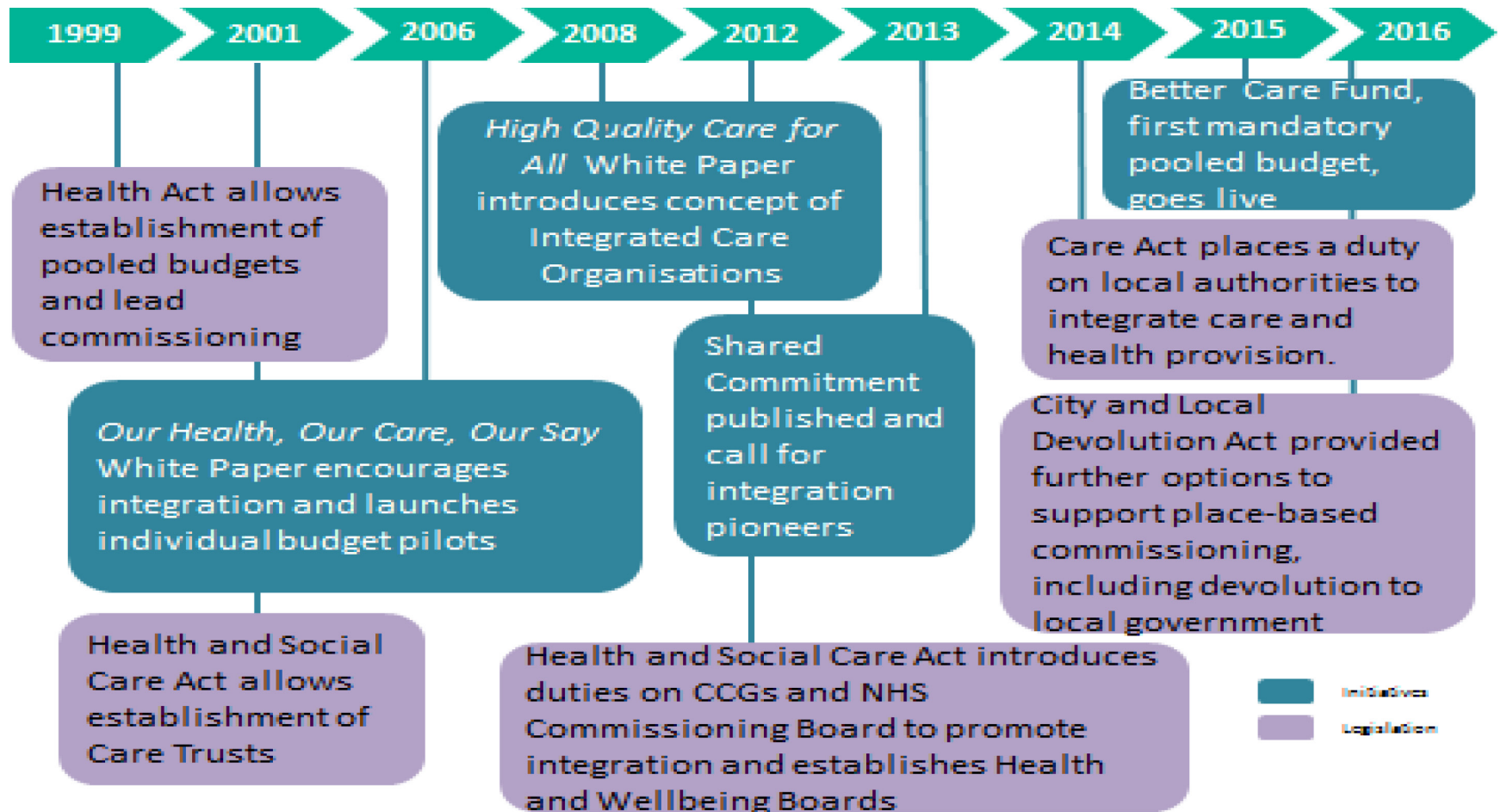
# Critique of joint working

- **Department of Health, *Partnership in Action*, 1998**
- **All too often when people have complex needs spanning both health and social care good quality services are sacrificed for sterile arguments about boundaries. When this happens people, often the most vulnerable in our society – and those who care for them find themselves in the no man's land between health and social services... It places the needs of the organisation above the needs of the people they are there to serve**

# Government response to joint working critique

- **Department of Health, *Partnership in Action*, 1998**
- **Major structural change is not the answer. We do not intend to set up n health and social services authorities. They would involve new bureaucracies and would be expensive and disruptive to introduce. Our proposals set out a course which is less bureaucratic and more efficient ...**

# Integration initiatives



# Initiatives to achieve closer integration

- Joint Planning Committees
- Additional legal powers to pool NHS and social care budgets and jointly commission services (1999)
- Care Trusts (2001)
- Requirements for joint plans
- Encouragement of local initiatives such as multidisciplinary teams

# **Main current initiative – The Better Care Fund**

- Mandatory policy to facilitate integration
- The Fund requires local health bodies and local authorities to pool funding, a minimum of £3.8 billion in 2015-16 and £3.9 billion in 2016-17 across England.
- Local bodies must produce joint plans for integrating services and reducing pressure on hospitals, and agree targets against a set of national performance metrics.

# Better Care Fund – Interim findings

- 2015-16 the number of delayed days increased by 185,000 compared with 2014-15.
- In 2015-16 the number of emergency admissions increased by 87,000 compared with 2014-15.
- Permanent admissions people aged 65+ to residential and nursing care homes reduced to 628 per 100,000 population, against a target of 659 per 100,000.
- The proportion of older people who were still at home 91 days after discharge from hospital receiving reablement or rehabilitation services increased to 82.7%, against a target of 81.9%.
- 90%+ areas reported joint working improved



# Other current initiatives

- **Integrated care pioneers** – 25 sites developing and testing innovative ways of joining up health and social care services
- **Personal health budgets** for people with long term conditions and disabilities
- **Vanguards** – 50 sites testing out specific models - 14 multispecialty community providers and 9 primary and acute care systems - to increase integration of local health services, sometimes including social care
- **Sustainability and Integration plans** - Local health bodies within 44 areas (population average 1.2 m.) – ‘footprints’ – must draw up sustainability and transformation plans to improve services and finances over the five years to March 2021. Must include plans to strengthen primary and community services and integrate NHS and social care services more closely around needs of person.

# Barriers to integration

- Financial incentives- hospitals paid for each patient sees or treats – works against integration
- Workforce - professional differences, different terms and conditions across health and local government, need for more common training
- Information sharing – no legal barriers, but are uncertainties about legal requirements

# Is structural integration necessary?

- Report of the Commission on Future Health and Social Care in England (2014) argued for a single ring-fenced budget for health and social care, that is singly commissioned locally
- Is structural integration an essential requirement for the integration of health and social care?
- Evidence from Northern Ireland equivocal

# Factors conducive to integration

- ◆ Time
- ◆ Collaborative leadership at many levels
- ◆ Shared vision
- ◆ Workforce from different organisations provided with opportunities to understand others' roles
- ◆ Sharing of information
- ◆ Governance – clear arrangements among senior executives for undertaking joint work