

# Public accounts committee: The Interface between health and social care inquiry

Submission by NHS Providers, 10 July 2018

NHS Providers is the representative body for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We have 100% of all NHS foundation trusts and trusts in our membership, who collectively account for £74bn of annual expenditure and employ more than one million staff.

## Key messages

- We welcome the additional funding the Prime Minister recently announced for the NHS, however it is also vital that social care and broader public services are adequately funded. Without this we will simply store up problems for front-line health services, as well as falling short of the care and support the public needs.
- Social care and health care are highly interdependent and each plays a key role in ensuring that people are supported in the right setting at the right time. Years of cuts to local authority budgets have led to a significant squeeze on social care services, with the Local Government Association highlighting that Councils face a £7.8 billion funding black hole by 2025<sup>1</sup>. The knock-on effect of this has been felt right across the NHS, including hospital, community, mental health and ambulance services.
- The NHS and social care are working together locally to address these pressures, but integration of services is not a panacea. We also need support for public health and prevention as well as a clearer national strategy for joined up health and social care services which supports people to stay well for longer and brings care closer to home. The forthcoming NHS 10 year plan and five year delivery plan offer the opportunity to do this and it is imperative that the frontline are involved in the development of these plans.
- Transformative change requires investment: Many of the vanguard sites across England have introduced innovative approaches that can be shared and spread at scale, while also building strong partnerships across traditional boundaries, overcoming complex governance challenges and involving staff, patients and the public in service change. There is much to learn from the work of the vanguards, and other local initiatives to develop new models of care, but as the NAO highlights in its report *the Health and Social Care interface*, trying to bring about transformational change, with little or no extra money, while sustaining existing services is exceptionally difficult.

## Interdependence of health and social care

1. Social care and health care are highly interdependent and each plays a key role in ensuring that people are supported in the right setting at the right time. Providing adequate and timely social care at home or in the community can help avoid hospital admissions which are both costly and intensive, and which for some service users can lead to a loss of independence. The ready availability of social care can also help avoid delays in hospital discharges. As we mentioned in our submission<sup>2</sup> to the Health and Social Care and Housing, Communities and Local Government

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<sup>1</sup> <https://www.local.gov.uk/moving-the-conversation-on/funding>

<sup>2</sup> <http://nhsproviders.org/media/4500/nhs-providers-chlg-hsc-social-care-funding-inquiry.pdf>

Committees inquiry into social care funding, and as the committees highlighted in their report<sup>3</sup>, the NHS often absorbs the pressure where social care is unavailable. The impact can be seen in the increasing level of delayed transfers of care (DTOCs) in recent years, and also in emergency admissions.

2. Government must recognise how dependent the NHS is on wider public services, such as public health and social care. Ensuring that these services are sustainably funded is crucial to the success of the health and care system over the next ten years.
3. This is why we have been clear that while we welcome the additional funding the Prime Minister has announced for the NHS, this must be accompanied by adequate funding for social care and broader public services. The 10 year plan must be realistic about how far the funding will support the transformation of services, while also continuing to respond to current demand.

### **Joint working across health and social care**

4. There are a number of examples of the NHS and social care working closer together to address these issues. Closer organisational working offers opportunities for improving transitions between health and social care and ensuring people are cared for in the right setting.
5. NHS trusts and their successor organisations have offered a range of health and social care services for a number of years, and integrated care models will similarly be better positioned to drive joined-up working. For example, in areas with high levels of existing integration, some staff have mixed or joint roles – such as district nurses with a social work qualification – helping to create a seamless experience for patients and service users. Elsewhere, NHS providers have taken responsibility for commissioning and/or delivering social care.
6. Nevertheless, the integration of services is not a panacea. Health and social care have been charged with wide-ranging transformation despite both services facing challenges to their financial sustainability. Bringing the two closer together will not in itself resolve this problem as evidenced by initiatives of recent years to rebalance funding, such as the Better Care Fund (BCF) and then the improved Better Care Fund (iBCF). While these initiatives helped to forge closer links between health and care, the Public Accounts Committee report on integrating health and social care found these initiatives were insufficient to support more integrated care, better services or significant financial savings<sup>4</sup>. Both health and social care need investment to ensure people are cared for in the right setting. To do otherwise is to lessen people's independence and experience of care, and to exacerbate cost pressures across health and social care.
7. There remains uncertainty about the end state for many STPs and integrated care systems and what will be expected of them. We must recognise that each area will face a different set of challenges and must be supported to adopt an approach based on the needs of their local population. While STPs and ICSs are likely to provide a helpful means of convening local partners to agree a shared vision and shared priorities for their local populations, it is important to remember that the delivery of care in new and more integrated models will take place on much smaller footprints (at neighbourhood levels for example) within an ICS or STP umbrella.

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<sup>3</sup> <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf>

<sup>4</sup> <https://publications.parliament.uk/pa/cm201617/cmselect/cmpubacc/959/95902.htm>

## Learning from the vanguards

8. As part of the national new care models programme the vanguard sites across the country have made progress towards integration of care in line with the ambitions set out in the *Five year forward view*. Many have developed innovative approaches to delivering care. They have also built on understanding of how to engage staff, patients and the public in change, and how initiatives and successes can be most effectively spread across the health and care system.
9. There is now an opportunity to build on the vanguards' understanding of what has – and hasn't – worked, their leadership and momentum, and the expertise and energy of staff and local communities but we need to be realistic about the challenges of spreading these models.
10. The introduction of STPs/ICSs provides an important mechanism to help spread the learning from the vanguard programme because the delivery of more integrated care will take place on smaller footprints within an STP/ICS area. It is essential that the learning from the vanguard programme is not lost as national policy makers seek to develop system working.
11. It is clear from the vanguards' experience that transformation requires funding, implementation support, time, and the permission to make mistakes and learn from them.
12. We welcome the commitment from the chief executive of NHS England to sustain and help to spread learning from the vanguards within the upcoming ten year plan, but we must ensure this builds on the progress made so far.
13. Continuing the journey towards more integrated care will be a key pillar of the plan and funding settlement. But we must be realistic about what this funding can do alone without a clear longer-term strategy for transformation and support from national leaders.

## The role of national bodies in integration

14. The national policy focus is increasingly on local system working through STPs and ICSs. A system-level approach to planning services can ensure that care pathways are designed around the needs and experiences of patients, rather than around traditional organisational boundaries. However, our members tell us that they do not believe that the vision for the overall system architecture is clear and the national bodies could do more to set out a clear and consistent vision for system collaboration.
15. There is a role for the Department of Health and Social Care to co-ordinate this and ensure the national bodies are aligned. Trusts also need clarity on how the current approach to regulation, governance and funding of services will evolve to fit this ambitious model of system working.
16. It is important that the national bodies provide a clear vision and an enabling framework for integration and transformation. However, learning from the vanguard suggests that local leaders, staff and people who use services need to have the freedom to design and deliver change in a way that works best in their local context.
17. Local health and care systems across the country are at different stages of development and while the front-runners are racing ahead, there are other local systems that will need more time and support to develop. This will mean that any approach to assessing systems will need to be iterative and take into account the history of local relationships. We are concerned to ensure that individual organisations are not held to account for issues outside of their control, and that

partnerships are judged relative to their starting point on a journey towards more collaborative working.

18. The Care Quality Commission (CQC) has helpfully taken steps to adapt its approach in line with the changes the health and care systems are making towards delivering more integrated care through their work on local system reviews (LSRs). The LSRs are an important starting point in assessing how well health and care services are working together to deliver joined-up services and building up a picture of the quality of care in local systems.
19. The national oversight frameworks for health and care services have the potential to incentivize and encourage collaboration across health and social care, as well as remove some of the obstacles to this. However, the national bodies need to ensure that the approaches they take are consistent and aligned. For example, CQC's local system reviews are based on Health and Wellbeing Board footprints, which do not align with STP and ICS footprints.

## **Conclusion**

20. We welcome the additional investment for the NHS, but this can not be viewed in isolation. Public health and social care must also be adequately funded to avoid additional pressures on the health service. The government has committed to addressing social care challenges and we await the green paper, now due in the autumn. It is important that it is not delayed further.
21. Closer collaboration between all parts of the health and care system is essential to improve people's experience of care and to maximize collective resources. There are excellent examples of local health systems working together, including in many of the vanguards, and this is a key moment to learn from their experience and explore how STPs/ICSs will act to support the spread of successful new care models.