

Integrated care

How do you know that your council is doing all it can to promote integrated health and social care?



Must Know
Integrated care

Key messages and top tips

Be clear that integration is not an end in itself, but a means to achieving 'integrated care' – better outcomes, better services and better use of resources. Agree a shared vision for integrated care and keep this vision at the forefront when discussing plans, processes, systems and structures.

Agree that partners will actively check plans and decisions against the six principles for integration agreed by national partners¹:

- collaborative leadership;
- subsidiarity – decision making as close to communities as possible;
- building on existing successful local arrangements;
- a person-centred and co-productive approach;
- a preventative, asset-based and population health management approach;
- achieving best value.

Support council, community and NHS leaders to create a culture of collaboration for planning and delivering integrated care at the levels of neighbourhood, place and system.

Develop the capacity of your health and wellbeing board to promote and enable leadership for integrated care.

Adopt the 15 key actions for effective integrated care developed by the LGA and the Social Care Institute for Excellence².

Work with neighbouring health and wellbeing boards to identify how you can collaborate on shared priorities and where integrated care can best be achieved at scale; discuss how you can influence your sustainability and transformation partnership or integrated care system so it delivers place-based, person-centred care, and fully involves councils in developing its plans.

Provide leadership to ensure that prevention, including tackling the wider determinants of health, is a priority at neighbourhood, place and system levels.

¹ LGA, ADASS, ADPH, NHS Confederation, NHS Clinical Commissioners, NHS Providers, 2019, Web article: Six principles for achieving integrated care. www.local.gov.uk/six-principles-achieve-integrated-care

² LGA & SCIE, 2019, Achieving integrated care: 15 best practice actions www.local.gov.uk/achieving-integrated-care-15-best-practice-actions-0

What you need to know

Vision and principles

National partners from across health, care and public health – ADASS³, ADPH⁴, the LGA, NHS Clinical Commissioners, the NHS Confederation and NHS Providers – have agreed a vision for integration⁵:

- individuals using health and care services experience positive health and wellbeing outcomes;
- individuals, populations and communities maximise their health and wellbeing;
- front-line staff use their experience and expertise to shape seamless care;
- leaders work effectively across health and care, and drive transformation.

The vision reflects the fact that leaders and professionals from all sectors need to work together, and with people who use services and carers, to transform delivery of health and social care services, so they are seamless, timely, safe and personalised. As well as integrated delivery, there must be a shift to prevention, so that people are healthier and remain independent for longer, with less need for health and care services. (See LGA Must Know on Prevention.)

The national partners also agreed six principles to be the touchstones for how integration should be planned and implemented:

- collaborative leadership;
- subsidiarity – decision making as close to communities as possible;
- building on existing successful local arrangements;
- a person-centred and co-productive approach;
- a preventative, asset-based and population health management approach;
- achieving best value.

These principles should be applied across the levels of neighbourhood, place and system.

Planning and delivering integrated care

The NHS Long Term Plan⁶ (the successor to the NHS Five Year Forward View⁷) describes integrated care systems (ICSs) as “pragmatic” partnerships creating shared leadership to deliver the “triple integration of primary and specialist care, physical and mental health services, and health with social care”. By April 2021, NHS England and Improvement expects ICSs to cover the

3 The Association of Directors of Adult Social Services.

4 The Association of Directors of Public Health

5 LGA, ADASS, ADPH, NHS Confederation, NHS Clinical Commissioners, NHS Providers, 2018, Shifting the centre of gravity: making place-based, person-centred care a reality. www.local.gov.uk/shifting-centre-gravity-making-place-based-person-centred-health-and-care-reality

6 NHS England, 2019, Long term plan www.longtermplan.nhs.uk/

7 NHS England, 2019, Five Year Forward View www.england.nhs.uk/five-year-forward-view/

country, growing out of sustainability and transformation partnerships (STPs). There is an expectation that local authorities, the voluntary and community sector and other partners will participate in ICSs and be represented on their partnership boards. STPs and ICSs are developing five-year implementation plans aligned to the Long Term Plan⁸.

ICSs are intended to streamline NHS commissioning arrangements with typically one “leaner and more strategic” CCG per ICS area. NHS providers will also often take on more responsibility for system objectives, performance, resources and population health. The split between commissioners and providers in the NHS is becoming less clear. Nationally, NHS England and NHS Improvement are working as a single, new organisation.

A King’s Fund report summarises the changes that need to take place: “Better integrated care requires the dilution or destruction of the long-standing barriers between hospitals, GP practices, community services and social care, with the health service also working far more effectively with local government in tackling the broader determinants of population health.”⁹

Integrated care takes place at different levels of geography, organisation and community. NHS England and Improvement has produced an overview of ICS arrangements aimed at helping local leaders consider where functions should sit in their system, in order to produce the most effective outcomes¹⁰. The following categories are adapted from NHS England and Improvement’s population-based levels. They are only a guide and will vary dependent on local and system situations, with many systems building on existing arrangements.

‘Neighbourhood’ (around 30,000 to 50,000 people) is the level at which primary care

networks (PCNs) operate. Integrated neighbourhood working also takes place with communities in much smaller geographies; for example, community development activity with people and anchor organisations in areas facing deprivation.

‘Place’ (around 250,000-500,000 people) typically relates to a local authority HWB areas, but in large geographies there may be subdivisions of these, such as a district.

‘System’ (around 1 to 3 million people) typically refers to an ICS but could also relate to a combined authority, or other collaboration across wider footprints. It may also relate to a county council area.

Councillors are experienced in providing leadership for integration at the level of place, and in supporting local communities in neighbourhoods. Leadership at the level of system is a relatively new but extremely important development. The involvement of local government in STPs has been variable but is generally improving as STPs move towards ICSs. The King’s Fund suggests that slowness to collaborate is found not just in some parts of the NHS but also in sections of local government.

Effective engagement of local government leaders – senior councillors and senior officers – in decision-making and work programme levels of an STP/ICS is crucial. Local government brings a focus on place-based care, prevention, person-centred care, and working with communities and the voluntary and community sector. Also, system-wide working provides an important opportunity to tackle the wider determinants of health and to make best use of resources. ICSs are still being shaped, both by those involved and by national requirements. “Each area is at a different stage in its journey, with even the earliest integrated care systems refining their approach as relationships and infrastructure mature” (ibid). By fully engaging

8 NHS England, 2019, Long term plan implementation framework. www.longtermplan.nhs.uk/implementation-framework/

9 Kings Fund, 2019, Leading for integrated care ‘If you think competition is hard, you should try collaboration’: Summary. P2. www.kingsfund.org.uk/publications/leading-integrated-care

10 NHS England, 2019, Designing integrated care systems (ICSs) in England. www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf

with STPs/ICSs, local government has an opportunity to shape their development.

Some ICSs, such as West Yorkshire and Harrogate Health and Care Partnership¹¹, are developing genuine collaborations at the levels of system and place. A determined focus on improving outcomes, rather than organisational structures, systems and traditions, needs to become the norm everywhere.

In some areas, health and wellbeing boards (HWBs) provide strong leadership for integrated care and prevention at place. They also collaborate with each other on integration priorities that can be tackled more effectively across a larger system footprint. Looking outwards and collaborating with other HWBs and system boards will increase the influence of local government and place-based perspectives in ICS planning. 'What a difference a place makes' describes 22 effective, outward-looking HWBs¹².

HWBs that are not yet providing strong leadership across health and care at the level of place or are not joining with other HWBs to influence ICSs need to improve how they operate, both in their local area and as part of the wider system.

As well as providing opportunities, system working involves challenges, such as the tension between central NHS requirements and local arrangements. For example, the expectation that CCGs will merge to form one CCG per ICS could weaken the strong relationships that exist between CCGs and HWBs at place level in many areas.

PCNs are a key national delivery vehicle for neighbourhood-based multi-disciplinary working. They bring together primary and community health support and employ additional staff such as social prescribing link workers and clinical pharmacists, to deliver a

more preventative model of care and support. The responsibilities of PCNs are specified in a national contract which is agreed annually between NHS England and Improvement and the British Medical Association general practice committee. Over time PCNs will take on additional responsibilities, including links to community mental health services and support to care homes¹³.

Urgent community response teams are another national initiative, intended to help older people and those with complex needs remain safely in the community and avoid hospitalisation during crisis situations¹⁴. The teams are being initially developed by the NHS and councils in seven STPs/ICSs – usually building on existing integrated arrangements. This initiative will establish national standards for urgent community response to address variations in delivery.

HWBs need to do all they can to ensure that such developments align with, and build on, existing, effective local arrangements – meeting one of the six principles for integration.

11 LGA, 2019, Health and wellbeing board snapshots W Yorkshire and Harrogate Health and Care Partnership www.local.gov.uk/west-yorkshire-and-harrogate-health-and-care-partnership

12 LGA, 2019, What a difference a place makes: the growing impact of health and wellbeing boards. www.local.gov.uk/about/news/lga-health-and-wellbeing-boards-are-achieving-their-goal

13 LGA, 2019, Briefing: Long term plan implementation framework www.local.gov.uk/parliament/briefings-and-responses/nhs-long-term-plan-implementation-framework

14 NHS England, 2019, Web briefing: urgent community response teams www.england.nhs.uk/2020/01/rapid-nhs-response-teams-to-help-people-stay-well-at-home/

What you need to do

Integration at place and neighbourhood and system

The LGA and the Social Care Institute for Excellence have published a resource setting out 15 key actions to help partners develop and accelerate delivery of integrated services¹⁵ (Figure 1). The 15 actions provide a whole-systems approach across three key elements:

- delivering person-centred care – the primary objective of integrated care
- building local ‘place-based’ care and support systems
- system leadership for integration.

Implementing the 15 actions means that partners will apply all the major elements required for integrated care. This publication provides further detail and resources for implementing each of the 15 actions.

The actions also align with the high impact change model¹⁶ for managing transfers of care, which was developed by the LGA with partners, and is currently a national condition of the Better Care Fund (BCF). The BCF is the Government’s main vehicle for driving integration. It spans the NHS and local government, requiring them to join health and care services, with the objective that people can better manage their own health and wellbeing, and live independently in their communities for as long as possible, resulting in an improved experience and better quality of life. The BCF encourages

integration by requiring CCGs and local authorities to enter into pooled budget arrangements and agree an integrated spending plan developed and overseen by the HWB. In 2019-20, £6.4 billion was pooled in the BCF.

Local BCF plans are developed at place level, on the footprint of HWBs. As local systems develop ICS arrangements, it is key that these build on the place-based arrangements of BCF plans.

¹⁵ LGA & Scie, 2019, Achieving integrated care: 15 best practice actions
www.local.gov.uk/achieving-integrated-care-15-best-practice-actions-0

¹⁶ LGA web page High impact change model
www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model

Figure 1
Fifteen best practice actions for achieving integrated care

Realising person-centred coordinated care	Building place-based care and support systems	Leading for integration
1. Risk stratification Identify the people in your area that are most likely to benefit from integrated care and proactive support, and preventative support.	6. Operational framework Create an integrated care operational framework that is right for the local area, and which aligns service delivery and service changes to a clear set of benefits for local people.	11. Common purpose Agree a common purpose and a shared vision for integration, including setting clear goals and outcomes.
2. Access to information Ensure individuals and their carers have easy and ready access to information about local services and community assets. Also, that they are supported to navigate these options and to make informed decisions about their care.	7. Integrated commissioning Use integrated commissioning to enable ready access to joined-up health and social care resources and transform care.	12. Collaborative culture Foster a collaborative culture across health, social care and wider partners.
3. Multidisciplinary team training Invest in the development and joint training of multidisciplinary teams (MDTs) to transform their skills, cultures and ways of working.	8. Shared records Identify and tackle barriers to sharing digital care records to ensure providers and practitioners have ready access to the information they need.	13. Resource allocation Maintain a cross-sector agreement about the resources available for delivering the model of care; including community assets.
4. Personalised care plans Develop personalised care plans together with the people using services, their family and carers.	9. Community capacity Build capacity for integrated community-based health, social care and mental health services, focusing on care closer to home.	14. Accountability Provide system governance and assure system accountability.
5. Rapid response Provide access to integrated rapid response services for urgent health and social care needs through a single-point.	10. Partnership with voluntary, community and social enterprise (VCSE) sector Foster partnerships to develop community assets to provide easy access to a wide range of support.	15. Workforce planning Lead system-wide workforce planning to support delivery of integrated care.

Examples of integration and integrated care

The following examples show a range of good practice in health and social care integration across the country, taking place at neighbourhood, place and system levels. The examples are taken from the LGA's Health and Wellbeing Board snapshots unless otherwise indicated¹⁷.

Bradford strategic partnering agreement

In Bradford, commissioners and providers from all sectors have signed a strategic partnering agreement that sets out the framework for roles, responsibilities, leadership and decision-making in the integrated care partnership. An important principle is to devolve decisions to those as close as possible to where the support takes place. Bradford has 13 community partnerships made up of primary care, social care, the voluntary and community sector and local communities.

www.local.gov.uk/bradford-health-and-wellbeing-board

Cheshire West and Chester consultation on integrated care partnership and place plan

Cheshire West and Chester HWB champions full and meaningful engagement with health and care stakeholders and the public. One example was 'appreciative enquiry', a series of community conversations with more than 500 residents in 49 venues, as well as telephone and online engagement managed by a voluntary sector provider.

www.local.gov.uk/cheshire-west-and-chester-health-and-wellbeing-board

Updated on West Suffolk CCG website

www.westsuffolkccg.nhs.uk/social-prescribing-initiative-gets-663000-boost/

¹⁷ LGA, 2019, Health and wellbeing board snapshots. www.local.gov.uk/health-and-wellbeing-board-snapshots

Coventry and Warwickshire alliance concordat

Coventry and Warwickshire Place Forum is made up of the HWBs from both areas, with representatives from the wider Health and Care Partnership. It has developed an alliance concordat which underpins how partners will collaborate in a place-based, population health approach. In 2019 it delivered a Year of Wellbeing to showcase practical benefits of prevention and self-care, and work is now underway to cement the legacy of the Year, with interest in exploring the potential role of anchor institutions.

www.local.gov.uk/coventry-and-warwickshire-place-forum

Leeds Health and Care Academy

The ambition to build one workforce for Leeds has led to the development of the Leeds Health and Care Academy, a collaboration of health, care and university partners creating a joined-up approach to learning and development across the city. The academy is an essential component of the Leeds workforce strategy. The health and care workforce is also being trained to better listen to people who use services, and each other, to co-produce solutions in a 'better conversations' approach.

www.local.gov.uk/leeds-health-and-wellbeing-board

Asset-based working in East Riding

Active Witherssea is a whole-system project overseen by East Riding HWB aimed at improving physical and mental health in an area with poor health outcomes and high demand for services. The project has led to many positive outcomes, including reduced demand on hospital services and multi-million-pound investment from Sport England.

www.local.gov.uk/east-riding-yorkshire-health-and-wellbeing-board

NHS England integration case study

www.england.nhs.uk/integratedcare/case-studies/people-feeling-isolated-or-lonely-helped-by-innovative-health-and-social-care-partnership/

Integrated commissioning and community-based services in Plymouth

Plymouth HWB has overseen the establishment of integrated commissioning, with an integrated fund, as well as risk and benefit sharing arrangements. Joint commissioners are co-located and work as a single team under a director of integrated commissioning. Most adult social care services have been transferred to Livewell South West. This integrated community health and care provider has a single point of access, locality-based services working closely with primary care, the voluntary and community sector, and improved secondary care discharge pathways. Plymouth is also implementing a network of wellbeing hubs across the city.

www.local.gov.uk/plymouth-health-and-wellbeing-board

Surrey Office of Data Analytics (SODA)

Surrey Heartlands ICS established SODA as a system-wide intelligence unit to provide insight and analysis to inform the transformation of health and care services. Partners include NHS commissioners and providers and council public health, adult social care and children's social care teams.

www.local.gov.uk/health-and-wellbeing-board-snapshots

Somerset Homefirst – tailored support for hospital discharge

Somerset Homefirst is a multidisciplinary team of health and social care workers who provide personalised help and therapy at home, so that people can leave hospital in a timely way. Staff are given additional training in a range of care techniques so they can help people regain independence. In the space of a year the scheme helped people avoid 7,500 nights in hospital, hospital stays reduced by up to 10 days. Furthermore, with other measures, the overall delayed discharge rate reduced by 75 percent – from 3,500 bed days lost per month, to 800. The scheme has also freed up at least £2m for other services.

NHS England integration case study

www.england.nhs.uk/2019/01/patients-avoid-7500-nights-in-hospital-with-tailored-home-help-scheme/

CCG and district council social prescribing project: West Suffolk

West Suffolk CCG and (the now) West Suffolk District Council ran a two-year social prescribing project carried out by the ONE Haverhill Partnership. Haverhill Lifelink helps people with low-level mental health issues such as loneliness, anxiety or social isolation who want to improve their life skills, employment opportunities or long-term health conditions. The aim was to reduce pressure on GPs and the NHS by reducing repeat appointments and prescription costs. It was funded by Suffolk County Council public health and the Department for Housing, Communities and Local Government. The success of the scheme has led to a roll-out in other areas of West Suffolk, alignment with PCNs and further investment from the district council and the CCG.

Single public sector purse in Wigan

Wigan is taking its joint commissioning arrangements to a new level by bringing together health and care budgets in a Section 75 pooled and aligned budget arrangement, extended out to housing and leisure. This effectively creates a single public sector purse for the borough and the potential for more efficient use of resources. It is led by the integrated commissioning committee which has political and clinical leadership and is overseen by the HWB.

www.local.gov.uk/wigan-health-and-wellbeing-board

Questions to consider

Have you agreed a vision for integrated care with NHS and other public sector partners at place level? Is this supported by any formal agreement for how you will work together as equal partners? Do you ensure that your vision underpins and drives all your work on integration?

How extensive are your joint commissioning arrangements? Do you operate pooled budgets? How do your arrangements compare with areas where councils and the NHS are highly integrated? What more should you do?

How extensive are your integrated care delivery arrangements? Are they working successfully and delivering better health and wellbeing outcomes, user satisfaction and value for money? Are there any gaps? How do your arrangements compare with areas where councils and the NHS are highly integrated? What more should you do?

Are you satisfied that your work on prevention and promoting wellbeing is linked to integration? Are you doing all you can to tackle the wider determinants of health and adopt health in all policies across all council functions and the work of key partners? (See Prevention Must Know.)

To what extent do you engage with the voluntary and community sector as a strategic partner in planning and delivering services? Does the sector believe it is well engaged as a partner?

What evidence do you have of regular and meaningful engagement with local people, carers, people who use services and communities? To what extent do they co-produce new models of care or assess the effectiveness of existing services?

Has your HWB undertaken any sector-led or other improvement work to evaluate its performance? If not, how do you know if it is effectively leading the integration agenda?

To what extent is your HWB collaborating with neighbouring HWBs? Are there any examples of joint working? How can you do more?

To what extent is the council and the HWB involved in the STP/ICS? Is this involvement extensive and does it involve the most senior councillors and officers?

References and resources

Practice

Housing Learning and Improvement Network

Information on social care and housing.
<https://www.housinglin.org.uk/Topics/>

LGA, Adass, ADPH, NHS Confederation, NHS Clinical Commissioners, NHS Providers, 2018, Shifting the centre of gravity: making place-based, person-centred care a reality

Has a checklist for assessing the strength of integration.
www.local.gov.uk/shifting-centre-gravity-making-place-based-person-centred-health-and-care-reality

LGA, Adass, ADPH, NHS Confederation, NHS Clinical Commissioners, NHS Providers, 2019,

Web article: Six principles for achieving integrated care.
www.local.gov.uk/six-principles-achieve-integrated-care

LGA & Scie, 2019, Achieving integrated care: 15 best practice actions

A compilation of tools, links and resources.
www.local.gov.uk/achieving-integrated-care-15-best-practice-actions-0

LGA, 2019, Health and wellbeing board snapshots.

Case studies of effective HWBs.
www.local.gov.uk/health-and-wellbeing-board-snapshots

LGA

Resources on integrated care; health and wellbeing boards; system transformation; national policy and programmes; prevention and public health
www.local.gov.uk/latest-briefings-publications-and-case-studies

LGA, High impact change model – resources for managing transfers of care

www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model

LGA, Integration support offers

www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund

LGA, Lead member development

www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/lead-member-development

LGA, other must knows

www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/must-knows-lead-members-adult-social-care

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