Integrating health and care

How do you know your council is actively promoting integration of health and social care?
Why do you need to know?

Integrated care is about taking a person-centred approach so that care and support is coordinated so all those providing care work together to help people achieve what is important to them. Lead members will want to work with partners to shift the focus of health and care services to improving the health of the population, meeting the needs of the whole person, and investing in services which maximise wellbeing throughout life.

In Stepping up to the place: the key to successful health and care integration, (see further resources below) the LGA, the Association of Directors of Adult Social Services, NHS Clinical Commissioners and NHS Confederation identify three essential components of a fully integrated system:

- shared commitments by leaders, practitioners and citizens to improving health and wellbeing to person-centred services and to a preventative approach
- shared leadership and accountability with a clear vision and locally appropriate governance arrangements
- shared systems with common information and technology, long-term payment and commissioning models, shared risk, integrated workforce planning and support for multi-disciplinary approaches.

All areas will need to develop plans charting their route to integration of health and care by 2020. Many local areas are already transforming the way services are delivered and as local system leaders, lead members will have a key role in ensuring that any local transformation meets their priorities and the priorities of their council.

This publication seeks to provide an overview of integration as of May 2017, during a time of rapidly moving policy and political developments. Lead members can receive further information and updates on the LGA website at www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund

Questions to consider

How do you know your council is actively promoting integration of health and social care?

- Are you satisfied that the needs and experiences of individuals are at the heart of local plans for integrating health and social care?
- Do you have a system for involving patients and service users?
- Are the models of integrated care being developed in your area directed towards prevention and early intervention, inclusive of social care, public health and other local government services?
- Are there systems in place to enable monitoring and evaluation of health and quality-of-life outcomes and value for money from new models of integrated care in your area?
- Do you have appropriate governance within the Council and with the NHS to enable models of integrated care to work effectively?
- Is your health and wellbeing board exercising a ‘system leadership’ role in overseeing developments towards greater integration? Is your board actively involved in the development of the Sustainability and Transformation Plan for your area? Is it monitoring the local Better Care Fund? Do board members have good relationships with providers in your area, and understand the pressures the local system faces?
- Do social care and Clinical Commissioning Groups (CCG) commissioning plans prioritise and support moves towards the integration of services where they will improve people’s health and wellbeing?
- Are you benchmarking or planning to benchmark your progress towards greater integration with comparable councils as part of your performance management (see the Must Know on Performance)?
Integration and local leadership

Strong system leadership is essential to drive integration. As part of their leadership role, lead members can promote the three key ingredients of:

- public engagement in developing improved and coordinated services
- political leadership in the early development of policies and plans
- recognition of the role of social care and public health in the prevention of ill health and communities’ wellbeing.

Lead members have a key role in ensuring that all activities, plans and strategies contribute to the overarching goals to improve the health and wellbeing of citizens, their experience of care and the sustainability of the system. Ensuring that communities’ voices are central is particularly true in areas where reconfiguration of services are planned. Councillors can stress that their democratic role as system leaders and advocates for local people is crucial to this process.

Lead members also will want to place local people’s needs and experiences at the centre of any local transformation. It may take a concerted effort and strong partnerships with the NHS to ensure that integration is always seen as improving people’s wellbeing rather than organisational change. People who use health and social care services are likely to flag the difficulties of dealing with multiple systems – elected members can seek to unite a fragmented system in response.

Lead members will want to see robust, transparent and system wide governance. Integration can present accountability challenges and councils will want to ensure democratic oversight is clear and understood across the system. This will need a joint vision of integrated care for their area or ‘place’, underpinned by coordinated support from all members of their health and wellbeing board and all key players in the health and care sectors. Any vision for integration should reflect the local joint strategic needs assessment (JSNA) and be built into the joint health and wellbeing strategy (JHWS).

It is also about the involvement of social care and public health, as well as other local government functions such as their strategic housing role, and more information on this wider agenda is below. The LGA has promoted a place based approach for several years. We welcome the fact that the concept of ‘place’ is central to Sustainability and Transformation Plans (STPs). More information on this – and the LGA view on the role of local leadership in STPs – is available in a separate must know on STPs.

The NHS Forward View, and subsequent publication Next Steps, sets NHS ambitions around creating ‘accountable care systems’ (ACS) which are intended as an ‘evolved’ version of an STP, working as an integrated health system in which commissioner and providers, often including social care, agree to take on collective responsibility for resources and population health. The intended result is joined-up, better coordinated care. These systems involve far-reaching changes, and lead members will want to understand, should an ACS develop in their area, how councillors, as democratic representatives of the community, and health and wellbeing boards are adequately involved in shaping and leading these developments.

LGA resources to support local leaders can be found in the section on further resources below and on the LGA website at www.local.gov.uk/topics/social-care-health-and-integration
Integration and prevention

Lead members will be aware of the importance of prevention, and the role social care and public health can play in keeping people independent and healthy, and their care needs as low as possible. As well as in helping people take control of their own wellbeing. By acting as champions of a preventative approach and working closely with – if there is one – lead member for health and the director of public health, lead members for social care will help maximise the benefits of integration. A report by the LGA on efficiency opportunities through integration (see references below) indicated that 25 to 40 per cent of people using adult social care services would have benefited from preventative services which they did not receive.

Prevention can take place at a number of levels:

- primary prevention – stopping people getting ill
- secondary prevention – early diagnosis to enable early intervention
- tertiary prevention – reducing damage and further progression of illness.

The King’s Fund has stated that a preventive approach to integration and health improvement requires at a minimum (see references):

- greater pooling of data and budgets
- population segmentation (outlined below)
- place-based leadership drawing on skills from different agencies and sectors based on a shared vision and strategy
- shared goals based on analysis of local needs and evidence-based interventions
- effective community engagement
- incentives to encourage joint working.

Social care can make a contribution to all levels of prevention. It can also include bringing together social care with a range of other services, including primary care, public health and other local government services. Lead members will need to work with other Cabinet members to achieve this, such as education, housing, planning, sports and leisure services; as well as services provided by the voluntary and community sector.

Community-based support aimed at keeping people well and ensuring that people get the right support at the right time is central to integration. Maintaining an individual’s health, wellbeing and confidence to maintain their own health and independence is also crucial to reducing unplanned admissions to hospital and residential care settings. See the links to public health and integration in further resources below.

The NHS Five Year Forward View emphasises the importance of prevention and the need to shift resources towards it. It is important to note that the NHS remains highly focused on preventing people from being admitted to hospital and this is what NHS colleagues may mean by the term. It is worth establishing in any discussion of prevention that there is a mutual understanding taking preventive measures at the earliest possible stage will lead to the greatest improvements in population health and wellbeing.

Care and funding models for integrated care

Integration is not an end in itself nor a panacea for the system’s current financial challenges. At a time of severe budget pressures for health and local government, it is vital members understand the financial impact on councils and across the health and care system as a whole of all integrated care models.

Lead members will wish to address the both pressure points in the NHS and other challenges in other parts of the care and support system. Local leaders also will want to avoid plans just focusing on supporting those whose care is most costly to the system, such as those with long-term care needs.
New funding mechanisms across health and social care have to be devised to make integration work, and lead members will want to understand the terminology used. ‘Risk stratification’ involves assessing people’s risk of worsening health and their need for interventions to prevent this. The population can be divided up into groups depending on the type of care they need as well as how often they need it – known as ‘segmentation’.

An alternative approach is ‘capitation’ where a provider is funded to cover care for an individual or cohort across different care settings. Capitation is about developing a system for allocating funding to meet defined needs and deliver specified outcomes for a population. The funding is tied to improving outcomes of the target population instead of payment by activity.

At the individual level, this capitated budget can be a ‘personal budget’. NHS England has ambitious targets for the rapid expansion of personal health budgets. Personal budgets have been a key feature of adult social care for a number of years. At a group or service level, a provider may be funded to care for all over 75s or those with chronic conditions, for example.

Any approach will require data from across health and care, which is shared and analysed to produce the different population or care groups. Lead members will want to ensure that there are appropriate and information-sharing governance and protocols within the Council, and with the NHS, to enable models of integrated care to work effectively, complying with ethical and legal issues surrounding the use of data and information sharing.

Integration and the Better Care Fund

The Better Care Fund (BCF) is one mechanism to achieve greater integration. The fund, launched in 2015, created a single pooled budget to incentivise the NHS and local government to work more closely around people, including shifting resources into social care and community services. The most recent policy framework requires local areas to describe how they will integrate health and care services, including how they will achieve the government ambition for integrated services by 2020 (see further resources below).

The BCF for 2017-19 has four mandatory ‘national conditions’:

1. plans to be jointly agreed by the HWB, and constituent Council and CCG(s)
2. NHS contribution to adult social care is maintained in line with inflation
3. agreement to invest in NHS commissioned out-of-hospital services
4. implementing the High Impact Change Model for Managing Transfers of Care (see below).

The funding comprises contributions from CCGs, the additional £2 billion funding for social care announced in the Spring Budget 2017 (called the ‘improved Better Care Grant’), the disabled facilities grant, and monies for reablement, carer’s breaks and implementation of Care Act responsibilities (see the separate must know of the Care Act (2014)).

Lead members will want to ensure that the BCF supports local ambitions to improve people’s health and wellbeing, including shifting care to be more community based and preventive in approach. They will want to ensure the full involvement of the HWB in shaping, approving and monitoring the plan, as well as understanding how the BCF supports wider local ambitions to integrate around the needs and aspirations of local communities.
In relation to the £2 billion additional funding for social care, lead members will want to be assured that funding is channelled at the areas of greatest need, which can include meeting social care need; stabilising the provider market; and easing pressure on the NHS including supporting more people to be discharged from hospital. There may be different interpretations across councils and NHS partners as to how best to direct this funding, so it is vital that lead members are clear where their communities’ areas of greatest need are and that funding is appropriately channelled.

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<td>Understand the arguments for integrated care in relation to the needs in your area or ‘place’ and ensure you are clear about the purpose and scope of local plans for integration.</td>
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<td>Promote a shift from acute to preventative and community services as a central component of integration plans. Ensure that partners understand that a preventative approach takes a holistic view of individuals’ wellbeing, utilising their and their communities’ strengths and assets.</td>
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<td>Making sure funding models reflect your priorities (eg the shift towards prevention, health improvement and long-term care) and ensure that you have the information you need to monitor this.</td>
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<td>Be a champion for the needs and aspirations of local communities: how integration improves services, the experience of individuals and health and wellbeing outcomes of service users and carers.</td>
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<td>Help to facilitate an open and honest conversation with the public on the challenges facing local services, and how greater integration will improve health and wellbeing and represent the most effective use of public resources.</td>
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<td>Be courageous in working in partnership with the NHS to de-commission services that are not effective and in support new models of care and new partnerships where there is evidence through monitoring and evaluation that they will improve outcomes, quality, the experience of service users and value for money.</td>
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<td>Ensure your council and partners are making the best possible use of technology to widen access to health and care services, improve the quality of care and develop more efficient services.</td>
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<td>Understand the concepts of risk stratification, population segmentation and capitation as they are used in developing integrated care (see explanations of these terms above)</td>
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What is the legislative and policy context?

The drive for integration has come from:

- **The Health and Social Care Act 2012** places a duty on local authorities through their health and wellbeing boards to encourage integrated working between health and social care. The 2006 NHS Act places a similar duty on clinical commissioning groups. The Care Act 2014 places a duty on councils to promote integration. Health and wellbeing boards are required to oversee the planning and implementation of the Better Care Fund. Following the Government’s Spending Review in 2015, every area must develop a plan to move toward greater integration between social care and the NHS by 2020. The Government expects this to be described in the BCF plan for 2017-19.

- **Integrated Care and Support: Our Shared Commitment** is a report published in 2013 by a collaboration of national health and care organisations and government set a framework for integrating services and led to the selection of integrated care pioneers to test these approaches at scale.

- **The NHS Five Year Forward View** published in 2014 which proposed a number of new models for better-integrated NHS primary and secondary care and integration of health and social care.

- **The Care Act (2014)** also requires councils to exercise their functions under the legislation with, “a view to ensuring the integration of care and support provision with health provision and health-related provision” where so doing promotes the wellbeing of people with care needs and their carers, contributes to prevention, or improves quality.

- **The Better Care Fund** launched in 2015/16 aimed to support greater integration of health and care by requiring councils and clinical commissioning groups to pool funds to support joint services which prevent hospital admission and support social care provision, and to channel funding to social care and community services. The most recent policy framework extends the reach of the fund, and requires local areas to describe how they will integrate health and care services, including how they will achieve the government ambition for integrated services by 2020 (see further resources below).

- **The Integrated Personal Commissioning (IPC) Programme**, cosponsored by NHS England and the LGA, is working with a number of demonstrator sites to join up health and social care support and funding at the level of the individual. This initiative involves creating individualised budgets for people with long-term conditions, people with learning disabilities, frail elderly people and children and young people with health and social care needs. This enables them to direct how and where the money is spent. This is characterised by five key shifts in people’s experience of care through adopting specific service components:
  1. proactive coordination of care
  2. community capacity and peer support
  3. personalised care and support planning
  4. choice and control
  5. personalised commissioning and payment.

The IPC Emerging Framework published by NHS England describes the five key shifts in more detail, as well as the underlying changes needed at service level to make IPC a reality.

- **Sustainability and Transformation Plans (STPs)** are an important milestone on the integration journey but they are unlikely to provide the entire route map for a place-based preventative approach. Some health and wellbeing boards are considering setting up joint boards to reflect the footprint of the STPs that includes their areas. The involvement of local government in STPs is crucial because the effective
development of STPs will require local political leadership, an open conversation with the public about the challenges, the active participation of health and wellbeing boards and a shared understanding across health and care leaders of quality, performance and financial pressures. More information can be found in the Must Know on STPs.

Links to these key developments are listed below.

What further resources are available?

Integration
LGA web pages and links to resources on integration

Better Care Fund (BCF)

Efficiency opportunities through health and social care integration: delivering more sustainable health and care LGA (2016)

Information technology and integration

Integration resource library

Key data tools and resources

Population health systems: going beyond integrated care The King’s Fund (2015)

Stepping up to the place: integration self-assessment tool and workshop

LGA and NHS Confederation (2016), Stepping up to the place: the key to successful health and care integration
www.nhsconfed.org/resources/2016/06/stepping-up-to-the-place-the-key

Sustainability and Transformation Plans (STPs)

The policy background
The NHS Five Year Forward View, NHS England (2014)
https://www.england.nhs.uk/publication/nhs-five-year-forward-view/

People helping people: year two of the pioneer programme, NHS England (2016) describes the development of the integrated pioneer programme with case studies


Next Steps on the Five Year Forward View, NHS England (2017)
LGA briefing on Next Steps on the Five Year Forward View, LGA (2017)
https://lga.thirdlight.com/pf.tlx/DYrDESDDY2iAPD

Integration and BCF Policy Framework 2017-19, DH (2017)

General LGA resources in care and health
Care and health efficiency

Care and health improvement
www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement

Financial and sustainability risks

Leadership of health and wellbeing

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

Market shaping and commissioning

Principal advisers are the LGA’s focal point for discussions with councils about their improvement needs and the support available
www.local.gov.uk/our-support/lga-principal-advisers

Public health and prevention
www.local.gov.uk/topics/social-care-health-and-integration/public-health

Sustainable funding for adult social care
www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care

Systems resilience

Related ‘Must Knows’
How do you know you are making progress in the personalisation of adult social care?

How do you know your council is performing well in adult social care?

How do you know if STPs are making a positive impact?

How do you know you are making the best use of scarce resources?


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