

Local Government Association Briefing

Integrated care: organisations, partnerships and systems

House of Commons



6 September 2018

Key messages

- The Health and Social Care Committee's inquiry on Sustainability and Transformation Partnerships (STPs) is a welcome contribution to the debate about the new care models and their effectiveness in improving health and care in the areas they serve.
- A more integrated, collaborative and placed-based approach requires a system wide approach and local authorities are crucial partners to this.
- We support the objectives of STPs as set out in the Five Year Forward View.ⁱ In practice, however, the overwhelming focus on financial sustainability of the acute sector in STP plans has led to the preventative, community-based approaches to challenges facing health and social care being neglected.
- Though there are notable exceptions, there has been limited meaningful involvement of local political and community leadership in the development of STPs to date.
- We are concerned about the lack of local democratic accountability for STPs, and the extent to which they are truly system-wide plans and partnerships encompassing adult social care, public health, and other key council functions that support improved health outcomes and the sustainability of services.
- Workforce and capacity issues affect the whole health and care system. System-wide plans are therefore vital to support coherent workforce planning, and better enable delivery of the right care in the right place.
- In general, there has been little meaningful consideration about the role of adult social care and public health as vital components of a resilient and sustainable health and care system.
- Social care is an important part of the conversation on integrated healthcare. Care and support is about helping people to live the lives they want to lead. It binds our communities, supports our NHS and makes an essential contribution to our national economy. This is why the LGA has launched its own nationwide consultation to kick-start the debate on how to pay for adult social care and rescue the services caring for older and disabled people from collapse.

Briefing

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Further information

Health and social care integration

The Health and Social Care Act 2012 introduced a statutory duty on all health and wellbeing boards to promote integration between health and social care. Not only are they able to bring greater local democratic accountability to the integration agenda, but they are the only statutory body in an area that brings together the political, clinical, professional and community leadership to assess health their citizens health and wellbeing challenges and to agree a joint strategy to address these challenges. As committees of the council they also bring a broader understanding of, and alignment with public health, social care, housing, and wider community services.

STPs have been helpful in encouraging the NHS to adopt a place-based and joined-up approach to care and support that goes beyond individual institutions. However, with a few exceptions, STPs need to be more active in gaining meaningful involvement of local political and community leadership in the development of STPs. This includes, the extent to which they are truly system-wide plans and partnerships encompassing adult social care, public health, and other key council functions that support improved health outcomes and the sustainability of services.

Local accountability

We have analysed the level of awareness within councils of STPs. The analysis, undertaken by London South Bank Universityⁱⁱ in May 2017, found a lack of clarity around the authority of STPs, their partnership arrangements, and the public's role in the plans. This found:

'A disturbing level of secrecy about what was actually being produced. The details of each STP were hidden from public view for many months, and in many cases not even shared with 'local authority partners'. Even now, in many areas, key information is contained in appendices that are not publicly available.'

STPs need to engage and co-produce their plans with local communities. This is currently lacking in almost all STP areas. Without full engagement and scrutiny, and transparent decision-making, STPs largely lack credibility, as illustrated by LGA research in local government perceptions of the process.ⁱⁱⁱ

The case for a locally-led health and care system

No two council areas are the same, even at a regional or sub-regional level. Some big cities may have high levels of deprivation and a high number of residents with chronic long term conditions, whilst other more rural areas may be relatively prosperous but have a high number of retired people. In some parts of the country, services relevant to the adult social care agenda are provided by both county councils and district councils. Freedom and discretion to make decisions locally on adult care is therefore crucial.

Councils are uniquely placed to build communities that are inclusive, cohesive and promote the life chances of everyone within them. They do this by tailoring more than 800 local services to the needs of their populations, creating bespoke solutions to specific, local challenges. This includes a number of wider council services that contribute to wellbeing, such as transport, parks, and culture and sports activities. They are also the connectors to other related local services, including the voluntary and independent sectors (which includes, for example, social care providers).

With a strong history of engaging with residents, councils have the democratic accountability to make, and implement, the decisions that need to be made to

sustain and improve services that support people's wellbeing. Recent LGA polling on resident satisfaction shows councils are the most trusted form of government to make decisions about services in a local area (71 per cent), particularly in comparison to national government (15 per cent).^{iv}

This is a critical point because as we continue pursuing a more personalised approach to care and support, it is likely that the local offer will cross the boundaries of care, health, public health, housing and a range of other local services. This local offer of bespoke services developing within and between agencies may also include the delicate balance of people's own resources, community support and the invaluable input of informal carers. An interlinked care and support system spanning the public, private and independent sectors and geared towards prevention, wellbeing, and choice and control cannot operate successfully if disturbed by attempts to run it at a national level.

Furthermore, the idea that a more national system would help eradicate unwanted local variation is flawed. The availability of cancer drugs, dental and IVF treatments, and the significant variation in eligibility for Continuing Healthcare, are all evidence that national systems do not always yield a standardised offer.

Public health, prevention and early intervention services

The transfer of public health from the NHS to local government and Public Health England (PHE) five years ago was one of the most significant extensions of local government powers and duties in a generation. It represents a unique opportunity to change the focus from treating sickness to actively promoting health and wellbeing.

As a country, we have for too long focused on dealing with problems after they arise. We must place an emphasis on prevention rather than cure as this is better for residents and the public purse. The growing number of people living longer with a range of complex long term conditions, along with increasing demand for services, means that councils will find it extremely challenging to maintain services at the current level.

Prevention involves tackling the wide range of determinants that contribute to poor health in individuals and populations, with the aim of promoting health and wellbeing, and reducing health inequalities. Prevention has become increasingly important in recent years as the cornerstone of the drive to reduce people's need for high cost health treatments and care services. But given the current level of economic pressures on councils and the NHS, shifting the health and care system from treatment and high level services to prevention is challenging. The benefits of prevention go far beyond improved health for individuals and reduced pressure on health and social care. This is because the consequences of poor health have an impact on the economic prosperity and social wellbeing of the country.

The long term solution to the financial and demographic challenges facing local government and the NHS is to invest in prevention, early intervention, community-based care and support. We also need to address the wider determinants of physical and mental health, with councils and health and wellbeing boards (HWBs) as the vehicles for driving this action forward. Good public health has the potential to make a real and large-scale difference to our society. It prevents the development of physical and mental ill-health later in life, improves people's wellbeing and reduces pressures on other vital services such as social care and the NHS.

Good local public services are the essential bedrock for mental and physical health, wellbeing and resilience. Despite these benefits, local authorities face a £331

million reduction to their public health budget, on top of a £200 million reduction announced in 2015. In addition to this, funding for the Early Intervention Grant, has been cut by almost £500 million since 2013 and is projected to drop by a further £183 million by 2020.

Reducing admissions to hospital

We work closely with the NHS to improve self-management of conditions, community support and advice and information. However, due to historic underfunding, the adult social care system is under significant pressure and community based services are being reduced, which is impacting on inpatient services. This reduced central government funding means councils have had to spend less on key prevention work.

We have consistently argued that there needs to be a focus on preventing hospital admissions in the first place rather than focusing disproportionately on delayed discharges of care. A whole-system approach to health and social care is needed in order to reduce hospital admissions. This includes adequately funding community based support and adult social care in order to support people through their patient journey.

As well as improving people's quality of life, early interventions can also help save money further down the line. For example, a recent Public Health England report on falls prevention programmes shows that every £1 spent on home assessment and modification schemes for elderly people has generated savings of £2.17 on primary and secondary care spending. It has also been shown that this investment reduced the number of falls requiring admission to hospital over two years by an estimated 23 per cent, and that the societal (quality of life) return on investment was £7.34 for every £1 spent.^v

Adult social care

Councils play an important role in delivering adult social care and ensuring that vulnerable adults can live good lives in their own homes or in a place close to them. There cannot be a sustainable NHS without a sustainable adult social care system and adequately funding social care will deliver benefits for local communities and savings for the public purse. Put simply, funding an expansion in social care capacity would alleviate NHS pressures and therefore enable more people to be discharged quickly and safely from hospital.

Adult social care continues to face significant funding challenges and local authorities are increasingly finding it difficult to fulfil their legal duties under the Care Act, leaving the ambitions of some aspects of the legislation at risk. Equally concerning is that by 2025 there will be another 350,000 people needing high levels of social care from councils.

As a result, the LGA is urging the Government to act now before it is too late and has published a green paper which considers the future of adult social care.^{vi} The nationwide consultation seeks to kick-start a desperately-needed cross party debate on how to pay for adult social care. The consultation sets out a number of options for how the system could be improved and the radical measures that need to be considered given the scale of this funding crisis.

Councils have worked hard to protect adult social care spending. Despite these efforts, our latest analysis on the funding gap faced by councils show that this approach is not sustainable. As we note in our Green Paper, councils spend over £15 billion on social care every year and the sector is currently facing a funding gap of £3.56 billion by 2025. Governments across the political spectrum have attempted to tackle the issue but none have succeeded.

In addition, a recent survey commissioned by the LGA carried out by ComRes^{vii} shows that the overwhelming majority of MPs (84 per cent) and peers (76 per cent) across all parties agree that funding for adult social care should increase. We therefore need cross party consensus on the future of adult social care and in supporting people in leading the lives they want to lead.

ⁱ Operational Planning and Contract Guidance 2017 -19, NHSE and NHSI, <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

ⁱⁱ London South Bank University, https://www.lsbu.ac.uk/_data/assets/pdf_file/0019/114409/sustainability-and-transformation-plans-critical-review.pdf

ⁱⁱⁱ LGA STP survey of Councillors, <https://www.local.gov.uk/sites/default/files/documents/2017-06-28%20STP%20survey%20-%20Full%20findings%20report%20FINAL.pdf>

^{iv} LGA, Polling on resident satisfaction with councils, <https://www.local.gov.uk/sites/default/files/documents/FINAL%20Resident%20Satisfaction%20Polling%20Round%2019.pdf>

^v For further information please visit: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/679856/A_return_on_investment_tool_for_falls_prevention_programmes.pdf (page 44)

^{vi} LGA Green Paper on social care, <https://www.local.gov.uk/about/news/lga-launches-own-green-paper-adult-social-care-reaches-breaking-point>

^{vii} Comres poll on social care funding, <https://local.gov.uk/about/news/more-four-fifths-mps-believe-adult-social-care-funding-needs-be-increased>