

Health and care: what will the next decade bring?

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What can we expect over the next 10 years?

- **Continued changes to demographic profile of the country** – Nottingham and Notts STP footprint: by 2030 people over 85 - 65% increase against a 7% increase in general population; people over 18 with a learning disability - 7% increase
- **Changes to technology** – ability to share information, utilise Apps and information to manage our own health and wellbeing better as citizens and help to monitor and manage medical conditions more effectively
- **Continued research to help keep us alive for longer** – on average at present for every year of extra life a third is lived with a disability or long term conditions
- **Changes in political environment**
 - Brexit: particularly impact on workforce and economic development
 - Policy decisions on overall funding position for health and social care - how much of the nation's wealth should be spent on it and who should pay?
 - No political party is discussing the health service not being largely free at point of delivery



What does this mean for integration?

- Whole system approach – planned and organised at local level – assumed to be best way of ensuring focus of system on promotion of population's health and wellbeing
- Key ingredient is joining up interventions of health and social care commissioners and providers
- Widespread understanding that this cannot be managed from Whitehall or any central point



Where does social care fit in this?

- Health Service has been incredibly good at helping people to live longer by largely providing episodic care and treatment
- Social care has a tradition of providing person-centred, co-ordinated care around the needs of individuals and carers
- **Distinctive, Valued, Personal** (ADASS 2015); updated version delivered (by bike!) to Downing Street before Chancellor's Spring Statement (2017) – key element that integration has to be delivered as strong, equal partnership between local government and the health service
- **Stepping up to the Place** (LGA, ADASS, NHS Confederation and NHS Clinical Commissioners, 2016) – integration based on traditional policy response of simply joining structures and pooling budgets is not the answer.

Sustainable health and care systems: 13 principles

1. A clear vision for the whole population, alongside integrated activity for the whole population
2. A joint workforce strategy
3. Common information bases and sharing for planning purposes
4. Health and care budgets are subject to a single commissioning process
5. Areas have plans to commission on the basis of outcomes
6. Access to a personal health and care personal budget
7. Enabling and empowering people through technology



Sustainable health and care systems: 13 principles (cont'd)

8. There is collective understanding of how legal and regulatory obligations of constituent organisations will be met
9. Providing person centred coordinated care to promote people's independence
10. Service arrangements identify clear roles and responsibilities
11. Services are collectively good enough in the local areas
12. Services are changed and delivered through a process of co-production
13. Increasing investment in community services.



Summary

- ❑ Standing still will result in worsening outcomes for our citizens and services
- ❑ National debate about appropriate levels of funding for adult social care and health is set to continue, and should
- ❑ Every area needs a plan and approach for the best way of meeting the needs of the population across health, local government, housing and wider public services
- ❑ Social care and local government needs to be an equal partner in this endeavour – we need to blend the best of social care and health
- ❑ As social care and local government leaders we need to have a clear idea about our contribution, our offer and what we expect
- ❑ Challenges are enormous but essential if we are to make progress over the next decade

