ADASS Futures April 2013 - Getting real about outcomes

There has been a considerable focus on integrating health and social care in the last year including:

- The Care and Support White Paper
- The formation of Health and Wellbeing Boards with a brief to promote integration
- Various statements by the new Secretary of State and the Care Services Minister
- The work of the Health Select Committee
- Whole Place Community Budgets pilots

The main drivers have been the development of "seamless" services and recognition of the performance and financial links between the NHS and social care. The recent Ernst and Young report on Whole Place Community budgets argued that the net annual benefit from joining up funding across public services to health and social care might be between £2.8 and £7.9bn. Whilst this comes with a large number of caveats, the sums being discussed are very large.

Lord Warner, a member of the Dilnot Commission, said that Directors of Adults Social Services should "cosy up" with Clinical Commissioning Groups. Whilst the Health service has its own £20 billion challenge, the NHS budget is approaching ten times that of Adult Social Care nationally and its protected status in terms of reductions in public spending means it has the capacity to support social care beyond the very welcome NHS Support to Social Care funding.

So what do we mean by integrated care?

In reality, it is a variety of arrangements from close coordination of commissioning and provision to merger of organisations.

Previous measures by all governments of the success of integrated care have been the extent to which there are joint posts or pooled budgets as a proxy for effective arrangements. However, real success must be measured by improved outcomes for citizens as a result of integration and the financial benefits. Integration is not an end in itself, but only a potential means to improving outcomes and value.

Research evidence suggests that integration works best when:

- Leaders are able to share and articulate a clear and unified vision
- The outcomes required are identified
- Resources and activity are aligned to meet the outcomes

Joining up commissioning or providing?

The Health Select Committee has proposed one commissioning system. This does not necessarily mean that those carrying out the task have to belong to one organisation, but that the whole of health and social care spend for older people is considered together. This makes a great deal of sense. Integrated Commissioning has been characterised in many places by considering jointly only those areas where it is difficult to avoid it. This includes adult mental health and learning disability, but for older people it has often been intermediate care, reablement, and areas of service where continuing healthcare and social care butt up against each other.

Approaching half of local health service expenditure is spent on hospital care. Approximately two thirds of those occupying hospital beds at any one time are older people. The Public Audit office have identified that approximately 30% of those in hospital beds at any one time could receive their care outside hospital. Similarly, social care authorities spend a significant proportion of their funding on residential and nursing care for older people. Integrated commissioning provides the best opportunity of meeting the aspiration of the vast majority of older people to remain in their own homes and the financial challenges facing health and social care.

A *better* understanding of the financial and service benefits of investment in social care could lead to a *clearer* commitment to the transfer of funding to meet those objectives.

The best approach to integrating provision is less clear cut. In health and social care there are an increasing number of providers in a mixed economy of care. In Nottinghamshire direct gross public spend on social care services is £283m of which £226m is spent on well over 300 organisations. How do we join up all this provider activity with health? The fact is we don't need to integrate in all areas. The key is making sure that services are integrated where there is an evidence base of improved outcomes and better financial performance. There are examples where integration hasn't delivered the high hopes expected and financial difficulties have been experienced. A pooled budget without an understanding of how costs and demand will rise or be contained has led to serious financial difficulties.

The advent of Health and Wellbeing Boards as system leaders provides a once in a lifetime opportunity to integrate commissioning. The key is to be clear about the outcomes, costs and benefits.