

Piecing it together

Effective scrutiny of health and social care integration



Contents

Introduction	03
Why integrating health and social care services is important	04
The scrutiny role	05
The value of scrutiny	06
Factors influencing effective scrutiny of integration	08
Overcoming potential barriers to effective scrutiny of integration	09
Conclusion	10

Acknowledgements

CfPS and the LGA would like to thank the following people for their contributions to this publication:

Paul Baldersera – South Tyneside Council

Camilla De Bernhardt – Devon County Council

Emma Dove – Wiltshire Council

Tim Gilling – Centre for Public Scrutiny

Alyson Morley – Local Government Association

Ann Reeder – CfPS Regional Advocate

CfPS and the LGA are also grateful to councillors and colleagues from councils, the NHS and other local stakeholders in Devon, South Tyneside and Wiltshire who took part in integration inquiry days on which this report is based.

About the Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS) (an independent charity) is the leading national organisation for the development and application of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

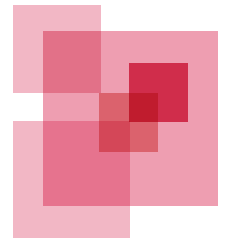
www.cfps.org.uk

About the Local Government Association

The LGA is the national voice of local government. We are a politically-led, cross-party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on issues that matter to councils so they are able to deliver local solutions to national problems.

www.local.gov.uk

Introduction



This report summarises key lessons and messages from scrutiny inquiry days held in conjunction with Devon County Council, South Tyneside Council and Wiltshire Council, supported by the Local Government Association (LGA) and Centre for Public Scrutiny (CfPS). The inquiry days assessed the current role of scrutiny in the development of local plans for integration and how this can be improved in the future. Other areas can draw on the key lessons and messages in considering how scrutiny can contribute to the improvement of local integration plans.

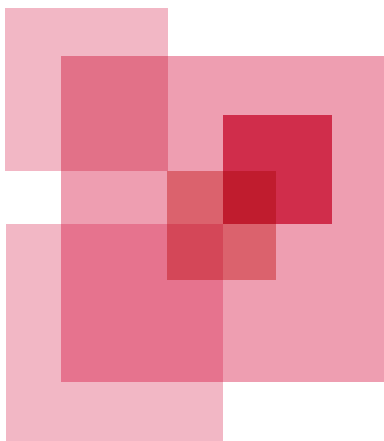
‘Integration’ is arguably the greatest policy priority facing those who plan and deliver health and social care services. Councils are central to making integration a reality, working with clinical commissioning groups (CCGs) and providers of health and social care services to establish a shared framework for delivering seamless health and social care. The LGA and CfPS support an ambition for council scrutiny to add value to local planning and implementation of integrated health and social care services.

Why integrating health and social care services is important

An increasing number of people with more than one health problem, who require a combination of health and social care services, would benefit from a more seamless and person-centred service. However, in many areas there is considerable scope for improving integration. The traditional model of planning, commissioning and provision of NHS and social care services in isolation is no longer fit for purpose and does not represent the best value for the 'public pound'.

Integrated care can improve people's experience and achieve better health outcomes which may reduce pressure on NHS and social care services. Integration is not just about breaking down organisational boundaries across health and social care. This is important, but integration should be underpinned by a broader ambition for culture change that includes greater parity of esteem between physical and mental health and a focus on prevention in order to keep people healthy and independent for longer, reducing hospital admissions.

With a statutory duty to promote integration, health and wellbeing boards are at the heart of planning for integrated health and social care services. Boards are responsible for developing and overseeing the implementation of the Better Care Fund (BCF), which pools health and social care resources to escalate the scale and pace of integration. All areas have now agreed BCF plans to integrate a national total of £5.3bn of healthcare and social care funding. Each plan also demonstrates how resources will be redirected from existing NHS and local government services into integrated commissioning and delivery of health and social care as the primary means of delivering long-term financial sustainability of services and improving outcomes for individuals.



The scrutiny role

Three overarching messages about the value of the scrutiny role emerged from the inquiry days:

- Scrutiny of integration plans is fundamental to councils' health and social care scrutiny role. Councils should review their arrangements for scrutiny of integration to make sure they are fit for purpose.
- Scrutiny can add value to integration planning and implementation by improving the evidence base for decisions about integration and holding councils, commissioners and providers to account for the level of local ambition to integrate services and improve health in ways that benefit people who use services and taxpayers.
- Scrutiny is best when it is proactive rather than passive or reactive. There is a responsibility on scrutiny, health and wellbeing boards, council executives and CCGs to get the best out of the scrutiny function for the benefit of local people.

Councillors involved in scrutiny should consider how best to use their scrutiny role to help councils and their partners develop ambitious but achievable plans to integrate health and social care services and to improve the health and wellbeing of local people. The inquiry days adopted a three stage approach to developing a common understanding about the value of scrutiny. This may be useful when thinking about local approaches to scrutiny of integration:

Reflect on the experience of previous contributions of council scrutiny to local approaches to integration of healthcare and social care services

Identify opportunities and barriers that can help or hinder council scrutiny to influence better health and integration of health and social care services

Design a framework for scrutiny of integration planning, commissioning and subsequent proposals for service redesign in relation to health and social care services

Participants in the inquiry days answered some questions in advance which helped to establish a context for the discussions:

- what is your current knowledge of the Better Care Fund and the integration of health and social care?
- what do you anticipate are the main challenges?
- what do you think the benefits of closer integration will be?
- how should scrutiny review the integration programme and the implementation of the Better Care Fund?

The inquiry days used this approach to:

- establish who has responsibilities for developing integrated services and assess how partners work together to secure better outcomes so that the views of people who use services and the public are represented constructively
- begin to develop shared protocols for joint working and information sharing between council executives, relevant partners and scrutiny, together with agreed arrangements for selecting future scrutiny topics, for example the financial and practical impacts of integration.

The value of scrutiny

The inquiry days identified that scrutiny can play a valuable role in improving the evidence base for decisions about integration and in holding councils, commissioners and providers to account for the level of local ambition to improve health and integrate services in ways that benefit people who use services and taxpayers. Because health and social care issues are often inter-dependent, councils with separate arrangements for scrutiny of health and scrutiny of social care should consider how those arrangements can be aligned to make scrutiny of integration effective, efficient and influential. An important principle is that scrutiny should be proactive rather than passive or reactive – there is a responsibility on scrutiny, council executives and partner bodies to get the best out of the scrutiny function for the benefit of local people.

Local insight

Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS) were identified by the inquiry days as a starting point for scrutiny to develop an understanding of local issues and help to identify topics for future review. The JSNA should represent a comprehensive understanding of the health and social care needs of the area. Scrutiny can bring a reality check to the contents of the JSNA, for example by assessing the extent to which the information set out is historic or contemporary. The JHWS should clearly outline the vision for improving the health and wellbeing for local people, identify the key priorities for action and outline what system leaders will do to achieve the priorities. Scrutiny can critically appraise the priorities and action plans in the JHWS, for example by assessing the assets to be employed, the outcomes expected, how progress will be measured and the triggers for action if things aren't working.

Better Care Fund plans should build on the information in the JSNA and the priorities and action plans of the JHWS. Scrutiny can bring a reality check to BCF plans, for example by assessing capacity in the local system to bring about change and whether plans could go further in integrating health and social care.

The inquiry days recognised that flexible and accessible arrangements to scrutinise integration issues provide the best opportunities for councillors to hear from people and groups with whom they may not have had much contact in the past, for example primary care practitioners or people who use services. Working effectively with local healthwatch and voluntary/community sector organisations can provide additional insight about how best to hear a diverse range of views.

National insight

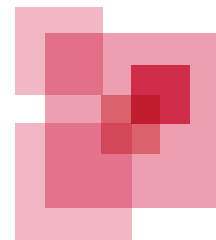
An understanding of progress being made in other areas of the country was recognised by the inquiry days as an asset to any scrutiny review of integration, so that commissioners and providers can reflect on whether lessons can be applied to solving local challenges. The Integrated Care and Support Pioneers Programme¹ can be a good starting point for finding out about the experience of others, along with the Better Care Exchange² which enables networking, information and knowledge sharing on good practice for delivering better integrated care and implementing Better Care Fund plans.

The inquiry days concluded that a common understanding between scrutiny, commissioners and providers about components of effective integration can help scrutiny of local integration plans. The Kings Fund has described the following components which may be useful to consider³:

1. http://www.local.gov.uk/health/-/journal_content/56/10180/6932744/ARTICLE

2. <http://www.scie.org.uk/better-care-exchange/>

3. Kings Fund 2011

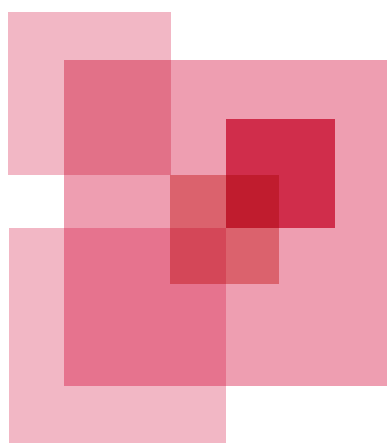


- 1 individual participation and self-management
- 2 a population-based approach, including early identification and coordinated support to individuals who may be at risk of developing long-term conditions so that they can maintain their health, wellbeing and independence
- 3 shared accountability for performance and a single reporting framework to local communities for all stakeholders
- 4 multidisciplinary groups of health and social care professionals, specialists and generalists, working together to deliver integrated care in the best interests of and in partnership with the individual receiving support
- 5 use of guidelines/pathways to promote best practice, support care coordination across care pathways and reduce unwarranted variations or gaps in care
- 6 information sharing that supports the delivery of integrated care, especially via the electronic record, decision support systems, systems to identify and target 'at risk' patients at an early stage
- 7 sharing the financial returns on investment in integrated services but developing financial flows that support providers to work collaboratively by avoiding activity-based payments; promote joint responsibility and accountability for the prudent management of financial resources; and encourage the management of ill health in primary care settings that help prevent admissions and length of stay in hospitals and nursing homes
- 8 effective shared leadership at all levels with a focus on continuous improvement of quality and outcomes
- 9 a collaborative culture that emphasises team working and the delivery of highly coordinated and person-centred care.
- 10 professional, clinical and managerial partnership linking the skills of healthcare and adult social care professionals with the organisational skills of executives
- 11 a place-based leadership approach, in which leaders from across health and social care work on a clear shared set of priorities to improve health and social care outcomes

Factors influencing effective scrutiny of integration

Some common themes emerged from the inquiry days about the factors that influence effective scrutiny of integration plans, based on shared understanding and commitments between scrutiny, council executives, CCGs and providers:

- a shared understanding about the importance of integration as the primary means of delivering long-term financial sustainability of health and social care services and in securing better services and better outcomes for people
- a shared commitment to scrutiny that is:
 1. proactive so that it is included throughout the process of planning, delivering and evaluating integrated services
 2. focused on practical as well as financial impacts of integrated services so that people's experiences of services are not forgotten
 3. constructive and focused on outcomes so that it receives constructive responses to recommendations
 4. accessible as possible so that it hears the diversity of people's experiences of services
 5. assessing the extent to which all topics under scrutiny promote and maximise the potential for integration



Overcoming potential barriers to effective scrutiny of integration

Some common themes emerged from the inquiry days about overcoming potential barriers to effective scrutiny:

Potential barrier

Possible solution

Lack of clarity about different roles and responsibilities causes tension between health and wellbeing boards, commissioners, providers and scrutiny



Agree a common statement of roles and responsibilities to help avoid duplication and help to plan scrutiny effectively

Scrutiny is not included at an early stage or does not get the information it needs leading to reactive and less influential scrutiny, rather than helping to improve integration plans



Agree a common approach that sets out clear arrangements for scrutiny to be built in to the whole cycle of planning, commissioning, delivery and evaluation

Party politics leads to conflicts within scrutiny and between scrutiny, council executives and partner bodies



Agree a non-partisan approach that separates councillors' scrutiny role and their representative role

Information about the way health and social care services are planned, operated and funded can be complex and proposals for changes are not always well received



Agree to support scrutiny so that councillors can navigate the health and social care system, appreciate its complexities and respond effectively to proposals for change

Lack of clarity about the policy development and 'holding to account' roles of scrutiny causes tensions about the timing of involving scrutiny



Agree that scrutiny is a balance between collaboration and challenge about priorities and outcomes

Frequent changes in scrutiny arrangements, chairs or members leads to scrutiny becoming inconsistent



Agree a consistent approach to organising scrutiny to help long term effectiveness of the function

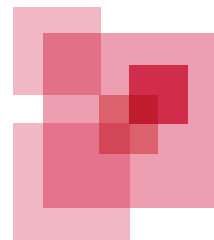
Conclusion

The inquiry days concluded that scrutiny of integration can be valuable to councils, commissioners, providers and people who use services by:

- improving the evidence base for decisions about integration
- holding councils, commissioners and providers to account for the level of local ambition to improve health and integrate services
- reviewing practical as well as financial impacts of integration

The overarching conclusion was that scrutiny is most effective and influential when health and wellbeing boards, commissioners/providers and voluntary and community organisations and scrutiny itself adopt a partnership approach based on integration as part of broader action to secure better health for populations. Finally, testing some themes helped the inquiry days focus on some key questions that scrutiny can ask about integration:

- how person-centred is the local approach to integration?
- are accountability arrangements for planning and delivering integrated services clear?
- is the local approach to integration supported by good evidence?
- do integration plans form part of a broader holistic strategy to tackle inequalities and improve health?
- do plans for integration have a realistic chance of success and how will that be measured?



Notes

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CiPS is a registered charity no 1136243

May 2015

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