



RCN Policy and International Department
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Integrated Health and Social Care in England: update

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Integrated health and social care

This briefing paper is part of a series of RCN documents examining the policies and practical arrangements surrounding the integration of health and social care.

The paper provides an update on the latest developments in integrating health and social care in England.

Background

Integrated care has now become a key focus of reform in England as a response to a need to deliver further efficiency savings; a predicted rise in demand on health and social care services due to an ageing population and a larger number of people living with long-term conditions; and fragmentation between the health and social care systems resulting in people not getting the services they need, or not receiving them in the most appropriate setting.

While the RCN has stated on a number of occasions that it is in principle supportive of integrated care and support becoming the norm, we remain wary of its impact on nursing; in particular on roles and workload. We still call for service plans to be aligned with workforce plans as well as the provision of sufficient funding for training and development.

Since our last paper detailing the 'story so far' of integrated health and social care in England,¹ published in May 2014, there have been some major developments not only with existing arrangements such as the Better Care Fund (BCF) and the Pioneer Programmes, but also with the introduction of new plans such as NHS England's Five Year Forward View,² announced in October 2014, with its new models of care, 'Vanguard' programme, and Integrated Personal Commissioning (IPC), and most recently the decision to create a pooled health and social care budget in Manchester, via the 'DevoManc' plan³.

While we welcome innovative ways to meet the country's changing needs and demands, we are somewhat concerned about the recent proliferation of integrated care programmes and pilot schemes now operating simultaneously - see figures 1&2 below. Without clear distinctions, overlapping programmes working in the same geographical area could lead to confusion for service users, as well as duplication of services; we will therefore watch with great interest not only how these programmes progress, but also how they support and inform best practice.

¹ http://www.rcn.org.uk/support/policy/policy_briefings/2014_briefings?result_556881_result_page=2

² <http://www.england.nhs.uk/ourwork/futurenhs/>

³ http://www.manchester.gov.uk/news/article/7111/greater_manchester_announces_shared_plan_for_6_billion_health_and_social_care_funding

Figure 1: Geographical spread of pioneer and vanguard sites in England with RCN regional borders outlined

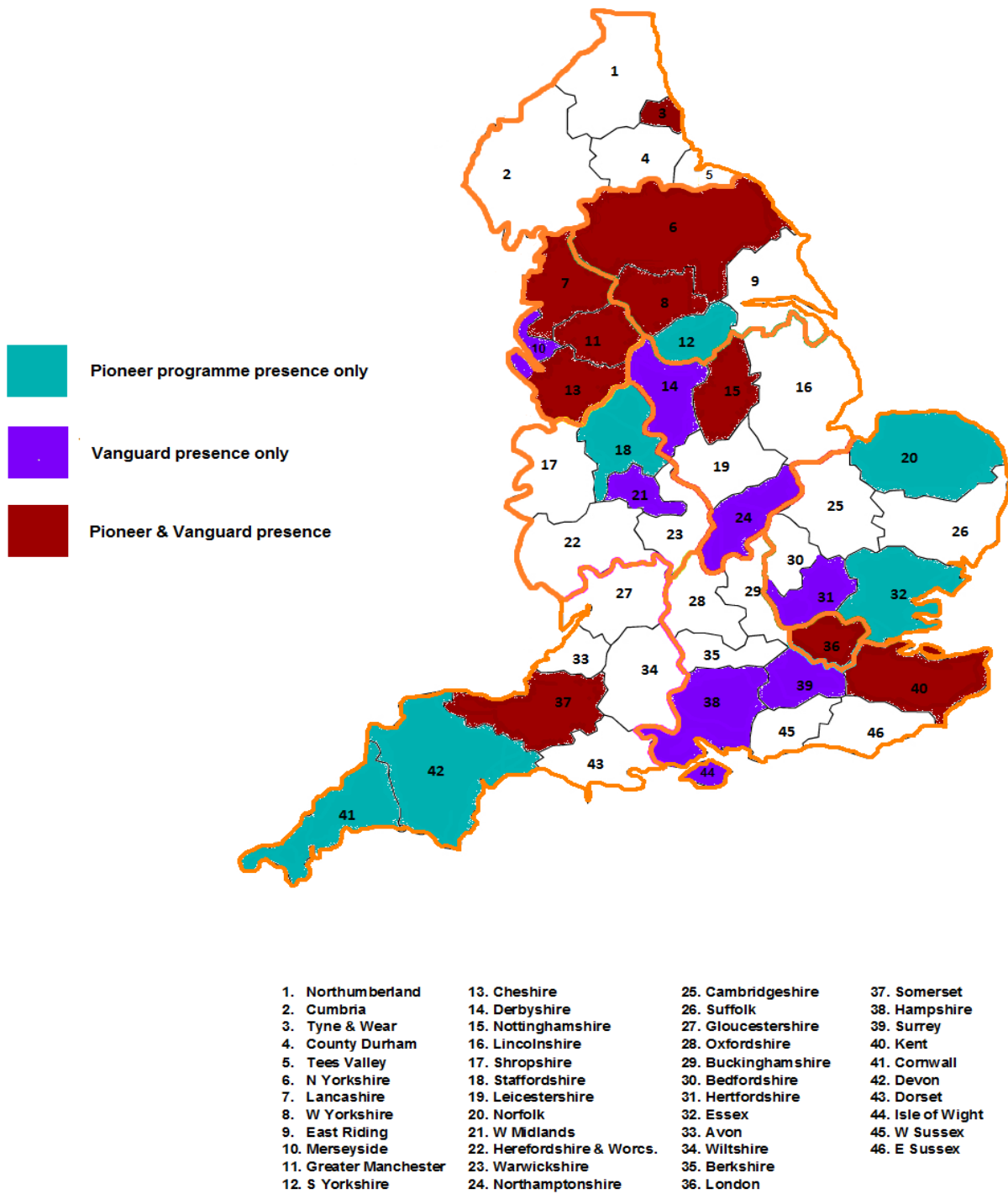
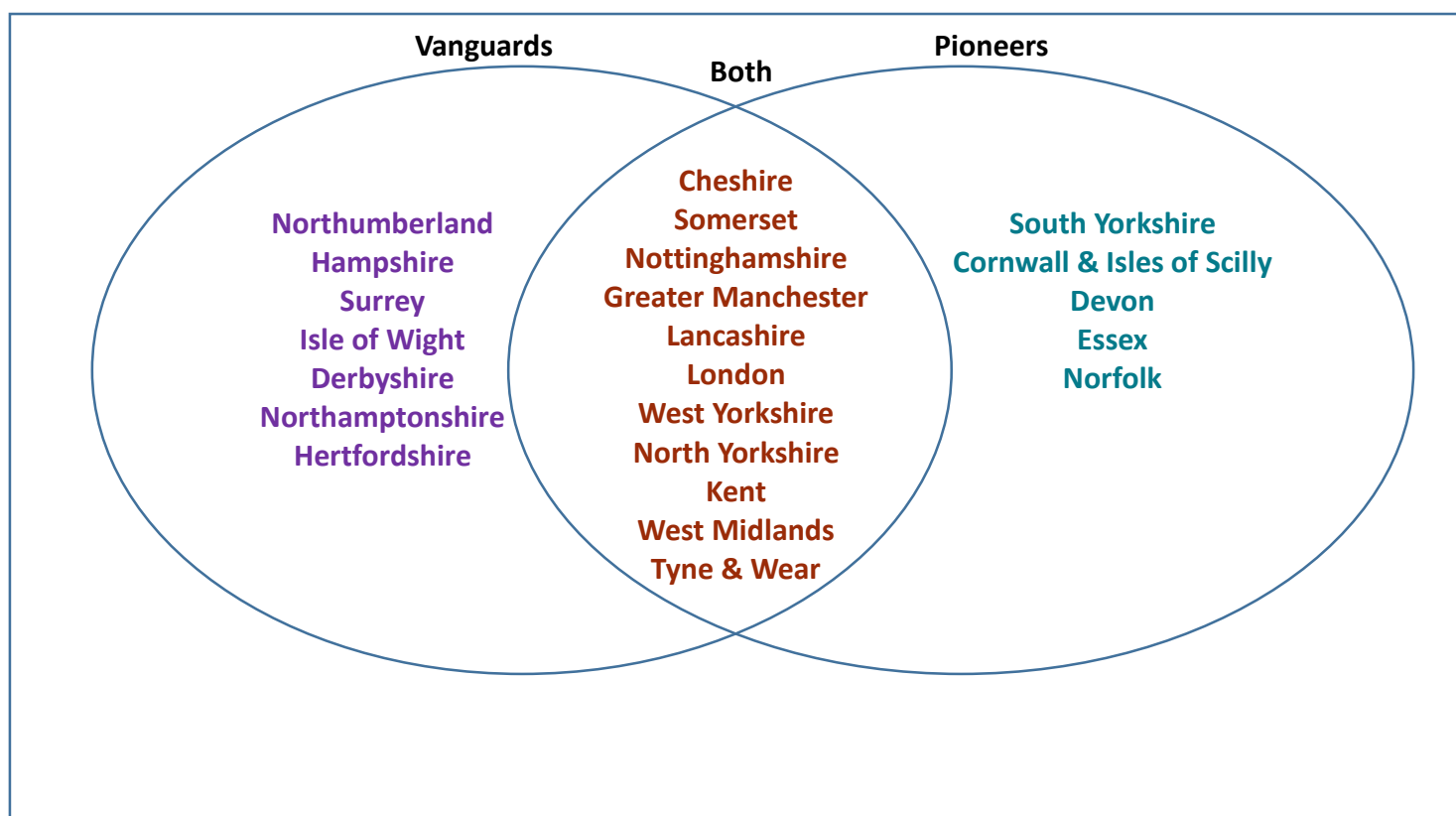


Figure 2: Counties in England that have either Pioneers, Vanguard or both



Summary of developments since May 2014

Better Care Fund

The BCF, announced in June 2013, is a pooled fund intended to be used for partnership working between the NHS and social care, to get more people cared for in the community and therefore, in theory, save the health service money. The money is deployed locally through pooled budget arrangements between local authorities and Clinical Commissioning Groups. The BCF currently stands £5.3 billion, however, this is not new money and ‘for most CCGs finding money for the BCF will involve redeploying funds from existing NHS services’⁴.

While the BCF has close links with the integrated care pioneer programmes they are not the same thing; BCF funds are available to all areas submitting a Better Care Plan developed jointly by local councils and CCGs. Following reports in July 2014 that many individual BCF plans submitted lacked robust evidence, new guidance was issued and revised BCF plans were resubmitted in September 2014⁵. By February 2015 all 151 plans had been approved (with just three areas in need of ongoing support).

⁴ <http://www.kingsfund.org.uk/publications/making-best-use-better-care-fund>

⁵ http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE

The BCF officially came into effect on 1st April 2015 and monitoring of activity is planned throughout 2015.

Pioneer programmes

In January 2015, 11 new sites were added to the existing pioneer programmes creating 25 in total⁶. The new areas are:

- Airedale, Wharfedale and Craven
- Fylde Coast
- Camden
- Greater Manchester
- Nottingham (City)
- Nottinghamshire
- Sheffield
- South Somerset
- Vale of York
- Wakefield
- West Norfolk

The first annual report⁷ for the integrated pioneers is now available; it sets out the experiences of the first 14 programmes and provides examples of best practice to inform other sites on how to join up their health and social care services.

Viewpoints of frontline nursing staff involved in the pioneer programmes were gleaned from an RCN member survey⁸ carried out in September 2014. The results showed some fundamental differences in how the 14 programmes had developed and performed to date. Implementation was described as too slow in some places and too fast in others. Positive views such as the benefits of co-location and improved communication were countered by negative feedback regarding workload, leadership and poor communication, the latter perhaps most starkly highlighted by the following comment:

'I had not even realised we were part of the pioneer programme so I suppose that says it all'.

⁶ <https://www.gov.uk/government/news/integrated-health-and-social-care-programme-expanded>

⁷ http://www.local.gov.uk/health/-/journal_content/56/10180/6932744/ARTICLE

⁸ http://www.rcn.org.uk/support/policy/policy_briefings/2014_briefings

NHS England's Five Year Forward View

The Five Year Forward View was developed by NHS England in partnership with Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority.

It reports the need for:

1. A **radical upgrade in prevention** and public health.
2. **New models of care** that break down boundaries and fit local situations

The possible new care models include:

- GP practices to join forces into organisations that provide broader services
- Creating new organisations that provide both GP and hospital services involving community/ primary care nurses in Multispecialty Community Providers
- Creating urgent care networks that work seven days a week
- Sustaining local hospitals where this is the best solution clinically
- Concentrating services into specialist centres
- Improving opportunities for women to give birth outside hospital
- Providing more health and rehabilitation services in care homes
- Finding new ways to support carers

Vanguards

As part of the Five Year Forward View, a series of new "vanguard" areas aimed at creating more integrated services have been announced. These pilots will test different approaches for three of the proposed new care models: multi-specialty community providers (MCPs), which are intended to move specialist care out of hospitals into the community, enhanced health in care homes, and also integrated primary and acute care systems (PACS), which join up GP, hospital, community and mental health services.

Twenty nine vanguards were selected from 269 proposals, and they will commence as live vanguard sites during in April 2015, backed by a £200 million transformation fund. We will watch with interest to gauge the nursing and multidisciplinary focus among them.

Manchester

The planned creation of a pooled health and social care budget in Manchester will see NHS England, Greater Manchester CCGs, NHS providers and local councils bring together health and social care budgets – a combined sum of £6bn. Integrated care in Greater Manchester will focus on preventative work in the community by putting strategies in place to keep people well and independent for as long as possible. For example, people with long-term conditions like asthma or heart conditions will be treated by specialists in the community wherever possible – only being referred to a hospital service when deemed clinically necessary. Full

devolution of health and social care spending is currently scheduled to take effect from April 2016, with a transitional roadmap set to be put in place by 1 April 2015.^{9,10}

We are currently finalising an RCN briefing paper on the Vanguards and DevoManc plan.

Integrated Personal Commissioning

Another key initiative in the delivery of the Five Year Forward View is the introduction of the Integrated Personal Commissioning (IPC) programme. On 9th March 2015 NHS England and the Local Government Association named the first eight sites that will, for the first time, blend comprehensive health and social care funding to enable people greater power to decide how their personal combined health and social care budget is spent.

This first wave of the IPC went live on 1 April 2015 and focuses on four groups of high need individuals – older people with long term conditions, children with disabilities and their families, people with learning disabilities, and people living with serious mental illness – to enable them to take control of their budget to deliver an agreed care plan.¹¹

Think Local, Act Personal (TLAP) is one of the partners working with NHS England, the Local Government Association and Association of Directors of Adult Social Services (ADASS) to ensure that with integration, comes personalisation and will be providing support to the eight sites to ensure person-centred approaches are central to the model of care being developed. The eight sites are Barnsley, Cheshire West and Cheshire, Luton, Stockton on Tees, Tower Hamlets, Hampshire, Portsmouth and South West Consortium.¹²

Health and social care in the 2015 General Election

As we approach the election in May we will monitor statements and examine the manifestos of each of the major political parties to understand their plans for integrating health and social care in England.¹³

Conclusion

Whatever the outcome of the general election, two key issues will need to be addressed: securing the money to fund and securing the resources to deliver integrated health and social care. These are not only crucial for the future sustainability of both social care and the NHS, but also to ensure that high quality care is available to all who need it.

⁹ <http://www.gponline.com/ministers-sign-6bn-manchester-health-social-care-devolution-deal/article/1336012>

¹⁰ <http://www.england.nhs.uk/2015/02/27/greater-manc-funding/>

¹¹ <http://www.england.nhs.uk/2015/03/09/ipc-sites/>

¹² <http://us9.campaign-archive2.com/?u=4b7661ea79e693a8a62359723&id=af5f3d6d20&e=f28904d5b2>

¹³ <http://election.kingsfund.org.uk/>

While we recognise that there is no 'one size fits all' and that localised services best serve local needs, and as such require the flexibility to ensure services match requirements, any new integrated services must also continue to meet a country-wide set of standards, in order to ensure that all recipients people have equitable access to equitable standards of care. This is not only an RCN point of principle, it is also key to ensuring that those in receipt of care can move from one location to another without fear of compromising, reducing or losing their entitlements to care services.

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