

## Health & Social Care integration – Easier said than done?

A simple definition of Integration is “the process of combining two or more things in an effective way.” Integration is essential if health and social care are going to successfully meet the future needs of our population. But is it achievable?



If the COVID pandemic has demonstrated nothing else, it has shown us how vital it is for health and social care to work in a joined up, seamless way. To deliver anything close to a safe, resilient and sustainable service for the British population they are completely dependent upon each other.

This is not an astounding revelation, it has been obvious for years and, prior to COVID, the Government had already gone some way to bringing the two sides of the same coin together by the creation of Sustainability and Transformation Partnerships (STPs) which have, more recently, morphed into Integrated Care Systems (ICSs). These groups draw together health and social care, statutory and voluntary partners, with the shared goals of improving the cost and quality of care and improving outcomes for individuals and populations.

However, there are three main areas of difference (and therefore challenge) between Health and Social Care, which have to be acknowledged and addressed if an integrated approach is to be truly successful.

### Governance and Accountability

Despite the creation of local Health and Wellbeing Boards, the NHS is a national organisation with a very clear command and control structure and a single and solid line of accountability all of the way up to its Chief Executive in Whitehall.

Correspondingly, there are 151 upper tier, local authorities that have devolved responsibility for the commissioning and delivery of Childrens and Adult Social Care services. These authorities are directly accountable to the local populations that they serve through the elected Members that normally live and work in the area in question.





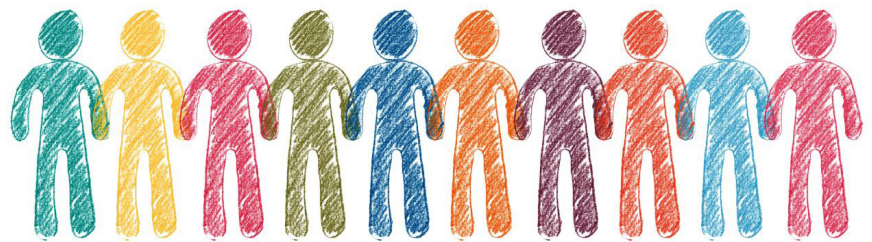
## Budgets and Funding

The NHS is entirely funded centrally through national taxation (roughly 80% general taxation and 20% National Insurance). In terms of social care, over the last decade central government grant funding to local authorities has reduced significantly leaving them almost entirely dependent upon revenue generated from local taxation such as Business Rates and Council Tax.

The NHS annual spend is over £130bn and has increased in real terms every year, by approximately 13% in the last ten years. Whereas, the current spend on Social Care is in the region of £22bn and, after several years of funding cuts, has only just recovered to the point where we are now spending the same as we did ten years ago, despite our ageing population. Furthermore, the services provided by the NHS are “free at the point of delivery” whereas Adult Social Care is means tested. If services were truly seamless and integrated, it would be a challenge to understand where the free part ends and the chargeable part begins.

## Culture

This is probably the most important and challenging difference between Health and Social Care that will need to be properly addressed if integration is to be truly successful.



Understandably the NHS focusses on treating an illness, injury or condition. It involves detection and identification through a systematic process of observation, description, and differentiation, in accordance with standard accepted procedures, such as examinations, tests, or a set of symptom descriptions. And they are probably the best health system in the world at effectively undertaking this task.

However, behind every illness, injury or condition is an individual person, upon which social care bases its practice and interventions (a person-centered approach). Social Care will look at an individual's needs, wants and wishes and focus upon how it can enable and empower them to achieve the best outcomes for what is important to them (strengths-based approach). It will look beyond the individual and the presenting issue and consider the environment and wider community and how that can be used to support the individual (social capital).

In summary, over the past few years we have seen the community face of the NHS, Primary Care take some tentative steps towards a more holistic, person centered approach to treating patients with the introduction of social prescribing and care navigation but, with a workforce of over 1.2m there is a long way to go before this change is fully embedded.

**Integration** is a much used eleven letter word but, in the context of the NHS and Local Government, in light of the above, it is probably easier said than done... or isn't it?

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