Four Nations United

Critical learning from four different systems for the successful integration of social care and health services

Introduction

This paper originated from discussions on best practice that took place between ADSW, ADASS and ADSS NI at the ADSW spring seminar in Crieff on 18th March. Further discussions were held in Warwick in April and in Dublin on 18th June. These latter meetings also involved ADSW Cymru and Cate Hartigan of the European Social Network.

It drew upon practice and research knowledge, outlines the critical factors found within successfully integrated practices and the contribution of social services to this work. It aims to provide staff across key services with an informed, sophisticated but accessible and practical 'ready reckoner' of best approaches to the challenge of successful integration – a short cut to increased capacity and improved performance.

Research evidence and the practical experience of directors and social services organisations would suggest that there are four critical factors for success:

- A clearly articulated and widely shared vision of 'why, how and for what benefits?'

- A medium to long term financial strategy that is realistic about costs.

- Flexible organisational arrangements that support a common purpose.

- Attention to matters of culture through effective leadership.

Evidence shows that successful integration relies upon more than a structural or contractual relationship with other key public services. Central to success is the integration of outcomes for the individual with organisational goals and the customer experience across multiple sectors. Many sectors share the commitment to the principle of promoting independence, wellbeing and self–reliance that sits at the heart of social services. We also have different drivers. Mutual respect and understanding will lead to better contributions from professionals and improved outcomes for the public.

This paper seeks to clarify the central contribution of social services to delivering change based on best research and practice knowledge as part of an integrated service.

Context

The drive for integration originates from several sources:

1. a desire to improve outcomes and people's health and wellbeing.

2. a determination to ensure that care and support are more effectively delivered and coordinated.

3. a necessity to achieve better value for money and to reduce costs, particularly in the current global economic context.

There is also an acknowledgement that the state will not be able to meet the anticipated increasing demand for services without major reform in the way services are delivered. Older people are living longer and this is good news. However the number experiencing poor health is growing and the numbers of people with multiple, long term conditions are expected to triple by 2050. Furthermore, the expectations of younger generations, both in terms of any current caring responsibilities they may have, and in terms of their own wishes for the future, are changing rapidly. We need to future–proof our plans. The requirement for change presents an opportunity for health and social services, and public services more widely, to work better together to progress different and better outcomes for people.

Research and practical experience show that there is no universal solution to the complexities of integrating health and social care. However, common denominators of success exist across the four nations which transcend national politics and circumstances. Some rely upon generic leadership and management skill. Many rely upon profession–specific expertise and/or particular values. It is essential now, more than ever before, that knowledge, skill and experience are understood and used to best effect. To this end, we describe the unique role of social services within an integrated health and social care system – one that is governed by statute, embedded in local government and founded on the bedrock of social care values, supported by legislation, regulation and guidance.

Current service provision and achievements suggest that social services will hold a pivotal role in managing the challenges that lie ahead for people, states and devolved territories. In England alone 2.1 million people presented as potential new service users in 2011/12. Of those, 1 million required further attention. In total 1.5 million people received a service, of which 1.23 million were supported in their communities, with 517,000 receiving domiciliary care, 213,000 receiving residential home care and 86,000 supported in nursing home care. Some 363,000 carers received support in carrying out their role. Over 1 million people worked in social care and the total budget was £16 billion.

In Wales, during 2011/12, 78,000 adults were receiving a social care service at one point in time, with local authorities assessing the needs of 86,200 adults. Some 82% were supported to live in their own homes and in a sample week, 22,700 adults were receiving domiciliary care.

In Scotland, 198,000 social service workers supported 684,000 hours of home care a week during 2011/12; 211,000 weeks of respite per year; 37,500 adults in care homes costing £785.2 million per year; 63,500 people received home care costing £592.3 million. The total budget was £3 billion within social work departments for adults and older people during 2010/11.

In Northern Ireland, 12,421 staff working in social services, of which 38% are qualified social workers, supported 41,534 people within the statutory service. Some 12,250 residents of residential and nursing care homes had care packages and 8,140 people received statutory day care.

Whilst 'more of the same' service delivery will not meet demand, it is essential that existing skills and experience, as evidenced above are utilised to best effect.

Factors for successful integration

The following sections outline findings on what is needed for successful integration within adult care, categorising findings within the domains of: 'Organisational factors', 'Cultural, leadership and governance factors' and 'Professional issues'.

1. Organisation – factors for success:

- **Support must be coordinated around the individual**, not the organisational structure– a bespoke service underpinned by knowledge of general research and of activities that provide value for the public purse.

- **Local determination must be maintained.** There is no one solution for successful integration. Good local integrated working cannot be centrally mandated. Working together in flexible ways will be more successful than structural change.

"The main factors that promoted integrated working were locally determined – local leadership, vision, strategy and commitment."
NHS Confederation (2010)

- **Avoid destabilising good arrangements.** The instability caused by even the threat of structural change has proven to be counterproductive to joint working.

- Central level input is most successful when focused not on local detail but on developing a **coherent legislative and policy context** – without which no momentum for change can be sustained. It is also essential that 'softer' cultural signals and expectations are set out to underpin the legislative and policy context.

- There is a key role at central level in **rationalising multiple regulatory frameworks, financial reporting and performance regimes** which have to be synthesised at local level, placing a time burden on managers (NHS Confederation 2010) and through supporting innovation and the provision of guidance.

- **Commit to whole-system working.** Best integration requires a broader mentality beyond health and social services, with multiple strategies pursued at all levels (Curry et al 2010)– supported by Chief Executives, with locally elected member representation. A public sector–wide approach is needed, with support delivered close to home.

- **Commit to an appropriate scale and pace of change.** Incremental adjustments to existing services and practices will not deliver within the timescale. Evidence shows that a range of interventions delivered together are likely to make a bigger impact.

"Small–scale pilots focused on the needs of people with single diseases and conditions are unlikely to deliver benefits on the scale needed".
Ham, C (2011)

- **Plan for a 5 year change process.**

"The experience of organisations that have made the transition from fragmentation to integration (e.g. Sweden) is that the work is long and arduous ... Leaders need to plan over ... at least 5 years or more and be willing to adjust direction according to findings."
Ham, C (2010)

These findings were supported by the Nuffield Trust in *England, Evaluating integrated and community–based care, Bardlsey, Steventon, Smith and Dixon (June 2013)*

- **Ensure the costs of change and changed practices are recognised.** Sufficient resources are needed to support implementation and execution – plus time and space for training, learning, innovation and building professional relationships.

"Investment will need to be made in new innovation before funds are released from existing models. Tackle duplication and fragmentation to reduce waste and inefficiency, but there is little evidence that integrated care can be delivered more cheaply."
Ham, C (2013)

- **Focus adult social care expenditure on personalised services** – aligning budgets for effectiveness, both for value for money and quality outcomes.

- **Establish clear responsibilities for market development** to ensure the correct and appropriate supply of quality adult social services within a plural market.

Particular social work/care services contribution

Social Services as part of local government – the local government role is in citizen representation, community planning and engagement, championing citizens' rights to be supported to live healthily through the promotion of social justice and sharing a mandate to improve the wellbeing of the population in partnership with health and others.

Building services around individuals, families and communities – maximising people's potential and creating an environment with health and others where people can thrive and contribute.

2. Culture, leadership and governance – factors for success:

- **Integration should be based on cultures not structures**. Culture binds the organisation together, defines what values and behaviours are acceptable and, crucially, the organisation's orientation towards performance. Achievement is dependent upon culture.

- **Base integrated work on place, not organisation**. A successful integrated approach needs to be grounded in evidence, based on an assessment of local need and resources and an understanding of the overall amount of public money and resources available. Evidence shows that good, cost-effective outcomes can be achieved through place–based partnership approaches, involving different sectors that support older people in communities, where they are involved in the design and delivery of the work. These outcomes include preventing risk and harm and providing a single access point for assistance and advice (e.g. *Joseph Rowntree Foundation study, 2011*).

- **Leaders must develop a persuasive vision** – a shared narrative with staff and providers to explain how integration aims to deliver on priority professional values, for example, tackling health and social inequality and exclusion. Rhetoric must be mirrored by collaborative leadership practice in action, as without this the sustainability of change aimed at improved outcomes will be severely limited. Be explicit about how the desired outcomes are supposed to arise and use interim markers of success (*Bardlsey, Steventon, Smith and Dixon (June 2013)*).

"Securing the understanding and commitment of staff to the aims and desired outcomes of new partnerships is crucial to the success of joint working particularly amongst health professionals".
Cameron et al (2012)

- **Aligned goals and incentives**, including those at national level, lead to better outcomes. For example, conflicting priorities can occur when meeting 'discharge from hospital' time standards whilst attempting to support individuals in making a careful personal choice under self–directed support principles.

- **Ensuring good governance and professional leadership**, giving clarity on financial issues, the role of staff and accountability. This breaks down barriers between primary and secondary care and between physical and mental health, with good results evidenced to incentivise preventive action.

- **Empower staff** to share and promote an understanding of purpose, method and values with individuals and communities, sustaining this learning through a commitment to professional development and succession planning, creating a momentum for change. Encourage bottom–up initiatives with direct involvement of, and accountability of front–line workers for the overall local priorities.

- **Support and systematically empower users** to take control over their health and wellbeing and 'self–care'. This has been shown to reduce hospital admission, improve health and wellbeing.

"Conveying knowledge to patients, who are the most undervalued resource in our system, is key to managing long term conditions".
Sir John Oldham (2011)

- **Establish and prioritise shared and collective leadership skills**: breaking down barriers, bottom up and top down, between service and clinical, managerial and professional approaches, recognising their interdependencies and finding a common cause.

"The main benefits of integrated care occur when barriers between services and clinicians are broken down, not when organisations are merged"
Ham et al (2013)

- A key task for leaders is the **development of joint financial governance frameworks; joint strategic commissioning plans and integrated budgets**. There has to be clarity in local government legislation and accountability linked to the financial framework, as key to effective joint working. This creates an environment that enables commissioners and integrated teams to use resources flexibly, pooling them as appropriate. Innovation is essential to lead to more creative use of commissioning, contracting and payment mechanisms.

- **Clinical leaders are powerful agents of change**. Clinical engagement in the development and delivery of services at a meaningful scale combined with greater **involvement of LAs in public health** matters are elements found in successful change programmes.

- **Involve communities and individuals in planning and delivery**: co–design and co–produce asset–based models of integrated care; harnessing citizen representation and engagement, supporting a shift in power and control. Honour the heritage of all integrating organisations, groups and cultures. Be prepared to be 'multi–lingual' in communications whilst forging a new identity and match a commitment to engaging with communities with one of communicating clearly. Language can be exclusive. The link between social factors and health has been clearly established.
  Currently, people in poorer areas are four times more likely to be admitted to hospital for certain chronic conditions than someone in an affluent area. Social isolation is a major risk factor for mortality, with less likelihood of survival following a heart attack *(Berkman 1995)* and significantly more likelihood of recurrence of cancer *(Helgsen, Cohen et al 1998)*.

"...Joint and integrated services work best when they promote increased user involvement, choice and control..."
Cameron et al (2012)

'Some 70% of cost and activity in the system are from people with multiple conditions which cross organisational boundaries..'
Sir John Oldham (2013)

- **Base integrated work on outcomes** defined by service users not targets: National outcomes defined by the views of service users should be designed and supported by a national data set with local and national accountability. Progress should be measured and evaluated against specific objectives.

"Defining outcomes that matter to service users and carers is important ... (they) ... may differ from policy and practice imperatives but are a crucial aspect of understanding the effectiveness of joint or integrated services"
Cameron et al (2012)

Particular social work/care services contribution

Collaborative leadership – the leading principles within social services across the four nations are enshrined in law and central to ensuring a culture is developed within and across organisations to promote integrated practice. Good leadership and governance ensure that organisations are ready and able to commit to partnership working and develop constructive alliances to support the process of change.

Good professional governance – is essential; it affirms the contribution of the staff; enables continuity of planning between agencies, and offers leadership in community development approaches which facilitate local joint working and partnership arrangements.

Balancing resources – social services managers in local authorities are leaders in assessing, managing and gate–keeping (through assessment and charging policies where relevant) finite resources. This requires balancing the needs of the most vulnerable with those of individuals who may come to require intensive

support if preventive action or early intervention is not provided. They work in complex environments, using a variety of skills and tools that are needed to support a whole person approach.

Professional accountability – good leadership and governance will offer clarity about the definition of respective roles and approaches to practice, central to a shift in power towards those who use services. Senior managers in social services have a significant contribution to make to ensure the continuity of professional supervision and governance for staff within an integrated setting – some of whom are likely to be directly managed by other professionals.

Democratic engagement – posts carrying statutory responsibilities in local authorities for delivering good quality social services have links to central government and carry a key function within the democratic process, providing clarity for local politicians on the local implications of national developments.

3. Professional issues – factors for success

- **Stratify the needs of the population to target workforce and their skills effectively**: ensure the supply and deployment of the workforce remains in step with projected demand, using registers and other data sources and developing an understanding of the needs of particular groups and populations and then translating this wider knowledge into plans for individuals. Exploit the potential of linked data sets, including greater use of GP data to develop cohort–based techniques for tracking the care of individuals with long–term conditions that include analysis of technical and organisational development advice to sites as part of the evaluation approach *(Bardlsey, Steventon, Smith and Dixon, June 2013)*

- **Ensure staff have the skills and knowledge required**, with continuous professional development as part of an overall strategy for integrated services. The approach must recognise the contribution of front line staff to the direct care and support tasks and also to wider policy development.

"A hallmark of a maturing and self–confident profession is the ability to transcend a task–based approach to focus on broad themes and principles of professional practice".
(NISCC 2008)

- **Identify people within organisations who have talent** for turning policy intentions into meaningful and widespread change on the ground and engage them as champions. Build experience and confidence in workforce through 'quick win' integration with high benefits to users.

- **Actively encourage innovation** at all levels and work to avoid disempowerment due to risk–averse cultures.

- **Accelerate learning** through innovators and leaders– sharing information and expertise through learning networks. Enable learning to be shared between sites within a series of action learning sets or similar activities designed to tackle specific issues, informed by consistent data on performance (*Bardlsey, Steventon, Smith and Dixon (June 2013)*).

- **Strengthen the evidence base for integration**, working with academic/ learning institutions, promoting research that readily translates into better practice.

"There is a need to develop high quality, large scale research studies that can test the underpinning assumptions of joint and integrated working in a more robust manner and assess the process from the perspective of service users and carers as well as from an economic perspective"
Cameron (2010)

- **Risk profiling** is a primary driver in good, integrated care. Better targeted services will improve outcomes for people with long term conditions. Increase understanding across services and sectors of responsibilities and procedures for safeguarding vulnerable adults.

- **Avoid a sole focus on high risk populations**. Care planning should be implemented systematically, moving from high level aspirations to agreed specific objectives for integrated care including those on prevention and early intervention activities.

"Full integration may be very effective, and even efficient, for a few ... While we are trying to identify who those few are, what they need, and how to provide and pay for their care, we should ensure that the needs of the many receive commensurate attention"
Leutz (1999)

- **Develop multi–disciplinary teams**. Integrated care teams at locality level provide a broader skill mix. They have been shown to improve health and wellbeing and result in better outcomes for lower costs, provide a single point of access and a single assessment process. Co–locate teams with a unified management structure. Use the workforce effectively – be open to innovations, skill mix and staff substitution–e.g. jointly commissioned reablement teams.

"Creation of integrated multi-disciplinary teams are a fundamental building block."
"Re-ignite a shared purpose from the patient's point of view, rather than from the different organisation"'
Sir John Oldham (2013)

Particular social work/care services contribution

Promotion of the values of human rights, justice, and citizen contribution – these principles are fundamental to the values of those who work in social services; a central understanding of the impact of personal, social, economic and environmental factors on people's lives. Through tackling social inequalities and disadvantage, vulnerable and marginalised people are supported to play an active, independent and productive role.

Community engagement – in addition to maximising people's ability to take control of their own lives, best practice is also based upon an understanding of how and where people interact with their environment. Social services are skilled in drawing support from family, social group, community and wider society; working in a coordinated way with agencies across the sectors, to improve social wellbeing and meet the person's whole needs.

Prevention and early intervention – local authorities have a pivotal role in helping people to be full members of communities and users of universal services for obtaining their support. Reablement and telecare services have a vital role in promoting the independence of individuals.

Family and carer support – through recognising and valuing the contribution of carers, local authorities support them to continue in their role, preventing family breakdown and supporting community living.

Empowerment, choice and control – research and practice experience confirms the importance of promoting control, choice and independence if best outcomes are to be achieved. These findings relate to quality–of–life outcomes and also to maximising people's involvement in their own care. Social services have considerable experience of measuring performance quality through users' experience and, in addition, delivering self–directed support practices. This will be an essential contribution to promoting self–management and self–care in an integrated health and social care setting.

Safeguarding and risk management – social services have a lead role in assisting the state to protect children and adults from harm through neglect, abuse or exploitation. Many of their responsibilities are enshrined in legislation and international conventions. They balance issues of choice and autonomy with a duty to take action

to protect people from harming themselves and others.

It is this experience and skill in dealing with the complexity of the whole of human life that is a particularly important contribution of social services. The functions of prevention, care, protection and control are reconciled through the exercise of professional judgement, informed by legislation and guided by agency policies and procedures. The role extends beyond the individual – to the protection of communities – from harm. Within a changing, integrated environment, social services have a central role in driving forward positive developments whilst anticipating and minimising foreseen and unforeseen risks.

Conclusion

Directors from the four nations describe the different organisational boundaries, systems and strategies that exist within their social care and health arrangements. However, professional values are shared, and it is these mutually held principles that appear to underpin a set of core organisational and practice behaviours that characterise best health and social care integration.

In particular, change needs to start from the individual.

This conclusion is a simple one but achieving the goal of better outcomes for individuals is complex. This report aims to provide guidance to leaders of change across our organisations that is based on best and current research and practice knowledge. Through articulating the particular and at times unique contribution of social services within the change process, we seek to maximise our contribution to achieving best integrated practices.

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adult social services departments in English local authorities. Directors (DASSs) have statutory responsibilities
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