INTEGRATION WHITE PAPER: Health and social care integration: Joining up care for people, places and populations

Response by the Association of Directors of Adult Social Services (ADASS)

March 2022

The White Paper is one piece in the reform jigsaw. **We welcome its vision and principles** that indicate what the future of care and support might look like; **providing scope for local decision-making based on strong engagement with local people and communities**.

These ambitions, plans and timescales must be realistic, and they must align with the other pieces of the reform jigsaw. This includes the Health and Care Bill, the adult social care reform White Paper (People at the Heart of Care) and Liberty Protection Safeguards, together with the review of the Mental Health Act, Building the Right Support, levelling up in the social context and other programmes. **It is essential these reforms exist in one coherent plan – regardless of originating Government department – with sequencing, interdependencies and funding mapped out and understood by all stakeholders working to implement them.** Local authorities and their partners must have sufficient time to prepare for these reforms.

The specific timescales within this White Paper are extremely tight, particularly in terms of sequencing the proposed policies. As an example: ICS governance needs to be in place by Spring 2023, including a "clear, shared, resourced plan across the partner organisations for delivery of services within scope and for improving shared local outcomes". However, the shared outcomes framework with which these plans must align will not be developed and ready to implement until April 2023 – itself an ambitious timescale for something that will only succeed if collaboratively developed with citizens.

1.1. **CONSULTATION THEME 1: VISION AND SHARED OUTCOMES. We support the vision of integration in the white paper**: *"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me".*[1] ADASS was a member of the National Collaboration for Integrated Care and Support that originally endorsed this vision.

1.2. Most importantly, **we believe that this and a focus on neighbourhood, communities and places offers an opportunity to build wellbeing and wellness in our communities**. It was this that the NHS's Five Year Forward View and Long Term Plan attempted but fell short of, due to the absence of a social care long term plan (along with the COVID-19 pandemic). It is unfortunate that ICS structures were addressed first and separately in the sequencing of policy and legislation. Arguably the vision, policy and practice would have been stronger addressed together, and our wellbeing and health improved by a focus on care, support, treatment and safeguards at home rather than in hospital or long-term institutions.

1.3. **It should be noted that Making It Real[2] provides a more detailed description of what good person-centred and coordinated care looks like.** It does so from the perspective of people

[1] Taken from: TLAP and National Voices (2013). *A Narrative for Person-centred Coordinated Care*. NHS England.
[2] TLAP (2018). *Making It Real: How to do personalised care and support*.

accessing health and care (through 'I Statements') and from the perspective of people working in health and care (through 'We Statements'). ADASS was a member of the Making It Real working group and endorsed this description of good person-centred coordinated care. **We believe it would be helpful if everyone worked towards the shared vision of Making It Real**, whether that be through local or national outcomes and priorities.

1.4. **Shared outcomes must be outcomes that capture and measure wellbeing and wellness. They must balance the social, physical and psychological needs of all of us.** *They must be more than NHS process targets.* They must protect and precipitate the enhancement of care and support at home.

1.5. **While we support the commitment to shared outcomes, we are concerned about the proposed timescales for development and implementation.** We welcome the commitment that shared outcomes will need to be collaboratively developed and that this collaboration must include citizens, but this process needs to be given the time to do it justice. We also welcome the recognition – albeit implied – that the development and implementation of shared outcomes will need to align with the provisions made through the Health and Care Bill. There is a lot to get in place here by April 2023, including the alignment with new approaches to local authority assurance and the role of the Care Quality Commission within this.

CONSULTATION THEME 2: LEADERSHIP AND ACCOUNTABILITY

2.1 **ADASS strongly supports the principle of subsidiarity.** Decision-making should take place as close to communities as possible. Places should not be subsidiary in policy, practice, technology, workforce or resources to ICSs.

2.2 **New approaches to leadership and accountability, including to governance, should build on and enhance existing place-based plans** to improve outcomes for people accessing health and care and carers. We agree with others, including the LGA, that place-based health and wellbeing boards already have key statutory duties to develop joint strategic needs assessments and joint health and wellbeing strategies. We expect these to be the basis of shared outcome plans unless agreed otherwise by place leaders.

2.3 **Again, we are concerned about the proposed timescales, especially as these changes must align with and are contingent upon the work to develop and implement shared outcomes.** In places where existing boundaries allow, it may be viable to establish place governance and a single accountable officer by Spring 2023. We are less confident that this is a realistic timescale for areas seeking to establish new boundaries.

CONSULTATION THEME 3: FINANCIAL FRAMEWORKS AND INCENTIVES

3.1 We **welcome the emphasis on ensuring local leaders have the flexibility to deploy pooled or aligned resources to local outcomes and priorities**. However, it will be necessary to protect and give enhancements to resources for prevention, social, community and mental health support. The NHS has not succeeded in increasing the proportion of its budgets spent on primary, community and mental health services as intended. There must be no risk that resources for social care, wider council or other public services are diverted to acute hospital or other institutional care.

3.2 The success or otherwise of such arrangements is largely contingent on the wider financial context. Effective collaboration relies on having sufficient resources.[3] **Without adequate immediate and medium-term funding for adult social care, local authorities will be limited in their ability to respond to and implement these proposals**.

CONSULTATION THEME 4: WORKFORCE

4.1 We **welcome recognition of the need for people within the workforce to be able to move across and within health and care**. We also welcome the focus on training. We must ensure that training and development are built in so that those joining care services can be confident they can progress and have a career for life.

4.2 However, while several current barriers to this are identified, we are **dismayed proposals do not recognise and address the issue of pay disparity between health and social care.** The ambitions around workforce will not be realised without action on pay. The Health and Social Care Committee's inquiry into 'Social care: funding and workforce' found an urgent need for a *"sustainable funding settlement to provide for competitive pay for social care workers which ensures parity with NHS staff and is reflective of the skilled nature of social care work"*. They suggested parity could be achieved by linking social care pay to equivalent bands of the NHS Agenda for Change contract and introducing meaningful pay progression.[4]

4.3 **Many of the proposed reforms within and beyond this White Paper are contingent upon action being taken on pay. We need a National Workforce Strategy for Social Care** that addresses this, and that considers the conditions associated with working in adult social care, so that the overall pay and support package is an appealing one. This needs to include, for example, that those in care are paid sick leave, so that they do not work when they are unwell. Staff should have better contracts of employment, doing away with zero hours contracts that exclude travel time. This should also reflect the merits of care provided in different settings and include those receiving Direct Payments and the work of Personal Assistants.

4.4 **Any further delegation of clinical activities to care workers must be underpinned not only by appropriate training, supervision and support, but by a parallel transfer of resources.**

4.5 **We would urge that future work in this field take a radical look at workforce – far greater than that done to date.** Social care is so much greater than personal or ancillary health care – important as that is. Social work is an important career progression in its own right and has significant scope to rediscover work in the fields of community work (previously a core skill of the profession), substance misuse, probation[5], diversion from custody (too many people with learning disabilities and/or autism, with mental illness are in prison), and so on. Personal assistants, support workers in hostels, night shelters and refuges or floating supports all have critical roles.

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[3] A conclusion of various reviews and investigations, including: Reed S, Oung C, Davies J, Dayan M and Scobie S (2021) *Integrating health and social care: A comparison of policy and progress across the four countries of the UK* Research report, Nuffield Trust / Joy, Iona et al (2018). *Tapping the Potential: Lessons from the Richmond Group's practical collaborative work in Somerset*. New Philanthropy Capital

[4] Health and Social Care Committee (2020). *Social care: funding and workforce inquiry – report*

[5] Until 1992, all probation officers were trained social workers with a specialism in criminal justice. This cohort are now senior probation officers, dealing with complex and high-risk cases. They will retire across the coming decade.

5 You might also mention that until 1992, all probation officers were trained social workers, with a specialism in criminal justice - and (as I trained with them) I can tell you they are now all the senior probation officers dealing with complex high risk cases, and will all be retired within 10yrs! At which point they will reinvent them!

CONSULTATION THEME 5: DIGITAL AND DATA

5.1 We agree the pace of adoption of digital innovations and technology in response to the COVID-19 pandemic has been "extraordinary". There is certainly learning, enthusiasm and progress for us to build on. However, **we query the realism of seeking to "maintain the pace of adoption seen through the pandemic**".

5.2 While there is much to welcome within these policy proposals, we must recognise that **changes like moving consultation appointments online have worked well for some people *but have not worked well for everyone***. It is important we evaluate digital innovations, understand any impact they may have on health and social inclusion, and scale / mainstream innovations only when the evidence supports our doing so.

5.3 **Some of the proposed digital and data policies will require capital investment**. This will need to be identified by Government and an adequate amount allocated to local authorities to make the necessary changes.

ABOUT US

The Association of Directors of Adults Social Services (ADASS) is a charity. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time;
- Furthering the interests of those who need social care services regardless of their backgrounds and status; and
- Promoting high standards of social care services.

Our members are current and former directors of adult care or social services and their senior staff, including Principal Social Workers.

As described in the ADASS publication Shaping a Better Future: Nine Statements to help shape Adult Social Care Reform, locally integrated care, built around the individual should be the norm. Our shared goal must be to join up and coordinate health and care around the individual. For too long care has been built around organisations and buildings such as hospitals, day care centres and care homes. The future must be about what works for us as individuals and our families, with a whole series of local organisations working together to organise care and support that enables us to work, stay independent at home, and be as engaged in our communities as we want.

If you have any questions about this submission, the please contact Chloe Reeves, Senior Officer – Policy and Implementation: chloe.reeves@adass.org.uk.