

Policy Position Paper

Health and care integration (England)

March, 2016

Older people must be able to expect public services to work together to meet their health and care needs and take account of their circumstances. Health and care integration should enable older people and their carers to achieve greater control over their health and well-being and maintain their independence.

Key issues

People are living longer, the length of healthy life expectancy is increasing, and many health conditions associated with ageing can now be treated and managed. However an increasing number of people develop multiple health conditions as they age and 26 per cent of people over 85 live with frailty¹. The median number of long-term conditions for people over 85 is 5 for women and 4 for men², and by 2018 there are expected to be 2.9 million people with three or more long-term conditions³.

Many older people require health and care services in order to maintain their independence and dignity. These services ought to work together to meet the individual's needs and be responsive to the fact that these needs will fluctuate and change. They should support recovery and re-ablement after illness or accident as well as meeting increasing need due to deterioration in health. They should respect older people's choices and help them and their carers to make these choices, enabling people as far as possible to live the lives they want to lead.

Although all political parties have supported joined up working in principle, it is proving very difficult to achieve in practice. The NHS is made up of often disconnected providers and professionals working to different specialities and to distinct standards. Local authorities are responsible for social care and other support services and have different accountabilities and budgets. A lack of joined-up working can have a devastating effect on the wellbeing of the many older people who rely on multiple services and professionals to manage daily living, and can also lead to inefficient use of resources. The number of emergency readmissions for people aged

¹ Clegg, A., et al, *Frailty in elderly people*, Lancet, 2013

² Collerton, J., *Health and disease in 85 year olds: baseline findings from the Newcastle 85+ cohort study*, BMJ, 2009

³ Bennett, L., Humphries, R., *Making best use of the Better Care Fund: Spending to save?*, King's Fund, 2013

75+ has more than doubled since 1999-2000⁴, often caused by poor discharge planning, a lack of community support and poor handover from hospitals to GPs. More than 1 million older people who struggle with daily tasks such as washing themselves and dressing have to fend for themselves, without any support from social services or their own families⁵.

With growing demand, increasing financial pressures in the NHS and increasingly severe reductions in social care funding⁶ there is now a sense of urgency in policy-setting. Duties to promote joined up services are explicit in the Health and Social Care Act 2012⁷, NHS Five Year Forward View,⁸ and the Care Act 2015.⁹ The Better Care Fund continues to oblige all English Clinical Commissioning Groups and Local Authorities to jointly plan services with a shared budget of £3.8 billion¹⁰. New care models including Multi-Speciality Community Providers and Primary and Acute Care Systems are an integral part of NHS England's Five Year Forward View, now established as the new models of care/vanguards programme.

Whilst Age UK welcomes this impetus for better joined up working, the requirement for better well-being through better health and care support must remain the core aim of service reform, and the emphasis must be on changes in culture, attitude and workforce development at least as much as structural reform. Too often the energy for transformation has been absorbed in trying to change organisational systems.¹¹

Age UK's Integrated Care Programme demonstrates that results can be achieved by working alongside the older person. A Personal Independence Co-ordinator helps the older person identify life goals that are most important for them, and helps connect them to local services as part of their support plan including, for example, benefits advice and social activity as well as health and care. Each older person is matched with a volunteer to help them to achieve their goals¹².

Public policy proposals

- Service reform to better meet the health and care needs of older people should have as its primary goal the identification of individual needs, and the building of their care plan around these. A core element in service objectives should be the improvement of individual experiences and outcomes.
- Joint assessments of need, and the way health, care and other services such as housing can meet these needs should include identification of individual's

⁴ Emergency Readmissions to Hospital within 28 Days of Discharge from Hospital: adults (persons) of ages 75+ (IC NHS Indicator Portal), Outcomes, Readmissions

⁵ There is a projected 23% reduction in social care funding between 2005/6 and 2015/16. Briefing: The Health and Care of Older People in England 2015, Age UK, 2016

⁷ *Promoting better integration of health and care services fact sheet*, Department of Health, 2012

⁷ *Promoting better integration of health and care services fact sheet*, Department of Health, 2012

⁸ Five Year Forward View, NHS England, 2014

⁹ <http://www.legislation.gov.uk/ukpga/2014/23/section/3/enacted>

¹⁰ <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

¹¹ *All in this together? Making best use of health and care resources in an age of austerity* Glasby, Dickinson and Miller. January 2011

¹² Integrating Care Services: Bringing together leaders to transform services and outcomes for people living with long term conditions' Age UK 2014. For more information

<http://www.ageuk.org.uk/professional-resources-home/services-and-practice/integrated-care/>

aspirations about the way they want to live their lives. Age UK's Integrated Care pathway has proved to be an excellent model.

- Local health and care leaders should work together to build strong local partnerships and make their Health and Well Being Boards effective tools for better co-ordination of services around individual needs. Successes achieved through the Better Care Fund should be learnt from, and extended.
- Personal health and care budgets and integrated personal commissioning could, in principle, provide a route through some of the barriers to joint working.
- NHS and local authority leaders at national and local level must recognise the expertise service users bring to commissioning and service design and find better ways to involve them, individually and collectively.
- NHS commissioners and providers should always consider working with voluntary sector organisations in the local health economy, including by commissioning services and by integrating these services into care plans.
- Multi-disciplinary working must become an essential standard in the registration of health care professionals, together with the skills and willingness to develop bespoke services responsive to the needs and wishes of older people.
- Health and care professionals throughout the services, from the front-line through middle management to the leaders, must be enabled to be responsive to developing more effective, joined up services.
- Integration is difficult, and local programme plans should identify early wins for staff and patients to encourage progress. It is also important that staff from different services have the time to learn about each other's approaches, including developing a shared understanding and language to describe their aims.
- NHS England must invest in methods to measure effective coordination of services. This should be based on indicators that are meaningful to the public rather than standards set by health and care professionals.

Also see position on Age friendly health services.

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