

Integrating Health and Care in in Norfolk and Waveney ICS

The importance of developing an effective ICS with a clinically and care professionally driven culture - why you are critical to its success

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Social Care and Health

What are our key questions and objectives from this session

- Do we all understand social care, what it is, how it's funded and delivered? How can we create a shared understanding of holistic health and care transformation? Do we have an alignment of mindset, vision, business process between health and social care leaders?
- What is social health? And why does this matter?
- What are the major dynamics of change in social health and social care?
- What practical steps can we take to help social care and clinical care providers transform health and care?

THERE IS NO HEALTH WITHOUT SOCIAL HEALTH!

The Conference strongly reaffirms that health, which is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

What is adult social care?

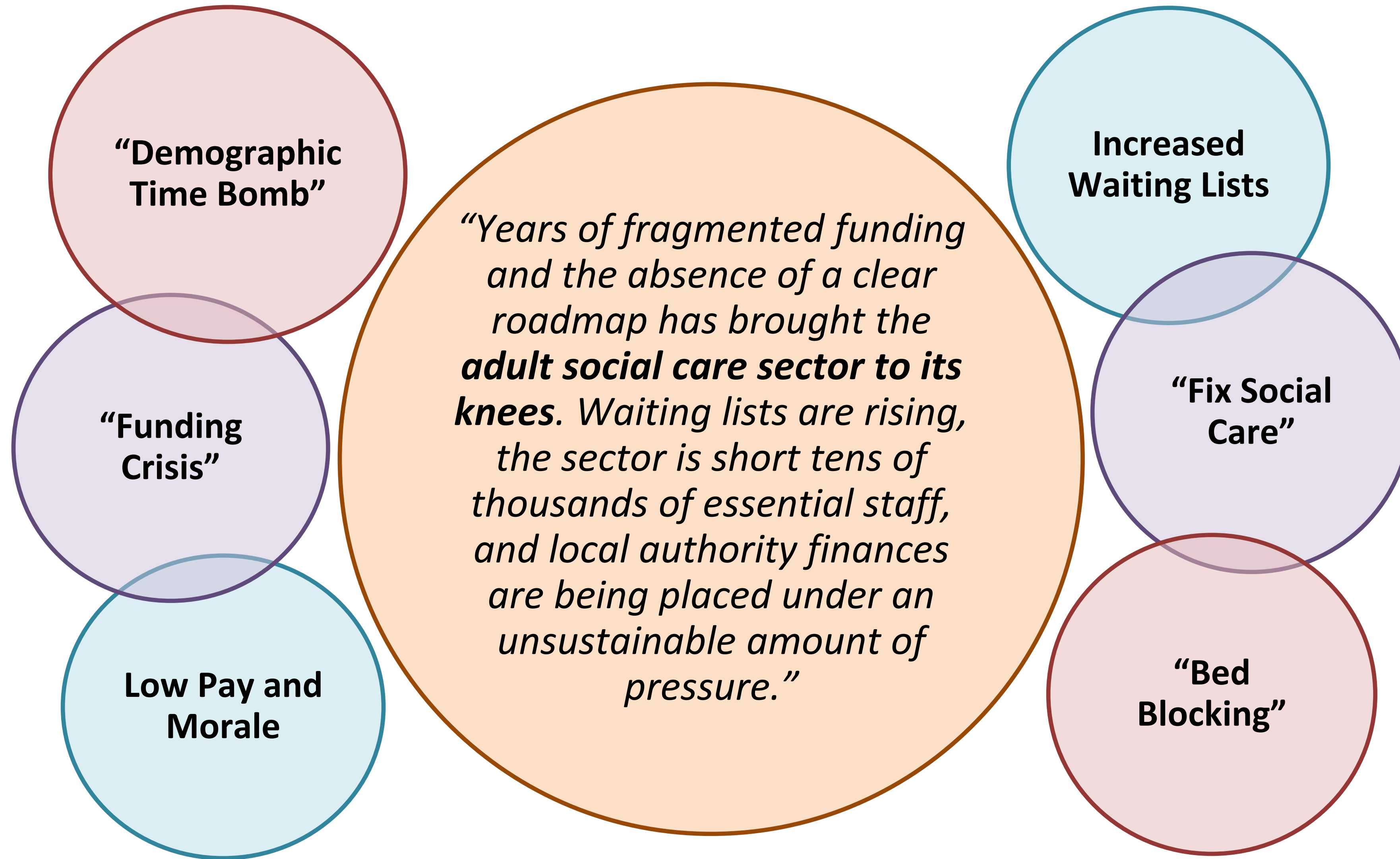
Adult social care is the support provided to adults (both older people and people of working age) with physical disabilities, learning disabilities, or physical or mental illnesses, and their carers. This may include personal care (such as support for eating, washing or getting dressed) or help with domestic routines (such as cleaning or going to the shops).

Social care includes:

- Support in people's homes (home care or 'domiciliary care')
- Support in community settings like day centres (day care)
- Care provided by care homes and nursing homes (residential care)
- Reablement services to help people regain independence
- Providing aids and adaptations in people's homes
- Providing information and advice
- Providing support for informal carers.¹

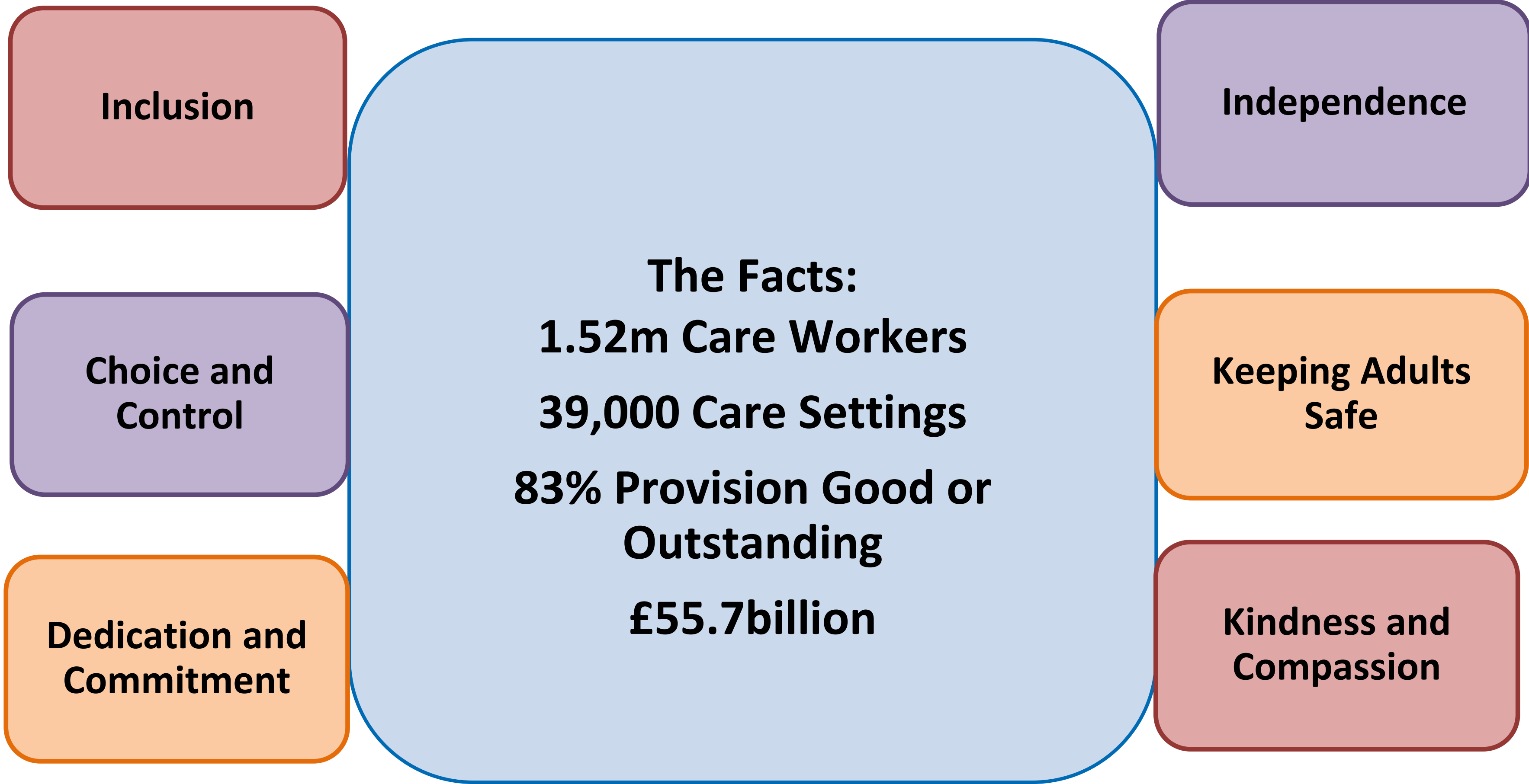
Adults with care needs are supported in two main ways: through services they or their local authority pay for (formal care); or by family, friends or neighbours without payment (informal care). Some adults may get their care needs met through a combination of the two, and some voluntary organisations also provide free care services.²

Adult Social Care – The Headlines



WERE YOU AWARE OF THIS? IS THIS UNDERSTOOD BY THE NHS SENIOR LEADERS AND CCPLS?

Adult Social Care – Behind The Headlines



THE SCALE OF THE SECTOR IS CONSTANTLY MISUNDERSTOOD AND UNDERESTIMATED

EXEMPLAR SOCIAL CARE PRIORITIES/STRATEGY



Helping people to live independently

Firstly, we will:

- work closely with communities, local groups and the voluntary sector to improve the support available in local areas
- make it easier for people to build strong local networks of support
- make sure that a wide range of information and advice is easily accessible so that people can quickly find the support that they need



Helping people to regain independence

If additional support is needed, we will:

- work with individuals and their families to come up with plans to help prevent problems from getting worse
- provide short-term support to help people recovering from an illness or injury or living with long-term social care or health conditions to gain or regain the skills they need to live independently



Helping people to live with support

Finally, if longer-term support is needed, we will:

- offer people more choice and control over their support
- work closely with the individual, their family and their community to achieve the best outcomes
- consider the individual's desired outcomes when deciding how best to support them within the resources available
- support the development of a wide range of services to help people live more independently

Is social care a problem or a solution?

Social Care - Nuts and Bolts

Different business model and legislative basis

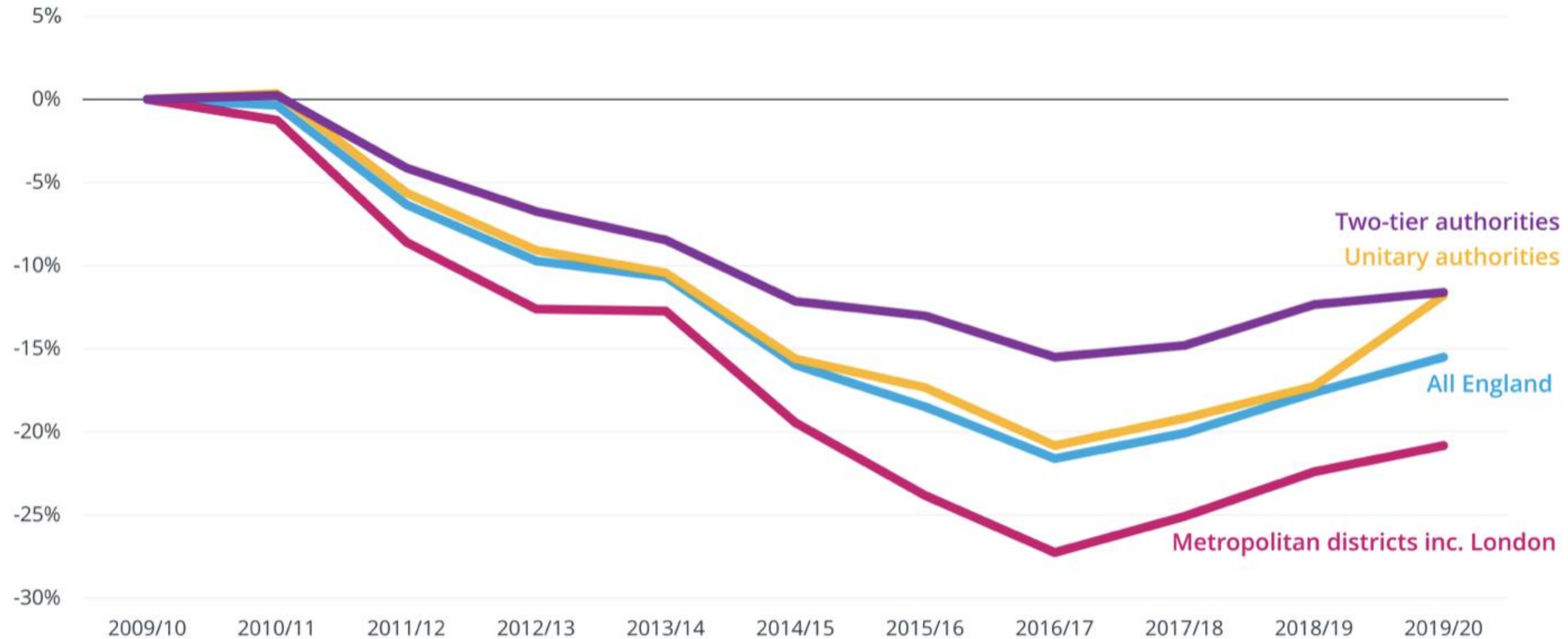
Financial balance mandatory

Mainly commissioned rather than provided in house

Means tested - predominantly funded from locally raised money

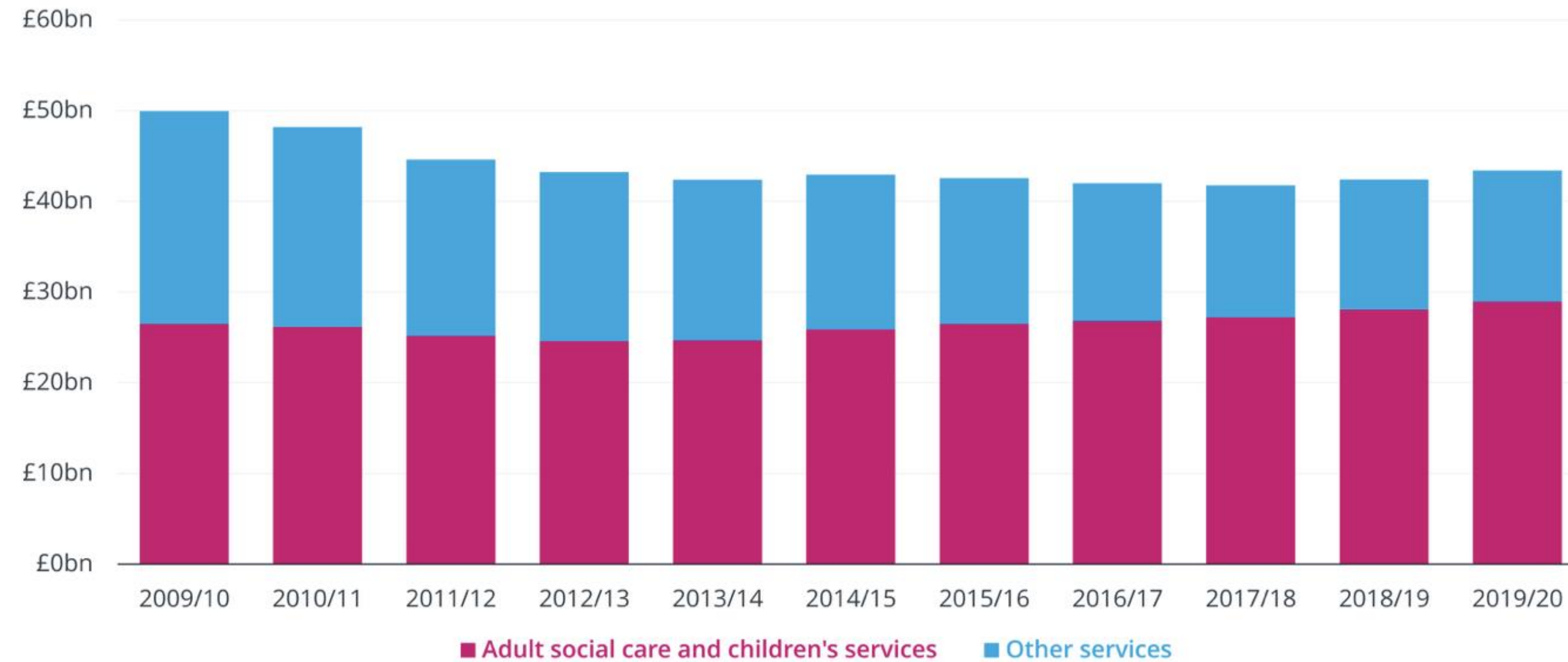
Change in local authority spending power since 2009/10, by type of authority

IfG



Source: Institute for Government analysis of MHCLG, Local Authority Revenue expenditure and financing in England: individual local authority data – revenue outturn. Excludes 'Other' authorities, and excludes grants for education services, police, and public health.  BY-NC

The sharp increase in unitary authority spending power between 2018/19 and 2019/20 mostly reflects local authority reorganisation in Dorset, where eight local authorities became two unitary authorities.

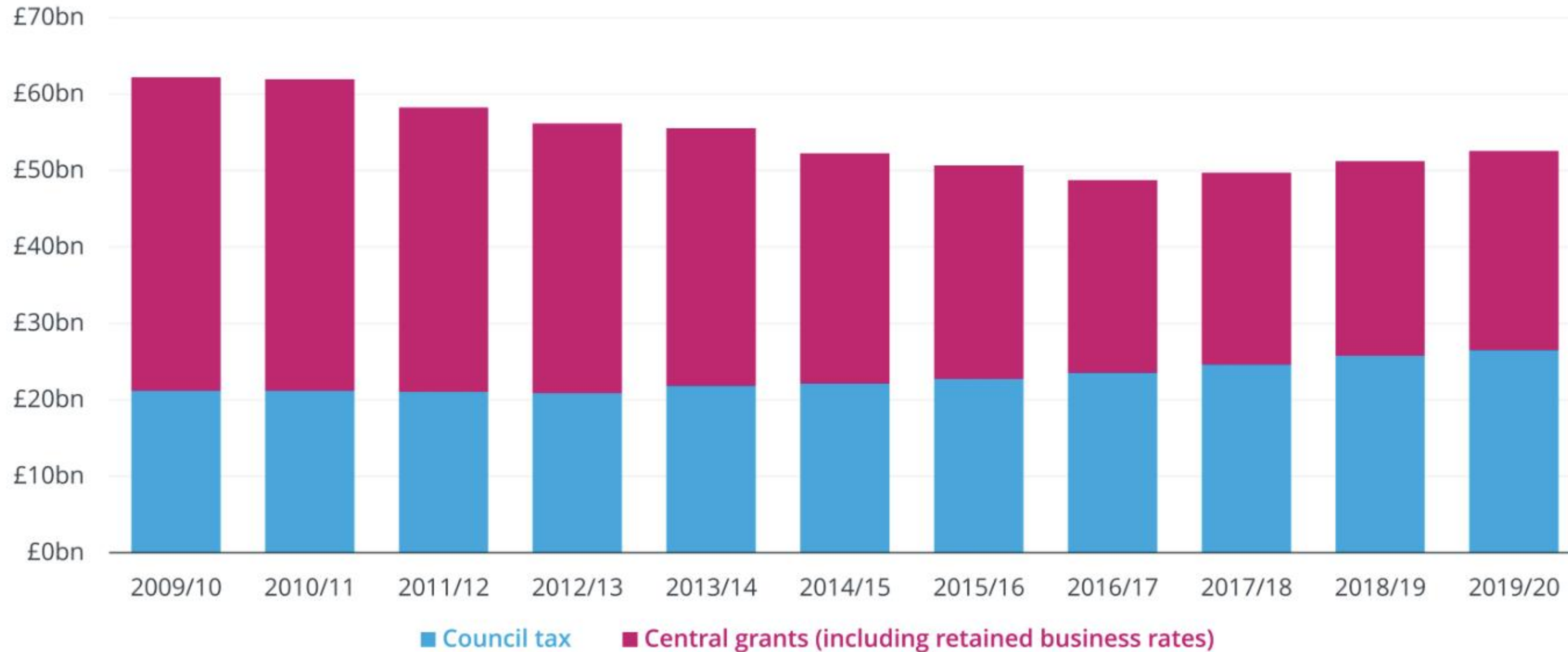


Source: Institute for Government analysis of MHCLG, Local Authority Revenue expenditure and financing in England: individual local authority data – revenue outturn. Excludes grants for education services, police and public health. CC BY-NC

Covid further exacerbated these changes, as local authorities were not affected equally. Knowsley averaged 232 cases per hundred thousand people per day between 18 May 2020 and 1 November 2021, while Camden averaged only 112 cases per hundred thousand people in the same period. The higher a local authority ranks on the index of multiple deprivation, the more likely it was to have experienced high Covid case rates during the pandemic.

Local authority revenues by source (2019/20 prices)

IfG

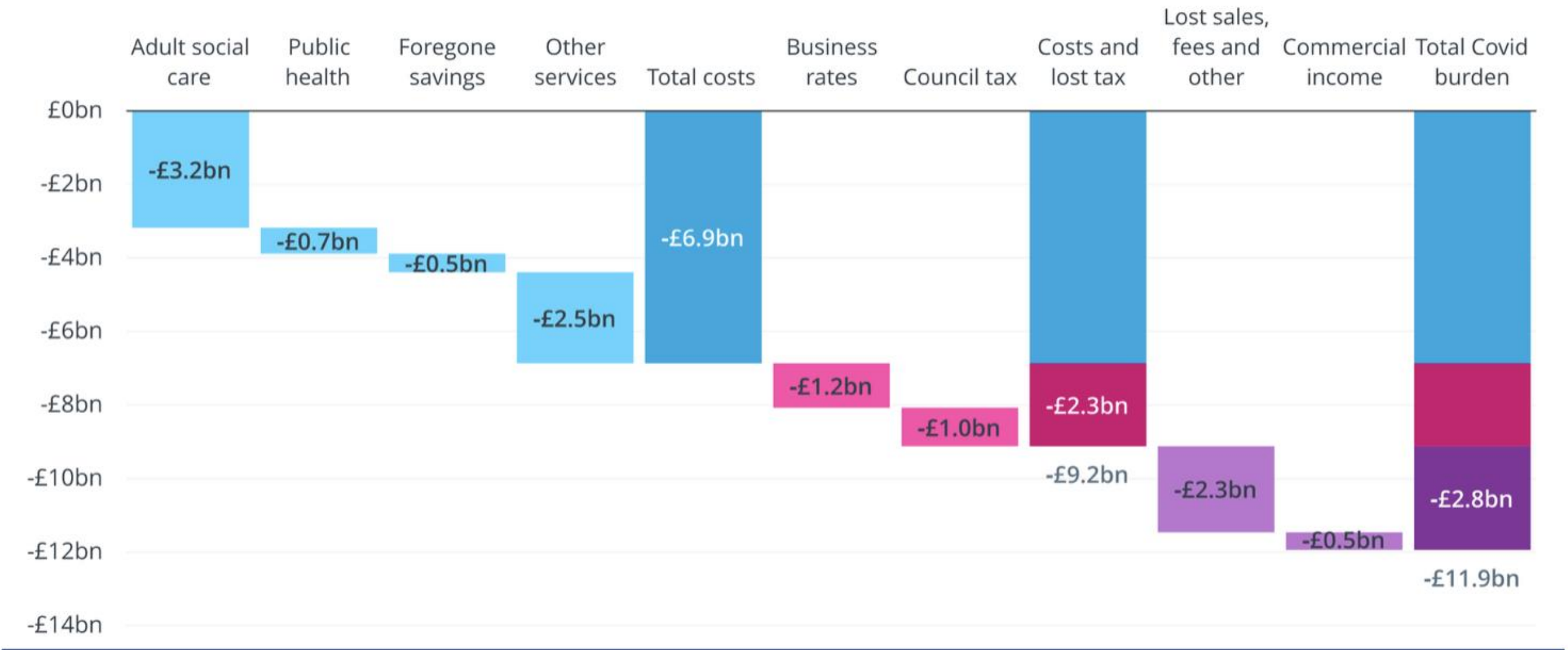


Source: Institute for Government analysis of MHCLG, Local Authority Revenue expenditure and financing in England: individual local authority data - revenue outturn. Excludes grants for education services, police and public health. 2019/20 includes one month of emergency Covid-related funding (March 2020) which increased the proportion of funding from government grants.

CC BY-NC

COVID ALSO HIT LOCAL AUTHORITIES HARD

Local authority costs incurred and income lost as a result of Covid-19 (2020/21 prices) IfG



Source: Institute for Government analysis of MHCLG and DLUHC, Local Authority Covid-19 financial impact monitoring information round 13. CC BY-NC

The effects of Covid have not been experienced equally by all local authorities. While in aggregate local authorities have received more than enough central government money to cover all Covid lost income and higher costs, there is large variation between them.

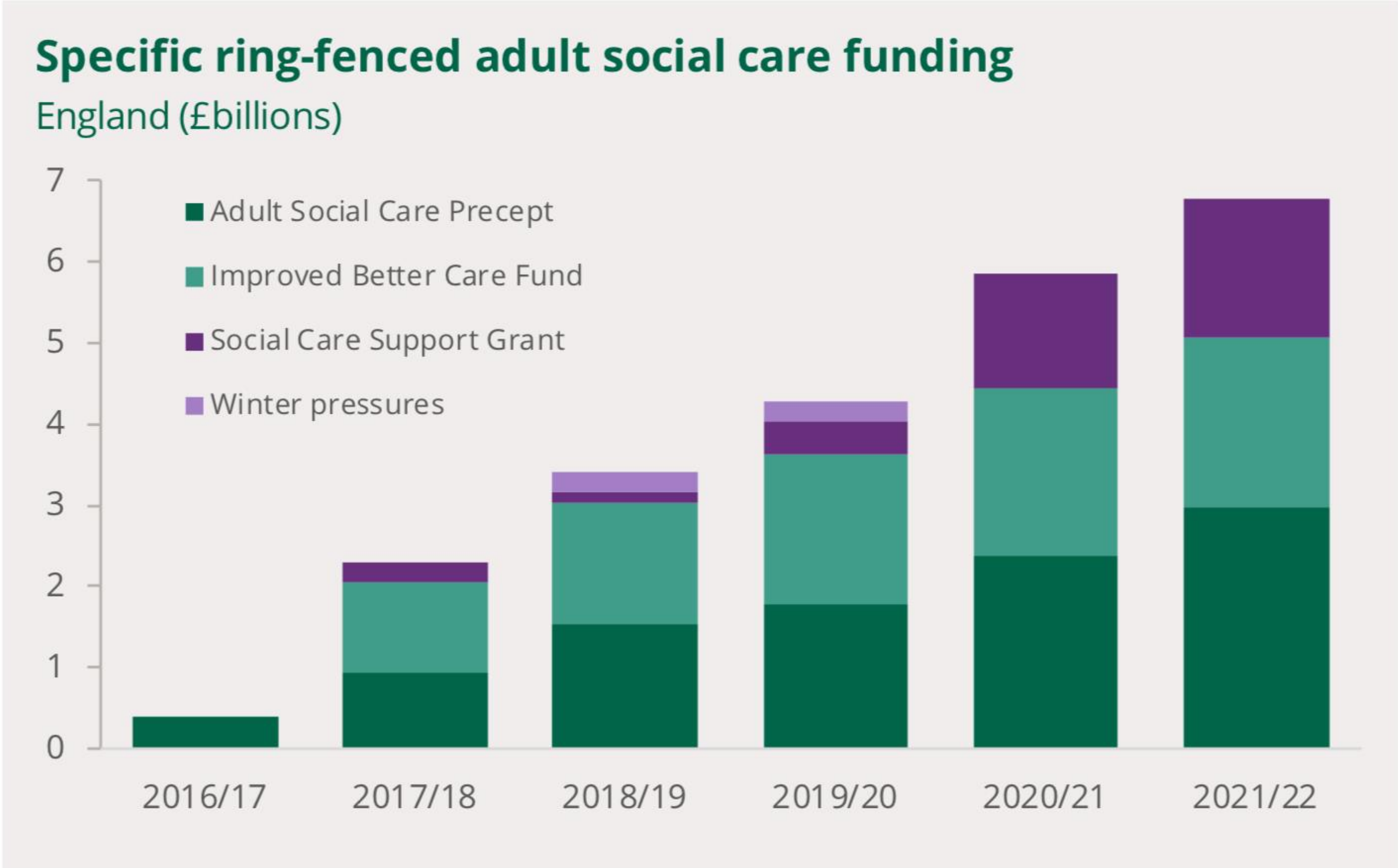
HOW MUCH IS SPENT ON SOCIAL CARE AND HOW MUCH MIGHT WE NEED IN FUTURE

In 2022/23, total expenditure on adult social care rose to **£28.4 billion**, an increase of 5.6% in cash terms but a fall of 1.0% in real terms* over 2021/22. Gross current expenditure, which excludes income from the NHS, increased 1.1% in real terms. 13 Mar 2024

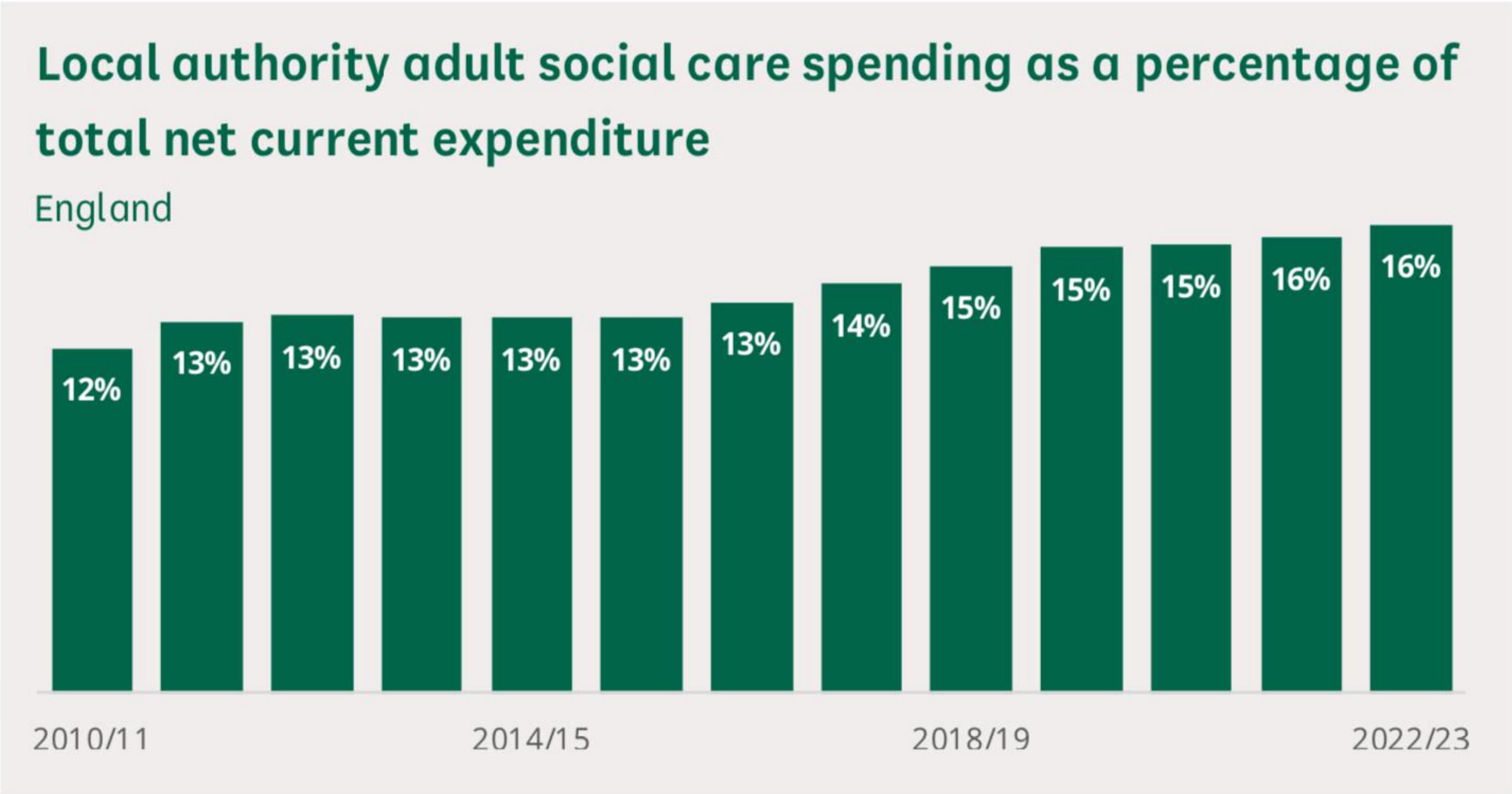
Between 2014/15 and 2021/22, adult social care spending increased by an average of 2.6% a year in real terms. Between 2021/22 and 2032/33, to keep up with rising demand, funding would need to rise by an average of 3.4% a year. There is no national budget for adult social care. 25 Sept 2023

Publicly funded social care makes up only a minority of the total value of care provided to adults in England, however. It has been estimated, for example, that around £8.3 billion was spent on self-funded care in 2020 and the National Audit Office (NAO) estimated the replacement cost of all informal care in 2016/17 was £100 billion.¹⁴

The improved Better Care Fund grant was worth £2.1 billion in 2021/22.⁶³



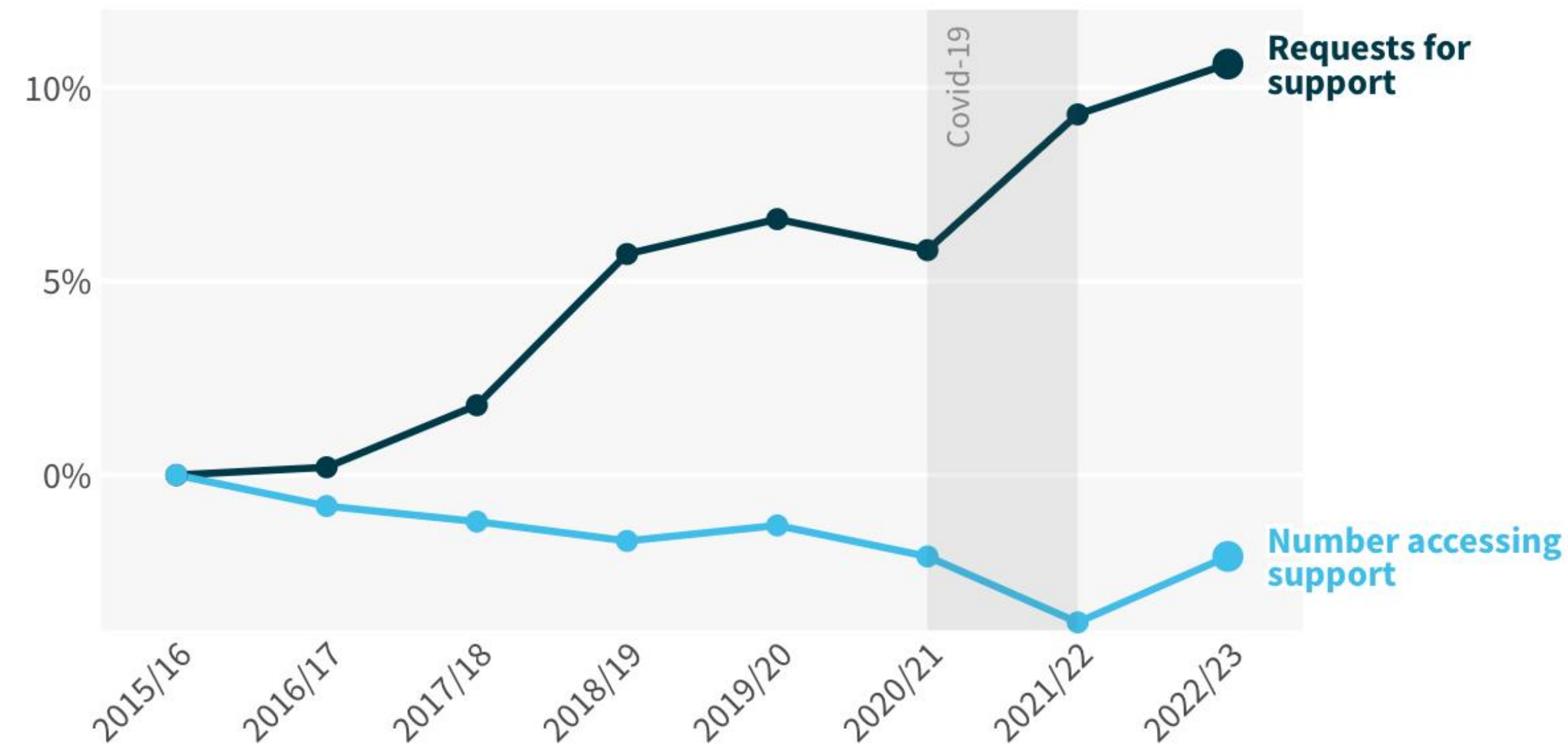
LOCAL AUTHORITIES ARE HAVING TO SPEND MORE OF THEIR MONEY ON SOCIAL CARE



Source: [MHCLG Local authority revenue expenditure and financing](#)

Compared to 2015/16, more people in England are requesting social care support but fewer people are receiving it

Percentage change compared to 2015/16



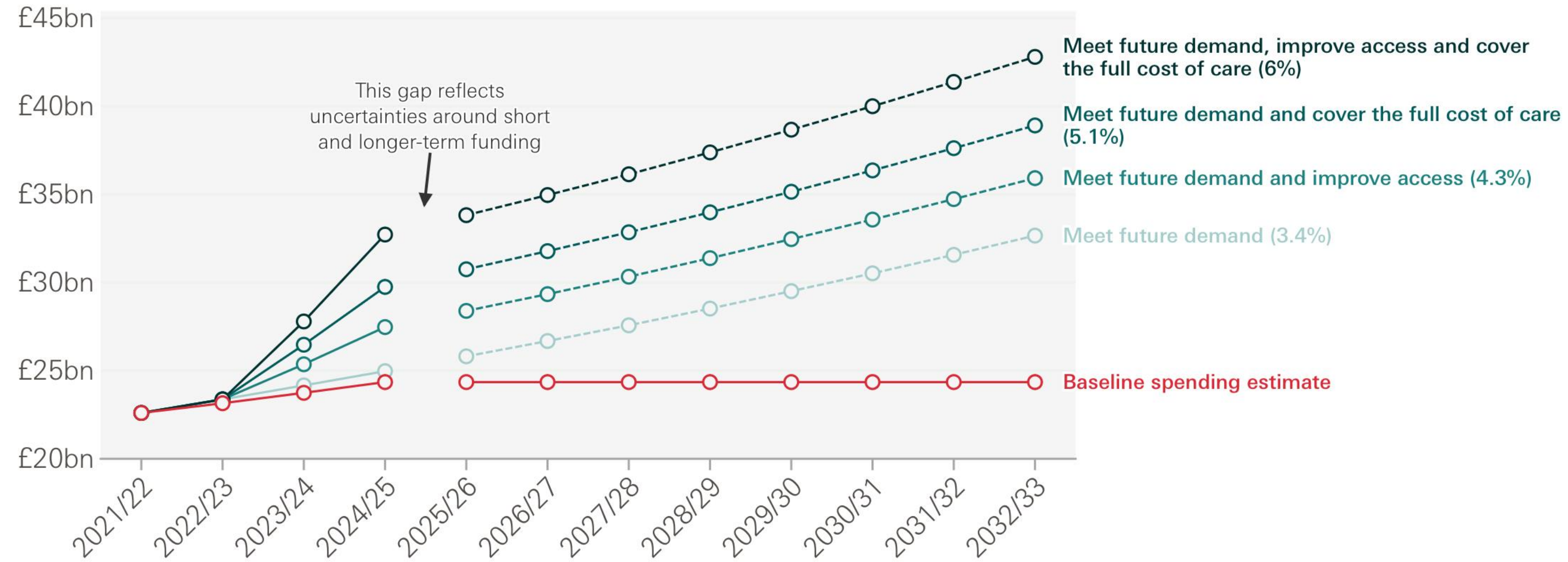
Source: [NHS England 2022/23](#)

This chart combines the number of people receiving long-term care services with the number of packages of short-term care support to maximise independence (ST-Max) provided. There may be some overlap between these figures: some people who receive long-term care may also receive ST-Max in a year and some people may receive more than one episode of ST-Max.

TheKingsFund

Meeting future demand for social care would require an additional £8.3bn per year by 2032/33

Short and long-term funding estimates in social care expenditure

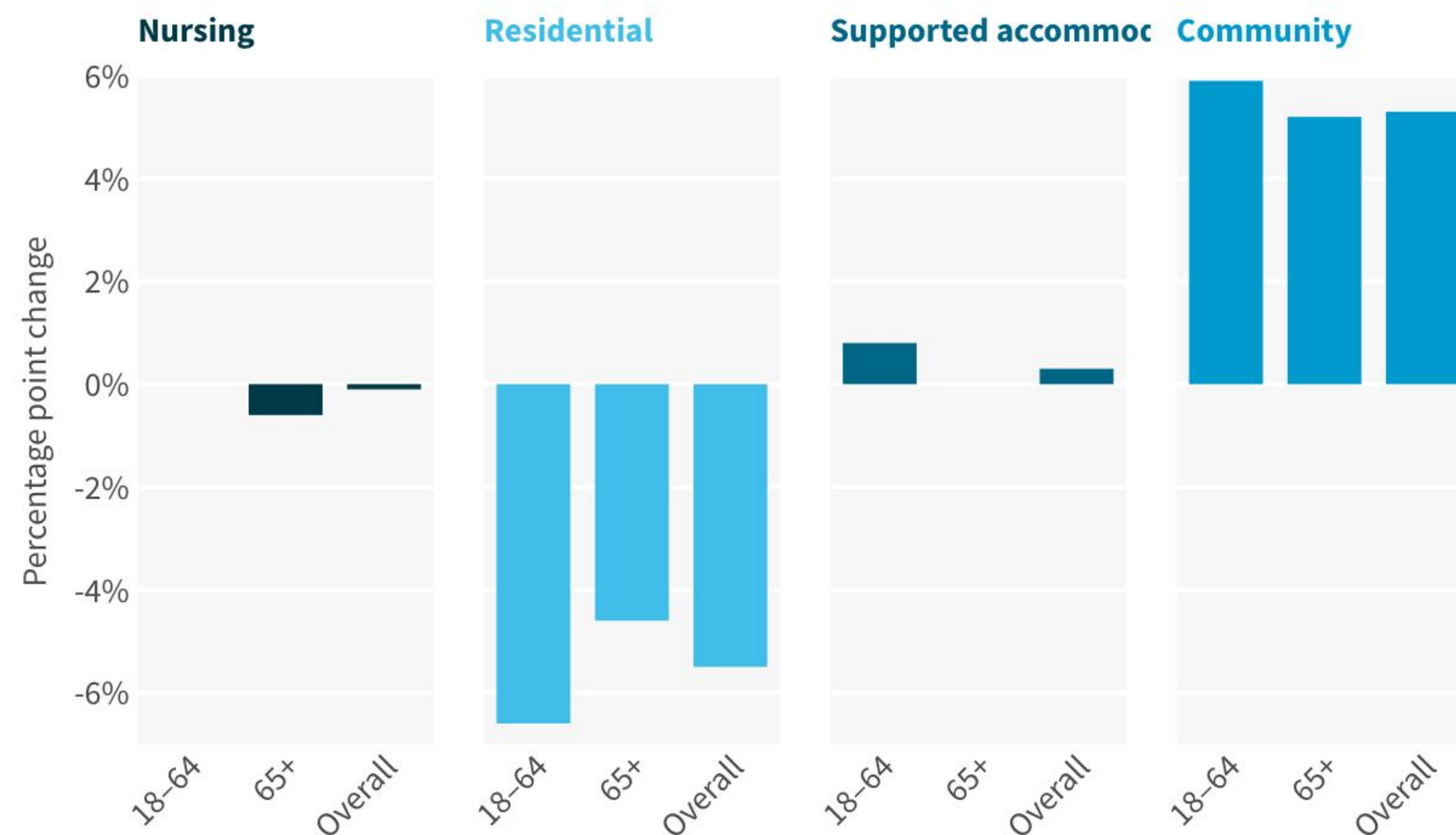


The report estimated the following funding pressures by 2032/33:

- £8.3 billion under scenario one (meeting the growing demand for social care). Spending would need to increase by around 3.4% a year between 2021/22 and 2032/33 to keep up with the projected growth in demand.
- £11.6 billion under scenario two (meet future demand and improve access to care). Under this scenario, spending would have to increase by around 4.3% a year between 2021/22 and 2032/33.
- £14.6 billion under scenario three (meet future demand and cover the full cost of care). Under this scenario, spending would need to increase by around 5.1% a year between 2021/22 and 2032/33.
- £18.4 billion under scenario four (meet future demand and improve access to care and cover the full cost of care). Under this scenario,

The share of spending on residential care has fallen since 2015/16 and community care has increased

Change in percentage of expenditure on long-term care by support setting between 2015/16 and 2022/23, adjusted to 2022/23 prices



Since 2015/16, local authorities have increased spending on community-based care and spent less on institutional care. However, the increase in community-based expenditure may reflect an increase in costs rather than activity. In 2022/23, 12,000 fewer people received community-based support compared to 2015/16 but more was being paid for their care: the unit cost of home care (the only aspect of community activities for which we have a unit cost) increased by 17% in real terms between 2015/16 and 2022/23.

In Summary.....

Income reduction - Demand Increase - Market failures - Short term fixes - Reducing access - Recruitment challenges - Rising demographic pressures

Political and Policy Inertia.....

'FIXING' SOCIAL CARE USUALLY RELATES TO FUNDING BUT WHAT ABOUT TRANSFORMING THE DELIVERY MODEL?

- a) moving from reactive to proactive care (citing help checks rather than health checks in order to segment and target risk more effectively; offering moves from family homes to smaller bespoke accommodation in specialised accommodation with collective access to support)**
- b) adapting the home environment (remote movement sensors spotting early signs of UTIs; returning and recycling aids and adaptations post appropriate use to maximise their lifetime value)**
- c) enhancing community and carer capability (carer education; community group mobilisation; 'Rally round' software)**
- d) social prescribing and community networking through VCSE as equal partners (MSK, CYP mental health etc)**
- e) staffing and productivity (school leaver programmes; mobile deployment to optimise people seen geographically and reduce travel time; use of apps to convey data from staff members to each other)**
- f) improving and targeting key services that impact on the key causes of deterioration, through integrated neighbourhood services (improve continence services; falls prevention; UTI detection; loneliness)**



Our Part

- Ensure there are a wide range of facilities within local communities including parks, open spaces, leisure, safe cycling routes, good quality housing.
- Ensure easy, timely access to good quality GP services, seven days a week, to screen, diagnose and treat and prevent disease as early as possible.
- Support families to ensure their children have the best start in life.
- Support people to live well, helping those who are unemployed into work or training and helping them benefit from the fastest growing economy in the UK.
- Assist people to age well by keeping them healthy and connected to their communities for as long as possible in their own home.

Your Part

- Keep active at whatever stage of life.
- Register with a GP and go for regular check-ups – taking charge of your own health and wellbeing.
- Quit smoking. Drink and eat sensibly and encourage your children to do the same.
- Take time to be supportive parents or guardians, encouraging children to be the best they can be.
- Take advantage of training and job opportunities, setting high aspirations for yourself and your family.
- Support older relatives, friends and neighbours to be independent for as long as possible.
- Get involved in your local communities.

Table 2 Change in healthy life expectancy in Wigan compared with its nearest statistical neighbours and the England average

Nearest neighbour rank	Local authority	Women		Men	
		Healthy life expectancy (2015-17)*	Change since 2009-11*	Healthy life expectancy (2015-17)*	Change since 2009-11*
	Wigan	62.6	+ 31 months	60.5	+ 19 months
1	Tameside	57.6	+ 2 months	58.1	+ 2 months
2	Rotherham	57.4	- 31 months	59.3	+ 16 months
3	Doncaster	61.1	+ 22 months	61.8	+ 44 months
4	St Helens	58.4	- 35 months	57.9	- 36 months
5	Wakefield	56.7	- 52 months	58.9	+ 5 months
6	Bolton	59.4	- 34 months	62.9	+ 19 months
7	Kirklees	58.7	- 17 months	62.7	+ 26 months
8	Bury	63.8	+ 14 months	59.8	- 13 months
9	Calderdale	64.4	+ 1 month	61.6	- 5 months
10	Dudley	60.9	- 30 months	59.6	- 29 months
11	Barnsley	61.0	+ 41 months	59.7	+ 26 months
12	Stockton-on-Tees	60.9	- 13 months	56.6	- 58 months
13	Telford and Wrekin	62.4	+ 42 months	60.9	+ 12 months
14	Rochdale	59.6	+ 10 months	57.6	- 26 months
15	Halton	57.7	- 28 months	59.4	0 months
	England	63.8	- 2 months	63.4	+ 5 months

Caring for Bucks – Better Lives Strategy



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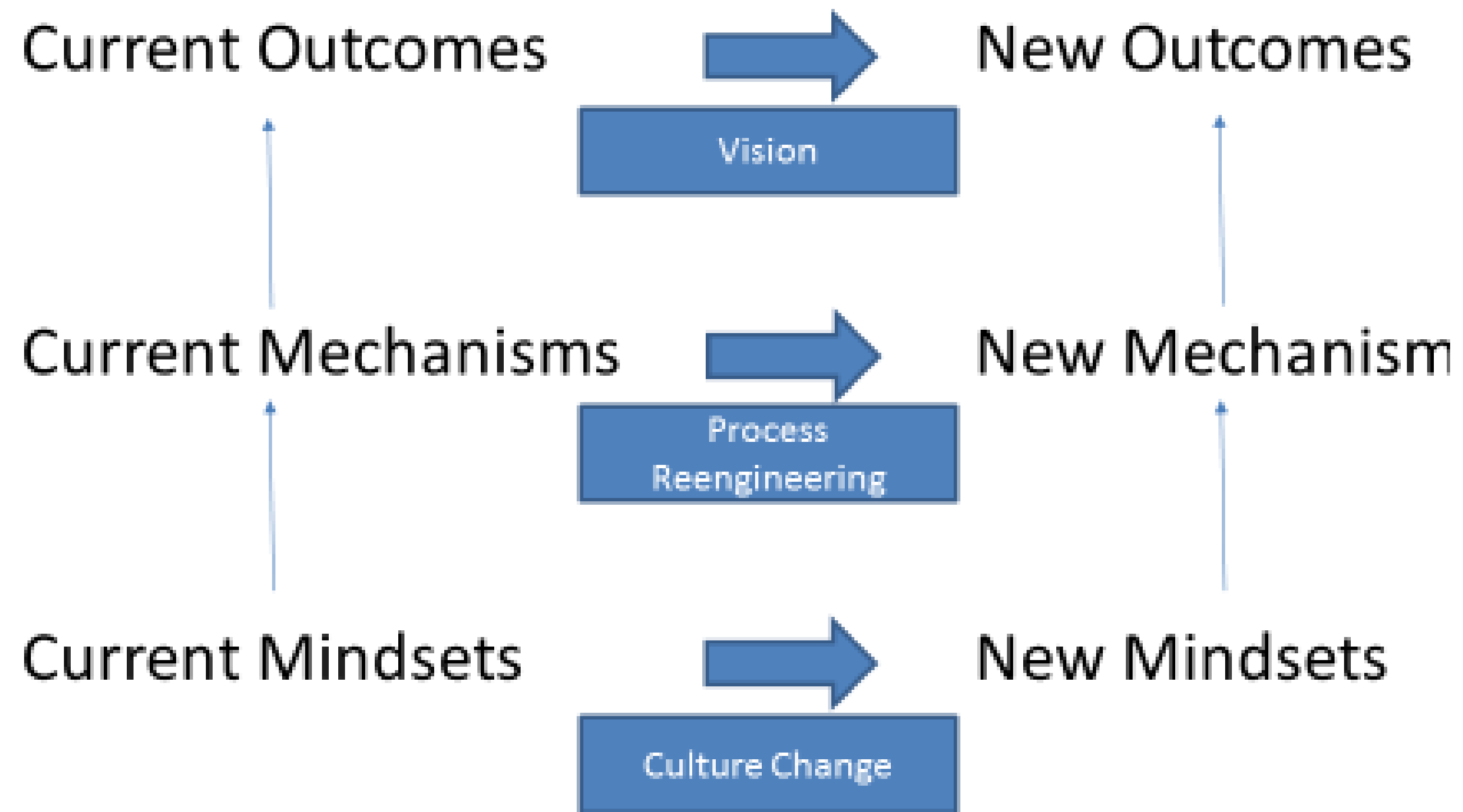
Practical Steps

How do we optimise social health and social care services

- aligned priorities
- pooled or aligned budgets
- integrated delivery - locations, neighbourhood teams, boundaries
- data sharing - for planning and for individual care planning and deliver
- utilise different funding regimes and regulations
- balance national priorities with local democratically legitimate priorities
- shared approach to VCSE and community engagement
- mirroring the self management, family resilience approach across both health and care
- managing provider and labour markets together

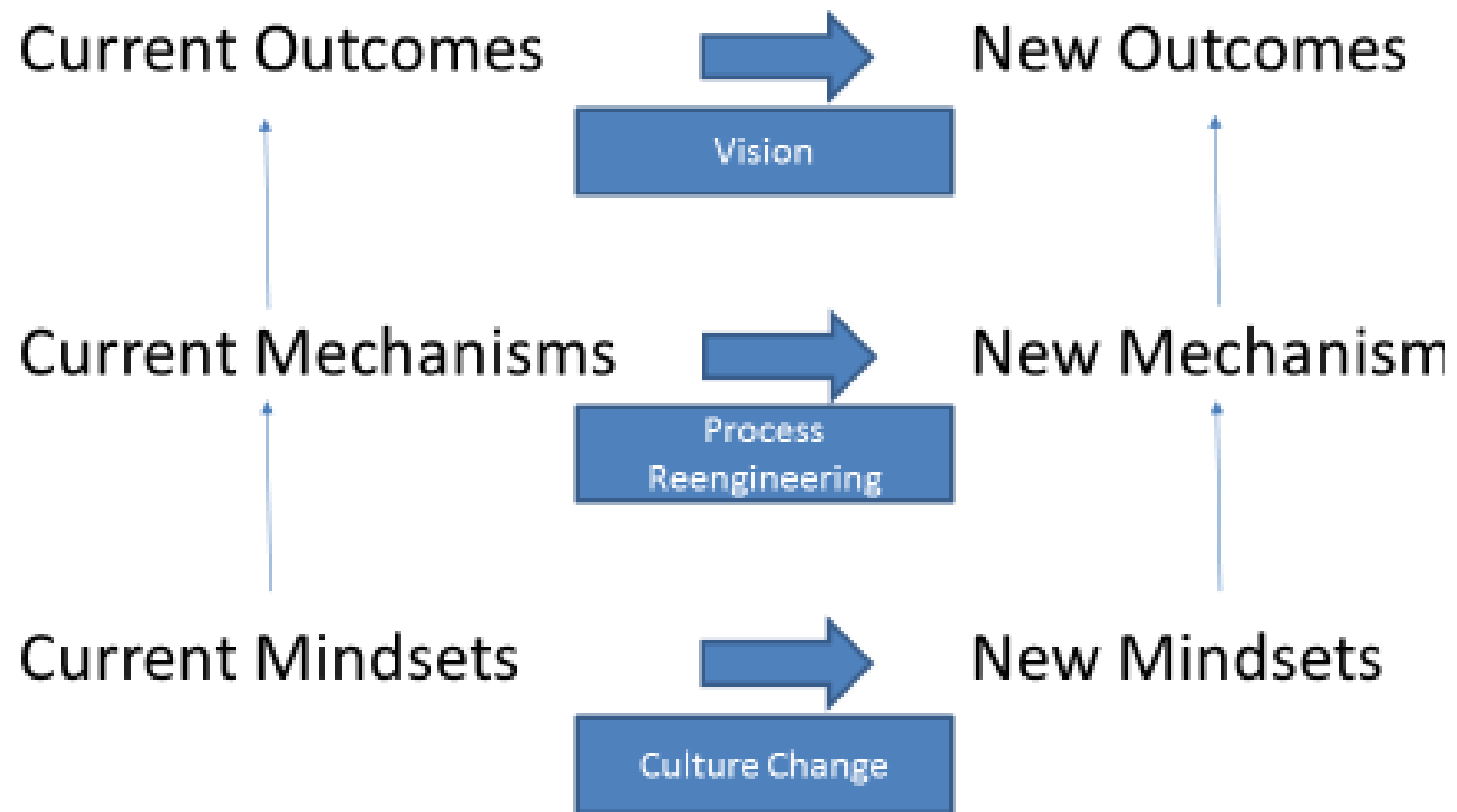


THE N&W CCPL LEADERSHIP GROUP NEED TO OPERATE AT ALL THREE LEVELS TO CREATE A WORLD LEADING SYSTEM OF HEALTH AND CARE



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WITHOUT SOCIAL HEALTH AND SOCIAL CARE - WE HAVE AN INCOMPLETE VISION

POOLED PRIORITY SETTING, BUDGETS, INTEGRATED TEAMS, SHARED DATA for TARGETING ICPs,

SOCIAL HEALTH AND CARE IS A SOLUTION NOT A PROBLEM, WITHOUT SOCIAL HEALTH WE HAVE NO HEALTH

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