Call for evidence: **House of Lords Special Inquiry into integration of primary and community care**

17th April 2022

This response is provided by members of the ESRC-funded Centre for Care.[1] It also draws on our recent work in the Sustainable Care programme.[2] The Centre for Care is a research-focused collaboration between the Universities of Sheffield, Birmingham, Kent and Oxford, the London School of Hygiene & Tropical Medicine, the Office for National Statistics, Carers UK, the National Children's Bureau, and the Social Care Institute for Excellence. Funded by the ESRC (Economic & Social Research Council) as one of its flagship research centres, it works with care sector partners and leading international teams to provide accessible and up-to-date evidence on care – the support needed by people of all ages who need assistance to manage everyday life.

Led at the University of Sheffield by Centre Director Professor Sue Yeandle and Deputy Director Professor Matt Bennett, our work aims to make a positive difference in how care is experienced and provided in the UK and internationally by producing new evidence and thinking for policymakers, care sector organisations and people who need or provide care. In studying care, we focus on ways of improving wellbeing outcomes and on the networks, communities and systems that support and affect people's daily lives, working closely with external partners.

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[2] Economic & Social Research Council (award ES/P009255/1, Sustainable Care: connecting people and systems, 2017-21, Principal Investigator Sue Yeandle, University of Sheffield).

Summary - Centre for Care submission

Although this Special Inquiry is focused on integration between primary and community health services, we believe that it is essential to also consider integration with adult social care - which shares the same goals of a person-centred approach, enabling people to live as independently as possible in the community. Fragmentation and a lack of joined-up working makes it hard for people with care and support needs to navigate the system effectively.

Although Integrated Care Systems (ICSs) are still in their infancy, there is learning from previous attempts to pursue integration across all four nations of the UK. All four nations have pursued integration as a key policy goal, but experienced persistent barriers obstructing success. Key findings include:

- Sufficient investment in services is essential. Longitudinal analysis by our researchers finds a growing gap between the level of need, and the level of funding, in adult social care. Any benefits from integration are likely to be mitigated if the social determinants of health and wellbeing are worsening.
- Focus is required not only on structural change (e.g. new legislation) but also on the role of culture, norms, systems and processes. 'Top down' approaches are unlikely to be successful if they overlook how practitioners interact across organisational boundaries. Frequently, social care is expected to 'fit in' with the organisational culture of health services, and is not valued in its own right.
- Integration may conflict with pursuit of other stated policy goals, such as person-centred care, which emphasise local flexibility rather than standardisation.

Underlying many of the barriers to effective integration is the lack of parity of esteem between health and social care. In order to fulfil the high aspirations set for ICSs, local government and social care must be able to exercise greater influence and involvement in these new structures. For example, in their focus on prevention and early intervention, ICSs should avoid a narrow focus on health services and instead consider the role that social care can play in promoting people's wellbeing and independence.

Social care needs a long term workforce strategy comparable to the NHS People Plan. All too frequently, care work is characterised as 'low skill' or 'low value' and this must be challenged by those in leadership positions. Integration may present opportunities for developing the care workforce by offering progression with new responsibilities, training and status attached. Failure to address the workforce crisis risks scuppering the laudable aims of the integration agenda.

Digital technologies will be a key part of delivering more integrated services, and will require collaboration between health, social care and industry. Often the focus is on reducing costs, rather than on the potential to enhance wellbeing. Our research finds that the outcomes of implementing technology are context-dependent. Whether ICSs will be able to develop and deliver digital investment plans which successfully bring all health and social care organisations to the same level of digital maturity will depend on their ability to build relationships, trust and understanding across sectors which are highly divergent in funding, culture, and levels of fragmentation.

1. **What are the main challenges facing primary and community health services?**
    - **What are the solutions within the current framework?**
    - **What steps should be taken to improve support for the long-term management of complex conditions in the community, and respond to the needs of patients and communities?**

1.1 We note that the scope of the Special Inquiry Committee is focused on integration between primary and community care and how better integration may improve patient outcomes. However, discussions about integration of primary and community care must also consider the vital contribution social care makes to people's life experiences and the outcomes they achieve. The support offered by social care can help people to engage with other services. The integration of community and primary care must also consider how social care may affect and be affected by these processes.

1.2 Primary and community care will often share similar goals to social care – a vision for a more person-centred approach (even if this is not always achieved), a shared aim to support people to stay in their homes for longer and pursuing system efficiencies to help achieve these aims. Furthermore, people who access primary and community care may also draw on social care and support. Both NHS and social care services can be fragmented to the detriment of the wellbeing of people accessing services and their unpaid carers. Therefore, it is worth looking at attempts to integrate health and social care over the last twenty years and the learning this offers.

1.3 Reed et al (2021) provide a useful summary of this, comparing the four nations of the UK.[3] A key finding is that investment in services is key to integration - investment in social care has decreased over the last decade which is likely to have had a negative impact on people's health and wellbeing.[4] Any benefits from integration will therefore be mitigated, if the other social determinants of health and wellbeing are worsening.

3. Pressures on primary care have been well documented. How would you assess the current state of community care, in particular the integration between both areas?

- **What is the impact of developments in social care on other community health services?**

3.1 Our research describes the impact of the growing gap between need and funding in adult social care between 2010-2019.[5] Building on previous analysis in 2010, we identify a 'lost decade' when policy makers failed to act and the influence of the Care Act 2014 has been minimal. Post-legislative scrutiny of the Act is vital, amid widespread consensus that it has failed to make a tangible difference to the lives of people who draw on care and support.

3.2 A decade of funding cuts has led to:

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[3] 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*. [Online]. Available at: https://www.nuffieldtrust.org.uk/files/2021-12/integrated-care-web.pdf [accessed: 29th March 2023]

[4] Bottery S and Ward D (2021) 'Social care 360: expenditure'. www.kingsfund.org.uk/publications/social-care-360/expenditure

[5] Glasby, J., Zhang, Y. and Bennett, M.R. (2021) A lost decade? A renewed case for adult social care reform in England. Journal of Social Policy, 50 (2): 406-37.

- greater unmet and undermet need;
- growth in self-funding;
- lower quality care;
- a crisis among care providers; and
- much greater pressure on family members and friends providing unpaid care, as well as on staff and partner agencies.

3.3 The severe impact of these funding pressures has been disproportionately felt by older people, as opposed to those of working age, with one in seven older people (14% of the 65+ population) living with some level of unmet need (an increase of 19% since 2015). It is highly likely that this situation has deteriorated since we conducted our analysis; earlier this year, ADASS found that there were about 500,000 people awaiting a social care needs assessment or care package in England (either in hospital or community).[6]

3.4 Long-term investment in social care is urgently needed not only to enable people to thrive, but also to ensure the sustainability of the NHS. In the words of the latest report of the House of Lords Adult Social Care Committee, "a sustainable adult social care service is an indispensable partner to the health service."[7]

4. What are the implications of the Government's long-term workforce plan for the NHS on primary and community care staffing?

4.1 Social care needs a long-term workforce strategy comparable to the NHS workforce strategy (People Plan 2020/21), which legitimises the professional and skilled nature of care work. Parity of esteem with the NHS, in terms of career progression within a professionalised sector is vital. Care work has been characterised as low skilled and low value - this conceptualisation must be challenged by those in leadership positions across health and social care.

4.2 Strategic workforce planning is crucial as we have seen the impact of recent system shocks on the social care workforce across the UK. The last decade has seen a succession of events that have had a profound impact: austerity, Brexit, COVID-19, and now the cost of living crisis. This has reduced staff numbers both in the longer term (e.g. Brexit and workers from the EU leaving the UK, with no specific contingency plan in place), and on a short-term, day-to-day basis (e.g. COVID-related absences). Migration policy is a further complication and it is crucial that workforce planning displays both a long-term strategy, and the ability to react flexibly in response to short-term or urgent developments and potential system shocks.

4.3 Fundamental reform of the sector is essential to address the crisis underlying growing shortages of care workers. In an under-funded market, labour has become a cost to be minimised. Commissioners and providers compete on cost rather than quality. The current employment model in social care is not fit for the purpose of attracting, training, and retaining adequate numbers of staff with the right skills.

[6] ADASS (Association of Directors of Adult Social Services) (2022) Waiting for Care Report May 2022
[7] House of Lords Adult Social Care Committee (2022), A "gloriously ordinary life": spotlight on adult social care.

4.4 Integration may present opportunities for developing the care workforce. For example, during the pandemic, there was some 'task shifting' which saw care workers take on more medical tasks such as wound care, monitoring of vital signs, and foot care, since healthcare professionals were less able to visit care homes. There is an opportunity to build on this in order to offer more progression, with new responsibilities, training and status attached.

5. What is the impact of recent structural changes to the NHS in England (enacted through the Health and Care Act 2022) on integration between primary and community care services?

- **To what extent are the policy interventions aimed at integrating services delivering the results expected of them?**
- **What do these changes mean for patients in terms of access and satisfaction?**

5.1 There is learning that can be gained from considering the experiences of integrating health and social care services. As discussed by Needham and Hall, the four nations of the UK have all pursued the integration of health and social care services and each has experienced persistent barriers which obstruct this goal.[8] Despite this focus on the integration of health and social care, Reed et al. note the limited evidence that integration policies have made a difference to patient outcomes.[9] Policy makers had not learnt the lessons of previous attempts to integrate health and social care. Furthermore the pursuit of integration should also consider the role of culture, norms, systems and processes, rather than only focusing on structural change. Frequently, integration practices have positioned social care as supplementing health services which has led to an expectation that social care services 'fit in' with the culture, systems and processes of health services.[10] Attempts to integrate primary and community care should consider possible differences in organisational and cultural approaches which may impinge on integration.

5.2 Furthermore, there may also be tensions between integration and the development of person-centred care and support. Allen et al. note how, conceptually, person-centred approaches and integration are not in conflict.[11] However, the requirement to deliver both simultaneously can lead to tensions between the goals including over emphasis on standardisation, or 'nationally generalisible best practice' within NHS organisations which could conflict with other partners' focus on 'subjective, community-based approaches'. Issues around budgets, data and staffing both highlight and exacerbate differences in culture and staff attitudes when attempting to pursue the dual aims of integration and person-centred care.

5.3 There are multiple levels to integration. Miller et al. identify that integration on the micro level involves the interactions between practitioners across organisations and meso integration refers to bringing together practitioners from different organisations into a team or

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[8] Needham. C. and Hall, P. (forthcoming) *Social Care in the Four Nations: Between Two Paradigms.* Bristol: Policy Press**.**

[9] 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*. [Online]. Available at: https://www.nuffieldtrust.org.uk/files/2021-12/integrated-care-web.pdf [accessed: 29th March 2023]

[10] Needham. C. and Hall, P. (forthcoming) *Social Care in the Four Nations: Between Two Paradigms.* Bristol: Policy Press**.**

[11] Allen, K., Burn, E., Hall, K., Mangan, C., and Needham, C. (2022) 'They Made an Excellent Start…but After a While, It Started to Die Out', Tensions in Combining Personalisation and Integration in English Adult Social Care, *Social Policy and Society*. Vol. 22, 1, pp. 172-186.

a service.[12] Macro integration happens at the systems-level through shared policy making and partnership working. They note that integration policy has frequently focused on change at the macro-level focusing on system level funding and locality strategies, resulting in inconsistent meso and micro integration across local areas. Top-down approaches to the integration of primary and community care, focused on structures and governance, are unlikely to be successful if there is not also an emphasis on how health and social care professionals interact across organisational boundaries.

5.4 Recent analysis found that just 14% of people say they are satisfied with social care (in comparison to 29% with the NHS).[13] Dissatisfaction has reached its highest level on record, at 57%. Dissatisfaction with social care is higher than dissatisfaction with the NHS overall or any of the individual NHS services asked about – including general practice, dentistry, inpatient, outpatient, and A&E services. Social care is also the service with the lowest satisfaction levels.

6. Is the current primary care model fit for purpose and servicing the needs of patients?

- **As it is currently configured, can the model of primary care deliver on the ambition of providing more care outside the hospital setting?**
- **To what extent does the current model enable working in partnership with other services?**
- **How does the current model secure parity for mental health provision?**

6.1 The needs of unpaid carers are often overlooked; they are known to live in poorer physical and mental health compared to non-carers. Carers UK analysis of the 2021 GP Patient Survey found that 60% of carers surveyed had a long-term condition, disability or illness compared to 50% of non-carers.[14] The extent to which caring impacts on someone's health is compounded by factors such as being from a marginalised group, or providing over 50 hours of care each week. Caring has been announced as being a social determinant of health recently by Public Health England.[15]

6.2 Our research shows that during the pandemic, carers found it more difficult than other people to access their GP or social and community services.[16] It is crucial that GP practices have mechanisms in place to identify carers quickly and ensure that they can access support which meets their needs. Currently, carers are still not always routinely identified or supported by health and social care professionals and many are not aware of support available to help them look after their own health and wellbeing.

6.3 We are concerned that current policy choices in health and social care rely far too heavily on unpaid carers, at the expense of their health and wellbeing. Poorer health and

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[12] Miller, R., Brown, H., and Mangan, C. (2016) *Integrated care in action: A practical guide for health, social care and housing support*, London: Jessica Kingsley Publishers.
[13] The King's Fund and Nuffield Trust (2023), Public satisfaction with the NHS and social care in 2022 Results from the British Social Attitudes survey
[14] Carers UK (2022) Carers' health and experiences of primary care: data from the 2021 GP Patient Survey
[15] Public Health England (2021), Caring as a social determinant of health. Findings from a rapid review of reviews and analysis of the GP Patient Survey
[16] Bennett M.R, Zhang Y., and Yeandle S. (2020). Caring & COVID-19: Loneliness and use of services. Sustainable Care: Care Matters series 2020/02, CIRCLE, University of Sheffield.

emotional burnout among carers is likely to result in a greater need for NHS resources, including in primary and community health services.

9. To what extent have Integrated Care Systems (ICSs) been able to deliver the aims they were set up to achieve?

- **To what extent are they sufficiently equipped to support the delivery of local priorities relating to better prevention and early intervention?**
- **To what extent has primary and community care relied on the voluntary sector, and how appropriate has the balance been?**

9.1 Expectations about the potential of ICS to achieve better integration, improve population health and tackle health inequalities are high. In order to fulfil these aspirations, collaboration between the NHS and its partners, including local authorities and social care providers, as well as the public, will be essential. However, there has been a generally poor track record of genuine partnership, with local government and social care having limited influence and involvement to date. As Reed et al find, "*having a legal duty to collaborate does not in of itself lead to effective collaboration, which also relies on having sufficient resources, incentives, regulatory and outcomes frameworks – and consistent leadership and cultures across health and social care*."[17]

9.2 A central question is how the power imbalance within the new structures which comprise the ICS will be resolved. There is a risk that targets set by NHS England will focus predominantly on NHS concerns and metrics, especially on acute hospital settings. Close relationships with local communities and local government are essential to ensure shared priorities and goals are set, not just those of the NHS.

9.3 In their focus on prevention and early intervention for example, ICSs should avoid a narrow focus on health services and instead consider the role that social care can play in promoting people's wellbeing and independence, while reducing or delaying the need for care and support from higher cost, more intensive services such as the NHS. This should also include investigating a preventative approach to the needs of unpaid carers, for whom current care arrangements are unsustainable.

9.4 Although ICSs are still in their infancy, there is learning to be gained from considering previous efforts to prioritise prevention in health and social care.In their forthcoming book, Needham and Hall find that investing in prevention has been a central ambition of policy in all four nations.[18] However, their analysis finds that prevention remains poorly defined, with little progress made in specifying how success can be measured, given the counterfactuals involved. The relevant statutory guidance notes that "there is no single definition for what constitutes preventative activity".[19] This lack of shared understanding makes identifying and measuring good practice challenging.

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[17] 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*. [Online]. Available at: https://www.nuffieldtrust.org.uk/files/2021-12/integrated-care-web.pdf [accessed: 29th March 2023]

[18] Needham, C. and Hall, P. (forthcoming 2023) *Social Care in the UK's Four Nations.* Bristol: Bristol University Press.

[19] Department of Health and Social Care, Care Act 2014 statutory guidance, https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

9.5 In a context of shrinking local authority budgets, Needham and Hall find that the focus has been on providing services for people with existing needs, with the prevention agenda struggling to develop momentum or articulate clear policies. This highlights a fundamental paradox, which is that although prevention is likely to save resources in the long term, it is not prioritised when budgets are tight.[20]

11. In what way could the existing infrastructure be enhanced to improve the use of health technologies, and what are the possible benefits for patients?

- **What are the main barriers to increasing the sharing of information and data across different health services?**
- **What can be learned from approaches to using technology during the COVID-19 pandemic?**
- **How could technology harness ways to empower patients to take responsibility for their own health?**

11.1 Digital technologies will be a key part of delivering more integrated services, and will require collaboration between health, social care and industry. In a recent working paper, our researchers analysed developments in technologies used in social care in England.[21] Both Government policies and product developers advocate increased use of technology as a means to achieve a range of benefits - from enabling people to live independently for longer, to greater choice and personalisation of care, and as a way to increase efficiency, including through integration of services, and ameliorate workforce pressures. Often the focus is on reducing costs, rather than on the potential to enhance wellbeing. This suggests that the aspirations of people who receive care and support[22], unpaid carers and care workers[23,24] for the use of technology to support care are misaligned with the commissioning or designing of devices. Technology should not be seen as a 'silver bullet'.[25] Our research finds that the outcomes of implementing technology are context-dependent, and that it does not necessarily reduce costs.[26]

11.2 The 2022 integration paper states that "to support place based organisations, ICSs will develop digital investment plans for bringing all organisations to the same level of digital maturity".[27] Local authorities and other stakeholders have questioned whether ICSs will be able to effectively deliver this, and whether funding within ICSs will be funnelled towards the

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[20] Tew, J., Duggal, S., Carr, S., Ercolani, M., Glasby, J., Kinghorn, P., ... and Afentou, N. (2019) Implementing the Care Act (2014): Building Social Resources to Prevent, Reduce or Delay Needs for Care and Support in Adult Social Care in England, Birmingham: University of Birmingham.

[21] Whitfield, G. & Hamblin, K. Technology in social care: spotlight on the English policy landscape, (2019-2022). Centre for Care Working Paper 1, CIRCLE, Sheffield: University of Sheffield.

[22] Hamblin, K. (2017) Telecare, obtrusiveness, acceptance and use: An empirical exploration. *British Journal of Occupational Therapy*, 80(2): 132-38.

[23] Yeandle, S. (2014) Frail Older People and their Networks of Support: how does telecare fit in? AKTIVE Research Report Vol. 2, Working Paper 2, Leeds: CIRCLE, University of Leeds.

[24] Steils, N., Woolham, J., Fisk, M., Porteus, J., & Forsyth, K. (2021). Carers' involvement in telecare provision by local councils for older people in England: perspectives of council telecare managers and stakeholders. *Ageing & Society*, 41(2): 456-75.

[25] Eccles, A, (2021) Remote care technologies, older people and the social care crisis in the United Kingdom: a Multiple Streams Approach to understanding the 'silver bullet' of telecare policy. Ageing & Society, 41(8): 1726-47.

[26] Hamblin, K., Yeandle, S. and Fry, G. (2017) Researching telecare: the importance of context, Journal of Enabling Technologies, 11(3): 75-84.

[27] DHSC (2022) Health and social care integration: joining up care for people, places and populations, Policy Paper.

NHS, as opposed to social care.[28] A central challenge is overcoming how fragmented the social care sector is in comparison to health, as well as the divergent funding models between the two.

11.3 Speaking at the 2022 UK Authority Integrating Digital Health and Care conference, Hannah Gill (a senior adviser at the LGA) said: "*structures alone do not create change [...] [w]e need huge investment [...] it's great to see digital within policy, but the risk is that there is a huge amount of top down change coming that councils will have to adapt to quickly.*"[29] There is a lack of clarity about exactly how the £150m originally allocated to technology in the 'People at the Heart of Care' White Paper will be spent. Integration of health and social care data is a key aim of the relatively new NHS Transformation Directorate, which is intended to be a single body for health and social care. However, the divergent models may present a significant challenge for top-down implementation of its strategy; "*the link between healthcare and social care in digital is really unclear and the models are massively different […] in social care there are lots of smaller organisations who are typically, but not always, less digitally enabled*" (Simon Bolton, former CEO of NHS Digital).[30]

11.4 A key lesson learned from the government's approach to the use of health and social care data during the pandemic is that relationships with private firms can have a negative impact on public trust, in particular if their values do not align with those expected of the health and social care system:

- Former Prime Minister David Cameron lobbied NHSX on behalf of his employer Greensill Capital, which had developed an advance payment app (Earnd) for use by health staff, sidestepping normal open competition procurement. rules. Critics argue that advance payment schemes like Earnd are, in effect, similar to payday lenders and should not be involved in public partnerships.[31]
- NHSX produced the 'Care Workforce App,' which workers were encouraged to use to access information related to Covid, learning resources, and discounts. The union GMB highlighted the potential for employers to access workers' smartphone webcam and access their private messages.[32]

11.5 Research highlights the importance of co-production in designing and implementing new technologies in health and social care, to ensure that this is done in an ethical and effective way.[33] Without this, cheaper 'off the shelf' technologies may be implemented without key 'wraparound' support services or due consideration to issues such as ethics, privacy and sustainability (e.g. Alexa).[34] [35] The TEC Action Alliance was launched by TLAP (Think Local Act Personal) and the TEC Services Association (TSA) in order to promote

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[28] LGA [Local Government Association] (2021) LGA response to 'People at the heart of care: adult social care reform White Paper.'
[29] Say, M. (2022a) LGA official says councils need stronger voice and more funding for care integration. UK Authority.
[30] Say, M. (2022) NHS Digital chief calls for stronger emphasis on social care. UK Authority
[31] Markortoff, K. (2021) Greensill wage-advance app used by NHS nurses goes into administration. The Guardian
[32] Syal, R. (2020) Union warns care workers not to use UK government Covid-19 app
[33] Fischer, B., Peine, A. & Östlund, B. (2020) The Importance of User Involvement: A systematic review of involving older users in technology design. Gerontologist. 60: (7): e513–e523
[34] Wright, J. (2021) The Alexafication of Adult Social Care: Virtual assistants and the changing role of local government in England. Int. J. Environ. Res. Public Health. 18: 812.
[35] Hamblin, K. (2022). Sustainable Social Care: The Potential of Mainstream "Smart" Technologies. Sustainability, 14(5), 2754.

co-production in the technology enabled care sector. It aims to ensure that people who draw on care and support are closely involved in the design and development of digital care services and products.[36]

11.6 People who could benefit the most from increased control over and insight into their own health and wellbeing tend to be more likely to be digitally excluded. Several underlying and intersecting issues contribute to the likelihood of 'digital exclusion', including income, confidence and skills. These barriers to inclusion are not evenly distributed throughout the population. There are also geographical differences in digital poverty and access to reliable and affordable connectivity. The Information School at the University of Sheffield has mapped areas of South Yorkshire which are more vulnerable to digital poverty.[37]

12. Could you please outline one key change or recommendation you would like to see to enable effective and efficient integration in the delivery of primary and community care services?

12.1 Addressing the workforce crisis in social care is fundamental, underpinned by the inadequacy of government funding. Parity of esteem between health and social care services is essential to fostering the collaborative relationships needed to enable effective and efficient integration of services. Failing to tackle this crisis risks scuppering the entire agenda; ICSs simply won't be able to deliver their laudable aims without involving social care in genuine partnership.

[36] TSA, TLAP and TSA launch alliance to increase co-production in technology enabled care sector
[37] University of Sheffield, Digital Poverty project, https://www.sheffield.ac.uk/office-for-data-analytics/digital-poverty