

All Party Parliamentary Group for Ageing and Older People
'Integration and Devolution: How does it affect older people?'

Monday 9th May 2016 4pm-5pm
Room G, House of Lords

Present:

Parliamentarians:

Barbara Keeley MP, Rachael Maskell MP, Lord Foulkes.

Chair of the meeting:

Baroness Jolly.

Guest Speakers:

Cllr Gillian Ford, LGA Communities and Wellbeing Board/Havering Council; Ingrid Kohler, LGIU; Colleen Atkinson, Health1000; Maurice Wilson.

Apologies:

Baroness Greengross, Baroness Hamwee, Baroness Masham.

Introduction:

Baroness Jolly welcomed everyone to the meeting and explained the running order.

Guest Speakers:

Baroness Jolly introduced the first speaker, Councillor Gillian Ford, lead member on the Local Government Association Community Wellbeing Board, and the lead member for Health and Adult Social Care in the London Borough of Havering.

Councillor Ford – Councillor Ford explained that although life expectancy had increased, the expectation of a healthier, older life had not kept pace. Therefore integration and devolution were fundamentally important to meeting the health and care needs of older people, as well as a way of responding to the extremely challenging financial context for the NHS and local government. She added however that it was important to remember that integration was not a solution in itself to the system's financial challenges and that it was a way of delivering care more effectively to ensure it meets the holistic needs of individuals and helps to improve health and wellbeing throughout life. She emphasised that in moving towards integration and devolution, we mustn't lose sight of the person and the agenda should also be about creating a more personal health and care system for older people.

Cllr Ford argued that complementing the drive for integration is the move towards devolution. She used Greater Manchester as an example where the team were looking at four main areas for health and social care; a preventative approach to health, local NHS and care support services working together, hospitals working together and sharing ideas and ways of working. She also outlined the Greater Manchester Dementia United programme which focused on older people.

Cllr Ford explained that the LGA had recently worked with partners including NHS England and the Association of Directors of Adult Social Services to publish local case studies of seven localities developing integrated care. Through these case studies, they had found a significant impact in terms of improved health outcomes and financial sustainability.

She added that the case studies set out key lessons for other localities to consider when embarking on integration themselves, such as the need for a shared commitment across all the leadership, to improve people's health and wellbeing outcomes; a system designed around the individual, and designed with them as equal partners; a need for everyone taking ownership to change the system, including leaders, practitioners, patients and citizens; the need to be a demonstrable commitment to prevention and central to all of this was local accountable and transparent decision-making.

Concluding, Cllr Ford stressed it was important to recognise that integration and devolution were not ends in themselves. Integration and devolution provided a real opportunity for councils to meet the needs of older people locally, and personally. To achieve this required strong local partnerships and collaborative working.

Baroness Jolly introduced the second speaker, Ingrid Koehler, Senior Policy Researcher at the Local Government Information Unit.

Ingrid Koehler – Ingrid began by explaining that social care and outcomes based commissioning were big areas of focus for the LGIU and as such they provided a number of briefings in this area.

With regards to devolution, Ingrid said that because the devolution system was deal based, it often appeared to happen behind closed doors so was not always clear why some things were included and others not, particularly where it concerns health and social care. She added that few councils were grasping the opportunity of integrated care (and adapting for an ageing population) as part of their devolution plans.

Ingrid commented that people were in favour of integration and that was not for a lack of appetite that it was not widely implemented, but the reality on the ground was that it was very challenging. Examples of some of the challenges were that putting the user at the centre could potentially lead to cultural clashes and workforce integration could also be tricky. Issues around data ownership and sharing could also be difficult, Ingrid gave the example of an LGIU project called CoCare that they were developing to try and overcome this.

Ingrid explained that another challenge was the lack of funding available in the system. When making integration choices, the driver is better services, however saving money and preventative money to manage demand on services was also a consideration. As such there was a need to keep an eye on whether quality of demand on services was driving the change.

Concluding, she emphasised that devolution had to be real and authentic. She added that there also needed to be a conversation about whether the result will be differing services around the country. She also said that devolution and decisions needed to be transparent so that people can understand the choices.

Baroness Jolly introduced the two final speakers of the meeting, Coleen Atkinson, from Health 1000 and Maurice Wilson, the first participant of the programme.

Colleen Atkinson – Coleen introduced Health 1000, which is supported by the Challenge Fund, and explained that they were working to support people with five or more conditions in an integrated team. She emphasised that it took more time than people often thought it would to set it all up, and the planning phase was a long process. She spoke about the different partners who were working together with the voluntary sector, as well as ensuring that the patient is an equal partner in the programme, being able to give their input.

She explained that the focus of the programme's model was on the quality of life of the person, and showed the change of emphasis from illness to how to develop wellness.

Maurice Wilson, the first participant to join the programme spoke about his experiences, and the frustration of when he used to have to go to a GP and wait for long periods of time to move between the different services. He said that working towards his own goals really made it feel better. He added that he had found the journey through the services much easier, and was able to work towards realising his goal of going fishing again. This showed the programme's emphasis on wellness, rather than illness.

Colleen concluded that the culture change around voluntary sector organisations being real partners with the health services made a big difference.

Baroness Jolly mentioned that in her experience it was common for organisations to underestimate how long the planning process could take for this type of change of working, especially considering some of the practical things like managing the data.

She asked the speakers a number of questions, such as how they know their service was doing well, how they share good practise and what the role was of the third sector.

Ingrid Koehler explained that measuring whether something looked like it was doing well on paper was different to ensuring it was doing well for the person receiving the support and that this could be tricky to measure. She added that they were checking intervention levels across the population to see what worked.

Cllr Ford referred to the LGA's case studies for sharing best practise, and in terms of doing well, making sure to work with the voluntary sector and going beyond the usual suspects to ensure the person gets a holistic approach.

Colleen Atkinson mentioned the library of learning, and said when measuring how well a service was doing, you could look at things like a reduction in hospital admissions, but they also looked at patient surveys, adding that because their service was small they were able to know they were doing well.

Baroness Jolly invited questions and comments from the members and observers in the room.

Barbara Keeley MP said it was important to consider the outcomes of things like happiness, as well as things like hospital admissions. In terms of devolution she said it was important that it was not just top down but local and that it didn't just replicate national locally.

Rachael Maskell MP commented that it was important to ensure a baseline of quality so there was not a postcode lottery. Cllr Ford said a way of preventing this was to identify risks.

Lord Foulkes emphasised the importance of strong local leadership and a focus on prevention, commenting that for years we have known about demographic change, and we have known about the benefits of things like fun activities and the role of voluntary sector contributions, and asked if the wheel was being reinvented. Colleen Atkinson commented that she had noticed a real change in health professionals treating service users like real partners, which was progress.

A representative from LCIE spoke about the benefits of the prevention library as a way of sharing good practise and sharing resources as well as evaluation. A representative from EROSH said it was important to ensure that housing was part of the conversation when looking at integration of health and care.

To conclude Baroness Jolly asked what requests or questions the panel and attendees would like to be taken to the Minister, and it was suggested to sort out information governance, and to remember the importance of the preventative agenda and public health.

Baroness Jolly thanked the speakers and group for attending and for their input. There was no further business and the meeting was closed.