

Governance and accountability for integrated health and care

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Increasingly local systems are coming together to deliver integrated approaches to health and social care. This explainer for the NHS and local authorities outlines some of the key governance and accountability challenges that these organisations may face when seeking to work more collaboratively and potential solutions. We also highlight some of the key enablers from those systems that have already progressed on this journey and what they need to go further.



SILOED THINKING

Challenge: Different funding, budgeting, governance and accountability arrangements for health and social care can risk councils and NHS organisations planning and delivering services in isolation.

Solution: Keeping people at the centre of decision-making can establish where joint approaches make sense.

LANGUAGE

Challenge: Councils talk about places, residents or citizens and the NHS talks about buildings and patients.

Solution: Thinking about wider determinants of health and a life course approach to commissioning and outcomes can help build a mutual understanding of what can be delegated where and what needs to be retained by organisations.

EXTERNAL INFLUENCES

Challenge: The political dimension of councils can be challenging for the NHS and purdah around local elections can restrict conversations. For councils, accountability of NHS organisations to NHS England and NHS Improvement can be frustrating, especially when a locally developed plan is disregarded.

Solution: As can be seen with Manchester and other areas of the UK, the development of a clear and cohesive local approach will often receive endorsement from national organisations and result in greater local autonomy.

ACCOUNTABILITY STRUCTURES

Challenge: Councillors are elected, visible public representatives. People involved in NHS governance are mostly appointed, and elected public governors have a limited remit. Councils take decisions through political cabinets and the NHS operates through unitary boards.

Solution: Understanding these cultural differences can help when trying to align planning and delivery arrangements.

CULTURE

Challenge: The NHS is sometimes described as an 'illness' service, following a medical model in contrast to the 'social wellbeing' model in local government. There can also be tensions between primary care and acute care and between different types of councils.

Solution: Health and wellbeing boards can play a role in bringing together different perspectives around the needs of people and populations and strategies across areas. In many areas, mental health providers have been working to a social wellbeing model for some time, ensuring that services are available in people's homes and communities.

PERCEPTIONS

Challenge: The NHS can be perceived as hierarchical, lacking local control. Councils can be perceived as bureaucratic and overtly political.

Solution: Investing in relationship building between lay members, non-executive directors and councillors can help establish mutual trust and effective ways of working.

ORGANISATIONAL FOCUS

Challenge: Accountability arrangements in the NHS can be a challenge to multi-agency governance across an ICS or STP area. Councils are accountable through elected councillors and the local population.

Solution: Bringing together councillors, lay members, provider non-executives and public governors can help establish common ground.

PERSONALITIES

Challenge: Running an NHS organisation, taking charge of an STP or ICS, running a council or being a local politician require different skills which can sometimes lead to clashes of personality.

Solution: Focusing on culture, values and behaviours and agreed ways of working can help overcome some of the robustness that sometimes affects local discussions.

PLANNING CYCLES

Challenge: The NHS Long Term Plan provides an opportunity for multi-year planning of healthcare, with additional funding. Councils are subject to annual financial allocations and continue to face reducing budgets which mean delivery of only essential services.

Solution: Taking a 'whole system' and 'whole population' approach to objective setting can help align planning around key local outcomes.

DIFFERING GEOGRAPHIES

Challenge: STPs and ICSs cover large geographies, often covering several council areas. This can be a challenge, especially across large rural county areas. Some councils are part of combined authorities which allow for planning at scale.

Solution: Bringing together councillors and the NHS non-executive community across STP and ICS areas can help define contrasting but complementary roles.

FUNDING FRAMEWORKS

Challenge: NHS is free at the point of use and social care is means tested. Local authority budgets have been cut substantially while the NHS has a comparatively generous funding settlement. Local authorities are able to hold reserves year to year. Both have differing VAT regimes.

Solution: Focus on the local pound and the benefit that this can bring to the local population rather than individual organisational positions.

ENABLERS FOR INTEGRATION

Shared objectives

STPs and ICSs can benefit from shared objectives between the NHS and local government. These objectives and outcomes might focus on better health and independence for populations. In those areas that are most advanced, these objectives have been developed and agreed for some time.

Understanding of local system and challenges

Councils' public health and social care functions will have valuable insight about challenges to health and independence that communities face. CCGs can utilise data and analytics to understand population health, while providers share local intelligence of emergent challenges within communities on the ground.

Clinical and leadership buy-in

STPs and ICSs need clinicians and other professionals in leading implementation roles, as well as throughout the organisational structures. This will be key in bringing together primary and acute care and delivering parity of esteem between approaches to wellbeing, physical and mental health services.

Joint appointments

There are several areas that have jointly appointed council chief executives and CCG accountable officers and/or jointly appointed accountable officers between CCGs and STP/ICS leaders from local government. These arrangements can, where appropriate, help align diverse organisational arrangements and present a 'whole system' approach. To date, these systems have developed in Tameside and Glossop, Wigan and Trafford, amongst others.

Health and wellbeing boards (HWBs)

The evolution of HWBs – established under the Health and Social Care Act 2012 – into 'place boards' in some areas are a way for health and care leaders to develop a dialogue about needs and strategies across their local area.

Joint strategic needs assessment

This is a statutory requirement for health and wellbeing boards, and should form the basis for the planning of health and care services in the local area, including local actions within the STP/ICS plan. In doing so, this can ensure a joined-up approach to planning across a local area.

Shared patient and public assurance and scrutiny

The NHS and local government have governance processes reflecting their accountability to the local population. By bringing together lay members, non-executive directors and local councillors, systems can develop a single integrated approach to patient and public scrutiny and assurance.

Healthwatch

Healthwatch undertakes a scrutiny and assurance function across healthcare and social care. As such, they can provide insight that supports effective governance of more integrated systems. They can highlight concerns about the delivery of healthcare and social care in a local area and cascade information to service users and the public about service reconfiguration.

Share learning

Lay members and councillors should come together along with provider non-executives to share experiences from the perspective of NHS organisations and local government. This kind of networking can help support their contrasting but complementary roles and ensure that proposals benefit from effective scrutiny and assurance.

WHAT DO LOCAL AREAS NEED FROM NATIONAL BODIES TO DELIVER FURTHER INTEGRATION?

Flexibility for senior appointments

Rather than the imposition of a central structure, local systems should be enabled to flexibly appoint senior individuals across health and social care structures, where this makes sense.

Congruence of employment terms and conditions

There is considerable difference between the NHS and local authorities in terms and conditions of employment. To establish a truly integrated approach to health and care delivery, then further work must be done nationally to ensure that these are closer aligned.

Comprehensive and funded development programme

Current approaches to enabling increased integration have focussed on those areas that are most advanced. The greatest enabler for increased integration would be a comprehensive and national development programme, engaging all the key organisations from across both systems. We look forward to the forthcoming launch of the NHS England programme.



The Centre for Public Scrutiny (CfPS) is a national centre of expertise on governance and scrutiny. For more information, please visit www.cfps.org.uk

NHS Clinical Commissioners (NHSCC) is the independent membership organisation for clinical commissioners. The NHSCC Lay Members Network represents CCG lay members who provide a governance and assurance function for CCG governing bodies. Members of the network were instrumental in the production of this document, sharing local experience, challenges and solutions. For more on NHSCC, please visit www.nhsc.org

FURTHER READING

Peer support offer for local systems, NHS Clinical Commissioners, NHS Confederation, Local Government Association and NHS Providers, August 2018.

Shifting the centre of gravity: Making place-based, person-centred health and care a reality, NHS Clinical Commissioners, NHS Confederation, Local Government Association, Association of Directors of Public Health, NHS Providers and Association of Directors of Adult Social Services, November 2018.

Mechanisms for collaboration across health and care, NHS England, November 2018.

Driving forward system working: A snapshot of early progress in collaborative commissioning, NHS Clinical Commissioners and NHS Providers, December 2018.

The NHS Long Term Plan, NHS England, January 2019.

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