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Intersectoral collaboration across health and long-term care in **England**

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The long-term care workforce in the context of COVID-19 and beyond: European experiences and lessons learnt so far

PSSRU
Personal Social Services Research Unit

Brief summary of the English health and care systems

Health system

- Universal coverage, free at point of use
- Centrally funded through national taxations on income
- Focuses on providing medical care
- Provided by the NHS through:
  - Hospital care
  - Primary care
  - Community health services
  - Public health (prevention)

Social care (LTC) system

- Means and needs tested
- Funded partially by central government but mainly from local taxes at local authority level
- Organised by LAs but provided through a mixed economy market
  - Dominated by independent providers (for- and not-for profit)
- Four pillars of services: social work, personal care, protection & social support

Intersectoral collaboration: in usual times

National (top-down)

- Primary Care Networks (NHS long-term plan- 2019)
- 'Integrated Care System (ICS)'
  - Both NHS organisation and local councils taking collective responsibilities for managing resources
- Vanguard sites (50 in 2016)
- 'Sustainability and Transformation Partnership (STP)' – 2016

Local (bottom-up)

- Acute response teams in Kent (aims reduce hospital admission)
- Council and healthcare services in Plymouth (social isolation)
- Integrated care hubs in Wakefield, West Yorkshire (jointly funded; multiple needs)
- Working with 'expert patients' among care and health professionals in Berkshire (pain management)

Intersectoral strategies: During COVID19

Staffing challenges

- Redeployment of existing staff
- Return to work (post-retirement)
- New recruitment drive
- Pooling volunteers for both health and care services
- Staff ‘up-skilling’ & taking new roles

Local initiatives to support staff wellbeing

- Rota systems within COVID-19 positive wards in hospitals
- Signposting to employee assistance programmes
- Implementing enhanced risk assessment for staff from Black and minority ethnic backgrounds

Examples of inter-sectoral collaboration during COVID19

- Increased use of technology
  - Virtual ward round from hospitals to care homes by video call
  - Providing virtual training to the workforce and carers
- Introduced new roles within NHS trusts
  - e.g. a family liaison officer (Portsmouth)
- Making better use of data
  - Developing new dashboard tools e.g. Nottinghamshire identified high risk individuals to receive support through PCN
- Consolidating on existing partnerships
  - Between care homes, community pharmacies and GPs (Sussex)
  - Aligning local care homes to PCNs (Bradford)
    - Supplying equipment and medications and daily observations at care homes

Changes to health and care provision during COVID19

- Emergency legislation: Coronavirus Act 2020
  - staffing & needs assessments
- Government funding support
- Hospital will not patients' continuing healthcare needs during the pandemic.
  - Community healthcare services will have this responsibility
- Many families opted to provide care directly – increasing the informal care burden
  - providing ‘emotional support’ will count towards the 35 hours needed to claim Carer's Allowance
- Restricting care home visits
  - Some innovations to maintain connections
- Live-in carers provided longer ‘blocks’ of work with no breaks
  - Individual and local efforts

Intersectoral collaboration: social prescribers in PCNs

Source: NHS England

- Social prescribing is a way to refer people to a link worker
- Link workers connect people to community groups and statutory services
- Recently link workers became part of PCNs response to COVID19
  - Especially in relation to loneliness, isolation and depression

Challenges to intersectoral working

- Divergence in funding source and governance across the two sectors creates various challenges
  - Inadequate fund settlement, delayed fund transfer
  - Divergence in the aims, targets and culture of work
- Central vs. localised
  - Regional variations: inequalities and fairness
- Transferability of skills and qualifications across health and social care
- Gaps in needs, demand and availability of services
- Integration with other public services, e.g. housing and welfare
- Unfavorable working conditions among social care staff
  - Impact on the workforce wellbeing and burnout

Specific challenges during COVID19

- Hospital to care home transfer
  - Fragmentation of guidance
  - Testing (esp. prior to transfer)
- Impact on access to services
  - E.g. health care professionals' visits to care homes
  - Quality of services
  - Backlog of hospital appointment, operations ect.
- Equipment and infection control
  - Access to, and training for, PPE
  - Infection control and prevention control training
  - Testing for staff
- Social care market fragility
- Workforce challenges: shortages, sickness absence, burnout

Key messages

- Ongoing efforts to ensure intersectoral collaboration at the system level
- Local efforts with innovative practice and solutions
- COVID19 highlighted clear problems associated with the social care system fragmentation
  - Especially in relation to hospitals to care homes discharges
- Technology and data
  - Virtual visits
  - Better modelling is needed (the dynamics between health and social care)
- Increased importance of ‘patients’ voice
- Many good examples emerged during COVID19 could be used on the long term

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Thank you for listening

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