

# Health integration white paper

## Briefing for housing associations

March 2022

### Summary

The government has published its health and social care integration white paper, *Joining Up Care for People, Places and Populations*, which aims to bring the NHS and local government together to improve care and value for money, allowing people to receive “the right care in the right place at the right time”, and join up services.

The government’s vision is that integration makes a positive impact on population health through a shift to prevention, addresses people’s needs promptly and improves the experience of care. They want to incentivise organisations to collectively prioritise upstream interventions for individuals and communities, and increasingly allocate resource to improve population health and address disparities.

Importantly, housing is an area that has been identified as being essential to ensure this joined-up provision of services. There are some opportunities and challenges for housing associations in this white paper.

This briefing identifies those opportunities and challenges.

## Introduction

The government has published its new health and social care integration white paper, [Joining up care for people, places and populations](#), which aims to bring the NHS and local government together to improve care and value for money, allowing people to receive “the right care in the right place at the right time”, and joining up services.

The aim is to promote joined up working to meet the needs of communities, reduce waiting lists and help “level up” healthcare.

This paper is part of a wider set of mutually reinforcing reforms: the adult social care reform white paper, [People at the Heart of Care](#); the [Health and Care Bill](#) and reforms to the public health system.

The government’s vision is that integration makes a positive impact on population health through a shift to prevention, addresses people’s needs promptly and effectively and improves the experience of care. They want a health and care system that will incentivise organisations to collectively prioritise upstream interventions for individuals and communities, and increasingly allocate resource to improve population health and address disparities.

Importantly, housing is an area that has been identified as being essential to ensure this joined-up provision of services.

The focus of the paper is place level: a geographic area that is defined locally, but often covers around 250,000 to 500,000 people, for example at borough or county level. Places will be supported by central government, NHS England, Integrated Care Boards (ICBs) and others to develop arrangements that deliver the best outcomes for their populations.

The paper is structured around four main areas:

- Shared outcomes.
- Leadership, accountability and finance.
- Digital and data.
- The health and care workforce.

All areas are of potential relevance to housing associations, and include these specific, relevant goals:

- More personalised care – linking GPs with wider forms of community support, such as social prescribing, to allow care to be more personalised, which would help reduce the need for people to have more expensive, invasive medical treatment and reduce crisis admissions to hospital.
- Earlier intervention – integration will help people to access to the right services at the right time, including specialist services, which could mean earlier intervention that could prevent diseases from progressing and reduce the need for invasive and expensive interventions late in the day.
- Improved access to social care services through NHS data sharing – an integrated system would allow the NHS to notify a local authority straight away if a person requires social care support.
- Better treatment – managing diseases in the community through better join up between primary, community and hospital services.
- Better NHS support to care homes – integration between hospitals and social care would mean more specialist support so care home residents could be treated before they get unwell and avoid having to go to hospital.
- More flexible services – aligning incentives and pooling budgets will mean the NHS and local authorities can use their resources flexibly to benefit patients.

The white paper says collaboration between health, public health, social care and other public services is essential to delivering joined-up care.

## What does the white paper include?

The white paper:

- Sets out the government approach to designing **shared outcomes** which will place person-centred care, improving population health and reducing health disparities at the centre of plans for reform.
- Sets expectations about **accountability** for delivering shared outcomes and strong, **effective leadership**.
- Sets out how government will make progress on the key enablers of integration (**digital and data, workforce**, and financial pooling and alignment) required to further join up services.

Below, we look at these in more detail.

## Shared outcomes

Places will be able to choose health and care priorities that matter to their citizens. The newly formed Integrated Care Systems (ICSs) will provide support and challenge to each local area to assess need and select local outcomes and plans to meet both national and local outcomes. Outcome plans should be in place from April 2023. This is a reason for housing associations to aim to have their views represented at the ICSs.

## Embedding housing in joined-up working

The white paper sets out the government's ambition for better integration across primary care, community health, adult social care, acute, mental health, public health and housing services that relate to health and social care. The government wants to transform where care is delivered, according to people's preferences (including at home and in the community). Importantly, the white paper says that:

“Ensuring there is holistic care that fits around people's needs includes ensuring that people receive the right care and support, and can maintain healthy independent living, **beginning with where they live**, and the people they live with. **Getting these housing arrangements right for individuals and communities is one example that requires the joining up of not just health and care partners, but a wider set of local government functions and housing providers.** Today, too many people with care and support needs live in homes that do not provide a safe or stable environment. **People's homes should allow effective care and support to be delivered** regardless of their age, condition or health status. We want people to have **choice over their housing arrangements**, and we also want to ensure places **'think housing and community' when they develop local partnerships and plan and deliver health and care services.**”

This echoes the aspiration in the white paper [People at the Heart of Care](#) that “every decision about care [should be] a decision about housing” and is an opportunity for housing associations to demonstrate their relevance to local authorities and the NHS.

Examples given in the white paper of joined up working with housing include joint workforce planning and commissioning of services, enhanced health in care homes, hospital discharge, tenancy sustainment and people with mental illness living well in the community.

## Leadership, accountability and finance

The government will make changes that bring together leaders to deliver on shared outcomes in an accountable and transparent way, through formal place-based arrangements that clarify who is responsible for health and care services in an area.

NHS and local government organisations will be supported and encouraged to align and pool budgets, to ensure better use of resources to address immediate needs, and to support long-term investment in population health and wellbeing.

The white paper also says there should be a single person accountable for shared outcomes in each place or local area, working with local partners. This person will be agreed by the local authority or authorities and integrated care board (ICB).

## Using digital and data to integrate care

The white paper says that data across local authorities and the NHS will provide leaders with the information to put in place services to tackle the problems facing their communities. Housing associations have a lot of data at their disposal and this will be important for the NHS in understanding the needs of local communities.

ICBs will use Population Health Management to help deliver personalised and predictive care based on an individual's risk. Again, this is related to housing circumstances. The white paper says that:

“The inclusion of wider determinants of health will be key to identifying and recognising the impact that factors outside of health and social care can have on the outcomes that people achieve. **This must include information about people's living circumstances – for example, homelessness or social isolation.**”

## Delivering integration through the workforce

Like the adult social care reform white paper, People at the Heart of Care, this white paper says that “[t]he health and care workforce are our biggest asset”, and acknowledges that “they are at the heart of wrapping care and support around individuals.” This section of the white paper has a number of areas of relevance to housing associations, but could also present risks.

The government want staff to feel confident, motivated and valued and able to work together in a person's interests regardless of who they are employed by. They feel

staff should be able to progress across health and social care and will explore the introduction of an Integrated Skills Passport to enable health and care staff to transfer their skills and knowledge between the NHS, public health and social care “in both regulated and unregulated roles” – which may include supported housing.

The government want to promote the importance of link workers, named key workers, care navigators and care coordinators, which are roles that are supported housing-adjacent. It will be important for housing associations to aim be included in this Integrated Skills Passport approach. The government also want to explore interventions that can be safely delegated or transferred between the sectors, such as clinical interventions undertaken in care settings, which is something housing associations need to be aware of.

The government say staff numbers and skills should be planned to meet the needs of their local populations and places. The government feels that workforce planning is carried out in isolation, meaning social care providers and local authorities compete with the NHS, or each other, to attract and retain staff. The white paper says this siloed approach can result in a lack of alignment with broader health services commissioned by local authorities, those delivering support to children and young people, unpaid carers, housing, and the voluntary sector.

To break down these barriers, the Department of Health and Social Care (DHSC) are exploring a framework to provide the information ICBs need for shared workforce planning across health and social care services and will support localities to plan services. Plus, ICSs will support joint health and care workforce planning at place level, working with national and local organisations. They want to identify opportunities for joint continuous professional development across sectors and joint roles across health and social care, such as increasing the number of clinical practice placements in adult social care for health undergraduates. This could involve joint training on topics such as mental capacity, frailty, and strengths-based and assets-based practice. These are all things that housing associations are doing already and can promote to ICSs.

The white paper acknowledges that structural and/or financial barriers get in the way of effective joint working, within and between the health and social care sectors, and “the landscape is even more complex when we factor in public health, community health services, education, housing and homelessness provision, the voluntary, and community health services, and unpaid carers”.

The government will work with local authorities and care providers to monitor workforce pressures. Housing associations will need to stress that this is also an issue in supported housing, not least because the white paper says government want to “**create opportunities for social housing support and homelessness workers**, often supporting people with care and support needs, **to progress into adult social care, public health and health roles**”, which could result in supported housing staff being lost to the adult social care and health sectors.

## Next steps

The government will do the following, among others, to embed these reforms:

- Consult stakeholders and set out a framework with a concise number of national priorities and approach for developing additional local shared outcomes, by spring 2023.
- Review alignment with other priority setting exercises and outcomes frameworks across health and social care system and those related to local government delivery.
- Ensure implementation of shared outcomes begins from April 2023.
- On leadership, accountability and oversight, set an expectation that by spring 2023, all places should adopt a model of accountability and provide clear responsibilities for decision making including over how services should be shaped to best meet the needs of people in their local area.
- Work with partners to develop guidance for local authorities and the NHS to support going further and faster on financial alignment and pooling (spring 2023).
- Publish a final version of the Data Strategy for Health and Care (winter 21-22).
- Ensure each ICS implements a population health platform with care coordination functionality, that uses joined up data to support planning, proactive population health management/precision public health (by 2025).
- Develop a standards roadmap (2022) and co-designed suite of standards for adult social care (autumn 2023).
- Strengthen the role of workforce planning at ICS and place levels.
- Review barriers (including regulatory and statutory) to flexible movement and deployment of health and care staff at place level.
- Develop a national delegation framework of appropriate clinical interventions to be used in care settings.

- Increase the number of clinical practice placements in social care during training for other health professionals.
- Improve opportunities for cross-sector training and joint roles for adult social care and NHS staff in both regulated and unregulated roles.

The government asks a number of questions that the NHF will discuss with our members in order to submit a sector response:

### **Outcomes**

- What role can outcomes play in forging common purpose between partners within a place or system – and can you point to examples of this?
- How should outcomes be best articulated to encourage closer working between the NHS and local government?

### **Financial**

- How can we improve sharing of best practice regarding pooled or aligned budgets?
- What examples are there of effective pooling or alignment of resources to integrate care or work to improve outcomes? What were the critical success factors?

### **Workforce**

- What are the key opportunities and challenges for ensuring that we maximise the role of the health and care workforce in providing integrated care?
- How can we ensure the health and social care workforces are able to work together in different settings and as effectively as possible?
- Are there particular roles in the health or adult social care workforce that you feel would most benefit from increased knowledge of multi-agency working and the roles of other professionals?
- What models of joint continuous professional development across health and social care have you seen work well? What are the barriers you have faced to increasing opportunities for joint training?
- What types of role do you feel would most benefit from being more interchangeable across health and social care? What models do you feel already work well?



## How to contribute to our sector response

We are in contact with DHSC and will give members the opportunity to engage with them directly through our [Supported Housing Network](#) which is open to all NHF members. If you would like to be involved in this, then please sign up to the Network and come along to our next meeting.

If you are doing any engagement on the paper locally then [please keep us informed](#) about your progress.

As ever, if you would have any questions about the health integration white paper or how to get involved in contributing to the feedback process then [please get in touch with our team](#).