Institute of Health & Social Care Management

MEMBER SURVEY RESULTS

GOVERNMENT WHITE PAPER PROPOSAL:

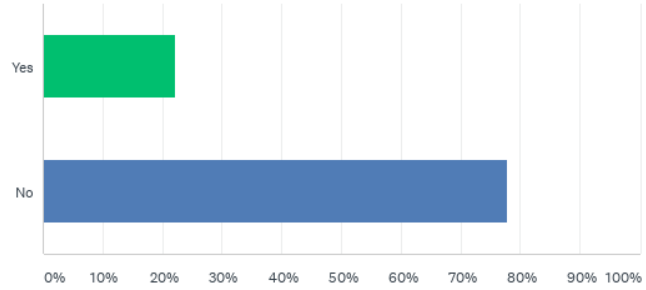
THE FUTURE OF HEALTH & CARE

IHSCM MEMBER RESPONSE

The recent Government White Paper drew a large response from commentators and sector analysts. The IHSCM commissioned a detailed survey of members to review key aspects of the proposal.

160 members responded and results were as follows:

Q1 Is it right for the Secretary of State to have power to directly configure various elements of health and social care and have the power to reconfigure when it suits him / her?



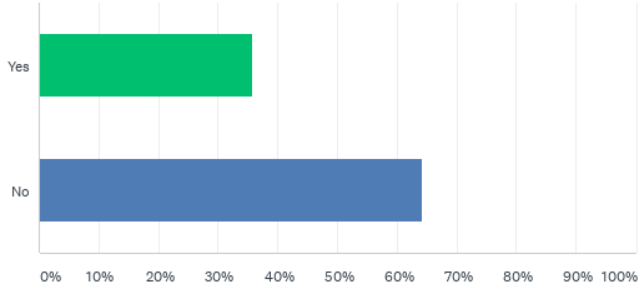
78% of respondents answered ‘no’.

Q2 Where and how do you think the Secretary of State's power should be limited?

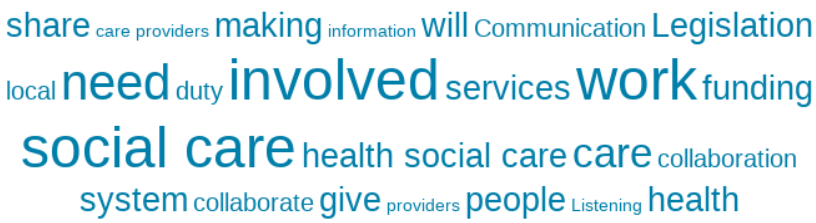
Clear proposals for where and how power should be limited included:

a. The formation of an independent body to advise and promote consultation, with power to make recommendations.
b. No fundamental policy changes without evidence of full consultation.
c. Local level advisory boards informing a national independent board.
d. Secretary of State should have a background of working in health or social care prior to government.
e. No power to hire or fire senior executives within NHSEI.
f. Parliamentary approval for any fundamental change.
g. Some kind of people's jury to address and advise on major changes.
h. Any change must either be in a manifesto or mandate.

Q3 Is a 'duty of collaboration' sufficient to guide & inform successful evolution of integrated care?



Q4 What else is required to guide & inform the successful evolution of integrated care?



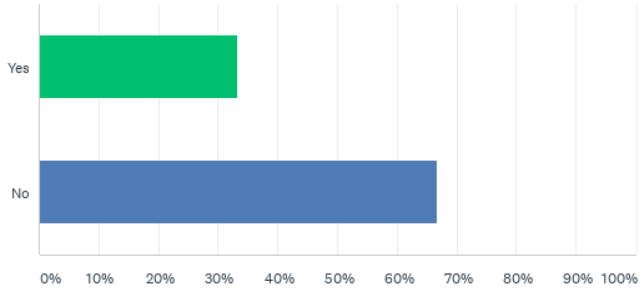
Member responses can be summarized as follows:

a. Proper evidence & data must be at the heart of decision making and planning.
b. Data must be comprehensively shared and analysis must be collaborative.
c. A refreshed approach to population health data.
d. Standardise information systems and access. Make proper interoperability mandatory for new systems and products. Make some tough decisions.
e. Boost data specification and collection from the social care sector. Invest in systems to enable this.
f. We need people who are prepared to be collaborative and involving.
g. Introduce formal legislation framework to define ICSs.

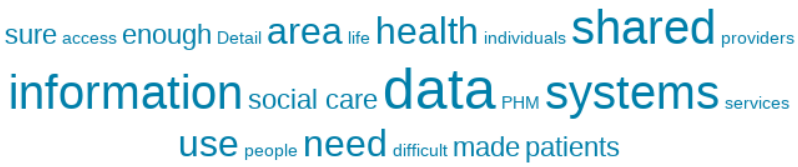
Q5 Whilst the white paper states that social care will be the subject of broader reform not contained therein, how do you think the issue of social care funding should be resolved?

There is a strong response from members advocating direct taxation for social care funding. Interestingly, there are few proposals for whether and how the structure of social care should be amended.

Q6 Do you have confidence that population health management systems and data sharing are robust enough to inform local level decision making and resolve health inequalities?



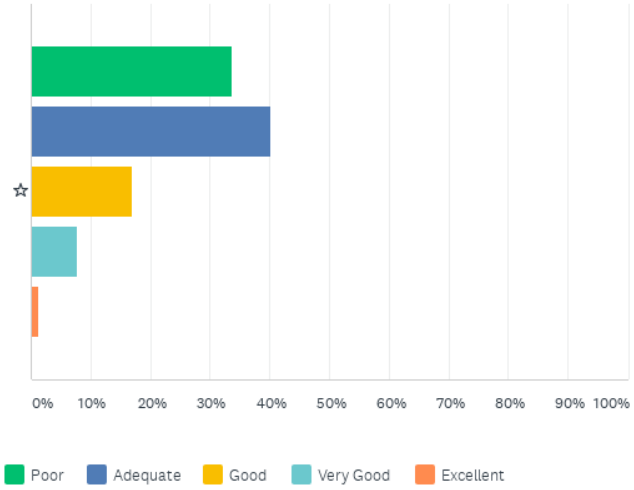
Q7 What is missing / excluded from our population health data, if anything?



Respondents added comments which can be summarized as follows:

a. Data sharing is not consistent across the country and not even across localities.
b. Too many see it as currency of control / power.
c. GDPR is used far too frequently as a reason why data cannot be shared and this is often spurious.
d. Far too much data management system variance in evidence across our area. This means incomplete data sets and difficulties with comparisons and benchmarking.

Q8 How efficient do you consider discharge planning to be in the region where you work?



The overall ranking here 2 stars out of 5. It is clear that, whilst there are high quality pockets in evidence, best practice is anything but standard. This requires a huge amount of work and focus.

Q9 How could it be further improved in the region where you work?

Respondent's answers can be summarized as follows:

a. Communication between providers of services is too often dire. It could be improved simply by clearly and firmly educating staff as to what data can and must be shared.
b. More information in advance of discharge shared about the person and their needs / anxieties.
c. No prospect of universal excellence in discharge process until social care and rehab services properly funded.
d. Introduce a 'trusted assessor' model – based on experiences of patients, families and collaborative services.
e. Domestic assessment best practice needs a much wider audience and sharing.
f. We must start with the patient needs and work back from there. Too often they are the last consideration.

Q10 How should quality be built into the new systems of service provision and delivery outlined in the white paper?

Member responses summary as follows:

a. The role of the CQC should be reviewed / overhauled. In an ICS universe their approach will not work.
b. Training needs a rethink. Too much is orientated to box ticking and becomes formulaic. Box tick = compliance needs to be overhauled.
c. Trust local decision making and monitor quality via national data sets – spot the outliers and then investigate, rather than 'one size fits all'.
d. We are clearly going wrong when companies can be paid to come in and advise on how to pass a CQC inspection. Quality is not inspection. Quality is built in systems and mindset.
e. Quality is doing the right thing for the service receiver.
f. Create aspiration, not fear. Abolish the CQC and its approach. Stop universal inspection.
g. Create standardized frameworks / templates for care allowing local level knowledge and experience to be applied.
h. We should be concentrating and celebrating the quality outcomes of care provision, not glorifying in the excellence of the paperwork we are obliged to complete.

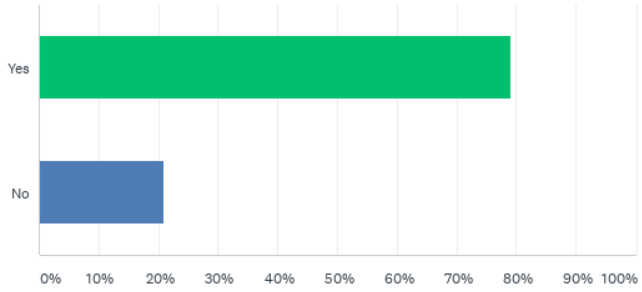
Q11 How should we resolve the skills gaps and training urgency across health & social care?

Responses can be summarized as follows:

a. Social care training is not fit for purpose. It is tired, dull and uninspiring, too often delivered by funding miners. Make training interesting and concentrate on the means and skill of delivery.
b. Step up numbers being trained, increase sub-degree level/apprentice type training and remove financial barriers in key shortage areas

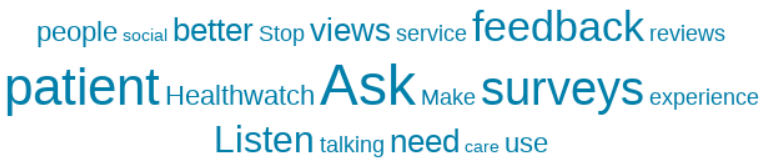
c. Centralised standardised training for all services so we level the playing field and address skills gaps with opportunities for ambassadors or champions to pursue specialisms where appropriate.
d. Ensuring that staff aren't tied to a service provider for training and not allowed to transfer or have to repeat. This causes disengagement, disillusion and extra costs.
e. Merge HEE and S4C. Replace the existing boards and oxygenate the design and delivery.
f. Make health and social care an attractive and inspiring career for young people. This particularly applies to social care.

Q12 Should HEE and Skills for care be merged?



As per the comment summary for Q11, there is overwhelming support for the merger of HEE and Skills for Care.

Q13 How can we better capture the experiences and aspirations of patients & service receivers?

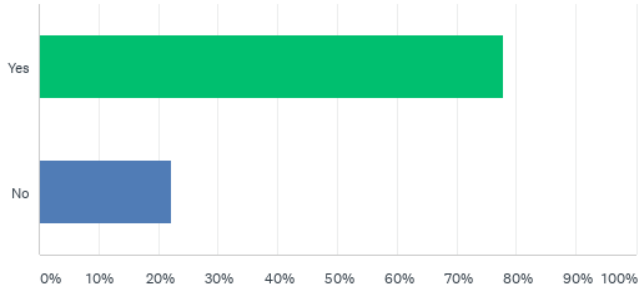


Responses summary as follows:

a. Start showing a genuine interest in patient experience. Ask a lot more. Engage and listen. Make it a core competence.
b. Use technology to increase knowledge and ease of feedback.
c. Set up a citizens' assembly in each STP / ICS. Give the assembly representation on the ICS governing board.

d. Evidence of patient consultation and means employed should be a mandatory sign-off before major reconfigurations are carried out.
e. Listen more, act less.
f. Create champions of patient experience at each board.
g. Scrap friends & family test and assuming that monitoring complaints is the answer to anything. Inspire service excellence by good leadership and thoughtful, empathetic service design.
h. Train people how to listen.

Q14 Is the abolition of competitive tendering proposed in the white paper a good change?



77% reply that it is, but this is not a clear indicator. Aspects of competitive tendering are felt to be positive – cost effectiveness measures need to be retained and, perhaps, enhanced. How to effectively procure services needs to be considered as a training opportunity.

Q15 How should the NHS and social care demonstrate & measure value to taxpayers?

Response summaries as follows:

a. Focus on prevention at least as much as recovery outcomes. Upstream improvements in health inequalities to win cost saving improvements downstream.
b. Interact and offer help before crisis has loomed. Find better ways to improve our community.
c. Review the decision to place public health under LA control. Make it a core part of ICS strategy.
d. Focus on first 3 years of life and measure determinants of future health more rigorously.
e. Revisit our education curriculum and figure out how to reach children with key health messages more effectively. Tackle obesity as a national emergency.

This survey was commissioned by Institute of Health & Social Care Management to identify responses of members to the recently published Government white paper on the future for health and social care.

March 2021