

NHS/LOCAL GOVERNMENT JOINT WORKING

Briefing Paper

A paper produced by the Department for International Development Health Systems Resource Centre

Introduction

NHS/Local Authority joint working is undergoing seismic change, as the new Labour Government elected in May 1997 acts on its commitment to "joined up" government at national and local levels in general, and to partnership working between the NHS and local government in particular.

The issue is potentially huge, so this briefing is necessarily selective. First, it deals with England only. Second, while setting out the main arguments about the decision to create a free-standing NHS, it focuses primarily on current initiatives to improve joint working between the two organisations - not least because their introduction is based on the government's belief that past approaches to joint working have, taken in the round, proved ineffective. Many of the structures and processes outlined below are very new. This briefing is therefore more descriptive than evaluative.

A National Health Service v. A Local Government Health Service

The current structure of UK public sector health and social services, and the consequent relationships between its National Health Service (NHS) and local government, are not a planned ideal but a compromise. They are the product of history, policies, politics (both professional and party politics) and sheer happenstance.

The politically charged decision to create in 1948 a free-standing National Health Service, accountable to Ministers and Parliament, rather than providing universal, free state health care through local government was based on arguments of "rationality, efficiency and equity: it was designed to be the instrument of national policies for delivering health care in a rational, efficient and fair way across the country" (Rudolph Klein, *The New Politics of the NHS*, 3rd edition, Longman 1998).

The main arguments for a National Health Service were:

- ◆ the need for a population greater than the largest local authorities to plan services for minority groups and rare conditions, and the pooling of risk
- ◆ national equality of treatment (a condition yet to be achieved in the NHS of 1999)
- ◆ the financial complexities of cross-boundary patient referrals
- ◆ public control (of voluntary hospitals) accompanying public financing of services
- ◆ the observation that, with a few notable exceptions, local authorities had not shown their ability to deliver good services.

These prevailed over arguments in favour of a local government solution based on:

- ◆ the historic involvement of local authorities in health services
- ◆ maintaining a coherent approach to health in its broadest sense
- ◆ the democratic constitution of local authorities
- ◆ local determination and flexibility rather than national uniformity.

Joint authorities were also ruled out.

The Historical Legacy

These crucial decisions have been revisited from time to time over the last 50 years but, after deliberation, have always been endorsed. The benefits of a National Health Service regarded with immense affection by the British public are seen to have outweighed the disadvantages, including the major disadvantage of dividing health responsibilities between the NHS and local government, divorcing health care from social care and distancing NHS responsibilities from wider responsibilities for closely linked areas like education, housing, the environment etc.

On the health and social care front, there has from the outset been real confusion about the boundaries between the NHS and Local Authorities. For the organisations concerned, this has left scope for denying responsibility and passing the buck. For individuals, particularly people in need of long-term care, the situation has been fraught with uncertainty - and with significant financial implications, since many Local Authority services are means-tested and charged for while NHS services are mostly free.

In 1999 the ambiguities and confusion are very much alive. The government is currently considering the recommendation of a Royal Commission on Long-Term Care that all "personal" care, including nursing care, should be free. Meanwhile an Appeal Court judgement on a test case in July 1999 ruled that the NHS is not solely responsible for nursing care but went on to say that local authority social services could provide nursing care only if it was "incidental or ancillary" to the provision of accommodation. The implications of this judgement are unclear. The Department of Health has issued interim guidance (*Ex parte Coughlan*) and promised substantive guidance by the end of 1999.

The current UK government has made explicit in a 1998 discussion document, "Partnership in Action", that **'major structural change is not the answer**. We do not intend to set up new statutory health and social services authorities". This view is not shared by the Parliamentary Health Committee: "the problems of collaboration will not be resolved until there is an integrated health and social care system, whether this is within the NHS, within local government or within some new, separate organisation. We acknowledge that such an integration would lead to an emphasis of the boundary between the health and social care body and other functions, for instance housing and education, but we believe it is the only sensible long term solution to end the current confusion".

The Need for Joint Working

The continuing commitment to a National Health Service implies a continuing commitment to finding means to ease central/local government tensions and above all to address health issues in a holistic way, and provide health and social services free of duplication, gaps and bureaucratic hurdles for the user. In the absence of support for structural change, the remedy has been seen to lie in joint working. Over the years there have been many initiatives, from broad approaches like the Joint Approach to Social Policy; to specific mechanisms like Joint Consultative Committees and joint health and welfare forums; and specific programmes like the Healthy City partnerships.

While there have been individual examples of good practice, few would claim comprehensive and sustained success for such ventures, taken in the round. The government's conclusion is that "all too often when people have complex needs spanning both health and social care, good quality services are sacrificed for sterile arguments about boundaries". And that, on the broader health front, "tackling poor health and health inequality needs the NHS and local government to take joint responsibility".

The government is therefore introducing a battery of initiatives to reinforce the values, structures and process of joint working in partnership.

Current Government Initiatives on NHS/Local Authority Joint Working

The philosophy behind these initiatives, and their location within a wider agenda of "transformation" for the NHS, are set out in a sizeable number of governmental policy documents. Those most relevant to the issue of NHS/Local Authority joint working are listed on the back page. These documents together outline a massive programme of action across central and local government boundaries.

Key amongst the initiatives to improve partnership and joint working are the following:

A Minister for Public Health

A new post of a Minister for Public Health, located in the Department of Health but with a remit to work across central and local government boundaries.

Partnership Working

The government has laid down an imperative for partnership working and integration of services to respond to the needs of the individual user, alongside a government-wide commitment to "joined up" government at national and local levels.

A Statutory Duty of Partnership

This will be reinforced by a statutory duty of partnership:

- ◆ between Health Authorities (including Primary Care Groups), Primary Care Trusts, and NHS Trusts to secure the aims and objectives of the NHS; and
- ◆ between NHS bodies and Local Authorities to secure and advance the health and welfare of the people.

Legislation for this duty was passed in the Health Act 1999.

National Priorities Guidance for Health and Social Services

The government has issued joint national priorities guidance for both the NHS and social services, rather than separate sets of priorities.

Health Improvement Programmes (HImPs)

A new Health Improvement Programme (HImP) process is from April 1999 the major planning tool for agreeing local strategies to improve both health and health care services, and improved integration with social care. It is intended to replace fragmentation with strategic integration both within the NHS, and between the NHS and other partners, most importantly Local Authorities (involving all LA departments, not just social services).

The HImP's purpose is to set:

- ◆ the strategic direction
- ◆ the framework for action on health and for commissioning services
- ◆ targets and milestones for achieving measurable improvements.

Health Authorities will take the lead in developing HImPs but will be expected to work in partnership with all local, and relevant neighbouring, NHS partners; with local authorities on social care and on wider health issues involving housing, environment, leisure, transport and education; with voluntary organisations; and with the local community. One key will be to integrate NHS/local government communication with local communities and provide greater assistance to community and voluntary bodies.

HImPS will also record in headline form the NHS' commitments on wider issues on which local authorities lead, e.g., crime and disorder, and youth justice. "Working together, NHS and local authority partners will be able to develop an increased understanding of each other's priorities and of the scope for effective joint action".

The core HImP content will cover:

- ◆ needs assessment
- ◆ resource mapping
- ◆ identification of priorities for action
- ◆ strategies for change
- ◆ a Service and Financial Framework (SaFF) for the NHS

Traditional joint planning based on "care/client" groups may give way to a more task-orientated approach, focusing on joint priorities on an annual programme basis. Local authorities' local performance plans will show how their plans link with the HImP.

Joint Investment Plans (JIPs)

The Joint Investment Plan is a key element of the HImP, designed to improve partnership working between agencies with greater transparency about current and future spending and the development of services at the health/social care interface. The JIP also links with local authority planning arrangements.

New Operational Flexibilities

Barriers to joint working are being replaced by new operational flexibilities, such as:

- **pooled budgets** between the NHS and the local authority, with a single accountable officer. However ultimate accountability links back to existing accountability arrangements for each partner authority: the Chief Executive of the NHS Executive, the Secretary of State and Parliament for the NHS, and local authority members and the local electorate for the local authority.
- **lead commissioning** with one authority able to delegate functions and transfer funding to the other to take responsibility for commissioning both health and social care.
- **integrated provision.** While there is no intention to create a situation where the NHS becomes a significant supplier of social care or vice versa, NHS Trusts and Primary Care Trusts will be allowed to provide some social care services, and social services in-house providers to provide a range of community health services (e.g. chiropody and physiotherapy) within the strategies laid down in the HImP and JIP. The establishment of Primary Care Trusts within the NHS will formally bring together NHS primary and community health services.

Joint Inspection and Monitoring

There will be arrangements for joint inspection and monitoring, for example, by the NHS Regional Offices and the Social Care Regional Offices who will jointly monitor progress in achieving common objectives (see below) and by the Social Services Inspectorate, the Audit Commission and the new Commission for Health Improvement being established in the NHS.

Health Action Zones (HAZs)

Health Action Zones are intended to be trail-blazing partnerships between the NHS, local authorities, community groups, and the voluntary and business sectors within a given area. Their aim is to develop and implement a total health strategy for their area to achieve measurable improvements in public health and in the outcomes and quality of treatment and care.

A first tranche of 11 Health Action Zones were announced in March 1998, and a further 15 in a second tranche in August 1998.

Financial Incentives

On the basis of past experience, the government believes that financial incentives to joint working can be successful in stimulating innovation and concentrating effort on specific services. At the same time it wants to see joint working as a true part of core business, with greater flexibility for authorities to transfer mainstream funds between sectors.

Co-ordination at Regional Level

The UK government's proposals for "joined up" government, and for devolution, have led to developments at regional level in England with significance for local authorities and the NHS. At this level the government has opted for structural change, with the establishment in England of:

- ◆ 8 **Regional Development Agencies** ("quangos") from 1 April 1999
- ◆ 8 voluntary **Regional Chambers** (potentially the forerunners to directly elected regional government)
- ◆ a **Greater London Authority** in 2000.

The new Regional Development Agencies provide a statutory structure to foster partnerships between local authorities, NHS bodies, business and the voluntary sector. They are mainly business-led but of their 12-15 government-appointed members, 4 must be drawn from local authorities. Essentially they will act as enablers, compiling integrated regional strategies to be implemented by local partners such as councils and health bodies.

The Regional Chambers consist of key stakeholders from the region, including members from local authorities, the NHS, training and enterprise councils, community groups and the police. While chambers currently have no statutory powers, the Regional Development Agencies are obliged to consult them and supply information before drawing up their regional strategies.

Below these strategic bodies, there is to be close operational liaison. For example, progress by NHS bodies and local authorities in achieving common objectives for the health and social services sectors will be jointly monitored by the NHS Regional Office and the Social Care Regional Office. This approach is not new of itself: they already have experience of joint monitoring (e.g. of mental health services, continuing care and winter pressures). But the government wants to see closer and more integrated working between the two regional offices, for example:

- ◆ regular joint reviews of key performance assessment criteria and
- ◆ monitoring a joint strategy for workforce education and development across both health and social care sectors.

Joint Working at National Level

At national level, the NHS Executive (itself formally part of the Department of Health) has responsibility for the NHS contribution to partnership and social care. For personal social services, the actual delivery of care is the statutory responsibility of local government through its 150 local social services authorities. However, the Department of Health's Social Care Group is responsible for setting objectives, developing the policy, legislative and strategic framework for services, and inspecting services. A new **Joint Health and Social Care Unit** has been established in the Department of Health to co-ordinate policy on joint working.

More broadly Government Ministers and officials meet representatives of the Local Government Association (LGA) on a regular basis and there is a formal top-level forum, the **Central-Local**

Partnership Meeting, where LGA leaders meet Cabinet and other key Ministers to discuss issues affecting local government, including future policy.

There are also various mechanisms to foster joint - and indeed multi-Department - working on specific issues. For example, **Sure Start** is a cross-Departmental programme designed to improve support for families and children before and from birth. Its Ministerial Steering Group is chaired by the Minister of State for Public Health. Other cross-cutting policies involving health include the criminal justice system, drug misuse, social exclusion, house building and environmental pollution.

Evaluation

This paper summarises the key elements in a massive programme of change in joint working between the NHS and local government. Amid the flurry of new acronyms and admonitions, there can be no doubting the seriousness of the government's commitment to tackle the broad health agenda and the delivery of health and social care in a more effective way through partnerships and integration. The first steps - Health Improvement Programmes, Joint Investment Plans, Primary Care Groups, Health Action Zones, and operational flexibilities - are now in place. But they are too new for any serious assessment of their likely impact.

If they are to be more successful than past attempts, structural and process change will need to be accompanied by major attitudinal change.

A recent piece of research for the DETR, *Cross-Cutting Issues Affecting Local Government*, found "a real shift towards change and considerable positive action on cross-cutting issues at local level. There remain difficulties, however, and even "good practice" localities are struggling. Positive drivers towards integrated action at national and regional levels seem weaker. Departmental compartmentalism remains strong in Whitehall, while inside local authorities strong departments claim most resources for mainstream and statutory responsibilities, driving cross-cutting issues to the margin".

So differences in culture and indeed in finance and accountability systems could still impede attempts to break down the barriers, despite the potential benefits – for users, carers, communities and citizens.

List of Key Government Documents

The New NHS: Modern, Dependable, Cm 3857 London 1997

Modern local government - in touch with the people, Cm London 1998

Modernising Social Services, Promoting Independence, improving protection, raising standards
CM 4169 London 1998

Our Healthier Nation: Saving Lives CM 4386 London 1999

Partnership in Action (new opportunities for joint working between Health and Social Services) A discussion document Department of Health London 1999

Health Act 1999

Modernising Health and Social Services National Priorities Guidance 1999/00 - 2001/02
Health Services Circular (98) 159, LAC 1998/22

Health Improvement Programmes- Supporting Guidance

Health Service Circular (98)167 October 1998

With respect to old age: Long term care - rights and responsibilities. Report by the Royal Commission on Long Term Care. Sutherland S et al, 1999

Ex parte Coughlan: follow up action <http://tap.ccta.gov.uk/doh/coin4.nsf>

Government response to the first report of the Health Committee on the relationship between Health and Social Services CM 4320 London 1999

Cross Cutting Issues Affecting Local Government,
Department for the Environment Transport and the Regions, The Stationery Office 1998.

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