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LESSONS FROM COMMUNITIES, HEALTH AND SOCIAL CARE IN ENGLAND - WHO SHOULD FLY THE PLANE?

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1. INTRODUCTION: THE CONCEPT OF COMMUNITY

My background

This includes, amongst others:

- Former Provost/Chief Executive at University Campus Suffolk and Deputy Vice Chancellor at University of Lincoln, UK.
- Widely published and involved in funded research projects nationally/internationally on professions, health and social care.
- Member/chair of many NHS health committees – from changing workforce to research and development.
- Advised governments and professional bodies on health and social care.

My ‘community’ consciousness

Most significantly in terms of my background in the community hub context is that I was Dean of the Faculty of **Health and Community Studies** at De Montfort University and have a current Visiting Professorship in **Health and Community Studies** at the University of Lincoln in the UK.

I am therefore very interested in **community** and the notion of **community hubs** that have increasingly emerged as politically favoured in Ontario to enhance health and wellness and promote collaboration – supported by the Premier of Ontario.

The meaning of community

Community can mean many different things, but usually refers to people sharing common characteristics, beliefs and attitudes who may or may not live in the same place.

As such, its scope may vary, for example there are:

- National communities
- Professional communities
- Local communities.

Here we are talking about the latter in relation to community hubs – although these are necessarily linked to wider communities, such as professions and government.

Community hubs

The focus is therefore on community hubs that serve diverse needs in health and social care **locally**, close to where people live – coordinating services such as education, health and social services for the benefit of the wider community.

It is not surprising therefore that a number of community hubs have sprung up in:

- Ontario (eg Bathurst-Finch, Toronto)
- Canada (eg Genesis Centre, Calgary).

They have also developed in the wider international context (eg in Nottingham in England).

Oversight of community hubs

Community hubs will be overseen by the Community Hub Framework Advisory Group which will:

- Gather input from Ontarians
- Foster partnerships among community organisations and other groups
- Consider best practice in Ontario and elsewhere.

It aims to ensure that coordinated public services through community hubs will better meet the needs of groups from children to seniors.

Crucially, this means trying to avoid the ossified politics of government bureaucracy and the professions which can obstruct change.

Benefits of community hubs

Community hubs as so cast may take many forms. By bringing together different services, providers and users in dealing with complex needs there are many potential advantages:

- Overcoming health fragmentation
- Promoting integration of diverse services
- Joining up health and social care
- More efficient delivery of services
- Addressing rising public costs of care
- Leveraging community resources
- Empowering communities
- Solving local problems/issues
- Personalised, user focused, care.

The downside of community hubs

Community based approaches, though, can also have **disadvantages**:

- They may offload wider state responsibility
- No new resources may be forthcoming to make the necessary changes
- There may be pragmatic/political problems in joining up services
- Professions may self-interestedly protect resources, including their own position
- This may make hubs more time consuming and challenging in terms of communication.

I highlight the challenges by first looking at issues of inter-professional collaboration – which are both national and local in scope.

2. INTER-PROFESSIONAL WORKING TO PROMOTE HEALTH

Factors affecting the implementation of interprofessional working

Despite the potential desirability of interprofessional working, it has **all too rarely been achieved in practice** in the community.

This is because its implementation in the community is **dependent on many factors**:

- The attitudes of key players
- Management policies
- Educational support frameworks
- Organisational structures
- Level of leadership available
- The will of professional bodies.

Traditional views of professions

Professions have traditionally been seen as:

- Differing from other occupational groups
- Possessing unique bodies of expertise
- Using their knowledge for the public good
- Acting rationally and objectively.

In this framework, based on the ideologies of professional bodies, professions are held to **facilitate inter-professional working** when it is of benefit to society and/or clients.

However, this view has increasingly been challenged…

The critique of professions

Recent critics view professions as:

- Self-seeking monopolies in the market
- Insufficiently accountable/responsive
- Having a mystified knowledge base.

Despite their altruistic ideologies, critics doubt whether professions engage productively in inter-professional and other collaborations given their group self-interests.

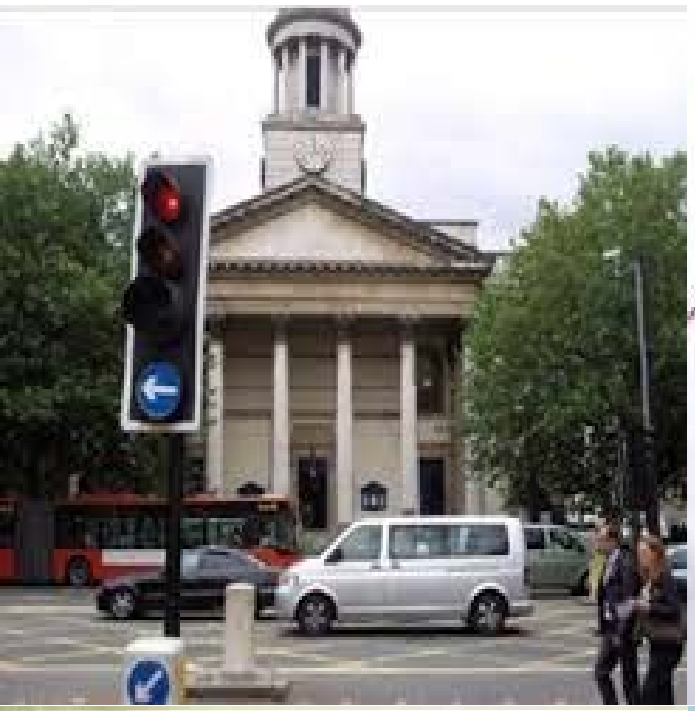
This is reinforced by their **self-regulatory autonomy** in Ontario and England which can be used **to block engagement with other professions and the public**.

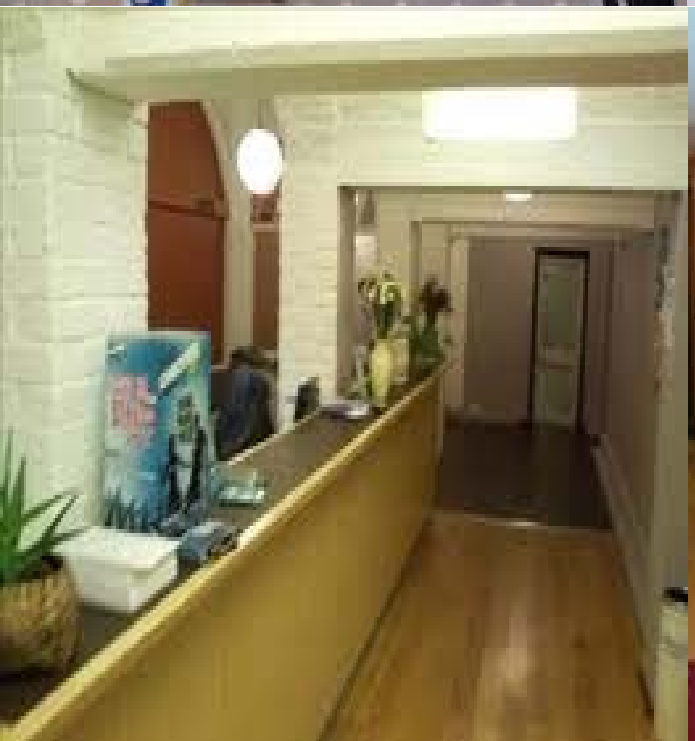
Example of a community hub with inter-professional good practice

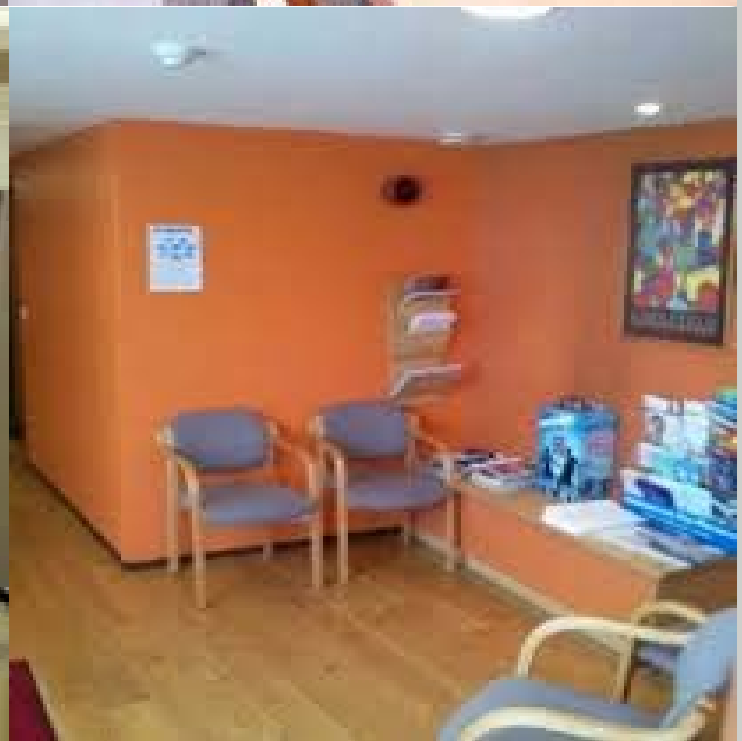
This highlights why the working of community hubs is not simply a matter for local implementation, but it can happen…

One example of local implementation of a collaborative approach from England is the **Marylebone Health Centre** in London where the following groups work with local users in the NHS collaboratively and responsively to serve high needs and other populations:

- General practitioners
- Social workers
- Counsellors and psychologists
- Complementary and alternative medicine practitioners.







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Why is the Marylebone Centre an example of good practice?

The reasons include:

- There is a coordinated approach.
- Doctors are not dominant.
- Practitioner hierarchies are limited.
- There is a spirit of collaboration.
- The environment is holistically supportive.
- It is user and carer focused.
- It is linked to research and education.
- It has proved sustainable over many years.

Community initiatives and the role of government

I shall now share with you the experience of community based approaches in **integrating health and social care** at different levels in **England**.

You will see that the role of the national government has been critical in proactively helping to ensure **positive and collaborative forms of health and social care delivery in the community.**

As in the Marylebone case, though, **it may not have yet gone far enough** in terms of the engagement of users and informal caregivers.

Putting professions in perspective

In all this it should be stressed that – while professions remain influential – **community hubs** have in part been established **to evade their power.**

Indeed, much of what happens at the local community level takes place because of **unregulated groups** like personal support workers, unpaid caregivers and volunteers.

Therefore, if community hubs become more important, professions may see them as a **threat** to their income, status and power – and may try to find ways of **stopping** or **appropriating** them.

3. COMMUNITY INTEGRATION IN HEALTH AND SOCIAL CARE IN ENGLAND

The challenges in health and social care in England

The nature of the challenges to health and social care in England are similar to those in Ontario:

- Economic recession
- Funding limits for health and social care
- Ageing population
- Rise of long-term conditions
- Increasingly expensive technologies
- Spiralling costs of care
- Commitment to equality and diversity
- Desire for personalised care
- Professional services that do not join up.

Addressing the challenges

There are many ways in which these challenges have recently been addressed at both national and local level by the government in England, such as by:

- Capping the budget for the NHS
- Developing evidence-based health care
- Improving regulation of health professionals
- Focusing on enhanced outcomes
- Extensively using performance indicators
- Expanding the use of private care
- Increasing the use of unregulated workers.

Community integration as a way forward

A further key way of addressing the challenges has been through the **2012 Health and Social Care Act** of the Coalition government which has increased the focus on community integration at national and local level.

This has brought health and social care together in many ways, including integrating health and social care and encouraging inter-professional working in the community – driven more from the ground up.

Coalition policy: The Big Society

Here the current government from 2010 onwards formally looked to create more collaborative de-regulation and devolution in relation to professions and other services in the '**Big Society**' centred on:

- Giving communities more powers
- Encouraging people to take an active role in their communities
- Transferring power from central to local government
- Supporting co-ops, charities and social enterprises.

This was seen as creating an alternative to a traditional command and control economy.

The integrated health and social care agenda

Following on from this, the **2012 Health and Social Care Act** established integrated devolution of power to the public and professions through, for example:

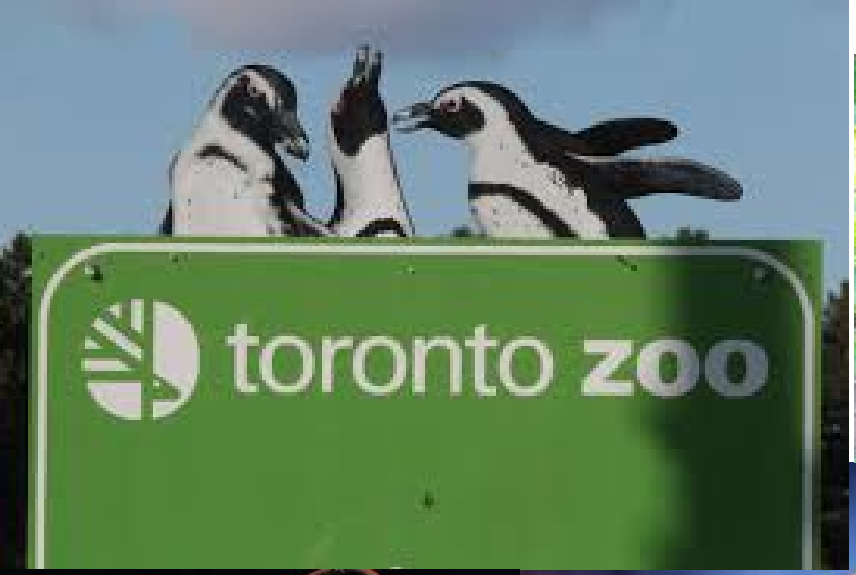
- More patient choice of health professionals.
- General practitioners in primary care having the lead for Clinical Commissioning Groups.

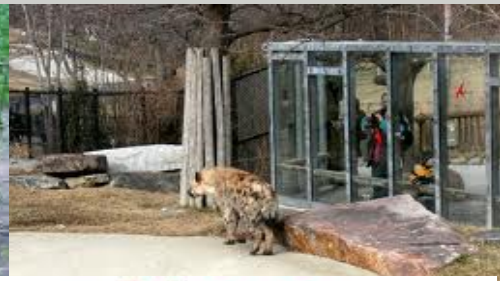
Recent changes in health and social care have increased inter-professional working in the community through the founding of:

- The **Professional Standards Authority for Health and Social Care**
- The **Health and Care Professions Council**
- Local **Health and Wellbeing Boards**.

From zoos to safari parks

- In terms of the changing landscape, in England in health and social care we are now metaphorically seeing a shift away from the **zoo**, where professions historically built their own separate enclosures.
- This shift has more recently been in the direction of a **circus** where the government has increasingly acted as a ringmaster in regulating professions.
- More excitingly, there have been increasing moves to encourage inter-professionalism which signals the emergence of a **safari park** – even if users are still a largely passive audience in the safari park





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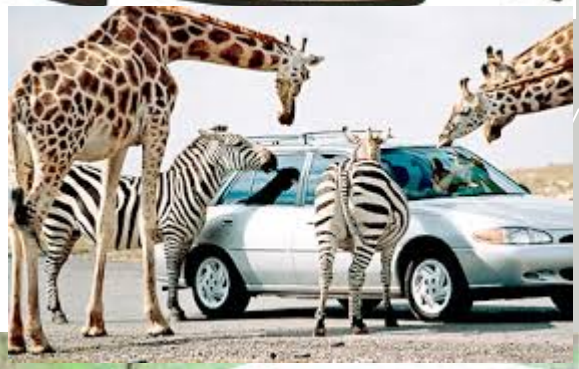

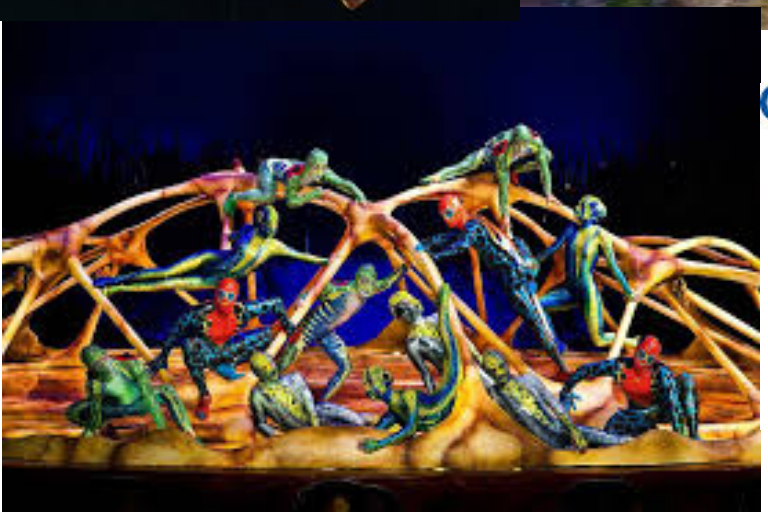

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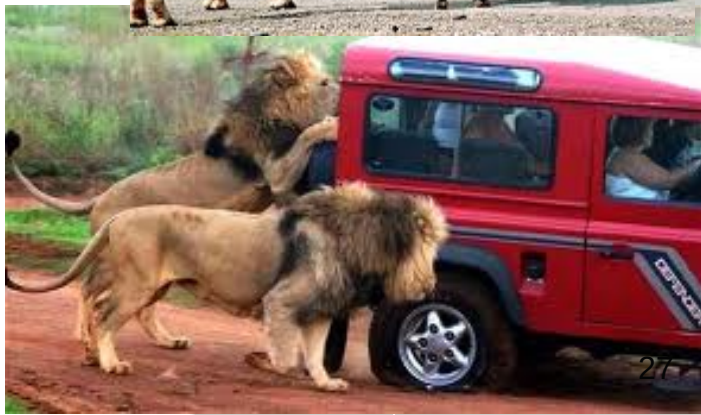
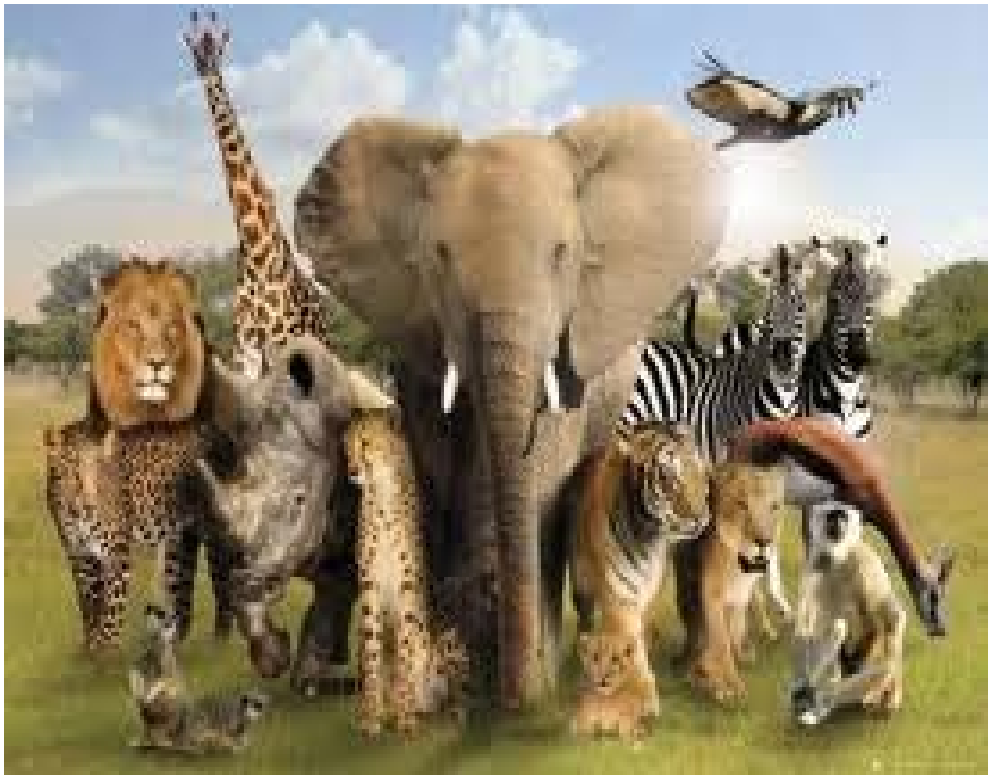
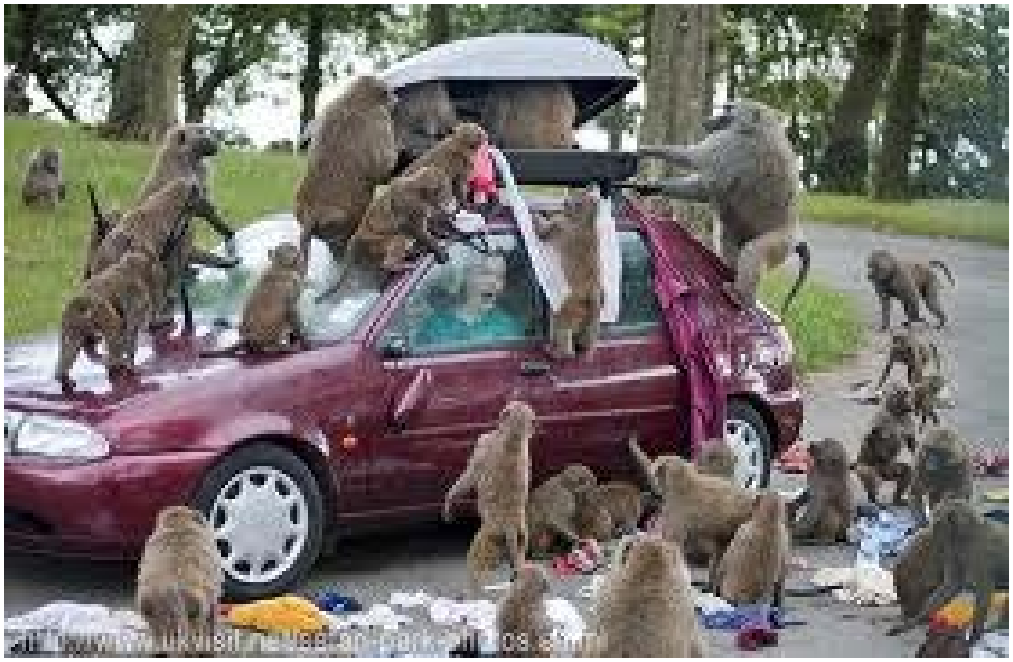


All animals together in an idyllic community safari park



A dysfunctional safari park



However things can still go badly wrong in a safari park especially if professional self-interests are not properly controlled and oriented to the community good…

4. THE CRITIQUE OF COMMUNITY HEALTH AND SOCIAL CARE POLICY IN ENGLAND

The Big Society?

The government has endeavoured to enhance **the regulation of health and care professions** so they are more likely to serve the community interest.

However, it has been criticised as thinking is still constrained by a **biomedical model** – from which there needs to be a further departure, if health rather than health care is to be enhanced.

This is illustrated by the current government's innovative notion of the Big Society. Here **radical devolution and ground up initiatives at community level** seem to have largely disappeared in practice in the last 2-3 years – including in the NHS.

The Institute for Public Policy Research Report

In this vein, a critical report entitled The Generation Strain emerged in 2014 from IPPR, a charity based in London.

It argues that we need to transform our understanding of care in the community to lead good lives and reduce demand for services – especially for an ageing population.

It praises **Neighbourhood Networks** that have grown up in some parts of the country. These help to keep older people socially and physically active and reduce pressure on local NHS and social care services – such as hospitals, homecare and residential care.

Limits on community developments

However, the IPPR report notes England still **lags behind** countries like Germany and Japan in cultivating popular local networks for mutual support on a national scale. Here:

- The federal government in **Germany** has funded the development of community spaces to support daily activities for older people, alongside other age groups.

- On a recent visit to **Japan** I saw for myself the community hubs that were created for the elderly in terms of keeping them active and socially engaged – as showcased in the report.

The IPPR Plan to Build and Adapt

The IPPR report argues that we must move to:

- **Build** new community institutions capable of sustaining us through the changes ahead.
- **Adapt** the social structures already in place, such as family caring, public services, workplaces and neighbourhoods.

This will require **funding** and a **new role for government** to establish partnerships with families and communities rather than increasing traditional service delivery.

Despite the greater integration of health and social care services to better use resources, current Coalition plans are not felt to be far reaching enough.

The need for further development

The IPPR report therefore argues that in this respect the role of the state requires **further development**.

This is needed to give more power to people and institutions:

- To improve their own wellbeing
- To support each other
- To prevent care needs arising.

However, this is not a lobby for the withdrawal of the state, but a call for **more state funding** and other support to make it easier for people to **offer** and **ask** for help within the Big Society.

Moving forward

The main IPPR report recommendations are:

1. New **neighbourhood networks** to help older people stay active and healthy and busy families balance work and care.
2. **Care coordinators** providing a single local of contact point for all but complex care.
3. A **shared budget** to enable those using community care to arrange this collectively.
4. Stronger **employment rights** for carers of those who need 20+ hours of care a week, to make it easier to combine work and care.

The case of Manchester

It may then be good news that it has recently been publicised by government that Greater Manchester is to be the first English region to get **full control of its health spending**, as part of an extension of devolved powers.

The £6bn health and social care budget is to be taken over by the region's councils and health groups in April 2016.

Direct control will come under the **Health and Wellbeing Board** – working with Clinical Commissioning Groups and others.

If it works, the initiative could be extended to other urban areas like Birmingham and Leeds.

An evaluation of the Manchester initiative

The government hopes integrating health and social care services locally in Manchester will ease pressure on hospitals and improve home care services – providing a strike for local democracy.

But opponents of the government believe it runs the risk of a ‘Swiss cheese’ NHS where some parts of the system are operating to different rules or have different powers and freedoms.

Aside from the possible break up of a genuinely national health system, this case raises issues of consistency and equity across England.

The challenge

There are therefore challenges of moving away from historical patterns of doing business and moving towards community hubs.

This includes challenges from the power and interests of the **health and care professions** – as well as the **appetite of government** in England for more radical change.

An illustration of the conflicts involved is that in relation to Manchester the health professions and the NHS fear **local councils** may try to take the large local devolved budget for their own ends.

5. THE IMPLICATIONS FOR INTEGRATED COMMUNITY HUBS IN ONTARIO: WHO SHOULD FLY THE PLANE?

The positive aspects of community hubs

Community hubs have many virtues. They could act as a fulcrum in bringing **inter-professional care** together as a reality in synergy with **user interests** and as a counter to **silo-based professions** in Ontario.

The potential of community hubs to empower local communities by providing **resources** and **autonomy** to lever local capacity and innovate in the public good is great.

As such, in moving from health care to health they can bring **greater integration, efficiency** and **cost saving** at local level – as well as enabling us to lead even better lives into our old age.

The bear traps

However, whether in England or Ontario, it must be asked whether community hub initiatives simply produce more of the same, with a few changes around the edges.

They may in this sense follow Starr's **conservative assimilation of reform**, where the players change but resources are still mainly tied up in a biomedical model.

Worse still community hubs could simply turn out to be a bid by a cash-strapped government to **load dump**, while passing on responsibility to others for health outcomes to **avoid blame**.

So who should fly the plane?

Leadership is a crucial question if we are to move from health care to health through community hubs.

So metaphorically should the pilot of the plane to take us there be:

- Government
- Doctors
- Nurses
- Social workers
- Users?

Solo flight?

If we are going to move forward solo flight is not the answer. We need co-pilots working in partnership. They also need to fly at a number of different altitudes to reach their destination.

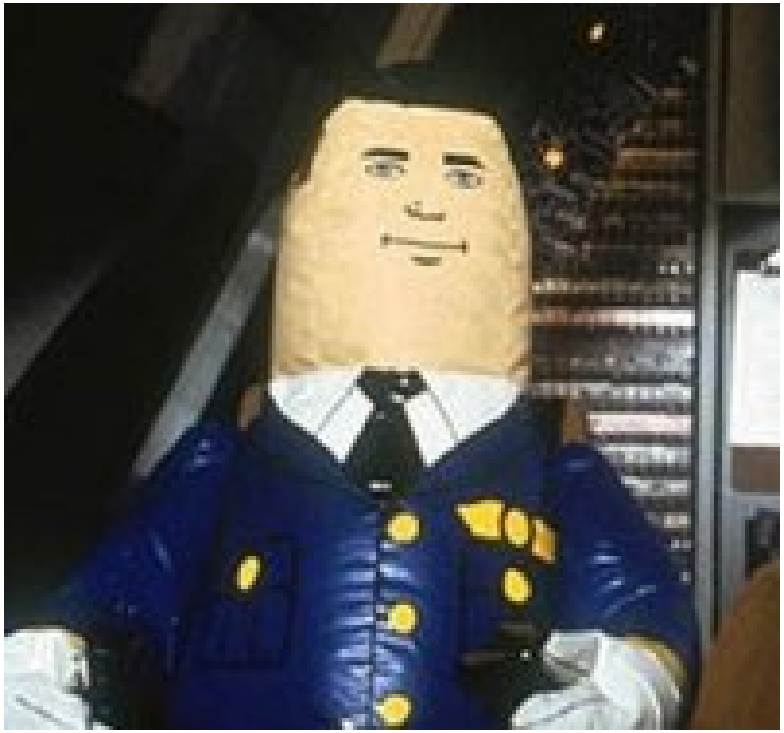
What else do we need to fly?

Importantly we also need the following:

- A flight plan so we know where we are going – preferably a warm and exciting place.
- Fuel (or resources) in order to fly, particularly in cash-strapped areas.
- Plane passengers will each need to pay a different price for their seats – with significant government funding and others (eg family carers) contributing in kind.
- A parachute for a soft landing in case specific community hubs do not work out!

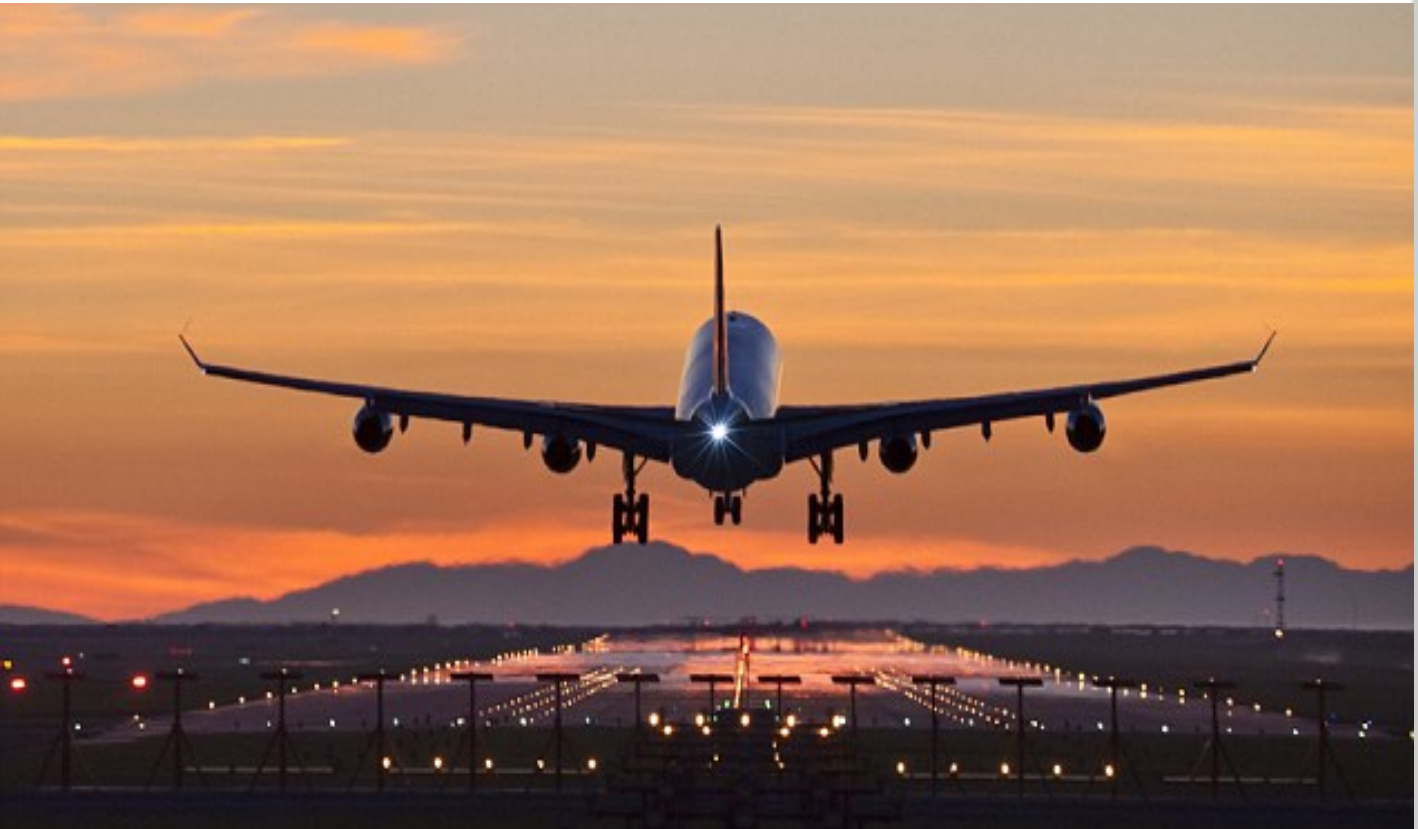
The alternative path

Crucially, if we continue on the current professional silo-based and top-down flight path with little user involvement, **no one will be there to pilot and land the plane**!



Making a (relatively) safe landing

Community hubs and the integration they provide therefore deserve our in principle support – in the current turbulent health and social care conditions on both sides of the Atlantic!



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