



House of Commons
Committee of Public Accounts

Interface between health and adult social care

Sixty-Third Report of Session 2017–19

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 10 October 2018*

The Committee of Public Accounts

The Committee of Public Accounts is appointed by the House of Commons to examine “the accounts showing the appropriation of the sums granted by Parliament to meet the public expenditure, and of such other accounts laid before Parliament as the committee may think fit” (Standing Order No. 148).

Current membership

[Meg Hillier MP](#) (*Labour (Co-op), Hackney South and Shoreditch*) (Chair)

[Bim Afolami MP](#) (*Conservative, Hitchin and Harpenden*)

[Douglas Chapman MP](#) (*Scottish National Party, Dunfermline and West Fife*)

[Sir Geoffrey Clifton-Brown MP](#) (*Conservative, The Cotswolds*)

[Chris Evans MP](#) (*Labour (Co-op), Islwyn*)

[Caroline Flint MP](#) (*Labour, Don Valley*)

[Luke Graham MP](#) (*Conservative, Ochil and South Perthshire*)

[Robert Jenrick MP](#) (*Conservative, Newark*)

[Gillian Keegan MP](#) (*Conservative, Chichester*)

[Shabana Mahmood MP](#) (*Labour, Birmingham, Ladywood*)

[Layla Moran MP](#) (*Liberal Democrat, Oxford West and Abingdon*)

[Stephen Morgan MP](#) (*Labour, Portsmouth South*)

[Anne Marie Morris MP](#) (*Conservative, Newton Abbot*)

[Bridget Phillipson MP](#) (*Labour, Houghton and Sunderland South*)

[Lee Rowley MP](#) (*Conservative, North East Derbyshire*)

[Gareth Snell MP](#) (*Labour (Co-op), Stoke-on-Trent Central*)

Powers

Powers of the Committee of Public Accounts are set out in House of Commons Standing Orders, principally in SO No. 148. These are available on the Internet via www.parliament.uk.

Publication

Committee reports are published on the [Committee’s website](#) and in print by Order of the House.

Evidence relating to this report is published on the [inquiry publications page](#) of the Committee’s website.

Committee staff

The current staff of the Committee are Richard Cooke (Clerk), Laura-Jane Tiley (Second Clerk), Samir Setti (Second Clerk), Hannah Wentworth (Chair Liaison), Ameet Chudasama and Carolyn Bowes (Senior Committee Assistants), Zainab Balogun and Kutumya Kibedi (Committee Assistants), and Tim Bowden (Media Officer)

Contacts

All correspondence should be addressed to the Clerk of the Committee of Public Accounts, House of Commons, London SW1A 0AA. The telephone number for general enquiries is 020 7219 6593; the Committee’s email address is pubaccom@parliament.uk.

Contents

Summary	3
Introduction	4
Conclusions and recommendations	5
1 Delivering government’s plan for integration	8
Overall plan	8
Legislative Framework	9
NHS vanguards	10
2 Improving integration locally	12
Accountability and transparency	12
Leadership	13
Integrated Workforce	14
Formal Minutes	16
Witnesses	17
Published written evidence	18
List of Reports from the Committee during the current session	19

Summary

There is widespread consensus that integration and joint working is the right way forward for the health and social care system to deliver the best and most effective outcomes for people and their families. Financial pressures and an ageing population have increased the need for joined-up working, with local authorities reducing real-terms spending on adult social care by 5.3% between 2010–11 and 2016–17, while the number of people in England aged 85 and over rose by 28% between 2006 and 2016. There are examples across England where integrated working has been successfully applied. But it is a long way from being in place everywhere, with a range of longstanding legal, structural and cultural barriers hindering the pace and scale at which change can happen.

There has been a lot of discussion within government over how to support and accelerate the integration of health and social care. In the past 20 years alone, there have been 12 white papers, green papers and consultations, and five independent reviews and consultations. However, the government still lacks an effective overall strategy or plan to achieve its long-held aim to integrate these two sectors. The renaming of a Government department is a sign of intent but with local authorities squeezed (as the Committee made clear in our report on the financial sustainability of local authorities) there is no realistic prospect of progress.¹ Without this progress, people are at risk of not getting the joined-up, co-ordinated care they need, which could lead to poorer outcomes.

Introduction

People with social care needs also have healthcare needs; good social care can prevent ill health and speed up hospital discharge. The health and social care sectors need to work closely to provide people with joined-up, efficient care. However, the sectors differ markedly in their structure, funding and culture. The NHS commissions and provides healthcare services that are largely free at the point of use. Local authorities commission social care from a range of mainly private providers. Social care services are means-tested, with many people funding some or all of their care. The NHS and social care operate under different legislation, and therefore different financial decision-making and accountability regimes. The Department of Health and Social Care (the Department) is responsible for policy relating to health and adult social care in England, while the Ministry of Housing, Communities and Local Government (Ministry) is responsible for the local government finance and accountability systems. The accountability for the NHS at a national level lies with NHS England and the Department.

Conclusions and recommendations

1. **Despite continued efforts for over 20 years to integrate health and social care services, the government is still experimenting with ways to join up care and agree on what local areas should be doing to achieve the government's aims.** The Department and the Ministry of Housing, Communities and Local Government have developed and supported various initiatives to join up health and care services over this period, including introducing new care models through the NHS vanguards. But the Department told us that too many initiatives have not made enough progress and that models have been developed to suit local circumstances, meaning it cannot easily mandate other areas to adopt them. The Department has made limited progress in making integrated health and social care possible. It has set out a high-level vision for what integrated health and social care should look like, secured additional NHS funding and committed to a 10-year plan for the NHS. We have previously reported that the adult social care sector is in a precarious state because of long-term underfunding, yet the government has no similar additional funding or plan in place for social care. Local authorities will have to wait until the 2020 Spending Review to get clarity on future funding, including what will happen to the Better Care Fund, a pooled fund between the NHS and local government. The Government repeatedly tells us that it has increased social care funding but this is largely through council tax increases which produce differential incomes in different areas.

Recommendation: *The government should, by April 2019, set out a costed 10-year plan for social care to go alongside its 10-year plan for the NHS (expected in November 2018).*

2. **The current legislative framework makes it unnecessarily difficult for local areas to pool funds and work together, causing additional cost and wasted resources.** Legislation currently emphasises the need for individual organisations to balance their books. But this does not support efforts to spend co-operatively. Another barrier is the complex funding system in place for social care, with NHS England describing at least five separate funding streams and four sets of arrangements for means-testing. The Department told us that it has created the right framework to consider simultaneously the legal, accountability and other barriers to integration. The Department is due to publish a green paper on funding social care for older people in November 2018 to align with the NHS 10-year plan. NHS England will then, at the request of the Department, consult on the legislative changes needed to accelerate progress on this 10-year plan. The Department also accepted that there is a set of practical improvements that it can make now without additional significant legislative change.

Recommendation: *The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government should ensure that their 10-year plans and the social care green paper address the challenges to integration presented by fragmented funding and separate means testing affecting people who receive adult social care, including consideration of any legislative change needed.*

3. **NHS vanguards have shown early promise but they risk becoming yet another short-lived initiative, supported at the start but then not adopted as widely as**

intended. NHS England told us that vanguards have been successful against two key measures—on slowing down growth in the number of emergency admissions to hospital, and on providing a return on investment. However, by December 2017 vanguards had fully implemented, on average, only one-third of a new care model framework across their respective geographic areas. NHS England has now stopped providing central financial and programme support for the vanguards, although it told us that, alongside NHS Improvement, it is looking at what resources it can redirect to support local areas to adopt new care models. The vanguard programme typically supported local initiatives that were already being developed to some extent rather than being entirely new models. The Department accepted that it could take longer to embed new care models in areas where there are no existing developments to build on. We have previously reported, however, that spending on the vanguards has been less than one tenth of 1% of the NHS budget. Money intended for transforming services has instead been spent on keeping hospitals running day-to-day. The Department told us this meant integration has progressed more slowly than envisaged. It is unclear whether these other areas will get the financial and programme support they need.

Recommendation: *In its 10-year plan, NHS England should set out how it will support the national rollout of new care models, including how it will accelerate take-up in local areas showing the slowest progress.*

4. **There is a profound lack of transparency and accountability in local health and social care systems.** In 2016, clinical commissioning groups, trusts and local authorities formed sustainability and transformation partnerships to develop and push forward strategic health and social care planning in local areas. As we noted in March 2018, some of these have now evolved into integrated care systems. The Department told us that it expects these partnerships to provide the structure for integrating health and social care. NHS England similarly told us that the partnerships supplement current mechanisms for overseeing and delivering efforts to join up care. However, we are concerned that they are instead side-lining the current local statutory mechanism, namely health and wellbeing boards. We are also concerned that the public are not yet familiar with what partnership area they live in or what information may be available for them to assess their partnerships' performance. NHS England publishes performance data for partnerships each July, to go alongside performance measures for individual commissioners and quality ratings for every provider. However, this is a confusing myriad of structures and information for the general public to understand, particularly when not published in the same place.

Recommendation: *By December 2018, the Department, Ministry and NHS England should set out how accountability will work both locally and nationally under new integrated care system arrangements, and how the public can find out about progress on integration and the performance of the health and social care system in their local area.*

5. **The quality and effectiveness of local health and social care leaders is variable, which makes it difficult for them to drive system-wide improvements in commissioning and service delivery.** The Department told us that local leadership is often the biggest factor in determining whether a local area has progressed with

integration. We heard examples of where leadership is effective in driving the NHS and local government to work well together, such as Bradford and Greater Manchester, but these are too few in number. However, in some local areas it can be difficult to identify who is leading the system, and how, and progress can stall due to turnover of staff. Locally the mix and will of personalities is crucial, and there are not sufficient incentives to make leaders work together. The different regulatory regimes mean that these are often perceived to be a barrier to co-working. For the Better Care Fund, the Departments and NHS England mandated local areas to apply a high-impact model and restricted funding until they saw progress in local efforts to tackle delayed transfers of care from hospital. However, the independence that local authorities have through local democratic accountability makes this approach difficult to apply repeatedly without damaging local relationships. The Department acknowledged that it is important that national bodies seek out alternative ways of developing good leadership, particularly aligning incentives to encourage joint working.

Recommendation: *The Department, Ministry and NHS England should write to the Committee by December 2018 to set out how they will develop and support local leadership consistently.*

6. **There is a wide gap in pay and career structure between people who work in the NHS compared with social care.** We have previously reported that the social care workforce suffers from low pay and low esteem. This discourages NHS staff from working in social care and makes integrating the two workforces problematic. We remain concerned that the Department and the Ministry are not doing enough to tackle the difference in pay between the two sectors. Other factors, such as difficulties in transferring pension arrangements across the health and social care sectors, also discourage closer integration. In autumn 2018, the Department and Health Education England will publish a workforce plan that will set out requirements across both the NHS and social care workforces for the first time. We criticised the draft version of this plan, published in December 2017, for lacking detail and suggestions on how issues in the social care workforce could be tackled. We are keen to see how the Department has addressed these failings in the final plan.

Recommendation: *The Department should ensure its workforce plan addresses the previous criticisms made by the Committee and make sure it tackles the longstanding barriers between health and social care, particularly disparity in pay and conditions and the transfer of pension arrangements.*

1 Delivering government's plan for integration

1. On the basis of two reports by the Comptroller and Auditor General, we took evidence from the Department of Health and Social Care (the Department), the Ministry of Housing, Communities and Local Government, and NHS England about the interface between health and social care.²

2. Financial pressures and an ageing population have increased the need for joined-up working between health and social care. Between 2010–11 and 2016–17, local authorities reduced real-terms spending on adult social care by 5.3%. Between 2006 and 2016, the number of people in England aged 85 and over rose by 28%, and is projected to increase by a further 90% by 2036. Joint working aims to ensure that people receive the right care when and where they need it, in a coordinated way that minimises duplication of effort and removes the inefficiencies of a system that delivers healthcare and social care separately.³

3. Better joint working between health and social care has been a government objective since the Health Act 1999, but progress has been patchy and inconsistent, partly because it is difficult to achieve and partly due to shifts in policy focus. In the last 20 years, there have been 12 white papers, green papers and consultations, and five independent reviews and commissions. Recent policy has given fresh impetus to the drive to better coordinate and integrate services across health and social care. In the Spending Review 2015, the government made a commitment to integrate health and social care services across England by 2020. In 2014, the NHS in England published the Five Year Forward View, its vision and strategy for the NHS. The strategy identified a £30 billion gap between patients' needs and the resources available to meet them by 2020–21, and highlighted the challenge of meeting the increasing ongoing care needs of patients with long-term health conditions. To meet this challenge, the strategy set out initiatives to integrate health and social care services around the needs of the individual, such as integrating the various strands of community services together and moving specialist care into the community.⁴

Overall plan

4. The NHS commissions and provides healthcare services that are largely free at the point of use. Local authorities commission social care from a range of mainly private providers. Adult social care is means-tested, with many people funding some or all of their care. The NHS and social care operate under different legislation, and therefore have different financial decision-making and accountability regimes. The Department is responsible for policy relating to health and adult social care in England, while the

2 Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018; Report by the Comptroller and Auditor General, [Developing new care models through NHS vanguards](#), Session 2017–19, HC 1129, 29 June 2018

3 Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018, paras 3, 1.3, 1.5–1.6

4 Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018, para 1.9; Report by the Comptroller and Auditor General, [Developing new care models through NHS vanguards](#), Session 2017–19, HC 1129, 29 June 2018, para 1

Ministry of Housing, Communities and Local Government is responsible for the local government finance and accountability systems. The accountability for the NHS at a national level lies with NHS England and the Department.⁵

5. The government has been attempting to join up health and social care for over 20 years, and can point to areas of progress. However, the Department accepted that progress has been variable, with some areas having made a lot of progress while other parts of the country are behind. The Department also said that there have been too many initiatives in the past that have not made the progress or delivered the outcomes intended.⁶ In its report on developing new care models through NHS vanguards, the National Audit Office found a pattern of short-lived initiatives being continually folded into a successor initiative.⁷ The Department, together with national partners, has now set out a high-level framework for integrated care, covering the good practice it expects local areas to adopt and how this can be monitored. However, the Department told us that solutions are intensely local, so it cannot mandate one particular model.⁸

6. In June 2018, the government announced additional funding for the NHS, with NHS England's budget to increase by 3.7% a year on average between 2018–19 and 2023–24. NHS England is now drawing up a long-term plan for how it will spend this additional money, which will be published by November 2018.⁹ We received written evidence from the greater Manchester Health and Social Care Partnership and West Sussex County Council calling for similar long-term funding settlements for social care and for public health, which would allow local authorities to plan and prioritise more effectively.¹⁰ We examined the adult social care workforce in England in May 2018 and concluded that the adult social care sector is underfunded and in a precarious state.¹¹ However, the Ministry of Housing, Communities and Local Government told us that local authorities still have another year remaining of a four-year funding settlement and that any funding changes will only be announced as part of the 2020 Spending Review. This includes arrangements for the Better Care Fund, a pooled fund between the NHS and local government that has supported them to work more closely together since 2015–16.¹² The Department recognised it is important that any changes to social care funding do not place further pressures on the NHS. NHS England added that social care does indeed support the NHS, by helping frail older people to avoid the need for emergency healthcare, or speeding up the rate at which they are discharged from hospital.¹³

Legislative Framework

7. Current legislation covering the accountabilities of local authorities and NHS bodies emphasises the need for individual organisations to balance their books, which can make it difficult for them to work in an integrated way through pooling budgets,

5 Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018, para 2

6 Qq 91–92

7 Report by the Comptroller and Auditor General, [Developing new care models through NHS vanguards](#), Session 2017–19, HC 1129, 29 June 2018, para 9

8 Q 124

9 Q 7; [C&AG's Report](#), para 2.5

10 Greater Manchester Health and Social Care Partnership ([IBH0008](#)); West Sussex County Council ([IBH0005](#))

11 Committee of Public Accounts, [The adult social care workforce in England](#), Session 2017–19, HC 690, 09 May 2018

12 Qq 34–35, 98; Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018, paras 1.11, 2.5

13 Q 78

sharing financial risks and commissioning services jointly.¹⁴ For instance, the Greater Manchester Health and Social Care Partnership told us that local areas have used highly complex workarounds to fully pool all their health and care budgets.¹⁵ The ways in which the health and social care systems are set up and funded also make it difficult to align funding, commissioning and services. NHS England described the complexity of social care funding, which has at least five different funding streams, including funds raised by local authorities, funds granted by central government, funds transferred from the NHS, and contributions from service users or the benefits system. NHS England also listed four separate means-testing arrangements - for residential care, domiciliary care, NHS continuing healthcare and benefits such as attendance allowance.¹⁶

8. The Department recognised the legal, accountability and funding issues affecting integration and asserted that it had created the right framework to consider them simultaneously. The Department told us that it has asked NHS England to confirm the legislative changes it needs to accelerate progress on its 10-year plan. NHS England told us that it plans to consult across the sector between November 2018 and autumn 2019, and then develop options for consideration. The Department accepted that there are practical improvements that it can make now without requiring significant legislative change, but did not specify what these were.¹⁷

9. The Department told us that it plans to publish a green paper on funding social care for older people, which was previously expected for July 2018 but has been delayed until November 2018 to align with the NHS 10-year plan. The Department told us that the green paper will also consider wider issues affecting both working-age adults and older people, including social care policy, quality, performance measurement and integration.¹⁸ However, the Department said that it does not view the green paper as a “grand panacea for everything”, as significant structural, funding and strategic barriers will remain.¹⁹

NHS vanguards

10. One way in which the NHS has sought to break down the barriers between health and social care services, as well as between family doctors and hospitals, is through new care models. In 2015, NHS England selected 50 vanguard sites to develop five new care models - prototypes that could later be replicated quickly across England. NHS England provided a total of £329 million to the vanguards to support them in testing the new care models. It also spent £60 million centrally on supporting and monitoring the progress of vanguards. NHS England ended central financial and programme support for the vanguards in March 2018, by which time it expected individual vanguards to be sustainable without requiring further national funding.²⁰

14 Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018, para 2.8

15 Greater Manchester Health and Social Care Partnership (IBH0008); Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018

16 Q 65

17 Qq 4, 7, 21, 73

18 Qq 10–11

19 Q 175

20 Report by the Comptroller and Auditor General, [Developing new care models through NHS vanguards](#), Session 2017–19, HC 1129, 29 June 2018, paras 3–4

11. Investment in the vanguards by NHS England was lower than initially planned. We reported in March 2018 that spending on the vanguards was less than one tenth of 1% of the NHS budget.²¹ Furthermore, the NHS has previously spent money initially intended for transforming services on sustainability instead, with £1.8 billion used in both 2016–17 and 2017–18 to help hospitals keep running services day-to-day. The Department said that this diversion of money had meant that integration has progressed slower than planned.²²

12. NHS England told us that vanguards have been successful in two key ways. Firstly, the number of emergency admissions to hospital, per capita, rose by 1.6% between 2014–15 and 2017–18 in the areas covered by a vanguard, compared to a 6.3% increase elsewhere. Secondly, on return on investment, based on current rates of return, NHS England predicts a return of £2 for every £1 spent on NHS vanguards.²³ While these early signs are promising, the vanguards still have work to do to fully embed these care models in the long term. By December 2017, vanguards had fully implemented, on average, only one-third of a new care model framework across their respective geographic areas. NHS England developed these frameworks for vanguards to test and to inform the development and spread of new care models for the rest of the country.²⁴

13. The vanguard programme was largely based on local initiatives that had already been developed to some extent. Written evidence from the Health Foundation suggested that vanguards had already been undertaking work to establish new care models for between two and 10 years before the new care models programme started. The Department recognised that different areas will progress at different rates, and that those areas without vanguards might take much longer to adopt and embed new care models. Indeed, the Health Foundation suggested adopting ideas and practices from elsewhere will often need substantial time, resources and creativity to translate the idea into their own setting and make it work. Also, some areas may need more support than others to implement the same types of change.²⁵ NHS England told us that in November its 10-year plan will set out the pace at which it will establish new care models across the rest of England. To support local areas in adopting these new models, NHS England told us that it and NHS Improvement are looking at what resources they can redirect from their other activities, including inspection and monitoring.²⁶

21 Committee of Public Accounts, [Sustainability and transformation in the NHS](#), Session 2017–19, 27 March 2018

22 Q 115; [C&AG's Report](#), para 2.4

23 Qq 99–105; Report by the Comptroller and Auditor General, [Developing new care models through NHS vanguards](#), Session 2017–19, HC 1129, 29 June 2018, para 16

24 Report by the Comptroller and Auditor General, [Developing new care models through NHS vanguards](#), Session 2017–19, HC 1129, 29 June 2018, para 14

25 Q 121; The Health Foundation ([IBH0007](#))

26 Qq 110–111

2 Improving integration locally

Accountability and transparency

14. In 2016, clinical commissioning groups, trusts and local authorities in England formed into 44 sustainability and transformation partnership areas, to produce area-wide strategic plans covering health and social care for the period 2016–17 to 2020–21. NHS England and NHS Improvement have encouraged partnerships to go further and form integrated care systems, which involves commissioners and trusts taking control of the health budget for the entire population in their area and bringing together the services and care that they offer.²⁷ We examined these partnerships and integrated care systems in March 2018 and raised concerns that NHS England and NHS Improvement could not clearly explain how the new arrangements will sit alongside organisations' existing responsibilities.²⁸ The Department told us that it expects sustainability and transformation partnerships to provide the structure for integrating health and social care, for instance through systematically promoting and developing new care models.²⁹ NHS England similarly told us that these partnerships and integrated care systems supplement rather than replace existing accountability mechanisms.³⁰

15. Health and wellbeing boards are the current statutory mechanism for overseeing and delivering efforts to join up care locally. However, the witnesses did not reassure us that new sustainability and transformation partnerships are not side-lining these boards. The Department told us that the 44 sustainability and transformation partnerships were selected to create wide-enough geographical areas that best enable health bodies to work together. NHS England told us that the areas covered by the 152 health and wellbeing boards are too small to use them to plan integrated care services. However, this means that most sustainability and transformation partnerships contain more than one local authority and health and wellbeing board. Sometimes the boundaries of partnerships cut across the boundaries of local authorities and of health and wellbeing boards.³¹ This makes it difficult for the relevant organisations and their staff to come together to support person-centred care. For instance, we received written evidence from West Sussex County Council which told us that simultaneously working in partnerships covering different geographical areas makes building consensus, planning commissioning and delivery, and developing appropriate governance more challenging.³²

16. With these additional administrative and planning layers, we asked the witnesses how the public can understand decision-making about local services. NHS England publishes performance data for partnerships each July as well as performance measures for individual clinical commissioning groups. The Care Quality Commission publishes quality ratings for every health and social care provider, including general practitioners. NHS England added that these quality ratings are available on the My NHS and NHS

27 Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018, para 1.11

28 Committee of Public Accounts, [Sustainability and transformation in the NHS](#), Session 2017–19, 27 March 2018

29 Qq 93, 155

30 Q 163

31 Qq 155–157

32 West Sussex County Council ([IBH0005](#))

Choices websites. However, the system, commissioner and provider performance data are not published all in the same place. We were concerned that this makes it difficult for the public to understand local performance.³³

Leadership

17. The Department recognised that local leadership is important in pushing forward with integration, highlighting it as the single biggest factor determining whether new care models are implemented.³⁴ The Departments highlighted examples from across England where local leadership is working well. For instance, simple but effective joint local governance and decision making is now in place in Bradford. In Greater Manchester, NHS commissioners and local authorities are forming single commissioning functions, and four localities have a single accountable officer in place to cover the clinical commissioning group and local authority. However, in some local areas it can be difficult to identify who is leading the system, and how. In other areas, progress has stalled due to changes in staff.³⁵

18. The Department confirmed that the mix and will of personalities is crucial, and that leaders can choose not to work together if they do not want to. The Departments and NHS England have limited means of enforcing or encouraging the system leadership needed. For the Better Care Fund, the Departments and NHS England mandated local areas to apply a high-impact model for reducing delayed transfers of care. The Ministry of Housing, Communities and Local Government told us that they challenged areas and restricted funding until they saw progress, which has proved successful. However, the National Audit Office found that this approach has damaged local relationships in some areas.³⁶ Furthermore, the Department and NHS England told us that different political accountabilities and the need for local solutions means they often cannot simply mandate particular models.³⁷ Similarly, the Health Foundation told us that change in the health sector is so complex it cannot be driven centrally, and instead the centre must enable those who work in the system to drive change themselves.³⁸ The Department recognised that it can help support local leadership by creating the right structures and aligning incentives for people to work together, in the form of sustainability and transformation partnerships and integrated care systems.³⁹

19. We questioned whether the witnesses were able to monitor the effectiveness of leadership in local systems. The Department told us that the ratings system for providers used by the Care Quality Commission, and the performance dashboard for sustainability and transformation partnerships published by NHS England, both take local leadership into account. The Ministry of Housing, Communities and Local Government added that it monitors local government closely and intervenes where necessary, including in response to poor leadership. The Care Quality Commission does not currently inspect commissioning arrangements in local government or the NHS, although it has been

33 Q 158–161

34 Q 124

35 Qq 93, 143–147; Greater Manchester Health and Care Partnership ([IBH0008](#)); Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018, para 3.8

36 Qq 117, 125–128; Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018, para 2.7

37 Qq 124, 128, 135, 148

38 The Health Foundation ([IBH0007](#))

39 Q 128

carrying out thematic system reviews in 20 local health and social care systems.⁴⁰ Despite these assurances, we remained concerned that the national bodies do not have sufficient oversight over how well local leaders are working in partnership and exercising system leadership. The Greater Manchester Health and Social Care Partnership said in written evidence that there was benefit in codifying in legislation a system approach to assurance and regulation.⁴¹

Integrated Workforce

20. We examined the adult social care workforce in England in May 2018 and found that the social care workforce suffers from low pay and low esteem, which leads to recruitment difficulties for providers.⁴² We were concerned that this also impedes efforts to join up health and social care workforces, as it makes it less appealing for NHS staff to work more flexibly and move into social care. The Department told us that the pay differential between social care and the NHS is well-known. It asserted that pay is not the only factor determining individuals' decisions about where they want to work and pointed to the fact the vacancy rate for nurses is similar in both social care and the NHS.⁴³ As well as pay, the Greater Manchester Health and Social Care Partnership told us that different ways in which VAT is treated and issues with transferring pensions impede staff moving between local authorities and the NHS.⁴⁴ In its written evidence, the Health Foundation asserted that a staff turnover rate in social care of 25% adds a further challenge, making integration a near impossibility.⁴⁵ The Care & Support Alliance said in written evidence that the workforce crisis needs to be gripped with a lot more ambition and determination than it has seen to date.⁴⁶ The National Audit Office reported that the vanguards regard the workforce—for example, availability of staff with the right clinical or programme management skills—to be the greatest area of risk to the sustainability of the vanguards and to the further development of new care models.⁴⁷

21. Roles in the social care sector suffer from a public perception that they offer fewer opportunities for career progression compared with similar roles in the NHS.⁴⁸ NHS England acknowledged that a career ladder for care assistants in social care should be developed, similar to the apprenticeship and on-the-job type models that enable care assistants in the NHS to become nursing associates or registered nurses. The Department added that this needs to be developed in a way that allows staff to switch between health and social care, rather than as parallel models. The Department highlighted the work being done by Greater Manchester to train the health and social care workforce as a whole and to encourage people to consider both sectors for a career.⁴⁹ However, the Department said that its primary focus was ensuring it trains the right number of nurses required for both sectors, rather than tackling the low esteem of the social care sector.⁵⁰

40 Qq 14, 149–151

41 Greater Manchester Health and Social Care Partnership ([IBH0008](#))

42 Committee of Public Accounts, [The adult social care workforce in England](#), Session 2017–19, 9 May 2018

43 Qq 36–43

44 Greater Manchester Health and Social Care Partnership ([IBH0008](#))

45 The Health Foundation ([IBH0007](#))

46 The Health Foundation ([IBH0007](#))

47 Report by the Comptroller and Auditor General, [Developing new care models through NHS vanguards](#), Session 2017–19, HC 1129, 29 June 2018, para 4.9

48 Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018, para 3.14

49 Qq 37–38, 46

50 Q 41

22. In December 2017, the Department and Health Education England published, for consultation, a draft workforce plan for health and social care. The Department told us that this plan, and the consultation supporting it, examined both health and social care workforces together for the first time, in particular professions that exist in both sectors, such as nursing.⁵¹ We previously concluded that the plan's section on social care was short and lacked detail, and did not include suggestions as to how the social care sector could improve.⁵² In response, the Department commissioned its delivery partner on workforce matters, Skills for Care, to consult with the adult social care sector on how to improve support to care providers and address the workforce issues they are experiencing. The final plan will be published in autumn 2018 to coincide with the NHS 10-year plan and the social care green paper.⁵³

51 Q 36

52 Committee of Public Accounts, [The adult social care workforce in England](#), Session 2017–19, 9 May 2018

53 Q 36; Report by the Comptroller and Auditor General, [The health and social care interface](#), Session 2017–19, HC 950, 4 July 2018, para 3.16

Formal Minutes

Wednesday 10 October 2018

Members present:

Meg Hillier, in the Chair

Chris Evans	Anne Marie Morris
Caroline Flint	Bridget Phillipson
Shabana Mahmood	Lee Rowley
Layla Moran	Gareth Snell

Draft Report (*The interface between health and adult social care*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 22 read and agreed to.

Introduction agreed to.

Conclusions and recommendations agreed to.

Summary agreed to.

Resolved, That the Report be the Sixty - Third of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Monday 15 October at 15:30pm]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Wednesday 18 July 2018

Question number

Sir Chris Wormald, Permanent Secretary, Department of Health and Social Care; **Jonathan Marron**, Director General, Community and Social Care, Department of Health and Social Care; **Jo Farrar**, Director General, Local Government, Ministry of Housing, Communities and Local Government; and **Simon Stevens**, Chief Executive, NHS England.

Q1–179

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

IBH numbers are generated by the evidence processing system and so may not be complete.

- 1 Carers Trust ([IBH0002](#))
- 2 Hft ([IBH0006](#))
- 3 Motor Neurone Disease Association ([IBH0001](#))
- 4 MS Society ([IBH0003](#))
- 5 NHS Providers ([IBH0004](#))
- 6 THE GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP ([IBH0008](#))
- 7 The Health Foundation ([IBH0007](#))
- 8 West Sussex County Council ([IBH0005](#))

List of Reports from the Committee during the current session

All publications from the Committee are available on the [publications page](#) of the Committee's website. The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2017–19

First Report	Tackling online VAT fraud and error	HC 312 (Cm 9549)
Second Report	Brexit and the future of Customs	HC 401 (Cm 9565)
Third Report	Hinkley Point C	HC 393 (Cm 9565)
Fourth Report	Clinical correspondence handling at NHS Shared Business Services	HC 396 (Cm 9575)
Fifth Report	Managing the costs of clinical negligence in hospital trusts	HC 397 (Cm 9575)
Sixth Report	The growing threat of online fraud	HC 399 (Cm 9575)
Seventh Report	Brexit and the UK border	HC 558 (Cm 9575)
Eighth Report	Mental health in prisons	HC 400 (Cm 9575) (Cm 9596)
Ninth Report	Sheffield to Rotherham tram-trains	HC 453 (Cm 9575)
Tenth Report	High Speed 2 Annual Report and Accounts	HC 454 (Cm 9575)
Eleventh Report	Homeless households	HC 462 (Cm 9575) (Cm 9618)
Twelfth Report	HMRC's Performance in 2016–17	HC 456 (Cm 9596)
Thirteenth Report	NHS continuing healthcare funding	HC 455 (Cm 9596)
Fourteenth Report	Delivering Carrier Strike	HC 394 (Cm 9596)
Fifteenth Report	Offender-monitoring tags	HC 458 (Cm 9596)
Sixteenth Report	Government borrowing and the Whole of Government Accounts	HC 463 (Cm 9596)
Seventeenth Report	Retaining and developing the teaching workforce	HC 460 (Cm 9596)

Eighteenth Report	Exiting the European Union	HC 467 (Cm 9596)
Nineteenth Report	Excess Votes 2016–17	HC 806 (Cm 9596)
Twentieth Report	Update on the Thameslink Programme	HC 466 (Cm 9618)
Twenty-First Report	The Nuclear Decommissioning Authority's Magnox	HC 461 (Cm 9618)
Twenty-Second Report	The monitoring, inspection and funding of Learndirect Ltd.	HC 875 (Cm 9618)
Twenty-Third Report	Alternative Higher Education Providers	HC 736 (Cm 9618)
Twenty-Fourth Report	Care Quality Commission: regulating health and social care	HC 468 (Cm 9618)
Twenty-Fifth Report	The sale of the Green Investment Bank	HC 468 (Cm 9618)
Twenty-Sixth Report	Governance and departmental oversight of the Greater Cambridge Greater Peterborough Local Enterprise Partnership	HC 896 (Cm 9618)
Twenty-Seventh Report	Government contracts for Community Rehabilitation Companies	HC 897 (Cm 9618)
Twenty-Eighth Report	Ministry of Defence: Acquisition and support of defence equipment	HC 724 (Cm 9618)
Twenty-Ninth Report	Sustainability and transformation in the NHS	HC 793 (Cm 9618)
Thirtieth Report	Academy schools' finances	HC 760 (Cm 9618)
Thirty-First Report	The future of the National Lottery	HC 898 (Cm 9643)
Thirty-Second Report	Cyber-attack on the NHS	HC 787 (Cm 9643)
Thirty-Third Report	Research and Development funding across government	HC 668 (Cm 9643)
Thirty-Fourth Report	Exiting the European Union: The Department for Business, Energy and Industrial Strategy	HC 687 (Cm 9643)
Thirty-Fifth Report	Rail franchising in the UK	HC 689 (Cm 9643)
Thirty-Sixth Report	Reducing modern slavery	HC 886 (Cm 9643)
Thirty-Seventh Report	Exiting the European Union: The Department for Environment, Food & Rural Affairs and the Department for International Trade	HC 699 (Cm 9643)
Thirty-Eighth Report	The adult social care workforce in England	HC 690 (Cm 9667)
Thirty-Ninth Report	The Defence Equipment Plan 2017–2027	HC 880 (Cm 9667)

Fortieth Report	Renewable Heat Incentive in Great Britain	HC 696 (Cm 9667)
Forty-First Report	Government risk assessments relating to Carillion	HC 1045 (Cm 9667)
Forty-Second Report	Modernising the Disclosure and Barring Service	HC 695 (Cm 9667)
Forty-Third Report	Clinical correspondence handling in the NHS	HC 929
Forty-Fourth Report	Reducing emergency admissions	HC 795
Forty-Fifth Report	The higher education market	HC 693
Forty-Sixth Report	Private Finance Initiatives	HC 894
Forty-Seventh Report	Delivering STEM skills for the economy	HC 691
Forty-Eighth Report	Exiting the EU: The financial settlement	HC 973
Forty-Ninth Report	Progress in tackling online VAT fraud	HC 1304
Fiftieth Report	Financial sustainability of local authorities	HC 970
Fifty-First Report	BBC commercial activities	HC 670
Fifty-Second Report	Converting schools to academies	HC 697
Fifty-Third Report	Ministry of Defence's contract with Annington Property Limited	HC 974
Fifty-Fourth Report	Visit to Washington DC	HC 1404
Fifty-Fifth Report	Employment and Support Allowance	HC 975
Fifty-Sixth Report	Transforming courts and tribunals	HC 976
Fifty-Seventh Report	Supporting Primary Care Services: NHS England's contract with Capita	HC 698
Fifty-Eighth Report	Strategic Suppliers	HC 1031
Fifty-Ninth Report	Skill shortages in the Armed Forces	HC 1027
Sixtieth Report	Ofsted's inspection of schools	HC1029
Sixty-First Report	Ministry of Defence nuclear programme	HC 1028
Sixty-Second Report	Price increases of generic medications	HC 1184

First Special Report	Chair of the Public Accounts Committee's Second Annual Report	HC 347
Second Special Report	Third Annual Report of the Chair of the Committee of Public Accounts	HC 1399