

Health and Social Care integration: Joining up care for people, places and populations

Royal Pharmaceutical Society Response

Outcomes

1. What role can outcomes play in forging common purpose between partners within a place or system – and can you point to examples of this?

It is essential that all health and care providers are working towards a common set of outcomes. Having this common set of outcomes promotes collaborative working between providers and negates the need to compete or duplicate service provision.

We recently published our [Recommendations and case Studies for Integrated Care systems](#) and these include examples of how pharmacists can work within the wider system to improve patient care in line with system wide outcomes.

The Integrated Pharmacy and Medicines Optimisation (IPMO) programme, led by a Chief Pharmacist at ICS Board level, provides an opportunity to support appropriate medicines use across a system, including deprescribing of medicines alongside non-medical interventions and supporting people to take their medicines following shared decision-making conversations. This will ensure value for money in terms of the investment in medicines across a system.

2. How can we get the balance right between local and national in setting outcomes and priorities?

The current CORE20PLUS5 approach seems to be resonating with care providers and aims to reduce health inequalities. If health and care providers come together around this approach, then they have a national framework which they can apply locally to best meet the needs of their local population.

This white paper rightly champions health and well-being as a real priority and places a much greater emphasis on prevention of ill health. Pharmacy teams in community and general practices are well placed to help address health inequalities given they are well established in the community and have a good understanding of the needs and challenges facing local populations. Being able to gain access to the heart of communities is central to being able to address both the causes and consequences of health inequalities in the UK. An extension to the existing role of community pharmacy teams and increased multidisciplinary team working with PCNs should be considered to support people from underserved communities, such as some minority ethnic groups, people who are homeless or have no permanent address, and those unlikely to access other healthcare services that require making an appointment (e.g., travellers, asylum seekers, etc.). Teams also need to be supported, such as those within pharmacy teams, with the skills to understand and access data to identify the 20%. This is key in ensuring that the right populations are accessed, and services are taken to them

3. How can we most effectively balance the need for information about progress (often addressed through process indicators) with a resolute focus on achieving outcomes (where data can lag)?

As a national system we need to get better at collecting and analysing outcome data, in particular patient experience of the services they use.

Accountability

- 4. How can the approach to accountability set out in this paper be most effectively implemented? Are there current models in use that meet the criteria set out that could be helpfully shared?**

It is essential that all professions are included in local leadership and have the opportunity to influence and contribute to the development and delivery of local services. It is also critical that there is equal access to leadership training and support across professions working at place or system level.

Having a single person, accountable for shared outcomes in each place or local area, working with local partners (for example, an individual with a dual role across health and care or an individual who leads a place-based governance arrangement) is desirable as it provides a lead and an accountable person for this. However, the workload around this may mean it needs to be shared across a number of accountable people.

Workforce

- 5. What are the key opportunities and challenges for ensuring that we maximise the role of the health and care workforce in providing integrated care?**

In order to maximise the potential of the health and care workforce there is a need to know what workforce is available, so it is essential that workforce data is captured across a place or system. This data can then be used to identify gaps in workforce provision when used alongside population health data which demonstrates what services the local population need.

To ensure health and care integration is happening with a breadth of experience or lived experience of disability, race, sexual orientation, age etc there is a need for diversity at the senior level where decisions are made. A lack of this representation can have negative consequences as demonstrated through worsening health inequalities and Covid-19, see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf. Without a diverse representation at senior level, it is unlikely that things will change and health inequalities will continue to worsen.

The use of Workforce Disability Equity Standard and Workforce Race Equality Standard will help to capture this data and inform decisions around diverse leadership.

There must also be opportunities for a flexible and mobile workforce including sharing employment models. Consideration also needs to be given to how barriers to enabling greater service and workforce collaboration are overcome. We have made some suggestions around improving the capability and culture of the pharmacy workforce in our position statement.

- 6. How can we ensure the health and social care workforces are able to work together in different settings and as effectively as possible?**

There needs to be service and contractual alignment. This will be supported by an agreed system wide approach to supporting improvements in patient care, following a patient pathway, with all elements of the system playing their part.

- 7. Are there particular roles in the health or adult social care workforce that you feel would most benefit from increased knowledge of multi-agency working and the roles of other professionals?**

Understanding of roles is essential across health and social care and also within both health and social care. Having this understanding of how others within the system work supports collaborative working and more effective referrals. There are examples where GPs and community pharmacists have spent time in each other's place of work which has helped them to understand the challenges that each other face.

8. What models of joint continuous professional development across health and social care have you seen work well? What are the barriers you have faced to increasing opportunities for joint training?

All health and care professionals need to have access to protected learning time. This supports the capacity and capability within the workforce to undertake professional learning, clinical supervision or other tasks that develop them as individual professionals / clinicians. This is currently available to some professions, such as general practitioners, but not others, so there needs to be equity in the opportunities to undertake learning within working hours.

There is also a need for all health and social care professionals to have equal access to leadership training and leadership opportunities taking in to account succession planning.

Digital and data

9. What are the key challenges and opportunities in taking forward the policies set out in this paper, and what examples of advanced or good practice are there that could help?

The paper states that "*Joining up data and information is central to integrating services. All citizens should expect to have access to their own shared care record and for it to cover their health and care journey, with full access, where appropriate, for all the staff they come into contact with.*". It is essential that all health and care staff have read and write access to a persons' electronic health record. This ensures that they can see what care has previously been provided as well as record any interventions they make. Pharmacists, working in all care settings, must also have this read and write access. Having access across health and social care will be a challenge as current systems are not interoperable. This is where the use of national clinical standards, such as those set out by the Professional Records Standards Body, will be particularly useful.

Community pharmacies in particular hold information about individuals in terms of public health data that is not currently shared with the wider system.

10. How do we best ensure that all individuals and groups can take advantage of improvements in technology and how do we support this?

In order to be able to use technology effectively, all staff should be provided with the opportunity to upskill in terms of digital literacy and also an understanding of data driven care.