

Institute for Healthcare Management

And

2020health

# 10 PRINCIPLES FOR INTEGRATED CARE POLICY



## FOREWORD

Novartis is proud to support innovation, technology, science and new thinking.

If we, as a society, are to guarantee the rights of older people to receive great health and care services then we need to think differently and employ bold new ideas.

This paper puts forward some of these bold new ideas and we hope will spark a wider debate.

# INTRODUCTION

The government's green paper on social care for older people in England is expected in the autumn.

To contribute to the debate about social care reform, the Institute for Healthcare Management and 2020health brought together figures from social care, healthcare and the voluntary and private sectors to deliver short, TED-style talks before an audience of 120.

From their speeches and the discussions that followed we have identified 10 principles that should underpin social care policy and practice.

This event was Sponsored by Novartis UK, thank-you to them and our speakers and everyone who contributed.

Roy Lilley  
[Director, IHM](#)

Julia Manning  
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## MORE INFORMATION

The conclusions for this report are the distillation of over three hours of discussion, workshops and presentations, that took place at the [Royal Society of Public Health](#)'s offices in London. We are grateful to them for providing the venue for free.

The full event was recorded for Periscope TV and thus far has been viewed 7,600 times. [You can see it here, free.](#)

## **1 ENSHRINE OUR RIGHTS IN THE CARE SYSTEM IN LEGISLATION**

The right of the individual to decide how they live their life should be enshrined in legislation as the founding principle for social care. The care system must at all times in all places support, encourage and protect each person's independence and their right to free choice about what they do and the care they receive.

As of right, there should be a single care plan across the care system for each individual, dedicated to achieving that individual's goals and priorities.

## **2 KEEP US OUT OF HOSPITAL**

Avoiding hospital admissions for the elderly should be a central goal of the care system, in line with their right to maximum independence. To achieve this, greater resource needs to be dedicated to intermediate care.

## **3 INTRODUCE A RIGHT TO DAMAGES IF CRITICAL INFORMATION IS NOT SHARED**

The government should set a date after which we can sue the NHS and social services for damages if we suffer significant harm through a failure of different parts of the care service to share information about our condition.

## **4 REPLACE DELAYED TRANSFER OF CARE WITH AVOIDABLE ADMISSION AS THE KEY METRIC**

The focus of policy, practice and measurement should be on keeping older people out of hospital and living independently as long as possible.

## **5 PROVIDE NURSING SUPPORT IN CARE HOMES**

Care homes should be required to provide extensive nursing support. This is in the best interests of those in their care, and reduces pressure on the NHS.

## **6 INTRODUCE A TRIPADVISOR-STYLE SERVICE FOR CARE HOMES**

TripAdvisor-style ratings would encourage quality, expose failure and highlight risk of abuse.

## **7 STOP TAKING ADVANTAGE OF THE BETTER OFF TO SUBSIDISE COUNCIL FEES**

Analyst LaingBuisson found the average council fee per resident paid to care homes typically falls short of the real cost by **£100 a week**, which is then subsidised by overcharging private payers somewhere in the region of £1bn. This is morally indefensible, especially when people are being forced to sell their homes to pay for care. The competition authorities should outlaw differential pricing when services are demonstrably the same

## **8 INTRODUCE A DEFINED CONTRIBUTION CARE SCHEME**

The government should promote defined contribution care schemes to incentivise saving for care throughout our lives. Any unused cash on death should be transferable to the scheme of a loved one tax-free. The scheme should be run by the capital markets, not government. It should be capped, at a reasonably high level, to prevent abuse.

## **9 TRY USING THE INSURANCE MARKETS AGAIN**

With a defined contribution scheme in place the government should look again at the role of the insurance markets, who are efficient at managing and sharing risk, to insure costs above the cap. Government reluctance to set a ceiling on individual contributions creates a level of uncertainty which cannot be insured. Setting a ceiling creates the opportunity for the markets to offer products that families and individuals may wish to buy to assure their future spending commitments for care.

It is likely government will move more individuals to self-payment packages. Arranged with clarity and certainty it would be possible to insure for top-up payments should they be necessary.

## **10 HELP US TO DIE AT HOME**

Around 55% of us die in hospital, even though we overwhelmingly want to die at home. Enabling us to die at home where possible should be a key measure of joined-up working.

## THANKS TO OUR CONTRIBUTORS

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