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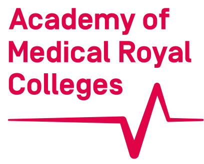


The future is out there

Joining up health and care for the benefit of all

IMPOWER

Foreword

This is the third in a series of Academy of Medical Royal Colleges (Academy) papers which explore how we might create a sustainable NHS which is truly fit for the second half of the twenty-first century.

The first, Fixing the NHS: Why we must stop normalising the unacceptable established the scale of the challenges facing the NHS and encouraged us to be 'honest with ourselves and with each other about the NHS we have, the NHS we want and the NHS we can afford'.

Having diagnosed 'the patient', the second paper, General practice and secondary care: Working better together, shifted the focus to the treatment – the solutions that can help rebuild and refocus the NHS for the future. It set out over 50 examples of what can be achieved when different parts of the NHS work together to simplify the patient journey and provide more integrated care.

Here we build on those foundations to further explore how we can remove the barriers between secondary, primary and community care and set out a positive vision for a more sustainable NHS. One that is built around the delivery of more care and support in people's homes and communities. This is not a new idea. It has been central to almost every policy and legislative reform of the last three decades or more. However, we are arguably no nearer to achieving it.

We publish this latest paper shortly after Professor Lord Ara Darzi's Independent Investigation of the NHS in England which confirmed the scale of the challenges facing the NHS in England, noting that: *'that the NHS is in critical condition. It continues to struggle with the aftershocks of the pandemic. Its managerial capacity and capability have been degraded by disastrous management reforms, and the trust and goodwill of many frontline staff has been lost.'*

As we have previously said, and Lord Darzi has confirmed, the scale of the challenges facing the NHS are such that a sustainable NHS will not be achieved by delivering more of the same. This is a rallying call for us to collectively stop talking about making a shift in the way we deliver care and instead take action to make it happen. We are by no means the first to make this call, but hopefully we will be the last. Without change the sustainability of the NHS will be in peril.

The government has said it will publish a ten year health plan that will deliver three big shifts in the NHS:

- from analogue to digital
- hospital to community
- sickness to prevention.[1]

These ambitions are not new, but the clarity of the focus from the government is most welcome. Our collective challenge is to break with the recent past and to deliver this long-promised transformation. Here we explore how we make these shifts happen, why things are different now, and what will be needed to deliver what Lord Darzi calls a 'neighbourhood NHS'.

1. Wes Streeting Secretary of State for Health and Social Care 2024 Address to IPPR.

Introduction

In May 2024, the Academy of Medical Royal Colleges (the Academy), supported by IMPOWER convened a group of senior leaders from across all parts of health and social care (see round table attendees) to explore why we are yet to deliver the long-promised shift to more home and community-based care.[2]

> *'The failure to grow and invest in primary and community health and care services despite the often-avowed intention to do so must rank as one of the most significant and long-running failures of policy and implementation in the NHS and social care over the past 30 years.'* [3]

Building on Fixing the NHS and Working better together, plus Lord Darzi's diagnostic report, this paper explores what the new Government might do to break the cycle and to fully enable the shift. It sets out the thinking of the experts at the round table discussion and articulates the arguments that while well understood, get little traction with policy makers and are too often consigned to the too difficult pile.

In this regard, this paper builds on a wealth of work and literature by the Academy, statutory bodies, major think tanks, charities and others which has already established the case for such a shift (See the Reading list).

Why now?

All parts of the NHS and adult social care are under immense strain, from changing demography, Covid-19 backlogs, workforce morale, demand pressures and worsening patient satisfaction levels, there are interconnected crises everywhere you turn. This has led the new Secretary of State to conclude that the 'NHS is broken' and Lord Darzi to lay out in explicit detail just how broken it is.[4] As the Secretary of State has indicated, we

2. To encourage free-flowing debate it was agreed that participants' contributions could be quoted but not attributed. Key quotes are highlighted throughout.
3. King's Fund (2024) Making care closer to home a reality p.45
4. Wes Streeting, Secretary of State for Health and Social Care, Statement (2024) The NHS is broken

collectively stand at a crossroads, at which we can either default to more of the same and hope for different results, or we can fundamentally change how services are delivered and experienced.

Now is the time for a fundamental shift, to move more care and support out of hospitals and into people's homes and communities. This means exploring how we can enhance the role of primary care, NHS community services, adult social care, charities, housing and support for carers, while protecting hospital services so that they can prioritise care for those who really need it. We cannot afford another false dawn.

An opportunity for change

The government has the opportunity to fundamentally rebalance the NHS and the wider health and care system by setting out a clear political direction that supports more home and community-based care and rebalances how we run community and out of hospital services so that we remove the barriers to change. The Darzi report is an important first step.

'*this is where politics and policy intersect*'

(Senior clinical leader)

With strong political leadership and buy-in we can break the cycle and deliver real change that is better for all of us. Enabling more care closer to home is better for patients, people and communities, it is also our best hope of protecting vital urgent, emergency and elective care that can only be provided by hospitals.

The Government, and the devolved administrations across the UK, can accelerate the shift by being clear in their ambitions and setting permissive national frameworks that enable local systems to determine what is right for their communities. These frameworks can help enable a more resilient health and care system that is designed to meet the challenges of the twenty-first century. They can help support the management of out of hospital services, using existing structures or unified arrangements such as out of hospital provider partnerships or networks. Crucial to their success will be measurement against the stated ambition for more home and community-based care.

Enabling the shift

Four specific things that government, the NHS and adult social care can do to enable the delivery of more home and community-based care were identified at the round table.

1 Shifting the priorities, culture and delivery towards home-based care

- Setting out a national vision and expectations for home and community-based care, which will change the perception that community-based care is somehow second best.
- Exploring how we can enable primary care, community services and others to take care out of traditional settings.
- Enabling professionals to intervene earlier, supporting good lives, and preventing deterioration.
- Involving people in the design of local services. Making them easier to navigate and access, particularly for those who have multiple conditions, or who use both physical and mental health services.

> *'We need to start from what people want and what makes a difference to them.'*
>
> [Senior patient leader]

Reshaping care from a traditional medical model to a tech-enabled social model

- Moving away from the bio-medical to the psycho-social model of support. Not every condition requires a medical solution, and we should genuinely invest in improving the wider social determinants of health, rather than just treating the symptoms of poverty or loneliness.
- Embedding a much broader definition of what we mean by preventative care, putting supports in place earlier to maintain independence for as long as possible.
- Building up the community and primary care infrastructure, including estates and IT as part of the wider of overhaul of system capability.
- Strengthening the relationships between different parts of the NHS, adult social care, local government, housing and the voluntary sector.
- Using autonomous local systems and structures to support the better flow of resources across a local area and its organisations. Money saved should be reinvested locally.
- Developing a national plan which sets out how we maximise the use of medicines, AI, technology and other innovations to improve the quality of care.
- Supporting systems to learn from each other and from elsewhere internationally.

'Things work best where the relationships are right.'
(Senior local government leader)

Focusing on flow and discharge to home

United Lincolnshire Hospitals Trust has revolutionised its discharge policy following a review which found that with the right support, patients being discharged from acute care in hospital could and should be sent home rather than to an inpatient ward. Not only has this improved patient satisfaction and the quality of care it has also generated more than £3m in cost savings. Other simple measures such as more frequent ward rounds to improve patient flow and standardising a multidisciplinary approach to discharge decisions, have also bought benefits in terms of staff morale and sense of ownership.

Growing the scale and quality of home and community-based care

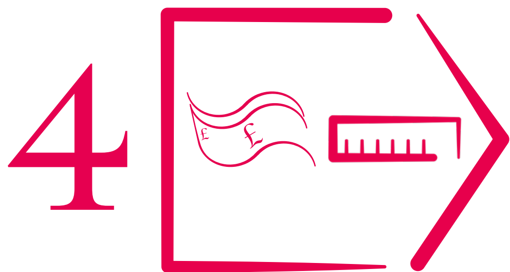
- Growing, supporting and properly rewarding a professionalised care sector workforce. One which is fully trained, held in high esteem and valued in the way those in primary and secondary care are valued.
- Supporting colleagues to manage different levels of risk in the community.
- Training people to work within MDTs and cross-organisational teams.
- Focusing on diagnostics, advice and support that enables community service delivery
- Utilising tech to free up colleagues to do the things that only they can do.
- Using the next iteration of the NHS long-term workforce plan to reinforce the shift.

'fatigue and frustration are increasing, and it is important that we consider how we galvanise the workforce to face what they must face and to adapt and evolve how and where they work. Simply saying 'go and work somewhere different, will not do.'

[Senior clinical leader]

The virtual ward

Manchester Foundation Trust has made virtual wards a core part of its urgent care package for patients with respiratory, frailty and heart failure. The scheme, which is known as Hospital at Home, uses remote monitoring and community-based care teams has created the equivalent of six additional wards with astonishing results. Readmission rates have fallen by 35% while more than 90% of patients say they'd recommend being treated at home to a relative or friend. The approach has also generated more than a million pounds in cost savings and reduced mortality rates by more than 10%.



Changing where the money goes and what we measure for success

- Addressing the funding imbalance by bringing visibility and then changing the way funding to community services flows.[5]
- Moving away from traditional payment approaches to new innovative integration focused contracting arrangements.
- Encouraging and incentivising organisations to pool sovereignty, budgets and staffing, including through configuration of out of hospital networks or partnerships.
- Ensuring that any short-term pots of money can be used to support community activity.
- Changing the annual planning guidance to put community provision at the centre.
- Aligning the Better Care Fund to prevention, early intervention and community support.
- Valuing and funding adult social care. This means enabling people to live healthy and fulfilling lives at home and reduces the need for care.
- Be brave when setting strategies and budgets to support community-based care.
- Measuring the right things, by utilising existing community-based performance metrics and adding new measures that capture what happens in home and community services.
- Using existing structures to support, measure and monitor the difference it makes.

'Show me your statutory duties and I will show you what you value'

(Senior health and social care leader)

5. Nuffield Trust (2024) Where does the NHS money go? Diagram: Total funding by health care type in real terms

While this needs to be Government backed and driven by the NHS and its organisational partners, we also need to work collaboratively with local populations to build services that work for them and ensure the sustainability of the NHS. This will require a strengths-based approach to change. Patients and the public must guide us through the next stage of the reform journey.

> *'We need to take the public with us, not as passengers, but as co-pilots'*
>
> [Senior patient leader]

Putting patients at the centre of the decision to discharge

East Surrey Hospital introduced an innovative scheme called 'Let's get You Home' to tackle barriers to safe and timely discharge. At its heart, the scheme is designed to focus staff and patients' minds on discharge rather than staying in hospital. Under the programme a member of staff will have a conversation with an inpatient about discharge within 48 hours of admission and set clear and realistic dates for their likely departure. High-quality patient information and signposts to support are also available to ensure a fair and consistent approach to managing patient choice. The results are impressive with a 42% reduction in bed occupancy for patients who don't need to be there and a 44% fall in referrals to the hospital's adult social care team.[6]

In shaping the future of care delivery, we must consider how we draw on and enhance the reach of primary care, NHS community services, community health services, adult social care, charities, and other sectors and stakeholders. The solution does not lie in less of this and more of that, it lies in achieving a balance of services and supports across systems, a balance that works for people, communities and the NHS.

6. Further information on all the case studies can be found in: The future is out there: Additional case studies document.

Conclusion

Historically what happens in people's homes and communities has played second or even third fiddle to other parts of the health and care system. At a time of universal pressures and struggles across all parts of the NHS and adult social care, as has been so vividly illustrated by Lord Darzi's report, the time has come to do something different and to shift more care and support into people's homes and communities. This is not a call for disinvestment in acute and emergency services – it is essential that we have the right resources and bed-base in hospitals. Rather, it is a demand for greater support for home and community-based care. With more freedom for local systems to decide how best to fund and configure services to prioritise keeping people safe and well at home for as long as possible and prevent deterioration that all too often requires hospital care.

'no one wants to be in hospital and hospitals do not want them to be there'

(Senior think tank leader)

We will need to learn from previous attempts to shift care and support into the community (for example, mental health support), and from how different parts of the UK and health systems globally, are driving the transformation of care. It will need us to fundamentally think about how we train the next generation of healthcare professionals and how and where they work, encouraging more to go into primary care and physical and mental health community services.

Positively, this does not require yet another NHS organisational restructure, but instead a shift in mindset and culture. Only by delivering this shift will we enable other parts of the NHS – such as urgent and emergency care, elective and other forms of acute provision – to recover and deliver timely care to those who need it most.

It does, however, require us to think about how we fund and deliver a range of services, including adult social care, housing with care provision and palliative and end of life care. All big questions for the Government but ones which could significantly transform people's lives and experiences, and lift pressures off hospital-based services.

It is only by recognising and valuing home and community services appropriately that we will begin to rebalance the NHS and make it sustainable for the future. The time has come:

'to put (relatively small sums of) money where your mouth is, or rather where your policy is'

(Senior health and social care sector leader)

Round table attendees

David Brindle	Round table Chair
Dr Jeanette Dickson	Academy of Medical Royal Colleges
Dame Barbara Hakin	IMPOWER
Professor Sunil Bhandari	Royal College of Physicians of Edinburgh
Dr Daniele Bryden	Faculty of Intensive Care Medicine
Dr Bernie Croal	Royal College of Pathologists
Ben Evans	IMPOWER
Grace Everest	The Health Foundation
Dr David Faluyi	Academy of Medical Royal Colleges
Alex Fox	IMPOWER
Dr Kath Halliday	Royal College of Radiologists
Adrian Hayter	Royal College of General Practitioners
Ros Levenson	Academy Patient and Lay Committee (APLC)
Dr Sheona MacLeod	NHS England (Medical)
Dr Aoife Malloy	NHS England
Phil McCarvill	Academy of Medical Royal Colleges
Sarah McClinton	Royal Borough of Greenwich
Dr Sohail Munshi	Manchester Local Care Organisation
Dr Sheuli Porkess	Faculty of Pharmaceutical Medicine
Dr Charlotte Porter	Faculty of Sexual and Reproductive Health
Dr Daniel Smith	Royal College of Physicians
Dr Lade Smith	Royal College of Psychiatrists
Ruth Stainer	Local Government Association
Thea Stein	Nuffield Trust
James Swaffield	IMPOWER
Sarah Walter	NHS Confederation
Sarah Woolnough	The King's Fund

Reading list

Academy of Medical Royal Colleges (2022) Fixing the NHS: Why we must stop normalising the unacceptable.

Academy of Medical Royal Colleges (2023) Primary and secondary care: Working better together.

ADASS (2023) Time to act: A roadmap for reforming care and support in England.

ADASS & IMPOWER (2021) The age of intermediate care.

Department of Health and Social Security (1983) Griffiths Report on NHS.

Health Foundation, (2024), The public's views on the future of the NHS in England.

IMPOWER & ADASS (2024) The Age of Intermediate Care.

The King's Fund (2024) Making care closer to home a reality, Refocusing the system to primary and community care.

The King's Fund (2024) Realising the potential of Integrated Care Systems.

The King's Fund (2024) Commissioning community champions: lessons from the pandemic.

The King's Fund (2023) Dying well at home: commissioning quality end of life care.

The Kings Fund (2018) Reimagining community services.

The King's Fund (2024) The reality of and potential for digitally enabled care in the community.

NHS Community Network (2023) How community providers and primary care partners are delivering more joined-up care.

NHS Community Network (2024) Supporting people living with frailty. NHS Providers.

NHS Community Network (2023) Delivering more joined-up care for local communities. NHS Confederation.

NHS England (2014) Five year forward view.

NHS England (2017) Next steps on the Five year forward view.

NHS England (2023) The Hewitt Review: an independent review of integrated care systems.

NHS Providers (2021) Digital transformation in community health services.

NHS Providers (2024) Health hubs: A community-centred prevention initiative to address health inequalities.

NHS Providers (2024) Provider collaboratives building capacity: Community diagnostic centres.

Nuffield Trust (2023) Building community health and care capacity: Reflections from other countries.

Nuffield Trust (2021) The cost of specialist palliative care in the community: A scoping review.

Nuffield Trust (2024) What primary and community services do people who die at home receive.

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