

In brief: Simpler, clearer, more stable

Health Foundation summary and analysis



Integrated accountability for integrated care

The challenge

The way care is planned and delivered in England is evolving in response to growing pressures on the NHS and social care, as well as new opportunities for improvements. To help meet these changing needs, there is strong emphasis nationally and locally on developing more integrated ways of working across traditional service and organisational boundaries – both within the NHS and across health and social care – and on prevention of ill health. These new ways of working require a firm focus on the perspective of service users, rather than the organisations and staff providing care. This raises a number of challenges, including questions around how services are provided, commissioned, regulated and made accountable.

To improve our understanding of how accountability might best develop in this context, the Health Foundation commissioned Andrew Hudson to look at the present arrangements. We asked him to make suggestions for developing accountability frameworks in integrated systems. In his paper, *Simpler, clearer, more stable*, he has drawn on his expertise and experience of operational leadership in central and local government, as well as senior roles in HM Treasury. He also undertook interviews with people working on the front line of care planning and delivery. This *In brief* summarises some of the main messages from his paper.

What is an accountability framework?

Hudson provides the following description:

*‘...an accountability framework is the means of ensuring that resources are translated into the best possible outcomes, for both the quality of services, and the value for money of the work done. It encompasses how people in governance and/or funding roles specify what they are looking for, how practitioners account to them for their performance, and how action is taken when performance is unsatisfactory. It therefore covers the initial process of setting a vision and more detailed objectives, right through to resourcing, delivery, monitoring performance, course correction and evaluation.’**

An accountability framework should therefore include:

- a specification of the service and outcomes
- how the service providers will account for their performance, and to whom
- what action will be taken when performance is not satisfactory.

* See page 5 of *Simpler clearer, more stable*. www.health.org.uk/publication/simpler-clearer-more-stable

Accountability in the current context

New models of care are emerging that integrate services across health and social care. Health and care are explicitly included within the scope of some, though not all, of the recent local devolution deals – most notably the deal in Greater Manchester.* In addition, the sustainability and transformation plans (STPs) are bringing together a range of organisations to plan care jointly across newly defined geographical patches.

Each organisation involved will have its own accountability arrangements; but they must work together to achieve shared outcomes. In doing so, the result may be a temporary or permanent reduction in performance against objectives set by commissioners for a single organisation.

The description of the existing accountability lines for NHS bodies and local authorities in *Simpler, clearer, more stable* illustrates the sheer complexity of the current position.† Providers of care must meet a multiplicity of goals set by a range of national and local bodies, and there is significant variation and overlap in monitoring of performance against those goals. Developing shared accountability frameworks that satisfy existing arrangements while promoting shared outcomes, and outlining where accountability lies, is extremely challenging. Various models for accountability are being put into place across the country, and there will be much to learn from vanguard sites and the devolution arrangements in Manchester. Describing the accountability arrangements set up for new care models and systems, and assessing their effectiveness, will be important not just to the particular sites, but also more widely as they spread.

The focus on prevention requires the involvement of other parts of the public sector, which may not typically consider the impact of their activities on the health of the population.‡ While this further complicates lines of accountability, involvement of all of these sectors in setting out shared accountability arrangements offers an important opportunity to highlight their key role in health, develop shared outcomes and build collaborative relationships.

One crucial aspect of accountability is direct accountability to the public and different bodies across the health and care system have different mechanisms for this. Engaging the public on priorities and being clear about accountability in new models of care will be important to support their introduction and spread.

* For more information about the devolution deals, see the Health Foundation report *Catalyst or distraction: The evolution of devolution in the English NHS*. www.health.org.uk/publication/catalyst-or-distraction

† See page 16 of *Simpler, clearer, more stable* for a sketch of the current flows of accountability. www.health.org.uk/publication/simpler-clearer-more-stable

‡ See the recent Health Foundation and the All-Party Parliamentary Health Group essay collection, *A healthier life for all: the case for cross-government action*. This explores a wide range of drivers of poor health and argues for health improvement to be an objective across all policy areas. www.health.org.uk/publication/healthier-life-all

Planning for accountability

Simpler, clearer, more stable shows that systems of accountability are lagging behind this shift towards integrated, place-based care systems, and are still largely organisation-based. This can lead to duplication and dissonance. NHS bodies already report against a great number of indicators; there is the risk that new models of integrated care might increase the regulatory burden. NHS England, NHS Improvement and the Care Quality Commission are all working to achieve a better, joined-up approach to oversight, but Hudson's research finds that this top-level commitment is not yet being followed through on the ground consistently.

Hudson makes the case that a new, more integrated approach to accountability is needed to reflect the changing delivery of care, and emerging differences in local arrangements. He argues an integrated approach to accountability across organisations must be developed, spanning quality and finance. A lack of alignment between finance and other service priorities risks unattainable goals.*

While integration can increase demands and overlap in accountability and monitoring, there is also a risk that gaps may be left. To ensure against this, roles and responsibilities of the various parties, and accountability arrangements, must be considered from the outset of developing integrated care services.

Achieving integrated accountability

Hudson identifies six principles that underpin an effective accountability framework; it should be:

- comprehensive and joined-up, spanning organisations and covering both quality and finance
- clear and transparent
- economical of resources
- stable over time and consistently applied
- rigorous where it matters, balanced with encouragement of innovation
- robust to the real world.

In assessing current accountability arrangements against these principles, he suggests an integrated accountability framework should include the following components:

- An overall framework for planning and monitoring.
- A single streamlined set of outcome indicators, covering health care, public health and social care and focusing on key system priorities. This should include key national indicators to ensure comparability and consistency with national priorities, plus local indicators agreed by all relevant parties.

* For more discussion on this point, see the recent Health Foundation report, *Staffing matters; funding counts*: www.health.org.uk/publication/staffing-matters-funding-counts

- A coordinated approach to planning and monitoring across local systems. This should make clear how planning and monitoring for individual organisations fits within an integrated, place-based approach to care delivery.
- A fully coordinated and proportionate inspection regime, with alignment and streamlining across all relevant regulatory bodies.
- A high-level financial plan that provides the framework for commissioning decisions.
- A common, publicly available database of headline performance measures, spanning health and care, quality and finance; plus a more in-depth database of local performance information, accessible to all stakeholders.

Simpler, clearer, more stable also outlines who should take action on each of these points.

This represents a significant shift from current accountability arrangements. Hudson therefore identifies immediate measures to build on these, and help move towards better alignment with the way the integrated services are delivered.

- Governance arrangements should rapidly be established for all STP footprints, linked to existing arrangements but avoiding unnecessary duplication of reporting and inspection. These must be fit for purpose locally, and provide clear local accountability.
- Future steps towards integration of services should be planned through existing processes, including STPs and Joint Health and Wellbeing Strategies, rather than additional plans.
- Clear, aligned statements should be published about how the health and care system works at all levels, including details of organisations and geographical boundaries.
- The impact of changing accountability frameworks and indicator sets should be subject to rigorous assessment, to ensure benefits outweigh costs and disruption.

Conclusion

Current arrangements for accountability of local health services are becoming out of date as new models of care emerge. This is not just an issue of administrative neatness – conflicting accountability arrangements can significantly hinder progress. The development of clear and consistent accountability frameworks for integrated services will be critical for the monitoring and improvement of service quality and cost-effectiveness in new models of care. These frameworks must cover health care, social care and public health, and span all domains including quality and finance. The current move to more integrated care provision in England, alongside increasing financial pressures, poses significant challenges for getting accountability right.

The STPs in England are currently being finalised. Planning and setting out their accountability arrangements from the outset will be key to their success. *Simpler, clearer, more stable* suggests how they might do so.

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Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

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