Future View

IT’s role in delivering a more integrated health and social care service

A response from Capita One to the Four Futures for Health and Social Care Integration Report

Transforming lives together
What does the future hold for health and social care integration, and how will IT systems be supporting public service delivery in 2026? Mark Raeburn, Managing Director of Capita One, considers the software implications of four different futures for health and social care integration.

As we look ahead to a more integrated health and social care landscape, uncertainty remains about what this more joined-up approach will look like. Bringing together organisations with different cultures, which have traditionally worked in parallel, could throw up some interesting technological challenges.

But what is the best route towards a more integrated future – is it a centrally driven approach with a strong national framework? Or will solutions be developed locally, based on regional priorities? And what is the direction of travel for service provision? Will it be profession centred or user centred?

To explore the options, Capita examined four alternative scenarios by mapping possible future landscapes for the sector, from the most centralised to the most devolved approach, and looked at where these would take us ten years from now.

In response to this, Capita One has considered the role of software systems and related technology in making these four possible futures a reality.

Each of the scenarios we consider in this paper will call for a different set of solutions to build the foundation for a strong health and social care sector in the years ahead. One thing is certain, whichever direction the future takes us, technology will play an increasingly critical role in the ongoing delivery of public services.

### Four Futures for health and social care integration

The four possible futures range from user-centred services to profession centred, directed locally by region or centrally, as the following diagram shows.

- **FUTURE 1**: User centered
- **FUTURE 2**: Service/profession centred
- **FUTURE 3**: Local direction of health and social care
- **FUTURE 4**: Central direction
What does this mean for various stakeholders?

In this world users and carers are the ‘sense-makers’ in the system and they have significant personal autonomy (think TripAdvisor rather than travel agent). But it leaves a problem to be resolved for those who are unable to cope. Communities may be one source of help in some localities, as may the third sector or the central or local state.

For professionals and providers, the challenge is one of responding as suppliers and participants in a services retail market where they are funded as the result of individual choices users make and held accountable partly by market feedback.

This world of nationally directed services demands certain imperatives from the IT that powers it. Health and social care systems are now capable of supporting larger scale, nationally directed services. Software supports and maintains national criteria, potentially allowing citizens’ eligibility for funded health and social care to be available at the touch of a button.

In this centralised and consumerised scenario, citizen portals and e-marketplaces are important. Citizens from across the country need access to standardised information from nationally available websites. The success of personal budgets sees people searching for, selecting and buying their own services, and the technology provides an easy way to do this.

An elderly person who requires extra help in their home is assessed against national criteria and can log on and select the services they need, using their personal budget, and top this up with their own funds if they choose.

With tighter health integration systems and the introduction of the single care record, a key priority for the sector is the integration of social care and health records for the individual. A citizen’s NHS number continues to serve as standard identification for everything related to their case. Systems will need to manage integrated personal budgets to support health and social care needs. Systems will also be successful if they can easily support more NHS staff using social care systems and vice versa. Easy-to-use interfaces and professional portals to case management systems will be important.

In this envisioned future, the postcode lottery nature of care has become a major political issue. As a result, social care services have increasingly moved into the NHS.

Both personal social care budgets and personal health budgets are the norm. The vast majority of individuals are managing their total care needs or gaining support from family or others, using web portals and support mechanisms to do so. The decline in resources has meant that top-up payments and self-funding have become more important, driving a more personalised approach to accessing care and claiming benefits.

Individuals with health and care (and housing) needs are assessed against nationally set standards, and allocated resources, often on a means-tested basis, which they then augment with their own money in order to access the health and social care that they choose.

This future we have called ‘regulated consumerism’.

Future 1:regulated consumerism – Central direction and user-centred
A move towards user-centred services has helped local government to make acceptable cost savings in both health and social care, and the focus is now on addressing people’s individual needs.

More practices with GPs co-locate with spun out social work practices or have merged completely. We see an enlightened attitude to whole, person-centred approaches, including engagement with housing providers. This more integrated approach has led to more preventative interventions.

Some hospital wards – and even whole hospitals – have closed and there are some parts of the country where it is better to have illnesses than others.

This future has been called, ‘Me in My Place’.

**What does this mean for various stakeholders?**

In this future, the support for **users and carers** is integrated and joined up, based on local circumstances, for the individuals. In some places that may include an element of choice but in others it may not – this will be a local design choice, not a national one.

**Providers** need to be able to adapt on a localised basis in response to the different needs articulated by the commissioners, and will also face the challenge of integrating across service siloes themselves.

There are huge challenges for **professionals**, and their professional bodies, in bringing this world about, with significant changes to practice, training, multi-skilling, cross-accreditation and more.

This more devolved scenario sees health and social care services being commissioned and delivered locally. Local nuances mean that each area has locally applied rules, and have systems which are flexible enough to support these variations. This applies to the delivery of services, information and advice, all of which will be drawn up at local level.

Here, citizens manage their personal budgets and the software behind this makes it possible to calculate budgets and costs, which may vary from one area to the next. With user-centric services being paramount, citizens will need to feel in control of their care, procuring local services, with the ability to log into a local citizen portal solution to view their personal budget and care plan. Someone who may have mobility difficulties and uses a wheelchair, or their carer, should be able to access a website with local content to find out about transport options and be signposted to local service information relevant to their individual needs.

In a locally directed, user centred world, commissioners need to understand the local market and shape services at local level. To do this effectively, their systems include tools that enable flexible reporting and intelligent data analytics. For example, tools that enable them to easily see clusters of unmet needs so that steps can be taken, working with local providers, to increase service availability.

With decisions being made at local level, collaboration between services is important. Software solutions need to be able to facilitate the set-up and running of local forums so that teams can share good practice. Carers could also go online as their first port of call to offer support to other carers in the same area who face similar challenges.

In this future it will be important for local authorities to develop strong third sector involvement, so systems need to enable joint working with charities and not-for-profit agencies.
In this future, the focus is on driving efficiency. The priority for systems is to make life easier for social care departments and help them do more with less. Professionals need to spend less time on administration and more time with service users, therefore systems need to help free up their time.

Without a clearly defined national or local focus, integration across disparate systems is important. Health and social care systems should provide open interfaces to enable integration of data. Some regional solutions are likely to emerge and health and social care agencies could look towards achieving economies of scale with systems suppliers through joint working. Social care systems will, therefore, need to support multiple local authority areas. There is a strong security model to ensure data is only shared with the relevant local teams, while supporting local reporting and statutory returns.

Hospital discharge teams may use a regionally hosted solution for several local authorities, but will only receive patient discharge notifications for their local area and only have access to local area data.

In a scenario where budget constraints remain a concern, it is likely that systems will move more rapidly to hosted cloud solutions to help drive savings, removing the need for on premise hardware and eliminating time required to perform upgrades.

Future 3: LOCAL DRIFT – Locally directed and service/profession centred

In this future, the Better Care Fund and other integrative initiatives administered locally by the Health and Wellbeing Boards gradually control more and more of the local public service economy.

Professionals have learned how to work together with grudging respect, but there is no real integration.

Experiments with giving people control over combined budgets has led to many instances where poor outcomes were achieved – the causality and timescales required were too complex for relatively uninformed individual choice. Most people find their way around the professional siloes of health, social care and housing.

There is an increasing need for local control with all levels of provision. Authorities have started to merge, creating units of local accountability that better fit with health service economies of scale.

This future has been called ‘Local Drift’.

What does this mean for various stakeholders?

The key ‘sense-maker’ of the system in this world is the Health and Wellbeing Board (HWB). While it is driven by the council, which provides that element of democratic input, there are also other professional voices influencing the local commissioning. There is scope for involvement by local communities, but only if the HWB or commissioners let them in.

For users and carers there is the challenge of working across a disparate system.

Providers are likely to remain organised around service lines, but will need to adapt to local circumstances. Providers who can offer joined-up solutions will be welcomed if they can devise procurement methods which access the multiple funding streams.

With no major transformation in services, this future is the closest to our current situation.
What does this mean for various stakeholders?

The ‘sense-maker’ in this world – by default – is the individual and their carer/family and is quite polarised between self-funders on one hand and ‘claimants’ on the other. Despite the central control, the experience on the ground may be quite different, depending on the level of provision in different areas and the range of provider options. Some communities will be willing and able to support people in navigating the system, and some may be able to offer top-up care, but this will vary widely.

Providers may find more scope for nationally-let contracts, and national frameworks.

The social care profession on the assessment side becomes more akin to benefits assessment than ‘care package provision’ and this would be a significant cultural change.

In this centrally directed future, social care could well become part of the welfare system. Integration is a priority so that social care IT solutions are able to talk to revenues and benefits systems.

This scenario sees big changes in the way service user finances are assessed and managed. Financial assessments for social care are no longer performed by social care teams, but by benefits staff.

In this future, social care systems would no longer need to provide financial assessment tools, but would integrate with Universal Credit to record the benefits paid. The challenge for the IT is in pulling through all the relevant data from social care, revenues and benefits so that everyone involved with a case, from the social worker to the service user themselves, can see what they are entitled to.

So, a parent of two children who needs help getting back into employment following an illness, and is struggling to get their children to attend school, might be entitled to a range of benefits as well as a social care payment, which they can keep track of easily and in one place. This family needs a portal through which they can manage all their claims and monitor their payments in a straightforward way.

The priority in the care-as-a-benefit future will be systems that integrate seamlessly between health services, social care and the benefits system.
The objective of this report is not to forecast what will happen, but to consider possibilities and shape software solutions that support these possibilities. In reality, we are most likely to see a move in one or more of these directions and the eventual future will almost certainly be a blend of these scenarios.

Something we can be sure of, however, is that whatever the future holds, the most successful IT infrastructures will be those which are flexible enough to adapt to change.

Whether the future of health and social care is centrally or locally driven, profession or user centred, the software that provides its backbone will need to be able to integrate successfully with other solutions.

In a world in which there are pressures to keep costs down and reduce the administrative burden, health professionals will need to work collaboratively, either on a local or a national basis, to meet need. Equally, providers and citizens will be working more closely together, sharing information so that people get the care package they require.

A self-service approach will be an integral part of any of these futures, and as citizens get used to going online to access services, the key will be to have public-facing systems that are simple to log on to and use. The challenge will be providing citizens with as seamless an experience as possible, so they do not have to log into multiple systems to gain access to information about their health and social care, budget and services.

Genuine channel shift can only be achieved if citizen self-service integrates fully and seamlessly with the back office systems used by service professionals. A truly digital and integrated service is the only way to streamline administration for multi-agency teams too and eliminate costly and wasteful re-keying of information.

While the role of commissioners may vary depending on a national or local emphasis, they will always need effective reporting and analysis tools so that they can be sure of procuring the best and most cost effective services. And when budgets are tight, hosted systems could present an opportunity for authorities to save money.

As we look ahead ten years, everyone working in health and social care will need to adapt to a potential new landscape. Having the right software and systems in place will be essential to equipping them for the future, whatever it may hold.

Capita One is the leading supplier of information systems to adults, children and family services, trusted to deliver integrated systems to safeguard the most vulnerable.

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The full version of the Four Futures for Health and Social Care Integration report can be found here.