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People's voices in integrated care

Everyone agrees with the merits of engaging and empowering people who use health and care services – but how do we go beyond merely paying lip service to this important principle?

In a recent GGI Illumination we explored some of the topics discussed at the National Commission's recent citizens summit, from which a predictable consensus emerged about the importance of the public sector engaging and empowering the communities it serves.

As we rebuild from the pandemic, we said, 'we cannot afford to alienate citizens any more than they already are from the societies in which they live and work'.

This is a familiar refrain in the world of health and social care. For many years now, Healthwatch England has said, quite rightly, that people should shape health and social care delivery, influence the services they personally receive, and hold services to account.

At last week's The New NHS ICS webinar, one of our guest speakers, Peter Gordon, Deputy Chair of Surrey Healthwatch, questioned how far we've really come in citizen engagement. Nine years after the 2012 Health and Social Care Act that established Healthwatch to drive patient engagement, he said, the practice remains 'highly variable – and the citizen's voice doesn't yet seem to be part of the system's DNA'.

Peter also asked what happens when people are engaged. What do you do with them? He said: "People are limited by their experience and imagination and by what is put in front of them. It's not enough just to have citizens in the room, you've got to present them with something."

Golden opportunity

The shift to integrated care presents us with a once-in-a-decade opportunity to make a step-change in public engagement. Health and social care leaders should be thinking ahead 12 months and asking themselves what they might regret having not put in place now.



A good starting point might be to draw a straightforward distinction between governance and participation – because when they are spliced together, the result is often token participation.

Governance is the responsibility of the group of people who are appointed as the controlling mind of an organisation. Of course, they have various duties, one of which is encouraging public participation. But it's a mistake to assume that the right place for that participation is on the board itself. What that often leads to is tokenism and less authentic participation.

What's needed is a change of mindset at the level where care is provided – a new social contract. The alliance between those who provide care and those who receive it must be strengthened. After all, the patient is the golden thread in their own care and the person with the strongest vested interest in its outcomes.

An interesting measure of the health of this all-important relationship is the amount of prescribed medication not collected or taken – which currently sits at around 50%. This reveals a profound dissonance between what care givers feel is right for their patients and what patients feel is right for them.

Place-based solutions

Gathering meaningful input from local populations, carers and service users requires proper resourcing. And perhaps the current focus on place presents us with an opportunity. It's the element of integrated care where there is a chance to really change things.

We can take some of the money that's being spent on buildings, professionals and equipment and spend it instead on community assets, where partners can come together and make local decisions together. With a bit of imagination and risk-taking, we really could turn place into the level where things start to change for the better.

Another area of real possibility is the improved use of social science. There are good established social science techniques for understanding lives and getting opinions from people who don't want to go through classic participation exercises, and we should use them more.

Crucially, we must make this happen in the window of opportunity that is currently open. Expecting the integrated care legislation to magically solve this problem would be naïve. If we want to look back on this in a year without regrets, we will need courage and boldness and creativity – and action.

Illuminations

- To avoid the risk of tokenism, boards should be wary of conflating governance and engagement.
- The move to integrated care presents a valuable opportunity to forge closer links between those who provide care and those who receive it.
- We cannot assume that forthcoming legislation will solve this problem – we must seize this opportunity ourselves and dare to be bold and imaginative.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email advice@good-governance.org.uk.