
PUBLIC POLICY PROJECTS

INSIGHTS



Integrating health and social care: a national care service

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Acknowledgements

ABOUT PUBLIC POLICY PROJECTS

Public Policy Projects (PPP) is a global policy institute offering practical analysis and development across a range of sectors, including health and social care. The institute is independent and cross-party, and brings together public and private sector leaders, investors, policymakers and commentators with a common interest in the future of public policy. Public Policy Projects publishes annual reports in a series of policy areas, including integrated care, social care, genomics, rare diseases, women's health, antimicrobial resistance (AMR), health inequalities, diagnostics, economics, environment and energy, connectivity and 5G wireless technology, rail infrastructure and planning. All these programmes, and their corresponding events, publications and conferences, receive contributions from sector leaders from around the world.

ABOUT PPP'S SOCIAL CARE POLICY NETWORK

Chaired by former Deputy Prime Minister Rt Hon Damian Green, PPP's Social Care Policy Network comprises over 20 senior thought leaders within the social care sector. Given that social care reform is a key policy issue in 2022, PPP has brought together these experts to discuss four key issues within the sector: integration, finance, workforce and digitisation. Within the Network is a 'lived experience panel', whose members consist of individuals who are experts through their experiences of the current social care system on the ground. The Network aims to inform the social policy debate, from within the industry, as well as the public, academic and charity sectors

The Network came together through roundtables and evidence sessions. This report and its recommendations reflect the challenges and proposed solutions discussed in these sessions.

Foreword



FOREWORD FROM BY HON DAMIAN GREEN

The formation of Integrated Care Systems as part of the Government's plan to integrate health and social care ought to be an opportunity for a once-in-a-generation improvement in the quality of social care provision. For too long the social care sector has been in crisis due to increasing demands on the system which have not been met with enough funding or a sensible organisational structure.

Integration, if done properly, would alleviate many of the current problems and result in a better care experience for those who need care. However if integration is mishandled the Government will miss this unique opportunity and the crisis will continue, and indeed probably become more acute.

Proper integration would not only benefit users and providers of social care, it would bring enormous benefits to the NHS by reducing overall pressure and unnecessary bed use in acute hospitals. The long-term effect would be that individuals, families and communities would be supported to live longer, healthier and less isolated lives.

There is a big danger that this opportunity is being missed. Steps need to be taken now to raise the status of social care, to increase the funding, and to ensure that the new ICS model embraces social care as an equal partner with the NHS. This report from Public Policy Projects (PPP) lays out practical recommendations which, if implemented, will help to ensure the successful integration of the health and social care systems, to the great benefit of our long-term health.

Recommendations

1. PPP recommends qualitative research into the benefits that well-funded social care can have on quality of life, independency, isolation, relationships and general wellbeing.

This should be combined with formal quantitative research into the impacts that properly funded social care can have on the NHS, including quantifiable information about hospital bed availability and the economic impact of the reduction of accidents and preventable illness.

2. There should be clear public guidelines on the social care system and how to access social care services in a given area. There should be a social care app, similar to that of the NHS, to act as a central portal for people who require social care services. It should direct people to all available social care services within their ICS and must be user-friendly.
3. There should be standardized minimum pay bands across all social care providers, which match the equivalent bands in the NHS.
4. There should be clear guidelines for leadership structures within ICSs.
 - o There should be neutral leadership of Integrated Care Partnerships (ICPs), which should be chaired by someone

independent from the NHS, ideally a representative from local government. This will help to ensure that the health focus is not entirely on the hospitals in the area, but also social care and other local services.

- o Representatives of local authorities in Integrated Care Boards (ICBs) should be responsible for voicing the needs of social care in the ICS.
 - o All ICPs must have a representative of social care services in the area who should either be, or work alongside, an individual with first-hand experience of either working in or receiving social care. Representatives should reach out to carers groups and care homes to properly represent community needs.
5. ICSs should adopt a local-government style complaint system, so that complaints made will be assessed in relation to the entire system, rather than individual departments
 6. Digital training should be provided for all health and social care staff who require it. A system should be put in place which is accessible and easy to use for all staff, to ensure that staff with little digital experience can contribute to the online patient record effectively.

Introduction

The integration of health and social care in the UK has been long awaited. As Integrated Care Systems (ICSs) are to gain statutory footing from July of this year, the British government has a unique opportunity to fix some of the major problems in social care, for the benefit of both social care users and the broader health system. While the promise of integration is broadly recognised as a positive step in the right direction, the government is in danger of missing this opportunity if proper steps to integrate and reform our health and care system are not taken.

Done properly, integration will provide a higher quality of care, and a more holistic

care experience for users. However, the integration of the two systems is set to be a challenge given the focus within health on hospitals, and the neglect of the wider forms of care and health support available. Social care does not tend to be considered a core element of the health system by the British public. This is exacerbated by successive governments which have not made the funding or reconfiguration of the social care system a priority, when it has been in crisis for decades. It must now be ensured that social care is properly supported, funded and utilised, to support the NHS and to improve the population's health.



Chapter One

SOCIAL CARE IS AN ESSENTIAL ASPECT OF THE HEALTH LANDSCAPE

The social care sector should provide essential care and support for anyone who needs special assistance, so that they can live a healthy and comfortable life. The support provided through adult social care aims to maintain the independence and dignity of older and disabled people and help vulnerable people to live longer and healthier lives.

The relationship between the NHS and social care is symbiotic; the more effective and accessible social care services are for users, the less pressure there will be on NHS services, due to the concomitant reduction in preventable accidents or illnesses in vulnerable people. When running smoothly, social care services ensure that hospital beds are free and available for those requiring clinical treatment. Furthermore, as the health system improves and people live longer, the higher the demand is for adult social care.

The benefits of good social care extend further than just supporting the NHS; it is a key aspect of the broader health landscape, too. When vulnerable people are supported to lead healthier, happier and less isolated lives, benefits can also extend to personal relationships, families and communities. The value of this can be difficult to quantify in the same way as benefits to the NHS, however the lived experience of people touched by effective social care demonstrates the immense positive value it can have on overall wellbeing.

Given the relationship between the NHS and social care, and the wider benefits good social care has for health and wellbeing, the proper integration of these services is essential in the pursuit of providing better care.

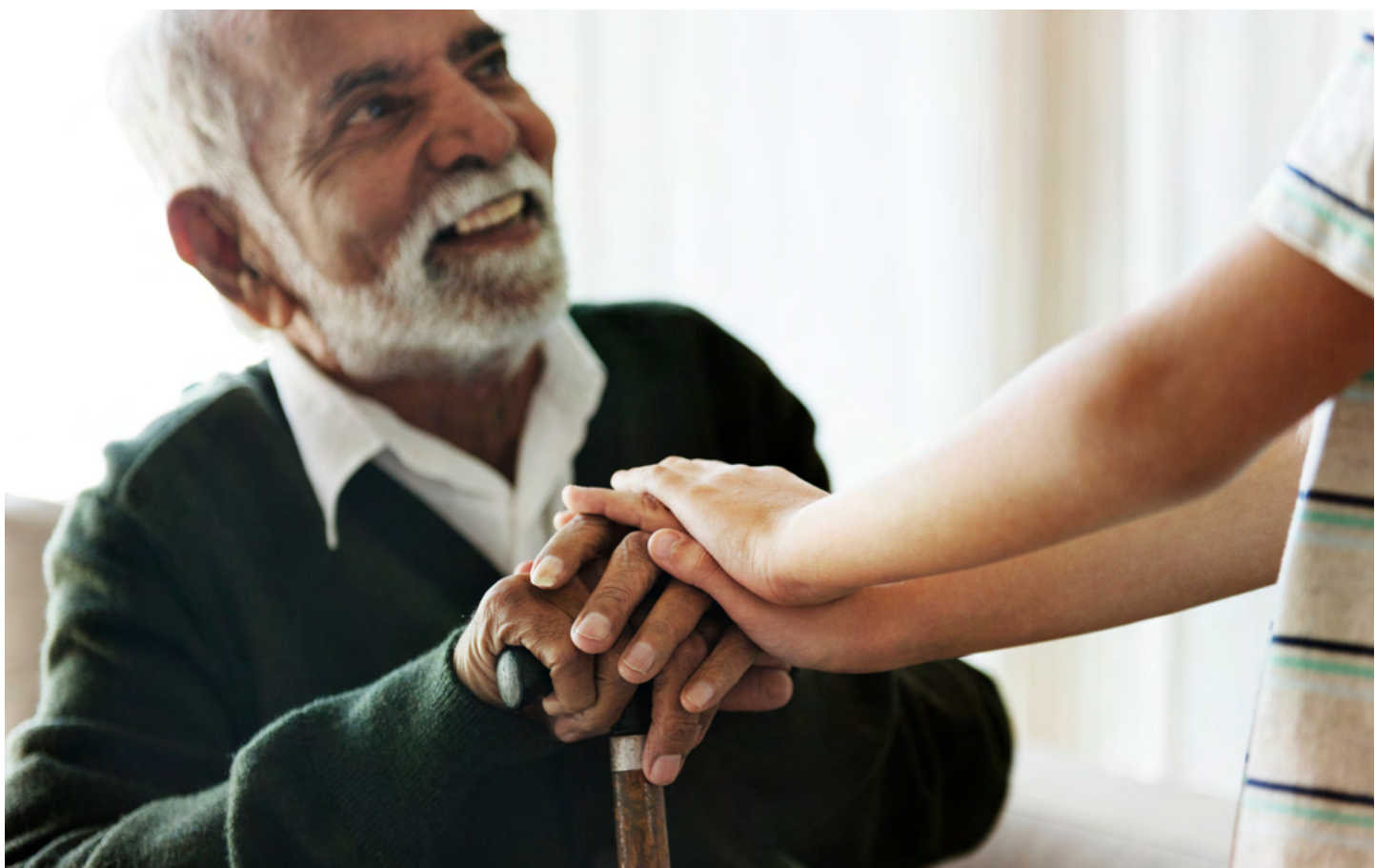
Chapter Two

INTEGRATED CARE SYSTEMS: WHAT IS CHANGING AND WHY ARE THEY REQUIRED?

Integrated Care Systems (ICSs) are partnerships in a geographical area which bring together the NHS, local authorities, and other local partners to plan health and care services based on the specific needs of their population. The central aim of ICSs is to integrate care between different organisations by joining together hospital and community-based services¹. All parts of England are to be covered by one of 42 ICSs by 1st July 2022. Once ICSs have been introduced, Clinical Commissioning Groups (CCGs) will no longer exist. The core aims of ICS are: improving outcomes in population health and healthcare; tackling inequalities in outcomes, experiences, and access to healthcare; to enhance productivity and value for money within health; and to help the NHS to support broader social and economic development.²

While historically healthcare and social care have been separate systems, with separate funding, different health and wellbeing focuses, and different reputations, ICSs aim to join up the two systems at a local level and align budgets.

During the pandemic, the value of cross-sector collaboration and communication within healthcare became evident. One Network member posed the question: “why was the vaccine rollout so successful in the UK? Because we leant on the power of communities – recruiting from health, social care, education, faith-based groups and primary care to do it”. It seems evident to improve the overall health of the nation and reduce the inequalities that exist in access and outcomes, the same collaboration within communities must be a priority.



With the formation of ICSs, one Network member emphasised that “we have a once in a generation chance to ensure there are some real structural changes within the health system which mean that social care can be saved”. The changes in integration to come are “not about tweaking little ways of working, but a wholly new, brave, bold way of thinking, acting, behaving and funding”. It is only through this complete system change that positive changes in overall population health and wellbeing can be realised, along with improvements for staff in the health and care sector.

On the 9th February 2022, the government released a white paper entitled *Health and social care integration: joining up care for people, places and populations*³. This white paper laid out proposals for achieving more effective and more joined up care. The main proposals from the white paper were:

- The sharing of data between the NHS and local authorities, along with better transparency about their performance
- More personalised care, linking GPs to wider forms of community support
- Earlier intervention, as integration will help individuals to access the right services at the appropriate time
- Clear communication between the health and social care sectors, with patients having a single digital care record for booking appointments, ordering prescriptions, and communicating with their care providers on

one platform. This also ensures that those delivering health and care services can access the latest information about both the clinical and social care that patients are receiving

- Better treatment which manages diseases in the community
- Better NHS support to care homes
- More specialist support for patients across both hospitals and social care

The proposals laid out in the white paper are clearly a sensible step in the right direction. However, while the sentiment and guidelines are encouraging, it skims over some of the more practical aspects of how exactly integration will be carried out, and the challenges that are expected in the transition period. Current proposals for ICSs are presented more as guidelines than practical and actionable steps for each ICS to take. To some extent this makes sense, as it is important that many key decisions are left to the ICSs themselves, and that plans for health and care should reflect the specific needs of the populations they serve. However, as the integration of health and social care and other local services should constitute an entire reconfiguration of the system, clearer guidelines must be given to ICSs.

Some level of standardization across ICSs is important, as it will hold ICSs accountable to achieving their intended goals. It will also help to ensure that regional inequalities in the standards of care provided are reduced, not exacerbated further.

Chapter Three

KEY CHALLENGES FOR INTEGRATION

Historically, there has been a real disparity in the respective status and funding of health and social care. While social care is evidently an essential aspect of a good healthcare system, it tends to be dismissed as an optional element. For the proper integration of the two services, the status of social care must be elevated, and funding must be properly shared. The structure of ICSs must properly support social care services, as they are intended to do for the NHS.

A key challenge will be reframing the concept of 'health' to incorporate more than just hospitals. One Network member contended that the NHS has for too long been operating as a "National Hospital Service, not a National Health Service." In order to provide better care for all, "we must realign our view of health not just with hospitals, but with the broader determinants of health and sickness prevention."

With integration comes the challenge of reconciling two completely different systems. One Network member identified that "the language that we use in social care is completely different to the language we use in healthcare." For example, people accessing healthcare services are referred to as 'patients', whereas within social care people are considered instead as 'service users'. For integration to be effective, a common understanding and a common language must be developed between the NHS and social care. The NHS does not operate in isolation, and its role should be understood within a broader health context. Integration of the systems and the consolidation of ICSs is likely to be as much about a 'cultural' change as it is a structural one.



STATUS AND PUBLIC PERCEPTION

In the past, social care's role within the healthcare ecosystem has been undervalued. If social care is to be properly integrated with health, then it is essential that the status of social care is elevated to match that of the NHS. One Network member emphasised that "public confidence is going to be absolutely critical for the incorporation of social care into what we consider to be our health system". Social care plays a central role in supporting the health and wellbeing of members of the nation's population and is a key component of the broader health system. Now that the NHS and social care are to be part of the same system, it is imperative that the status of social care is elevated to that of healthcare.

The low status of the sector is a gendered issue, linked to the undervaluation of so-called 'women's work'; caring for the vulnerable and elderly has historically been the responsibility of female family members. Now that women have the broader opportunities and responsibilities for work, many are unable to provide complete care for dependent members of their family. Though social care can now be provided by professionals outside of the family unit, it continues to be publicly disregarded as low-grade work, arguably due to the perception that it is a female responsibility. The Women's Budget Group have emphasized that where people are unable to afford social care, it is women in families who continue to be relied upon to provide informal and unpaid care⁴.

The Network agreed that many of the issues in the social care sector could be resolved, or improved to some extent, if the status of the social care sector is successfully elevated. This would mean that the sector, and social care work itself, would be held in high regard by both the government and public. If the status of social care work is high and its value appreciated, funding will be made more readily available (for better pay, more carers, and a higher level of service) and workers would feel valued and able

to take pride in their work. Once the value that social care has to the NHS and the broader health service is properly appreciated, budgets are more likely to be shared appropriately (although, as local authorities pay for a high proportion of social care, integration should not mean that better financial support for local authorities is disregarded).

One aspect of elevating the social care sector involves raising awareness of what social care constitutes, the services it provides, and the value it can bring to individual lives and to broader society. Part of improving the status of the social care sector will be to define what social care does for people, and where money is needed. Once there is adequate public understanding of the significance of the social care system, integration will be easier. The social care system must also be easier to navigate for users; once the system is more accessible and transparent, the value of the sector can be more easily understood.

Since the start of the pandemic, the NHS app has exploded in popularity thanks to the NHS COVID pass. In his speech on Health and Reform on 8th March 2022, the Health and Social Care Secretary explained that "25 million people are carrying the NHS app around in their pockets... we want a digital future for the NHS that works for everyone⁵." For the NHS and social care to be integrated, social care should be just as accessible and visible.

PPP recommends that there should be clear public guidelines on the social care system and how to access social care services in a given area. There should be a social care app, similar to that of the NHS, to act as a central portal for people who require social care services. It should direct people to all available social care services within their ICS and must be user-friendly.

The elevation of the social care sector also involves the status elevation of the social care

workforce. There is a huge disparity in the status of social carers and NHS workers, where social care work is often perceived as degrading and NHS work is considered to be 'life-saving'. Many social care workers aspire to work for the NHS due to this disparity in both status and pay, and workers leaving to go to the NHS and other more respected roles is contributing to the crisis in the social care workforce. If the NHS and social care are to be part of the same system, and work collaboratively for the health of those under the same ICS, then they must be paid and treated as though this is the case. One of the key reasons why the status of the social care workforce is so low, and workers themselves feel undervalued, is low pay. A report by Methodist Homes (MHA) estimates that there is a 23 per cent pay disparity between equivalent jobs in the NHS and social

care, in salaries as well as differences in pensions and sick pay⁶. It is also essential that within the NHS, there is an understanding and appreciation of what social care work constitutes.

PPP recommends that there should be standardised minimum pay bands across all social care providers, which match the equivalent band in the NHS.

PPP will produce a separate interim report later this year on the social care workforce, which will include more comprehensive recommendations regarding the integration of the NHS and social care workforces, along with recommendations regarding broader workforce concerns within the social care sector. Included in this report will be specific references to the role of volunteers in delivering personalised social care services.

FUNDING

A key difference between health and social care which impacts the status of the social care system, is that the NHS is free at the point of use, while social care relies on some level of private funding. The adequate funding of the social care system has not been a priority for successive governments, unlike the NHS, which tends to consolidate the impression that healthcare is essential, whereas social care may be perceived as an optional 'add-on'. Part of combatting this perception is making the proper funding of the social care system a priority. PPP has produced a separate interim report concerning social care funding specifically, entitled *Mind the Cap: Choices and consequences for financing social care*. In this, key policy recommendations were:

- Funding raised by the increase in National Insurance by the Health and Social Care Levy is nowhere near enough to create a stable and effective social care system. Financial support for social care should increase significantly and be part of a long-term funding solution to allow providers to plan effectively. This solution should maintain the duality of state provision and private

funding schemes specifically for social care.

- o The government should widen the scope of the Health and Social Care Levy. Other forms of income and wealth to which National Insurance does not apply should also be considered.
- o The government must focus its attention on how best to stimulate a wider insurance-based approach to care, encouraging individuals to participate in voluntary insurance schemes to cover costs up to the cap.
- o The government should explore greater flexibility around the Health and Social Care Levy, including the option of directing a proportion of the levy to an individual's social care insurance scheme and/or contributions being made by employers, as with pension schemes.
- The cap should be based on a proportion of an individual's assets, not on a simple number

applied to all parts of the country, whatever the average level of house prices in each region. The Government should choose what percentage of an individual's assets can be taken for social care costs, up to an absolute limit.

- Social care should not be funded at the local level, as this serves to increase regional inequality. The social care precept on council tax should be removed, so that the social care system is funded from national, rather than local, taxation, as well as individual contributions through an insurance system.
- There should be serious moves to change public perceptions of the sector, including campaigns to make the system accessible and user-friendly⁷.

PPP's social care network identified that some level of shared funding between the NHS, social care, and other local services may be a challenge within ICSs. Network members

expressed concern that "whenever there is a crisis in health, money will get sucked out of the rest of the system and will be re-directed to the NHS."

Redistributing shared funds to the NHS will compromise ICSs. If social care continues to be neglected and underfunded, millions of vulnerable people will be more likely to require NHS services for preventable illnesses and accidents.

PPP recommends qualitative research into the benefits that well-funded social care can have on quality of life, independency, isolation, relationships and general wellbeing.

This should be combined with formal quantitative research into the impacts that properly funded social care can have on the NHS, including quantifiable information about hospital bed availability and the economic impact of the reduction of accidents and preventable illness.



STRUCTURE

To raise the status of social care, the structure of ICSs must receive close attention. The structures in place in every ICS will help to determine how well the NHS, social care and other local services can be integrated for the best health of populations in the area.

As one Network member identified, the structure of ICSs should be “nationally consistent but locally based.” The exact structures of ICSs, ICBs, and ICPs should be individual to each area, and an appropriate reflection of the communities they are part of. The network noted that “the services and integration journey cannot be delivered through central control”, as ICSs should by nature be locally responsive and have a high level of autonomy. However, it is essential that the needs of the social care services in the area are consistently and adequately represented at the higher level within each ICS. Certain structures should be put in place to ensure that the needs of social care are heard within the broader health conversation.

Within each ICS, there will be an Integrated Care Board (ICB), an organisation responsible for NHS functions and budgets. Current government guidelines say that the ICB will at a minimum include a chair, a CEO and representatives from NHS providers, general practice, and local authorities. Each ICS will also have an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy. These will comprise the ICB and their partner local authorities, and other locally determined representatives, from health, social care, public health, and potential others⁸.

Firstly, the PPP Social Care Network identified the importance of neutral leadership of ICPs. Given that a central concern for social care within ICSs is that social care will be subsumed under the NHS, proper leadership of ICPs should ensure that all aspects of the ICS are properly accounted for, and given fair attention.

A Network member said that “we need to ensure that it is the voice of users, not the voice of the system, that is being put first.”

Secondly, it was recognised that voices representing social care should be present on ICBs, as they constitute the key decision-making groups. This makes sense, given the close relationship between the health and social care systems and the need for proper social care funding (as ICBs determine the spending of the health and care budget). While private providers cannot sit on boards, a representative from local authorities, or a Non-Executive Director, should be responsible for voicing the needs and concerns of social care in the area. This will help to ensure that social care is not forgotten at the higher level, and is given proper attention when the joined-up care of individuals is being considered within a given ICS.

Thirdly, the Network identified the importance of centring the voices of those with lived experience of the social care system. The aspect of lived experience is essential, as decision-making boards should be directly responsive to, and cognisant of, the communities they serve. Representatives of the voluntary sector should be included, as a key provider of community based social care services.

Network members emphasised that ICBs and ICPs should be working closely with health and wellbeing boards, already set up as place-based planners. A network member underscored that “health and wellbeing boards will help to set the strategy that ICBs will have to deliver on. There is a key place for the health and wellbeing boards because they know what is going on in communities.”

PPP recommends that there should be clear guidelines for leadership structures within ICSs.

- There should be neutral leadership of ICPs, which should be chaired by someone independent from the NHS, ideally a representative from local government. This will help to ensure that the health focus is not entirely on the hospitals in the area, but also social care and other local services.
- Representatives of local authorities in ICBs should be responsible for voicing the needs of social care in the ICS.
- All ICPs must have a representative of social care services in the area who should either be, or work alongside, an individual with first-hand experience of either working in or receiving social care. Representatives should reach out to carers groups and care homes to properly represent community needs.

Effective integration should help to ensure that the health system is patient centred. The focus should be on the experience of the individual as they move through the system. The experience of many people is that they 'fall between the cracks' between NHS and care services. As the two systems move towards integration, communication between all services must improve to ensure this does not happen. One network member identified the importance of "regulating across the system, rather than regulating individual providers of care." If providers are held accountable based on the experiences of individual users, the overall system will improve.

Within the framework of an ICS, this should be easier, as smaller systems can be easier to hold to account. ICSs should be outward facing, there to protect the experience of the service user, not to protect themselves. It is essential that complaints and feedback to ICSs are taken seriously, so that the user voice can be heard right where decisions are being made. As ICSs are localised systems, there should be scope for complaints to be properly dealt with for the improvement of the system as a whole.

PPP recommends that ICSs should adopt a local-government style complaints system, so that complaints made will be assessed in relation to the system as a whole, rather than individual departments.

A key aspect of integration is the shared digital record for patients. This digital record will be able to be accessed and updated by both health and care workers who come into contact with the service user. This shared record, when done correctly, will ensure joined up care and better communication between services, ensuring better patient care overall.

PPP recommends digital training for all health and social care staff who require it. A system should be put in place which is accessible and easy to use for all staff, to ensure that staff with little digital experience can contribute to the online patient record effectively.

Conclusion

For social care to be successfully integrated into healthcare, three areas must be improved: the status of social care; the shared funding between the NHS, social care, and other local services; and the structure of ICSs. PPP's Social Care

Network believes that if these things are implemented correctly, there is the chance for the social care system to function better than it has in decades, as a valued component of British healthcare.

Recommendations Summary

1. PPP recommends qualitative research into the benefits that well-funded social care can have on quality of life, independency, isolation, relationships and general wellbeing.

This should be combined with formal quantitative research into the impacts that properly funded social care can have on the NHS, including quantifiable information about hospital bed availability and the economic impact of the reduction of accidents and preventable illness.
 2. There should be clear public guidelines on the social care system and how to access social care services in a given area. There should be a social care app, similar to that of the NHS, to act as a central portal for people who require social care services. It should direct people to all available social care services within their ICS and must be user-friendly.
 3. There should be standardized minimum pay bands across all social care providers, which match the equivalent bands in the NHS.
 4. There should be clear guidelines for leadership structures within ICSs.
 - o There should be neutral leadership of Integrated Care Partnerships (ICPs), which should be chaired by someone independent from the NHS, ideally a representative from local government. This will help to ensure that the health focus is not entirely on the hospitals in the area, but also social care and other local services.
 5. ICSs should adopt a local-government style complaint system, so that complaints made will be assessed in relation to the entire system, rather than individual departments
 6. Digital training should be provided for all health and social care staff who require it. A system should be put in place which is accessible and easy to use for all staff, to ensure that staff with little digital experience can contribute to the online patient record effectively.
- o Representatives of local authorities in Integrated Care Boards (ICBs) should be responsible for voicing the needs of social care in the ICS.
 - o All ICPs must have a representative of social care services in the area who should either be, or work alongside, an individual with first-hand experience of either working in or receiving social care. Representatives should reach out to carers groups and care homes to properly represent community needs.

Members

PPP'S SOCIAL CARE NETWORK MEMBER LIST

While the PPP Social Care Network has been involved in the discussions on which this report is based, membership does not imply agreement with recommendations.

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Sources

REFERENCES

1. <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>
2. https://www.england.nhs.uk/wp-content/uploads/2021/06/B0662_Building-strong-integrated-care-systems-everywhere-guidance-on-the-ICS-people-function-August-2021.pdf
3. <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>
4. <https://wbg.org.uk/analysis/spring-budget-2022-social-care-and-gender/>
5. <https://www.gov.uk/government/speeches/health-and-social-care-secretary-speech-on-health-reform>
6. MHA #FixCareForAll Building back the care workforce, March 2022
7. <https://publicpolicyprojects.com/wp-content/uploads/sites/6/2022/03/PPP-Social-Care-Report.pdf>
8. [www.gov.uk Health and Care Bill: Integrated care boards and local health and care](https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations)

