Forty-Five Years of Structural Integration in Northern Ireland

Derek Birrell
Professor of Social Policy
Ulster University
Historical Background

- From 1921 Devolved government with responsibility for post war welfare state services
- From 1948 –Local Authority welfare departments, six county councils and two county boroughs
- NHS with separate structures
- 1949 Social Services Agreement to main parity with Great Britain
Accidental? Origins of Structural Integration

- Local government reform process 1968/69 and proposal for single tier of 17 councils
  - Gave rise to question of future of county council functions
- Green Paper 1969 on Administration of Health and Social Services
  - Proposal to have an integrated administrative structure into 4/5 area boards
  - Remarkably little discussion in paper on the rationale for integration
Disturbances, UK Intervention and Reform

- Outbreak of civil disturbances
- UK Government response and programme of reform
- Major services to be removed from local government – social services, housing, education, planning
- Macrory Report endorsed integrated quango structure for health and personal social services – *still little discussion of rationale*
- Not related to allegations of discrimination etc against personal social services
Implementation of Integration

- Professional response – cautious welcome from social work profession
- No objection to removal of PSS from local government
- Some concern at possible domination of PSS by health
- Some concern at departure from Seebohm
- Concern at exclusion of community work, educational welfare, probation
- Political replacement of devolution by direct rule from Westminster had no impact
Anticipated Benefits

The Permanent Secretary in 1971 eventually sets out anticipated benefits of integration:

– Encompasses totality of medical and social care
– Makes comprehensive planning possible
– Facilitates a rationale grouping of resources and facilities
– Would reduce the number of bodies
– Integrated working would increase as understanding grows between professions
Development of Integrated Structure to present

Smooth introduction despite surrounding turmoil

- 1971/72 - 4 area boards established to plan and deliver services + 17 districts for local delivery
- 1983 - district units of management to improve delivery and cohesion – period saw increase in number of social workers
- 1990 - Units replaced by Trusts (appointed boards and more autonomy)
- 2000 – 5 area boards for planning and 18 Health and Social Care Trusts for delivery
- 2007 – One pan NI Commissioning Health and Social Care Board:
  - 4 HSC delivery Trusts
  - Whole system fully integrated
  - Every Child Matters not copied, adult social care and children and families integrated
Characteristics of Integrated System

- Single Employer
- One source of funding and one budget
- Operate with Programmes of Care
- Work through Integrated Teams
- Integrated Management
Continuing Commitment to Integration

- 1990s – People First [Caring for People]
- 2002 – Fit for the Future
  - Strong support for retaining unique system of integrated care
- 2005 – Review of Public Administration
  - Stated that integration is a strength of the health and social care system
- 2011 – Transforming Your Care
  - Integrated Care is a major principle but could be improved
Integrated Care Partnerships – Valuable initiative or not?

- 17 Integrated Care Partnerships set up in 2014 after Transforming Your Care
- Aims – to improve integrated working and recognises problems with existing system + possibly to achieve a more localised approach and engage GPs to a greater extent
- Criticisms of new strategy:
  - Located within existing statutory structure and with no legal basis
  - Based on appointed board model and dominated by health side
  - Still top down and managerialist approach
  - Areas of activity mainly disease defined
  - Relationship with overall integrated structure unclear
  - Partnership – or form of network?
Achievements of Structural Integration

- Single point of access for users – eg: rapid access teams
- Easy exchange of information
- Easy to move money about system
- Co-location of services
- Work of integrated teams
- Qualified success with delayed discharge and resettlement
- Unified assessment
- Integrated management and flexible working between professions
- Integration with children’s services
- Facilitates care for people with long term conditions
- Producing integrated strategies – eg: dementia
Problems with Structure

- Still issue of professional barriers
- Some evidence of not working in terms of resettlement
- Still issues with health domination
- Has not been used to facilitate modernisation – eg personalisation
Lessons From Experience

- Lack of robust research – is Northern Ireland the promised land of integration??
- The system has not realised its full potential
- It has not improved the status of Social Care
- It does provide an example of a working model of structural integration
- Does include integration of hospitals with other areas of health and social care