Editorial

COVID-19 – a catastrophe for integrated care?

As the corona virus spread around the world, you could have been forgiven to think that the pandemic would be a prima facie case for integrated care. Where health systems need to rapidly respond to epidemics their strengths and weaknesses are laid bare. In the case of coronavirus disease 2019 (COVID-19), it was intensive care unit (ICU) beds that were required in much larger numbers than normally. Some countries responded well to the crisis. Germany, with a larger than usual number of (admittedly expensive) hospital beds activated its containment plans early and, ultimately, suffered about 8,000 deaths from COVID-19, whilst the UK reached, as of mid-June 2020, the staggering number of 41,000 deaths. The disparities may be illustrative of a chasm in how well health systems were prepared. But there may be other factors at play as well.

As the main emphasis of the public health system response was an increase in ICU capacity, in the UK, politicians and health directors took their eye off the ball of community care provision. In fact, with "bed blocking" a permanent factor contributing to tight hospital capacity, hospital managers took to the phone and urged social care providers to take patients who should have been discharged from hospital but had not yet due to lack of social care provision in the community. The need to "shift" patients out of hospital into the community at speed was patently unsafe as the National Health Service (NHS) still refused to test many of those patients for COVID-19 infection. This precipitated the next crisis, away from the hospitals this time, as care homes struggled to contain the infection spreading rapidly amongst their residents.

It seems that in times of crisis, whatever we achieved in terms of collaborative partnerships between health and social care in the UK vanished under the strains of limited ICU capacity. As NHS Hospital trusts scrambled to create additional bed capacity, care homes were left to pick up the pieces, away from the media attention and the weekly virtue signalling for the glorious NHS.

This is not an attempt to assign blame. It is a call to understand why, after so much time and money has been spent on integrated care over the last two decades in the UK, partnership working between community and hospital providers fell under the bus within weeks. As hospital and emergency care capacity became priorities for politicians and health care managers, the needs and demands of the community care sector were woefully neglected. Progress made over decades between the sectors proved brittle and collapsed under the weight of a perceived imminent need to increase hospital bed capacity. Ultimately, COVID-19 allowed us to see clearly what many of us long suspected, that declarations of collaborative intent from NHS providers were dependable in good weather conditions only.

So, where shall we go from here? There are plenty of serious questions awaiting answers if we wanted to build more robust health and social care systems. For integration, most urgently, we need to know what impact (if any) integrated care provision had on creating more resilient health systems during the pandemic. So far, we know very little about how integrated care partnerships perform compared to usual care, not even under normal circumstances, let alone pandemics. More than anything, this is a result of poor institutional learning across the NHS. In fact, after spending more than £330 mio on 50 VANGUARD projects in three years, NHS England still have not actually told us whether they consider it a success or not.

So, what is the long term impact of the many integration pilots we funded over the years? Did the NHS learn from these pilots and did they create more resilient health and care systems

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locally? Did they provide a legacy that may prepare local systems well for the cross sectoral strains caused by COVID-19?

These questions are in my mind as, thankfully, COVID-19-related deaths in England are finally coming down. The final reckoning for integrated care however has not yet begun. and and

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