

Improving integration of services – *The Health and Social Care Act 2012*

“It is clear the health service now needs to drive integration in a way that has simply never happened to date. In practice, current contracting processes, funding streams and financial pressures can actually discourage integration. There needs to be a service that both encourages innovation and supports collaboration. We also believe competition will play an important role driving change.” *NHS Future Forum ‘Choice and Competition’ Report* (June 2011).

Context

1. Improving quality of care is at the heart of the Health and Social Care Act 2012. One key means to achieve this is to ensure care is integrated around the needs of patients. Typically the NHS has not managed handovers well between different parts of the NHS, or with social care. As such, the Act seeks to encourage and enable more integration between services.
2. The Future Forum made recommendations as to how we could strengthen integration, which we accepted in full. The Future Forum also considered what non-legislative action can be taken to further promote integration and reported in January 2012 (their report can be found at <http://healthandcare.dh.gov.uk/forum-report/>).

Key legislative changes

3. The Act contains a number of provisions to encourage and enable the NHS, local government and other sectors, to improve patient outcomes through far more effective co-ordinated working. The Act provides the basis for better collaboration, partnership working and integration across local government and the NHS at all levels.
4. **Commissioners take the lead.** The drivers of integration in the modernised NHS will be clinical commissioning groups (CCGs) and the NHS Commissioning Board. Both have new duties to promote integrated workings by taking specific action to secure integration (where beneficial to patients).
5. CCGs will be best placed to promote integration given their knowledge of patient needs, and the commissioning power to design new services around these needs. This is endorsed by early findings from the 16 Integrated Care Pilots (running since 2009) which suggest that GPs in particular are taking on responsibility not

- only for the individual patient but also for that person’s journey through the system.
6. To better join up health and care, the boundaries of CCGs should not normally cross those of local authorities – unless the CCG is able to clearly justify to the contrary.
7. **Health and wellbeing boards bring everyone together.** The Act gives Health and wellbeing boards a duty to encourage health and care commissioners to work together to advance the health and wellbeing of the people in its area.
8. Representatives of the different health and care services will, together, have to draft and agree a Joint Health and Wellbeing Strategy for their local area. How different services work together around patient needs will be a key part of the strategy. The Act places a duty on Boards to consider the partnership arrangements under the NHS Act (such as pooled budgets) when developing their strategy.
9. **Integration working with competition.** There have been concerns that integration will be prevented by competition, and in response new safeguards have been introduced. First, Monitor’s core duty is now clear that patient interests always come first. Where an integrated service raises competition concerns, Monitor will focus on *what benefits patients* - their role will be to ensure that the benefits to patients outweigh any negative effects to competition, and that any negatives are kept to a minimum. Secondly, Monitor has new duties to support integration where it is in the benefits of patients, working with others to enable integrated care.

Factsheet C3 provides details regarding integration within the Health and Social Care Act 2012. It is part of a wide range of factsheets on the Act, all available at: www.dh.gov.uk/healthandsocialcarebill

CASE STUDY 1 – INTEGRATING CARE FOR OLDER PEOPLE IN TORBAY

Torbay has sought to deliver better care for older people, through the use of five integrated health and social care teams, aligned with GP practices. A single point of contact gives access to intermediate care services - including therapists, social workers and district nurses, with an urgent response service for emergencies.

This approach has almost removed delayed transfers of care from the acute sector to the community, helping greatly reduce the average number of daily occupied beds used in both the district general hospital and community hospitals (750 in 1989/99 to 528 in 2008/09) and ensure below average emergency bed days for that population group in the locale (2,025 emergency bed days per 1,000 population aged 65 and over, compared with an average of 2,778 per 1,000 population in the southwest as a whole).

This case study is drawn from independent research undertaken by the Nuffield Trust (see Chris Ham and Judith Smith, ['Removing the policy barriers to integrated care in England'](#), September Briefing, 2010.)

Torbay is one of the Department's Integrated Care Pilots.

CASE STUDY 2 – JOINING UP HEALTH AND SOCIAL CARE IN SUTTON

When health and social care partners work together to tackle particular problems in their local area, patients can benefit and resources can be deployed more efficiently. This Act fosters such partnerships in a consistent manner through the statutory creation of Health and Wellbeing Boards, and by giving organisations the incentive to work together where it is in the best interests of the patients to do so.

For example, integrating health and social care services for patients and carers has resulted in substantial savings in the London borough of Sutton.

Between August 2010 and January 2011, a multi-disciplinary team GPs and council staff piloted reducing hospital admissions through better integration of health and social care. Led by GP Dr Raza Toosy, the pilot targeted people who had presented at A&E or passed through A&E with heart failure, diabetes or chronic obstructive pulmonary disease.

Joining up support for patients and carers ensured that people could remain at home, in a healthy and sustainable situation, where they were supported by a consistent team of professionals. People receiving the service did not have to provide information about themselves more than once and the multi-disciplinary team learnt about each other's services, which aided a more integrated and complementary approach.

The six-month pilot, based on just these three medical conditions and a trial area of only 25,000 patients, reduced PCT admissions by 29 patients with long-term, high risk conditions and saved approximately £322,000.

FURTHER INFORMATION

- [NHS Future Forum Patient Involvement and Public Accountability report \(June 2011\)](#)
- [Department of Health – Integrated Care Pilots: an introductory guide](#)