

# Reimagining community services

## Making the most of our assets

### Overview

- Growing financial and workforce pressures are having an impact on the ability of community service providers to meet the needs of the population and to make a reality of the vision set out in the *NHS five year forward view*. Community services are often fragmented and poorly co-ordinated, and are frequently not well integrated with other services in the community. This results in duplication as well as gaps between teams delivering care.
- There is a great deal of innovative work going on across the NHS and beyond to improve community-based care. This is mainly happening through innovative projects rather than system-wide transformations in care delivery. A radical transformation of community services is needed, making use of all the assets in each local community wherever these are to be found, breaking down silos between services and reducing fragmentation in service delivery.
- The most promising possibilities in the short term are through sustainability and transformation partnerships (STPs) and accountable care systems (ACSs), where plans have already been developed to strengthen community services and improve population health. More work is needed to ensure that all STPs offer a credible basis for improving care for their populations and strengthening services in the community, drawing on the design principles set out in this report.

## Our research

The purpose of our research was to understand the current state of community services and to explore how the health and care system needs to change to enable these services to meet the needs of the population now and in the future.

## The policy context

Throughout the history of the NHS, a series of policies have sought to strengthen and co-ordinate services outside hospitals. The levers used to do this have often been structural and organisational, and community services have been subject to multiple reorganisations. Despite repeated attempts, ambitions to transform community services have not been realised.

## How community services are currently organised and delivered

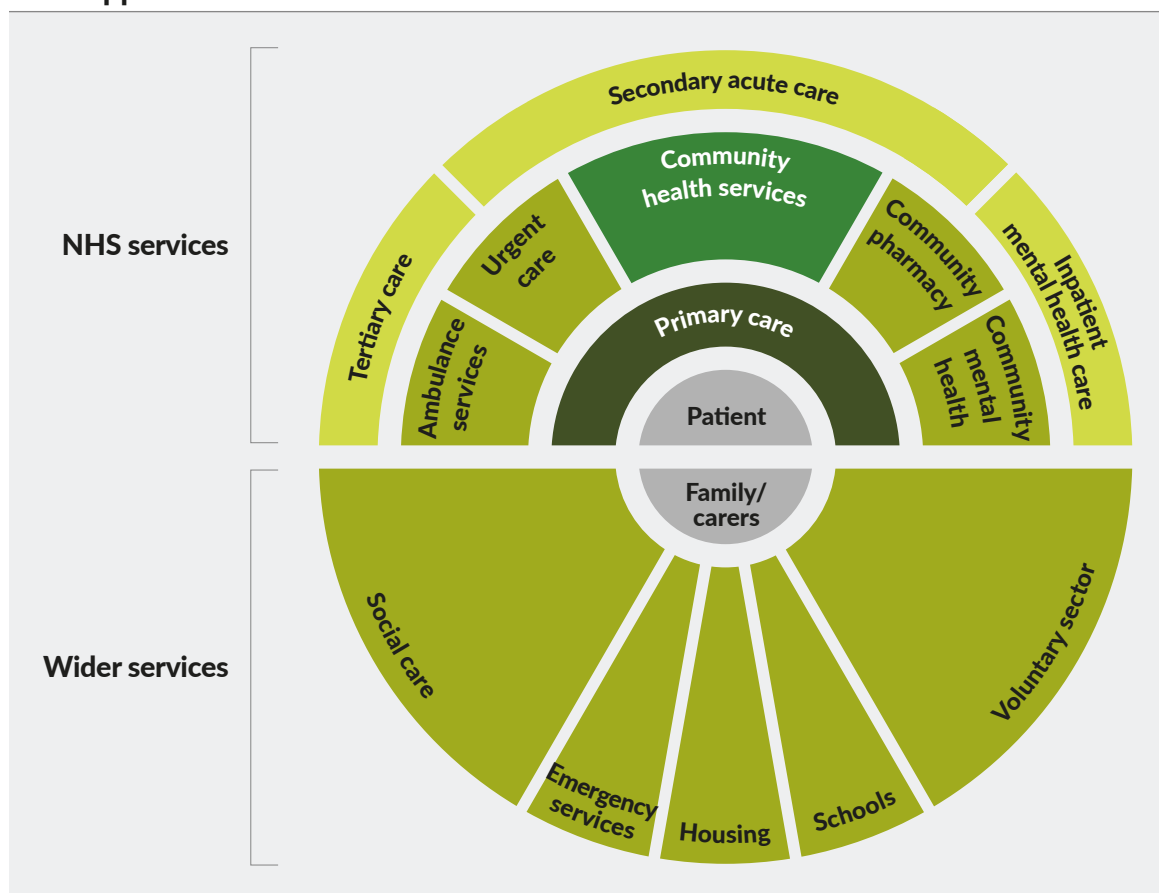
NHS community health services cover an extensive and diverse range of activities. There is no single model of provision; the range and configuration of services varies depending on the local population, geography and nature of other local services, and local legacy in terms of how services have developed and evolved.

Beyond the narrow definition of NHS community health services there is a much wider range of sectors and services that deliver care and support in the community (see Figure 1). Patients receiving care in community settings often have multiple, complex health needs and depend on many health and social care services to meet these needs.

Our research highlights both variation and complexity in how community health services are provided, who provides them and how they are paid for. Services are often fragmented, poorly co-ordinated, and not well integrated with other services in the community.

Current funding pressures are having a significant impact on community health services, and there are growing workforce shortages in key staff groups. Financial and workforce pressures are impacting on the availability and quality of care in some cases, and services are struggling to meet current needs let alone adapting to deliver the ambitions set out in the *NHS five year forward view* (Forward View). Concurrent pressures on related services such as general practice, social care, public health and mental health are exacerbating this situation. The result is a growing disconnect between the rhetoric and the reality of community-based care, with carers and families stepping in to fill the gaps left by statutory services.

**Figure 1** Where do NHS community health services fit within systems that support health and care?



Despite the complexities described, and the well-documented pressures that the sector is facing, community services are not standing still. Across the country there has been a wealth of innovation in community services stretching back over many years. But the potential to bring together the full range of community assets to improve population health is not being realised.

## How services need to change

The elements of what community services should look like are well understood, and we summarise these elements in 10 design principles. How they are applied will vary from place to place depending on the population's needs and how services are currently organised and funded. Many examples of these principles being put into practice are described in our report.

### **Organise and co-ordinate care around people's needs**

Community services need to be more closely connected to other parts of the health and care system to improve experience and outcomes of care and to avoid gaps and duplication between services. Shared records and interoperable IT systems can support better co-ordination by improving information-sharing.

*Example: In Kent, 'community hub operating centres' have been developed to bring together multidisciplinary teams of professionals spanning health and social care.*

### **Understand and respond to people's physical health, mental health and social needs in the round**

Future models of community-based care should take a 'whole-person' approach, addressing people's physical health, mental health and social needs together. These factors are often closely related and interact to influence health and wellbeing.

*Example: The Bromley by Bow Centre brings together health services and other community support, and health professionals can connect people to community resources through a social prescribing scheme.*

### **Make the best use of all the community's assets to plan and deliver care to meet local needs**

Community assets are the positive capabilities within communities that can be used to promote health – this includes the full range of statutory services, voluntary and community sector organisations, private sector organisations, support groups, social networks, individuals, buildings and community spaces.

*Example: In Erewash, an online directory of local community resources, community connector roles and a time bank have been developed.*

### **Enable professionals to work together across boundaries**

Professionals in the community should be able to work together across organisational and service boundaries. This may be through fully integrated teams or through regular communication, multidisciplinary meetings, or shared notes and care plans. Collaborative working should extend beyond the confines of the health service.

*Example: In Nottinghamshire, there is a community in-reach service to older people's acute wards, where GPs and community matrons work with hospital staff.*

### **Build in access to specialist advice and support**

Professionals in the community often manage high levels of clinical complexity, acuity and risk and should be able to draw on specialist input when required, without having to go through complex and indirect referral pathways.

*Example: In Sheffield, community nurses are supported to provide advanced palliative care with remote supervision from specialists at a local hospice.*

### **Focus on improving population health**

Health care is only one factor contributing to health and wellbeing – others include individual behaviours, environment, poverty, education and employment. Improving population health requires collective action across different sectors to act on these wider determinants of health.

*Example: In Wigan, there is strong focus on tackling preventable causes of ill health through a range of initiatives spanning local authority, voluntary and community sector and health and care services.*

### **Empower people to take control of their own health and care**

Future models of community-based care should support people to take control of their own health as far as possible. This might involve encouraging people to lead healthier lifestyles, improving their understanding of their health or supporting them to manage long-term conditions.

*Example: In Bolton, health trainers are co-located within GP surgeries and can support people from certain high-risk groups to set health goals and promote behaviour change.*

### **Design delivery models to support and strengthen relational aspects of care**

Relational aspects of care are often the elements most closely correlated with good patient experience, and continuity is highly valued by patients, carers and families, particularly for people with complex health or social issues. Future models of community-based care should be designed to support these aspects of care.

*Example: In the Netherlands, the Buurtzorg model involves self-managing community nursing teams providing the full range of care to their clients – from personal care to complex interventions.*

### **Involve families, carers and communities in planning and delivering care**

A significant amount of care and support in community settings comes from informal support networks of family, friends and communities. They can make a valuable contribution to future models of community-based care, both in identifying local needs and developing and implementing potential solutions. Community services also have an important role in supporting carers.

*Examples: In Millom, the community has been closely involved in redesigning care. In Leeds, a local charity (Carers Leeds) has worked with commissioners to streamline carers' support services.*

### **Make community-based care the central focus of the system**

There needs to be a shift in focus across the health and care system as a whole, from a system centred around hospitals to a system focused around communities and community services defined in their broadest sense. The changes described cannot be achieved by NHS community health services working in isolation – they require general practice, social care, hospitals and others to work differently too.

*Examples: The Canterbury health system in New Zealand and the Southcentral Foundation in Alaska have both developed more community-focused approaches to care.*

## Making it happen

Services in the community comprise a wide range of assets, and there are many opportunities to use them more effectively to meet the population's needs. Every area of England should exploit these opportunities. This should include pooling health and social care budgets, addressing the complex and fragmented approach to commissioning, redoubling efforts to integrate services, and investing in and changing the workforce.

Each area should identify leaders – including clinical leaders – to take this work forward. The third sector, the private sector and communities should be fully engaged in transforming care, and primary care – working at scale – should be at the centre of these efforts. There also needs to be a concerted effort to build capabilities for quality improvement among staff delivering care in the community.

STPs and ACSs offer a vehicle to drive the changes that are needed. Plans have already been developed to strengthen community services and improve population health. More work is now required to think through the detail of how these ambitions can be delivered, and to revisit plans to ensure that they are credible and will bring about the improvements in care that are needed. Every STP or ACS should identify leaders to take forward their plans for services in the community.

Local leadership needs to be combined with national leadership that identifies community services as a priority and provides the guidance and resources needed to translate plans into practice. National bodies should publish a plan for the future of services in the community, akin to the *General practice forward view*, setting out a compelling vision for the future and the resources that will be provided to make a reality of this vision. A team of experienced leaders should be appointed to oversee implementation of the plan at a national level.

The national bodies should work to align the regulation, commissioning and funding of health and social care with the changes that are needed. This should build on work by the Care Quality Commission to develop a place-based approach to assessing the quality of care and by NHS England and NHS Improvement to bring their work together. Work to join up information systems should be given priority in view of the importance of shared electronic care records in enabling more care to be delivered in the community. More work is also needed to collect and make use of data about community services.

It is not realistic to expect reductions in acute hospital capacity to pay for extra spending on services in the community at a time when hospitals are working under

intense pressure. New and earmarked resources will be needed to invest in these services, and the proportion of the NHS budget spent on services in the community should increase over time.

The transformation of mental health services in England indicates that changes on the scale of those described in our report can be delivered, but they will take time, resources and sustained leadership to be realised. The goal should be to bridge the gulf between the rhetoric and the reality of care in the community by delivering a higher proportion of care at home or closer to home, reducing fragmentation in service delivery and improving overall population health. Now is the time for community services to come in from the cold alongside continuing efforts to improve hospital and specialist services.

To read the full report *Reimagining community services* please visit [www.kingsfund.org.uk/publications/community-services-assets](http://www.kingsfund.org.uk/publications/community-services-assets)

**The King's Fund** is an independent charity working to improve health and care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible care is available to all.

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)  [@thekingsfund](https://twitter.com/thekingsfund)