

# The journey to integration

A shared vision and commitment to the  
integration of health and social care in  
Bradford and Airedale

September 2011



City of Bradford MDC

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## The right help at the right time in the right place: A shared vision and commitment to the integration of health and social care in Bradford and Airedale

The signatories believe that integrating health and social care is a key priority for Bradford and Airedale. Integration will mean that even at a time when the public and voluntary sector are facing increasing demands for service and decreasing budgets, we can continue to deliver the right help at the right time. This document sets out our vision for integration and the core principles which will underpin the work we undertake. We want people from all of the organisations and groups that contribute to health and social care in the district to share this vision with us.

In Bradford and Airedale, integration means working collectively to support the very best level of service to improve the overall health and wellbeing of every individual in the district.

This means health, adult and community services, children's services, the voluntary sector and other organisations across Bradford and Airedale working more closely together to deliver what we have defined as the seven key functions of health and social care:

- **Prevention** – supporting people to avoid needing to access health and social care services.
- **Education and promotion** – helping people to make informed choices about their lives which will lead to improved health and well-being
- **Safeguarding and protection** – keeping people safe from harm, either from themselves or others
- **Help in a crisis** – providing timely support to people when they most need it
- **Rehabilitation and recovery** – working with people to regain health and independence
- **High quality services and support** – meeting health and social care needs at home, in the community or in hospital
- **Ongoing advice and care** – providing people with the information and tools to manage their own health and social care needs on an on-going basis

### Why integrate?

**Because it works** – experience to date shows that when health and social care work closely together it delivers better outcomes for individuals and communities.

In our area we already have some good examples of integrated working; for example The Bradford and Airedale Community Equipment Service (BACES), which is a partnership between Bradford Social Services and the NHS in Bradford and Airedale. This service has been set up to provide people with a

wide range of equipment, to help them live more independently. Another example is the Integrated Community Mental Health Teams (which are made up of staff from the Council and Bradford District Care Trust) that cover Craven, Airedale, North Bradford, South and West Bradford and the City of Bradford.

An illustration of successful integration is The Airedale Collaborative Care Team (ACCT).

The Airedale Collaborative Care Team (ACCT), set up in July 2008 to meet a demand for intermediate care facilities in the Aire and Wharfe valleys, has won recognition for partnership working. Its accolade was sponsored by Unison and Managers in Partnership and was presented at the Health Service Journal Awards in London's Grosvenor House Hotel.

The awards are designed to ensure that individuals or groups are celebrated for work that raises the standard of health care in the UK. The ACCT's role is to prevent people from being taken to hospital when they can be treated effectively elsewhere. It also explores opportunities for discharging hospital patients as soon as is possible.

The group provides care in beds at two nursing homes – Troutbeck in Ilkley and Currergate in Steeton – and also looks after people in their own homes.

There are lots of other examples and we will need to learn from the lessons of the past and build on what is already in existence.

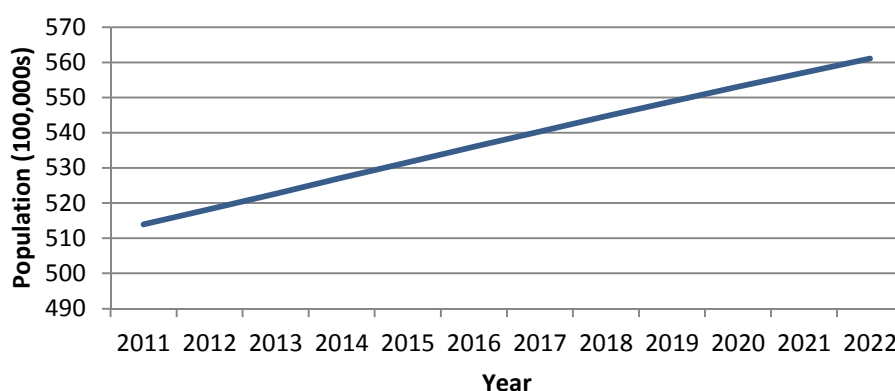
- **Because we want to put people at the centre of their support** – People who need services from health and social care in our district sometimes receive complex and disjointed packages of support. Local joint working plans that are designed around clear, shared outcome measures will deliver better results for our population. Integration presents a fantastic opportunity to create a more seamless approach to service delivery, where organisations work together to put people at the centre of their support.

“The level of integration between organisations had a significant impact on whether people using the services and their carers could get the right help at the right time” Care Quality Commission, 2009.

- **Because we need to do more for less** – The current economic climate means that working more efficiently is of prime importance. In addition the population of our district is expected to grow by approximately 10% by 2022. The biggest change will be amongst our over 65s, where the population is set to grow by around 22% over the same period. People are living

for longer, which often means they are unwell or in need of support for longer. In order to meet anticipated increased demand for services we need to work together to plan and deliver services. Working more closely together and co-ordinating activity across health and social care will save money. More integrated local models will deliver public services that are efficient, cost effective and tailored to personal need. Wherever possible we want to make

### Population projections for Bradford district



Data taken from the Office for National Statistics

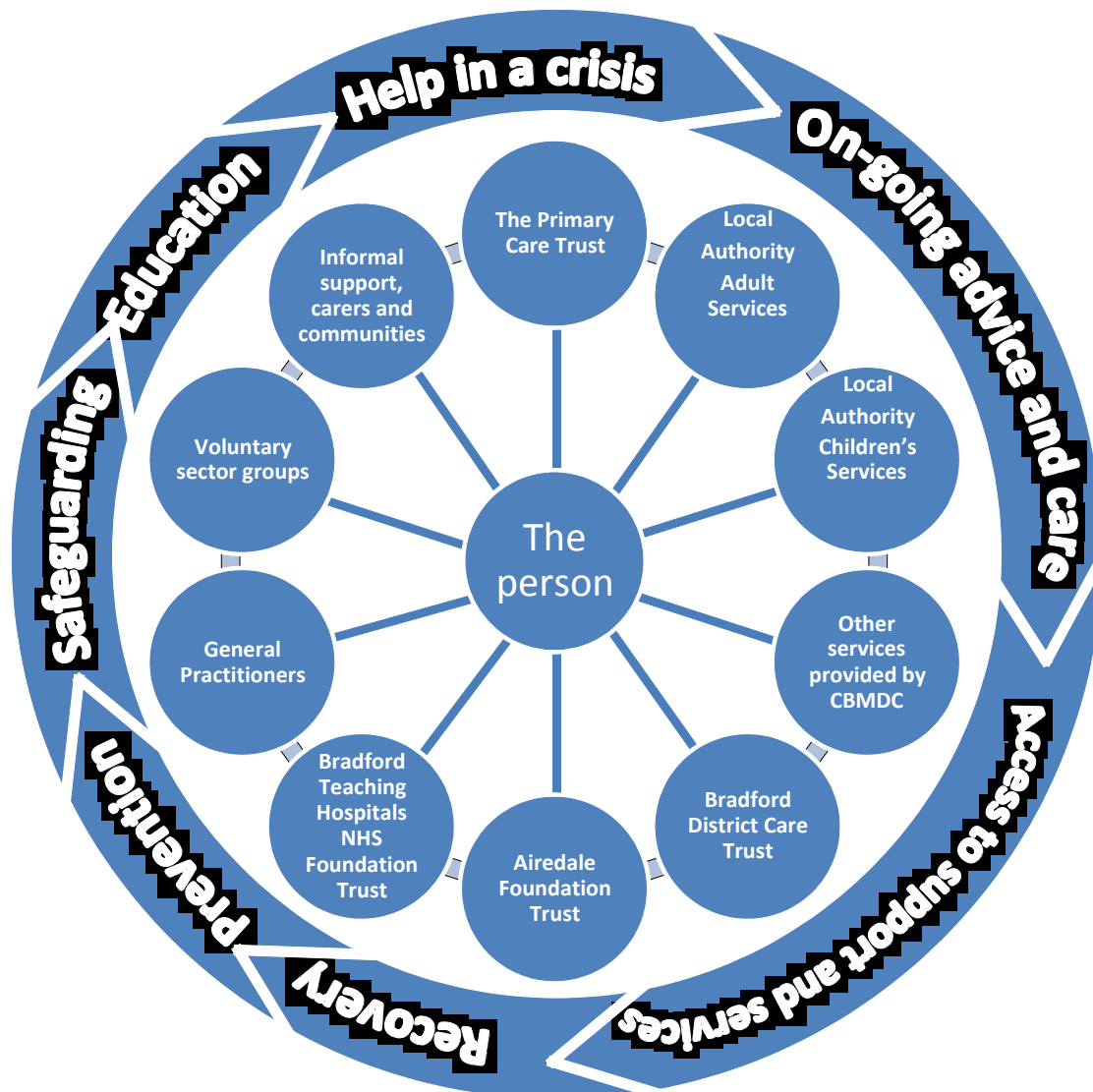
sure that savings resulting from integration are reinvested in front-line services.

- **Because the Government is encouraging integration**– The Department of Health has been incentivising local health and social care agencies to work more closely together to deliver joined-up services that are tailored to individual’s needs. Funding has been made available to support closer working arrangements. In addition, *The Health and Social Care Bill 2011* introduced plans for the public health service to be transferred from the NHS to local authorities by 2013. It is envisaged the new approach to public health will be more responsive, resourced, rigorous and resilient – owned by communities and shaped by their needs. We also need to be prepared for other national developments, including the 111 service.

#### Who is involved?

When we talk about integration in Bradford and Airedale, we consider the role of all the organisations and groups that play a role in supporting our population. This means that as well as considering how statutory agencies can work better together we also want to reflect on how we can

work more closely with service users, carers, communities and voluntary groups to ensure better health outcomes for all.



In Bradford and Airedale, many different groups, organisations and individuals are involved in health and social care. At the moment this support is sometimes uncoordinated, with effort being duplicated across groups, or individuals falling through the gaps between organisations. Integration will mean organisations working together to commission and provide coordinated support across the seven functions of health and social care. This needs to include a smarter, more co-ordinated approach to working with the voluntary sector.

### Principles of integration

In Bradford, the following core principles will underpin our work to integrate services and support across health and social care:

- A shared understanding: this means all of the organisations and groups that support the health and social care functions working together to share evidence and learning, as well as

sharing data relating to the people of Bradford and Airedale. A shared understanding of our population and their needs will allow us to work together to preserve health and well-being in the district

- **Sustainability and resilience:** all work to integrate the services and support people receive must be sustainable in the long-term; able to respond to demographic, economic, political, and societal change
- **Fairness:** we will ensure that at the core of integration is fairness for individuals, families, carers and the wider population of the district
- **Personalisation:** we believe that organisations should work to ensure that people are at the centre of their support. Wherever possible we will give people real choice and control over the services they access

“We will put patients at the heart of the NHS, through an information revolution and greater choice and control. Shared decision-making will become the norm: no decision about me without me.” White Paper, Equity and excellence: Liberating the NHS, August 2010

- **Value for Money:** we will work to secure the highest quality outcomes with the available resources
- **Ease of use and understanding:** we will work together to make the system as clear and simple as possible for people, supporting people to take responsibility for their future wellbeing
- **Responsibility:** we will ensure that those employed by the statutory health and social care agencies are empowered to take a holistic view of the health and well-being needs of those they support

## What needs to change

Some of the most vulnerable people in our society, their families and carers need support from health and social care; they include older people, people with mental health problems and those with complex long-term medical conditions. Being able to provide better, more efficient services to these people is a key priority in the district.

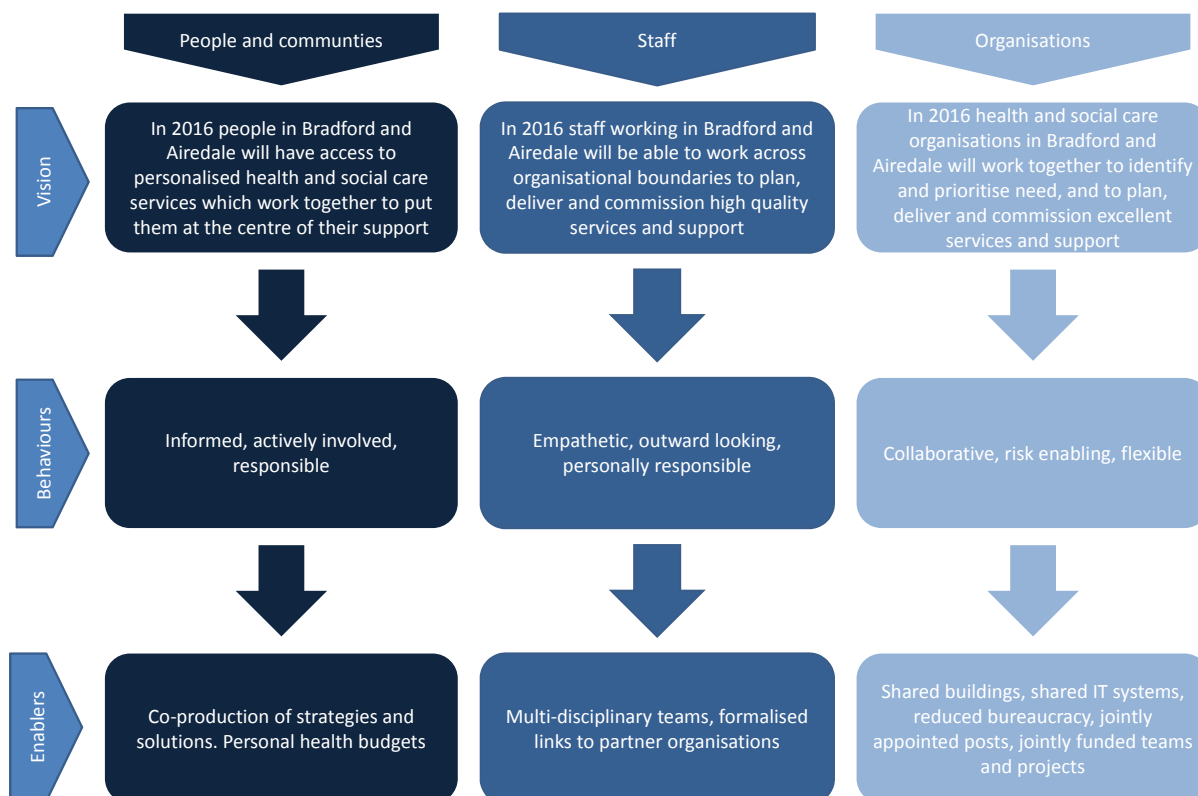
In order to this, we will need to:

- Break down organisational barriers between health and social care that cause unnecessary bureaucracy and duplication
- Remove financial barriers that lead to cost shunting rather than problem solving
- Support individuals and carers to better manage their own health and well-being, with help from the right people, at the right time

What works	What doesn't work
"I only had to explain my situation once"	"I had to repeat the same basic information over and over again"
"The first person I saw was able to arrange everything for me. They put me in touch with all the help I needed"	"I didn't know where to go for help. Everyone kept telling me that it wasn't their job"
"I could consider the best ways to address all of my needs at the same time"	"There were different rules about how I could have my health and social care needs met – it made managing things very complicated"
"When my condition got worse, people responded quickly and changes were made to all of the support I received"	"No one told the nurse that my needs had changed so I carried on receiving a service that I didn't need"
"The person I dealt with understood what it was like living with my condition"	"The treatment prescribed did not take into account my home life or my individual circumstances"

## Our vision

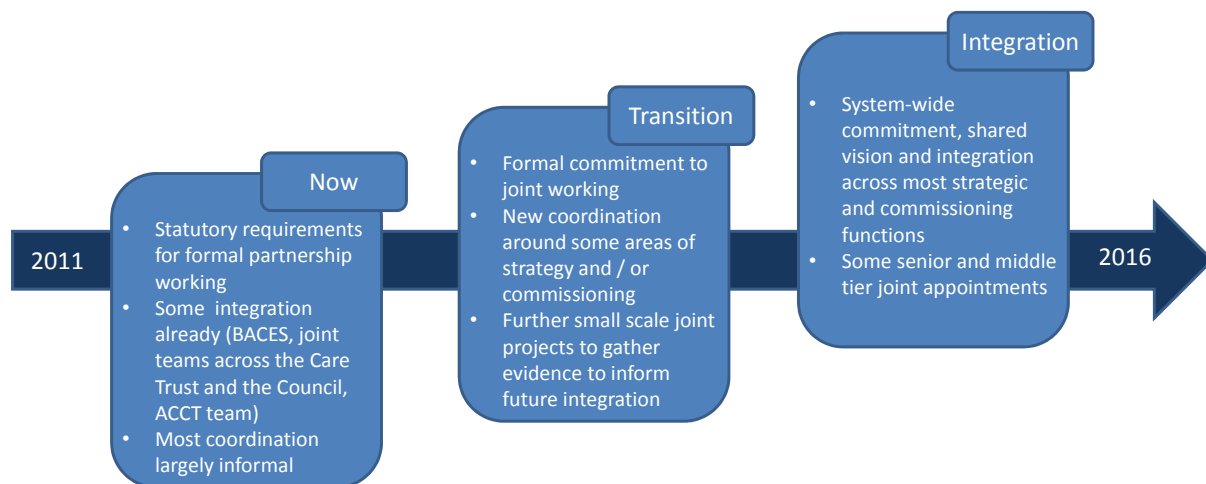
There are some excellent examples in Bradford and Airedale of agencies working closely with service users and carers to deliver co-ordinated and personalised services. However, we know that the systems and structures in place at the moment do not make this kind of working easy. We have developed a vision of what integration will mean for people and communities, for staff and for organisations, and we have considered what changes will need to be made to enable the vision to become a reality.



## The journey to integration

Integration across health and social care will not happen overnight. This vision forms the first step on a journey towards achieving better outcomes through integrated working. We want to start testing out different ways of working, and explore different types of integration as soon as possible so that we can gain an understanding of where integration works best and have a strategic commitment to what integration looks like going forwards. By 2016 we expect to be integrated working to be the norm.





## How does integration fit with the other changes happening in health and social care at the moment?

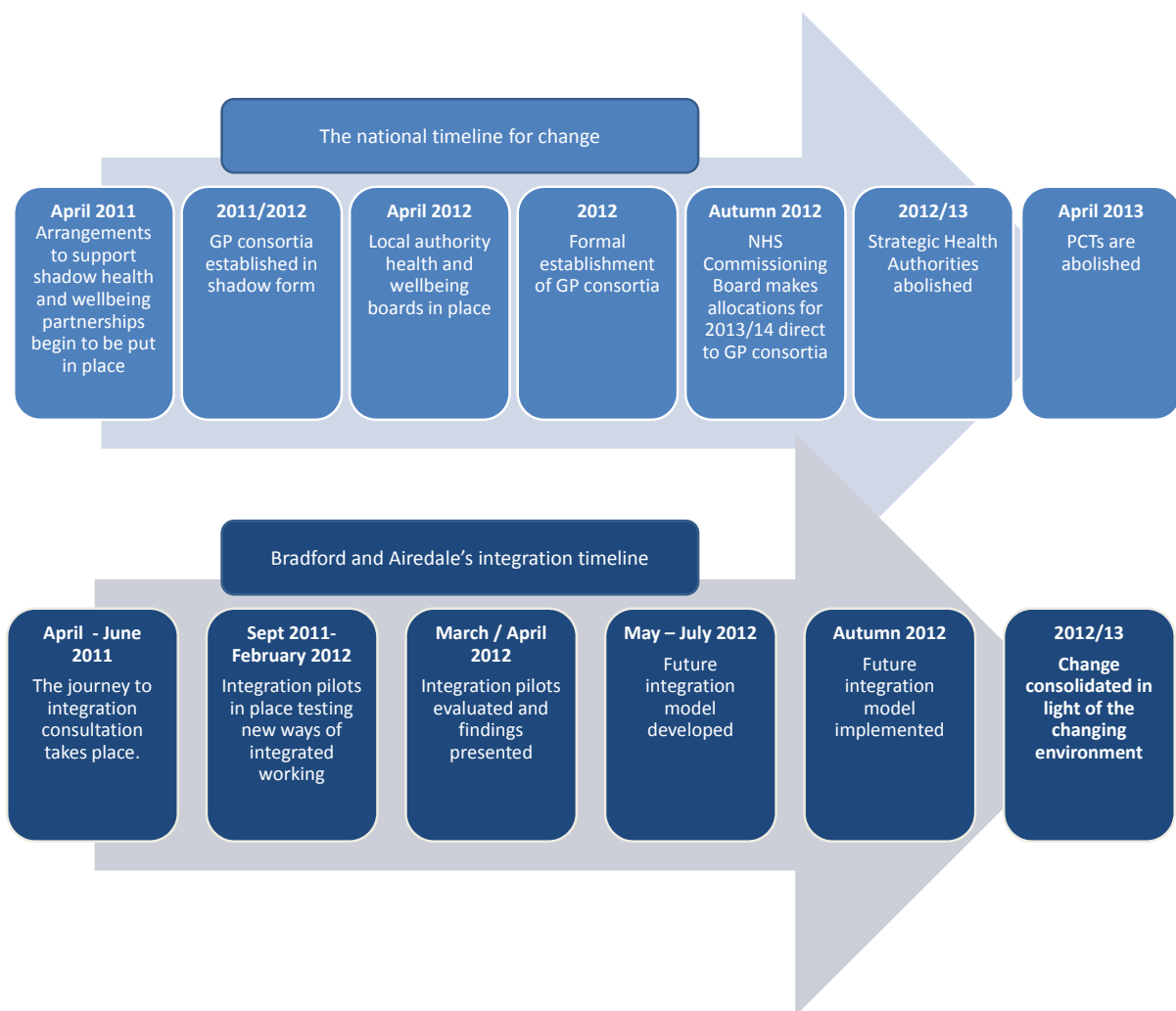
There are a lot of changes happening to the way in which health and social care are delivered, and integration is just one of these. In addition:

- **Clinical commissioning groups** will be created with responsibility for around 80 per cent of the total budget for health, commissioning services from ‘any willing provider’ with the aim of achieving better health outcomes and a more personalised service.
- **A Health and Wellbeing Board** will be created to provide political leadership, drive and coordination for local strategies to improve health and address health inequalities.
- There are a number of **funding streams** announced by the Department of Health to support post-discharge support, reablement and to support social care services which also benefit health and to improve overall health gain. Money will be transferred to health and social care partners to achieve this through close collaboration

“There are no ifs, buts or maybes about the transfer... the only if is whether the money is used to start a new integration” Paul Burstow, Minister for Social Care, NLGN, January 2011

We believe that the core principles of integration should underpin all of these changes.

## The timeline for change



## Support for integration

The leaders of the organisations will be bringing together a plan to achieve the vision for integration.

## How you can get involved

- How can we make the services we commission and deliver more person-centred?
- Where have you experienced difficulty in doing your job because of a lack of integration?
- What are the key things that need to change to achieve our vision of integrated health and social care in Bradford and Airedale?
- Which areas should we be focussing on when looking for opportunities to integrate?

## Signatories

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Leader of the Council

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Chief Executive, City of Bradford Metropolitan  
District Council

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Chair of NHS Bradford and Airedale  
NHS Leeds PCT Cluster

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Chief Executive, NHS Leeds PCT Cluster

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Chair Bradford Teaching Hospitals  
NHS Foundation Trust

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Chief Executive, Bradford Teaching Hospitals  
NHS Foundation Trust

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Chair Bradford and Airedale GP Consortium

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Chair

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Chair Bradford District Care Trust

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Chief Executive, Bradford District Care Trust

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Chair Airedale NHS Foundation Trust

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Chief Executive, Airedale NHS Foundation Trust