

Integrated care research and practice

Community-based integrated services

What is this and how does it work?

“Provision of care in the home needs to take account of the broader context and include community assets, the importance of wellbeing and prevention, and the role played by unpaid carers and other services such as healthcare and housing.”

IRISS 2021

“Community providers can learn from each other and take action locally to address some of these challenges, including by sharing learning and best practice, developing collaboration across different parts of local health and care systems, and delivering an increased focus on supporting staff development and progression.”

NHS Confederation 2022

Community-based health and social care services encompass a diverse range of professions and services, including social work, nursing, occupational therapy, reablement services, pharmacists, and intermediary care facilities. General practice and wider primary care services and networks are core to the organisation and delivery of related healthcare, with social care being provided by local authorities, independent agencies, and the voluntary and community sector. Community based services work with people in their own homes but also within communal settings such as residential care and nursing homes, and within supported living. New models to provide more intensive care and treatment for people with complex needs such as virtual wards have also been developed. Most services for people with mental health needs and/or a learning disability operate as community-based with hospital-based care reserved for focussed periods of assessment and treatment.

What are community-based integrated ser

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One aim of integrated care is to enable people to receive care closer to home, with services focused on keeping them well and avoiding unnecessary hospital care. Achieving this requires a variety of local services – public, voluntary and private – to work more closely together and in new ways.

This broad offer of community services supports people's self-care, independence, social participation and wellbeing.

How do community-based services support integrated care?

People receiving care and support in the community often have multiple long-term conditions. They rely on a range of services and professionals. Without a wider offer of care and support in the community, people with complex needs are less likely to have their needs met. Transforming community-based services is therefore integral to the delivery of person-centred coordinated care.

And simply, people tend to fare better when their health care, mental health and social care needs are met in the place they live.

What do integrated community-based services need to succeed?

There are some key principles underpinning their successful implementation. These include:

- making community-based care the focus of the system
- organising and coordinating care around people's physical health
- mental health and social needs
- making the best use of all the community's assets
- enabling professionals to work together across boundaries
- building in access to specialist advice and support
- empowering people with help of families, carers and communities to take control of their own health and care.

What is the evidence for outcomes and impact?

The evidence suggests that strengthening community-based services may lead to improvements to the health and wellbeing outcomes of the local population, a reduced demand for intensive hospital, residential and other care and better quality of care and improved satisfaction with the services.

Explore community-based integrated services



Guidance

- **Primary care networks: three years on** [link 1](#) (NHS Confederation 2022)
- **Rehabilitation, recovery and reducing health inequity: easing the pain** [link 2](#) (Chartered Society of Physiotherapy 2022)
- **Next steps for integrating primary care: Fuller stocktake report** [link 3](#) (NHS England 2022)
- **There is no community without people: the staffing challenges facing community health services and how we can address them** [link 4](#) (NHS Confederation 2022)
- **Integrating additional roles into primary care networks** [link 5](#) (King's Fund 2022)
- **New models of care at home: ESSS Outline** [link 6](#) (IRISS 2021)
- **Realising the neighbourhood NHS: a new deal for primary care in England** [link 7](#) (Institute for Public Policy Research 2020)
- **The framework for Enhanced Health in Care Homes** [link 8](#) (NHS England / NHS Improvement 2020)
- **Mental health and primary care networks: understanding the opportunities** [link 9](#) (King's Fund 2020)
- **Investing in the enablers of integrated local care** [link 10](#) (Social Finance, 2019)



Practice examples

- **Integration and innovation in action: community capacity** [link 11](#) (NHS Confederation 2022)
- **The impact of community anchor organisations on the wider determinants of health** [link 12](#) (Locality 2022)
- **IMPACTAgewell: an integrated community development approach to improving the health and well-being of older people: sharing our learning: year 4 evaluation update** [link 13](#) (Mid and East Antrim Agewell Partnership 2021)
- **Supporting older people to live safely at home - findings from thirteen case studies on integrated care across Europe** [link 14](#) (International Journal of Integrated Care 2020)
- **Delivering integrated care at neighbourhood level: approaches to governance** [link 15](#) (NHS Confederation 2020)
- **Scaling up community-based models of care in Northern Ireland** [link 16](#) (Social Care Institute for Excellence 2019)

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- A core outcome set for nonpharmacological community-based interventions for people living with dementia at home: a systematic review of outcome measurement instruments [link 18](#) (Gerontologist 2021)



Research

- Formal and informal long-term care in the community: interlocking or incoherent systems? [link 19](#) (Jornal of Social Policy 2018)
- Stepping up to the place evidence review [link 20](#) (ICP 2018)
- Community care for people with complex care needs: bridging the gap between health and social care [link 21](#) (IJIC 2017)
- The effectiveness of community-based coordinating interventions in dementia care [link 22](#) (BioMed C. 2017)

More research from Social Care Online [link 23](#)



Evidence

- The impact of structural changes to community nursing services on the rate of emergency hospital use of older people: a longitudinal ecological study of based on 140 primary care trusts in England [link 24](#) (Journal of Integrated Care 2022)
- Hospital at home is a good option for many older people [link 25](#) (National Institute for Health Research 2022)
- Vertical integration of GP practices with acute hospitals in England and Wales: rapid evaluation [link 26](#) (NIHR Health Services and Delivery Research 2022)
- Designing and Governing Responsive Local Care Systems–Insights from a Scoping Review of Paramedics in Integrated Models of Care [link 27](#) (International Journal of Integrated Care 2022)
- Existing models of interprofessional collaborative practice in primary healthcare: a scoping review [link 28](#) (Journal of Interprofessional Care 2021)
- Integrated health and social care in the community: A critical integrative review of the experiences and well-being needs of service users and their families [link 29](#) (Health and Social Care in the Community 2021)
- What works in managing complex conditions in older people in primary and community care? A state-of-the-art review [link 30](#) (Health and Social Care in the Community 2020)

How do community-based services support integrated care?

“This requires two significant cultural shifts: towards a more psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community; and realignment of the wider health and care system to a population-based approach – for example, aligning secondary care specialists to neighbourhood teams.”

NHSE 2022

Community-based services can respond to a wide spectrum of health and social care needs of people living in their own homes or group settings through their expertise and resources. They contribute to people experiencing integrated care when the professionals and services collaborate around the needs of individuals and families, and facilitate them being involved in decisions over their treatment and care. New integrated pathways including shared-care agreements enable people living in the community to access specialist care through hospital-based clinicians collaborating with general practitioners and community-based teams. Another important aspect for better integration is when health and care services adopt asset-based approaches in which they actively connect with community-based resources and local networks.

What do integrated community-based services need to succeed?

“Enabling service development and improvement within the primary, community and preventative care sectors and emerging Primary Care Networks is not simply a matter of funding. It also relies on leadership, training, fostering a culture of adaptation and innovation, and good incentives and governance.”

Social Finance 2019

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“The main impact of vertical integration was to sustain primary medical care delivery to local populations in the face of difficulties with recruiting and retaining staff, and in the context of rising demand for care. This was reported to enable continued patient access to local primary care and associated improvements in the management of patient demand.

“This review suggests that a movement towards focusing on integrated models of care for multimorbidity is likely to offer some positive effects over usual care, such as reduced depressive symptoms, particularly if models have a theoretical basis, are comprehensive (including patient education, self-management structured interprofessional collaboration and professional support) and are targeted at those with high morbidity.

Community-based services, particularly those which connect with local assets, encourage people to have the skills and confidence to self-manage aspects of their care, and support informal carers, have been shown to improve people's wellbeing, delay deterioration in overall health, reduce crises in their care, and enable them to remain longer in their dwelling of choice. Integrated pathways can facilitate timely access to appropriate professionals and services to respond to changes in people's conditions and situations. Reductions in admissions to hospital are not consistently demonstrated in research on a population basis due to the many health and social factors which contribute to people accessing hospital based care.

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