### **News Release**

# March 2014

# **Media Information:**

# Pooling budgets not a panacea for integrated care

Pooling funds across health and social care services is not a panacea that will lead to the successful delivery of integrated care says new research published today by the Centre for Health Economics, University of York.

Integrated care is often perceived as a solution for some of the major challenges faced by health and social care. By coordinating care at the level of the individual, such care schemes aim to improve patient experience, prevent or reduce avoidable hospital admissions, improve health outcomes and reduce unnecessary duplication of care.

The ability to pool funds and resources to support integrated care is thought to be a key facilitator to this approach. Researchers at the Centre for Health Economics have now investigated whether integrating financial mechanisms in this way does indeed support and incentivise integrated care in practice.

The research team systematically combined data from 38 previous evaluations in eight countries, 13 of which were conducted in England.

The team found that compared with usual funding arrangements, schemes that pooled funds and resources to support integrated care seldom led to improved health outcomes.

Although some schemes succeeded in shifting care closer to home, and some achieved short term reductions in acute care utilisation, no scheme demonstrated a sustained and long term reduction in hospital use.

Lead author Anne Mason said "Pooling budgets should be a major facilitator for supporting integrated care but the practical, cultural and technical difficulties involved in achieving it appears to be a major barrier for many schemes to date. This does not mean that future success is unattainable, but that expectations should be realistic and that new schemes need to be rolled out cautiously."

### **Editors' Notes**

Centre for Health Economics. Financial mechanisms for integrating funds for health and social care: an evidence review. CHE Research Paper 97, York: University of York, March 2014. Copies of this paper are free to download at: www.york.ac.uk/che/publications/in-house/

The authors of this report are Anne Mason, Maria Goddard and Helen Weatherly of the Centre for Health Economics, University of York.

Anne Mason and Maria Goddard were funded by a grant from the Department of Health to the Policy Research Unit in the Economics of Social and Health Care The views expressed in this Research Paper are those of the authors and should not be interpreted as representing the collective views of CHE research staff or the research funders.

Papers published in the CHE Research Paper series are intended as a contribution current research. Work and ideas reported in Research Papers may not always represent position and as such may sometimes need to be treated as work in progress.

The Centre for Health Economics is a department of the University of York. The Centre's aim is to undertake high quality research that is capable of influencing health policy decisions. CHE is one of the largest health economics research units in the world and its research aims to influence the way decision makers think about the determinants of health and wellbeing, and the organization and delivery of health and social care. Website: <a href="https://www.york.ac.uk/che">www.york.ac.uk/che</a>

Further information can be obtained from Anne Mason on 01904 321401 or email <a href="mailto:anne.mason@york.ac.uk">anne.mason@york.ac.uk</a>