Bringing Health and Social Care Together to Improve Health and Wellbeing

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WHAT IS THE ISSUE?

- Many countries are seeking to improve links between health care and social care
- Care systems and definitions of services differ between countries, but the fundamental issue is similar
- The challenge is to promote coordinated care across the spectrum of services concerned with the diagnosis, treatment and continuing management of health conditions and services concerned with helping people with personal care tasks so that they can live as independently as possible
- In the UK we refer to the latter as social care

WHAT ARE THE AIMS

- The wellbeing of service users who require both health and social care is best served if the care they receive is well co-ordinated and person-centred to meet their specific needs holistically rather than centred on the way the system is organised
- There is a strong belief that coordinated services are more efficient, especially in preventing or reducing need for long-term care and in reducing the number of hospital admissions and delayed hospital discharges

WHY INTEGRATE

Arguments for integration include:

- to identify and assess needs and preferences effectively and cost-effectively
- to enable holistic, 'continuous', 'seamless' responses to needs …
- … by achieving better access …
- … and with more flexible and personalised responses.

And so:

- to avoid wasteful gaps and duplication in service provision from commissioner / provider perspectives
- to plan and secure more cost-effective service balances <u>across</u> as well as within 'systems'
- to support efforts for social inclusion, solidarity, sustainable communities, social and economic regeneration …

WHAT ARE THE CHALLENGES

- Differences in formal accountability for health care and for social care, especially where responsibilities are divided between different agencies
- Funding systems which give health care agencies an incentive to shift costs to social care and vice versa
- Differences in professional culture and ethos between staff working in health care and staff working in social care

BARRIERS TO INTEGRATION

Many barriers:

- **Structural** – fragmentation of service responsibilities, inter-organisational complexity
- **Procedural** – differences in planning / budgetary horizons, cycles and priorities
- **Financial** – differences in funding routes and mechanisms; differences in incentives
- **Professional** – differences in ideologies, values, self-interest; perceived threats to autonomy, domain and job security; conflicting views about (e.g.) user empowerment
- **Status and legitimacy** – differences between professionals, elected and appointed agencies … leading to asymmetries of legitimacy and accountability

WHAT APPROACHES CAN BE ADOPTED

- A number of approaches can be adopted to address these challenges
- Some relate to high level organisational issues around the planning and financing of services and others relate to frontline issues concerning the delivery of care to individuals
- They span a range from improved dialogue through joint planning, joint funding and joint commissioning to fully integrated services

APPROACHES

From individual patient / service user perspective:

- Strategies that map out individual journeys through services (integrated care pathways)
- Strategies that support individuals in negotiation with, and access to services (Reed et al. 2005)

Examples of approaches to *service integration*:

- Case and care management
- Intermediate care (hospital/community interface)
- Joint needs assessment; joint care planning
- Personal budgets
- Teams of multidisciplinary professionals
- Supporting family and other carers
- Shared ('clinical') guidelines and protocols

SCOPE

Dimensions

- Horizontal or vertical *within systems* (health or other)
- *Across systems* – health, social care, housing, transport, employment, leisure …
- *Across sectors* (public, for-profit, third sector …)

Scope

- The whole of (e.g.) health and social care, or hospital and community care systems
- Parts of these systems, such as integrated teams or professions
- Integrated care pathways
- Acute and long-term services

REVIEW OF EVIDENCE

A recent review by Cameron et al found:

- some indication that recent developments, in particular the drive to greater integration of services, may have positive benefits for organisations as well as for users and carers of services, but
- the evidence consistently reports a lack of understanding about the aims and objectives of integration, suggesting that more work needs to be done if the full potential of the renewed policy agenda on integration is to be realised, and
- While greater emphasis has been placed on evaluating the outcome of joint working, studies largely report small-scale evaluations of local initiatives and few are comparative in design

Source: Cameron et al (2014) Health and Social Care in the Community 22,3

DEVELOPMENTS IN THREE COUNTRIES

A study of integrated care developments in Germany, Netherlands and England (Busse and Stahl) concentrating on approaches that have been carefully evaluated found that:

- many but not all intermediate clinical outcome measures, process indicators, and patient and provider experiences improved
- In England, emergency hospital admissions rose, while planned admissions and specialist care decreased, but savings were larger than the additional costs
- Savings were also observed in Germany but, in the Netherlands, the slightly reduced costs for diabetes care were surpassed by higher costs for other care
- Both the Netherlands and Germany applied financial incentives, using bundled payments and shared-gain arrangements, respectively

They recommended that 'any pilot aimed at improving care coordination should include a well-designed evaluation to help others learn from its experience'

Source: Busse and Stahl (2014) Health affairs 33 no 9

THE INTEGRATED CARE AND SUPPORT PIONEER PROGRAMME

- It aims to improve the quality, effectiveness and cost-effectiveness of care for people whose needs are met best when the different parts of health and local authority services work in an integrated way
- Fourteen Pioneers were announced in November 2013 and 11 more in January 2015: they are heterogeneous, varying widely in their history of integrated care, population size, organisational complexity, ambition and user group focus
- Most are involved in both vertical and horizontal integration activities, covering primary and secondary health care, along with social care and other local services

PROGRESS REPORTED BY PIONEERS

% of leads reporting "some" or "substantial" progress

Patients/service users experience services that are more joined-up (91%)

Quality of care for patients/service users has improved (91%)

Services are now more accessible to patients/service users (91%)

Quality of life for patients/service users has improved (86%)

Patients/service users now able to continue living independently for longer (82%)

Experience of carers has improved (82%)

Patients/service users now have a greater say in the care they receive (82%)

Patients/service users now better able to manage their own care & health (77%)

Patients/services users now have greater awareness of services available (77%)

GPs now at centre of organising and coordinating patient/service user care (77%)

Service providers now able to respond more quickly to patient/service user (changing) needs (73%)

Number of readmissions to hospital have reduced (68%)

Unplanned admissions have reduced (64%)

Erens et al *Journal of Integrated Care* 2017

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BARRIERS IDENTIFIED BY PIONEERS

% "very" significant by Wave of Integration Pioneer	Wave 1	Wave 2
Significant *financial constraints* within the local health and social care economy	63	49
Incompatible *IT systems* make it difficult to share patient/service user information	38	64
Conflicting *central government policy* or priorities	39	42
Lack of additional funding makes it difficult to try out innovative services	39	39
Information governance regulations making it difficult to share patient/service user information	30	46
Too many *competing demands for time or resources* reducing the focus on working together	33	36
Shortages of *frontline staff* with the right skills	27	46
Increased demand for existing services	33	30
Working out *realistic savings* that could be achieved	31	21
The different *cultures of partner organisations*	20	36

Erens et al *Journal of Integrated Care* 2017

CONCLUSIONS

- Integration between health and social care has potential to improve outcomes
- A range of different approaches have been and are being adopted
- A number of challenges to integration need to be addressed effectively
- The evidence on what works to achieve more cost-effective care systems through closer links between services is limited
- There is a need for better evidence to inform policy on this topic