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Improving Social Care in Wales
Gwella Gofal Cymdeithasol yng Nghymru

Integration of Care Services

learning from research

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Background

Integration between public services has become a much debated topic in Wales. Over the last decade, government has consistently urged public sector professionals to work together to achieve better outcomes for service users. Integration between services is one way of accomplishing improved service quality. However, there is much confusion about what integration means and how it can be brought about.

The aim of this document is to summarise the existing conceptual literature on service integration and to outline lessons from research for professional practice. This document is not the result of a systematic review. It presents information that has been collected through an opportunistic analysis of existing research in this area. The main focus of this document is on people with complex needs. However many of the lessons advanced in the literature are applicable to other user and patient groups as well.

The document will briefly set out the conceptual parameters (1) of service integration and then list lessons for professional practice in two sections: organisational practice (2a) and service outcomes (2b). The document concludes with a summary of relevant studies on integration.

1 What is care integration?

There is no simple way to define integration. Integration can occur between professionals *within one care sector*, e.g. for diabetes or stroke patients who require follow up care, as well as between services *across several care sectors*. The depth of service integration can range from informal collaborations between professionals to fully integrated services under single management. For integration to work, it does not require a formal agreement as such. However services which collaborate only loosely are more likely to be partnerships. There is some debate as to the exact boundaries between partnerships and integrated services in care sectors. However, the distinction appears mainly historical with the term partnership being used for collaborating care organisations in the 1990s and early 2000s.

Some types of service integration have long been operant in care sectors. For example, multi-agency interventions provided by children and family support services have been common practice for some time now in Wales, utilising a team around the child (TAC) model designed to deliver holistic services for complex cases ranging from urgent interventions, such as, child protection, to respite. At present there are several pilots in service integration in Wales. The SSIA has summarised these Welsh pilots in care integration in a document for professionals (Palfreman and Jepson 2011). In England, the Department of Health has funded 16 pilots in integrated care and the final report on these is available since March 2012.

There is a considerable amount of literature on how to define service integration. We will summarise the conceptual research in the brief section below.

Service integration may occur

- between professionals in one care sector - e.g. TAC, Continuity of Care for stroke patients
- between services across several care sectors - complex care cases such as learning disabilities services including nursing, social care, respite, housing support

Models of service integration range from

- full integration of services using Section 33 of Local Government Act (2000) (subsequently adopted as a Measure by the Welsh Assembly) - all service staff is combined in one new organisation under single management
- Service integration of some processes (such as single point referral or case management) but with separate management
- Service collaboration on particular cases or facilitating particular interventions for specific population groups

Mechanisms to facilitate service integration

There are several mechanisms to facilitate service integration. Some of these are organisational in nature, others are driven by patient choice. The main mechanism to achieve full integration is Section 33 of the Local Government Act (2000) which gives authorities the power to create a fully integrated management structure for a new service combining care staff from different professional sectors.

At present there is only one example of this in Wales. In England there are currently five Care Trusts where social and health care staff have been brought together under a single commissioning board, and there is a long tradition in Northern Ireland of Care Trusts, combining health and social care professionals.

There are also mechanisms to improve service integration that are largely outside the control of professionals. The main example of this would be individual budgets or direct payments where patients select the services they want. If patients are in receipt of direct payments they receive an allocation of funds which they can use to buy appropriate support from agencies of their choice.

The scope and depth of integration achieved through this model depends on the way in which patients design holistic service structures for themselves. Direct services and individual budgets have emerged as a technique to facilitate personalised or individualised services. While this may facilitate seamless services for the patients, it does not produce integrated services by itself.

There is some skepticism amongst researchers about the overall effects of individual budgets or direct payments on service integration. Some observers dispute that putting patients or users in control of their own care budgets produces improved services outcomes. It may even create more fragmented services for the patient population as a whole. The Welsh Government is currently carrying out a consultation on citizen directed support. The results are expected to be published in Summer 2012.

2 Research on Process and Outcomes

Current research on service integration is roughly divided into two broad categories: *organisational research* focusing on professional processes and practices and *outcome research* assessing the impact of changes to patients and patient groups.

a) Process research

Research about organisational change is largely driven by public management studies. In more recent times, systems analysis has also contributed to our knowledge of what happens if care organisations undergo integration. Process orientated research is mainly interested in how to bring about changes, how changes influence professional practice, and how to implement service goals and objectives (such as seamless services). These types of studies differ from outcome orientated research insofar as the emphasis is on inter- and intra-professional practices and processes rather than what this means for patients and their care.

Research distinguishes between principles of integration, values and visions of service integration, and practical matters such as governance, regulatory regimes, finance and administration. Some studies also investigate changes to clinical approaches and models and access for patient groups.

Lessons from public management research

- set out clear vision and objectives of new service
- ensure clarity of purpose for new service and staff
- agree aims of new service amongst all staff across professional boundaries
- review aims and objectives frequently
- establish clear roles and responsibilities for staff
- identify training and learning needs
- establish budget for development of new service and training and learning
- agree on criteria that measure success
- develop tools for measuring success
- harmonize evaluation and performance frameworks across professional boundaries
- establish individual accountability over collective accountability
- harmonise commissioning across professional sectors where possible
- identify and address service gaps which result from different eligibility criteria in services

Practical issues

- create joint administrative systems
- agree information sharing procedures and protocol
- address confidentiality issues across service boundaries
- create combined IT system or information sharing across services
- examine the possibility of bundled payments or local tariffs for key conditions or care pathways
- involve patients, carers and service users in development of new service

What predicts success?

- leadership and staff commitment to changes
- identify clear measures of success which can instil sense of achievement
- respect professional boundaries and their complementary roles, models and approaches
- identify potential 'boundary spanners', e.g. professionals who can bridge sectoral divides

b) Outcome research

Research in this category is characterised by a focus on patients. Studies aim to investigate when and how organisational changes benefit patients. There are two broad areas of investigation: inter- and intra-professional processes that impact on patients directly such as assessments, referral pathways, referral points, case management, care plans and key working; or patient satisfaction with service quality. There is far less research on outcomes than on processes. The main barrier to good outcome research is that improvements in services may have several causes and it is difficult to design research projects that can reliably link particular service constellations to service quality. However, research has identified some lessons for outcome evaluations.

Evaluations of outcomes need to

- design evaluative tools and instruments to measure effect of changes for patients and users
- note difference between outputs (service delivery) and outcomes (service quality)
- focus on hard evidence and clinical outcomes such as hospitalisation rates, prevalence rates of mental health problems in population, detection of co-morbidities
- analyse outcomes with respect to costs-benefits to the integrated service

Practical issues

- identify suitable techniques of service integration such as case management, standardised needs assessments, individualised service plans, information sharing systems (with patients)
- think about how to ensure patient centrality of service, e.g. explore patient perspectives and experiences through local research

References

This reference section will list some of the relevant literature on service integration divided by themes. Each entry is followed by a brief summary of the findings.

1 What is Integration? Conceptual Research and Policy

Blanco, I., V. Lowndes, et al. (2011). "Policy Networks and Governance Networks: Towards Greater Conceptual Clarity." Political Studies Review 9(3): 297-308.

- important paper that investigates the distinctions between policy and governance network
- since some researchers understand health care integration as a network activity the paper is important to clarify some conceptual issues about networks
- contains no practical information on health care networks

Dowling, B., M. Powell, et al. (2004). "Conceptualising successful partnerships." Health and Social Care in the Community 12(4): 309-317.

- paper that tackles the difficult theme of how to measure success in partnerships
- although it uses the term partnership it essentially deals with collaboration and integration between social and health care professionals
- reviews existing outcome research and concludes that a methodological gap exists that future research needs to fill
- although it concentrates on how to measure outcomes it does not offer any specific methodological approach to do so

Glasby, J., H. Dickinson, et al. (2011). "Partnership working in England - where we are now and where we've come from." International Journal of Integrated Care 11(March): 1-8.

- paper lists some of the most relevant approaches to collaborative working
- it focuses mainly on how to bring about effective inter-agency working
- process related lessons are applicable to service integration as well

Gleave, R., I. Wong, et al. (2010). "What is 'More Integration' between Health and Social Care? Results of a Survey of Primary Care Trusts and Directors of Adult Social Care in England." Journal of Integrated Care 18(5): 29-44.

- a rare paper that investigates what actually constitutes integrated care in the views of professionals
- paper reports the results of a survey of managerial staff in social and health care on integrated care

Glendinnig, C., B. Dowling, et al. (2005). "Partnerships between health and social care under 'New Labour': smoke without fire? A review of policy and evidence." Evidence and Policy **1**(3): 365-381.

- one of the first articles that explores the nexus between policy and practice in health and social care partnerships
- authors argue that measures of success are not clearly defined which may blunt the impact of policy in this field
- paper indicates that improvements in assessing outcomes of service delivery is key to success of partnership policy

Goodwin, N., J. Smith, et al. (2011). Integrated care for patients and populations: Improving outcomes by working together. Report to the Department of Health and NHS Future Forum from the King's Fund and Nuffield Trust. London, The King's Fund: 20.

- recent summary of existing literature on service integration
- paper was produced as a contribution to NHS Future Forum discussion (England)
- authors articulate some important conceptual insights, such as that service integration does not have to be formalised

Goodwin, N. (2008). "Are networks the answer to achieving integrated care? ." Journal of Health Services Research and Policy **13**(2): 58-60.

- brief discussion paper that contributes a network perspective to the integrated care debate
- author argues that the non-hierarchical nature of inter-professional collaboration lends itself to a network analysis

Goodwin, N. (2010). "It's good to talk: social network analysis as a method for judging the strength of integrated care." International Journal of Integrated Care **10**(December): 1-2.

- editorial that re-articulates the authors suggestion that professional inter-agency collaboration should be seen as network
- network analysis would hence be most useful approach in examining health service integration

Hudson, B. and M. Henwood (2002). "The NHS and social care: the final countdown?" Policy and Politics **30**(2): 153-166.

- paper assesses the impact of the partnership policy across care sectors in England and Wales for integrated care in the health sector
- authors argue that professionals may perceive the thrust of partnership policy to run counter to health care integration
- forced integration between social and health care systems may be inimical to effective partnership working

Huerta, T. R., A. Casebeer, et al. (2006). "Using Networks to Enhance Health Services Delivery: Perspectives, Paradoxes and Propositions." Healthcare Papers **7**(2): 10-26.

- conceptual exploration of Canadian experience of health care integration
- authors use a network approach to examine health systems collaboration
- they formulate six paradoxes which are highly theoretical
- paper does little to effectively link theory to practice

Kodner, D. (2009). "All together now: A conceptual exploration of integrated care." Healthcare Quarterly **13**(Special Issue): 6-15.

- key text of the field exploring the conceptual dimensions of health care integration
- author distinguishes between foci, types, levels, breadth and degree of integration
- author also differentiate between techniques of integration, such as co-location of professionals, and integrated care as an end
- remit of paper limited to integrated care as occurring between health care professionals, not across care sectors

Kodner, D. L. and C. Spreeuwenberg (2002). "Integrated Care: meaning, logic, applications, and implications - a discussion paper." International Journal of Integrated Care **2**: 1-6.

- paper that explores the conceptual framework for integrated care
- authors understand integrated care as a process between health care professionals only
- paper sets out some lessons about how to introduce patient centrality into discussion

Leutz, W. N. (1999). "Five Laws for Integrating Medical and Social Services: Lessons from the United States and the United Kingdom." The Milbank Quarterly **77**(1): 77-110.

- seminal paper on conceptual dimensions of integrated care
- paper explores intra-professional and inter-professional care integration
- emphasis on US health care system with examples drawn from domestic health care sector

Ranada, W. and B. Hudson (2003). "Conceptual Issues in Inter-Agency Collaboration." Local Government Studies **29**(3): 32-50.

- paper on partnerships which outlines the historical context of inter-sectoral collaboration in the UK
- defines the barriers to collaboration and focusses mainly on managerial lessons to improve inter-agency co-operation

Rummery, K. and A. Coleman (2003). "Primary health and social care services in the UK: progress towards partnership?" Social Science and Medicine **56**: 1773-1782.

- paper reports the findings of the partnership pilot in England combining social and health care systems
- authors outline some lessons for collaborative working amongst professionals
- the study utilised a mixed method to produce evidence of partnership working

Shaw, S., R. Rosen, et al. (2011). What is integrated care? Research Report. London, Nuffield Trust: 22.

- fundamental paper on what constitutes integrated care and how to bring it about
- report focuses on organising principles for integrated care and how to evaluate outcomes
- articulates a clear patient centred approach

Snape, S. and P. Taylor (2003). "Partnerships between Health and Local Government: an introduction." Local Government Studies **29**(3): 1-16.

- conceptual introduction to special issue on partnerships in England and Wales
- paper outlines the historical development of partnerships and sketches the existing conceptual approaches
- authors also list some of the levers for effective partnership work

Snape, S. (2003). "Health and Local Government Partnerships: The Local Government Policy Context." Local Government Studies **29**(3): 73-98.

- paper outlines the relevant policy context of partnerships in health and social care services in England

Williams, P. (2007). Working in Collaboration: Learning from Theory and Practice. Design for Partnership. Cardiff, National Leadership and Innovation Agency for Healthcare: 108.

- literature review of partnership working, with most of the lessons outlined applicable to service integration as well
- represents an excellent summary of existing research to date

Williams, P. and H. Sullivan (2009). "Faces of integration." International Journal of Integrated Care **9**(22): 1-13.

- conceptual exploration of the interplay between structure and agency
- authors argue that service integration should be framed as a balancing act between process management and professional freedom
- while most of the paper concentrates on process issues, it uses a hermeneutic methodology which brings into focus the need to reconcile different interpretations of service integration

Williams, P. and H. Sullivan (2010). "Despite all we know about collaborative working, why do we still get it wrong?" Journal of Integrated Care **18(4)**: 4-15.

- paper summarises existing research in Wales on service integration
- four aspects of integration are outlined and explored: motivation and meaning, capacity, learning and how to measure success

Williams, P. (2007). Learning to Collaborate: Lessons in Effective Partnership working in Health and Social Care. Design for Partnership. Cardiff, National Leadership and Innovation Agency for Healthcare: 38.

- useful guide on how to develop partnerships
- contains practice guide on collaborative working which is also in part applicable to service integration

Wyatt, M. (2002). "Partnership in health and social care: the implications of government guidance in the 1990s in England, with particular reference to voluntary organisations." Policy and Politics **302167-182**.

- paper compares the effects of partnership policy in health and other policy arenas
- author argues that there are large differences in the status and role of voluntary organisations in health and local authorities
- emphasis on planning reduces diversity in provider organisations on the local level

2 Research on Process and Outcomes

A) Process

Boydell, L., P. Hoggett, et al. (2008). "Intersectoral partnerships, the knowledge economy and intangible assets." Policy and Politics **36(2)**: 209-224.

- rare paper that focuses on knowledge transfer within professional partnerships
- authors argue that the role of tacit professional expertise and know-how is largely underestimated in developing service collaboration
- they outline strategies for professional learning to close this gap

Buntinx, W. (2008). "The logic of relations and the logic of management." Journal of Intellectual Disability Research **52(7)**: 588-597.

- paper examines the effects of 'microsystems' of support for people with intellectual disabilities
- authors argue that the need for supportive relationships between professionals and patients needs to be reconciled with managerial demands that may counter direct support approaches
- good example of linking support needs with process related issues
- authors draw on a Dutch care example

Dickinson, H. and J. Glasby (2010). "Why partnership work doesn't work': pitfalls, problems, and possibilities in English health and social care." Public Management Review **12(6)**: 811-828.

- the paper charts the genesis of partnership working between public service sectors
- it outlines basic lessons of public management when creating collaborative schemes
- although mainly using the term 'partnership', the lessons equally apply to integrated services

Davis, P. W., K. West, et al. (2011). "Networks in open systems of governance. The case of an English local older persons' care system." Public Management Review **13(5)**: 683-705.

- analysis of the failure of a particular care system in England
- multi-level analysis points to contributory factors in policy context
- good example of systems analysis approach which is rarely used outside networks

Dickinson, H. and C. Neal (2011). "Single Point of Access to Third Sector Services: The Conwy Collaborative Approach." Journal of Integrated Care **19(2)**: 37-48.

- study that examines the results of single point access to a care system in a Welsh locality
- particularly useful study since it focuses on a specific process related change and captures the results in a patient outcome framework

Mann, P., S. Pritchard, et al. (2004). "Supporting Inter-organizational Partnerships in the Public Sector." Public Management Review **6(3)**: 417-439.

- study that evaluates the learning and knowledge transfer within newly created Care Trusts in England
- focus on partnerships during times of change
- authors argue that practice based learning strengthens competence of professionals in periods of uncertainty

Nelson, E. C., P. B. Batalden, et al. (2007). Quality by Design. A Clinical Microsystems Approach. San Francisco, John Wiley & Sons.

- monograph which sets out a systems approach to improving health care practice
- authors detail steps to develop, evaluate and revise existing health integration and formulate a 'micro-systems' perspective
- while this book presents a practical guide to care integration, the terminology may be slightly solipsistic at times favouring mainly a systems analysis approach

Sullivan, H., P. Williams, et al. (2012). "Leadership for Collaboration: Situated agency in practice." Public Management Review **14**(1): 41-66.

- paper examines the importance of leadership for collaboration amongst professionals
- authors present findings of a study that investigates different interpretations of leadership and how it may affect collaboration
- they present some evidence that different professionals operate with different leadership conceptions which may impact on the chances to collaborate

Williams, I., H. Dickinson, et al. (2010). "Joined-up Rationing? An Analysis of Priority Setting in Health and Social Care Commissioning." Journal of Integrated Care **19**(1): 3-11.

- paper investigates the process of commissioning and the barriers in this area to integrated health and social care work
- they conclude that issues such as means-testing, eligibility and funding pose serious challenges to designing effective integrated care systems in the UK

b) Outcomes

Balogh, R., H. Oulette-Kuntz, et al. (2009). "Organising health care services for persons with an intellectual disability (Review)." The Cochrane Library(1): 1-39.

- one of the very few systematic reviews of health care evaluations for people with intellectual disabilities
- authors conclude that there is a serious lack of evidence that particular service constellations produce improvements in quality of care

Bernard, S., F. Aspinall, et al. (2010). Integrated services for people with long-term neurological conditions: evaluation of the impact of the National Service Framework. Research Works. York, Social Policy Research Unit.

- paper reports the findings from an evaluation of the impact of the National Service Framework (NSF) which sets standards for service quality
- authors highlight that the NSF clearly formulates the need for integrated care for this population yet find that serious barriers to inter-agency work still exist
- they outline a benchmarking system to assess the impact of NSF on integrated work

Davis, P. W., K. West, et al. (2011). "Networks in open systems of governance. The case of an English local older persons' care system." Public Management Review **13**(5): 683-705.

- analysis of the failure of a particular care system in England
- multi-level analysis points to contributory factors in policy context
- good example of systems analysis approach which is rarely used outside networks

Hall, I., C. Parkes, et al. (2006). "Working across boundaries: clinical outcomes for an integrated mental health service for people with intellectual disabilities." Journal of Intellectual Disability Research **50**(8): 598-607.

- study reporting outcome measures linked to particular service structures
- focus on mental health services for people with intellectual disability comparing an inpatient and a mainstream service
- authors report that mainstream mental health services can deliver effective support to this population

Palfreman, M. and W. Jepson (2011). Study into integrated approaches to service delivery that promote independence and wellbeing. Cardiff, SSIA NLIAHC: 55.

- report on integrated care pilots in Wales
- the publication contains the main parameters of 13 different approaches and models in ongoing care integration pilots and sketches 8 models in more detail

Rummery, K. (2003). "Progress Towards Partnership? The Development of Relations between Primary Care Organisations and Social Services Concerning Older People's Services in the UK." Social Policy and Society **3**(1): 33-42.

- paper analyses evidence for older people care partnership in England
- mainly qualitative data is presented
- authors outline several significant barriers to health and social care collaboration

Ham, C. and D. d. Silva (2009). Integrating Care and Transforming Community Services: What Works? Where Next? Health Services Management Centre Policy Paper Birmingham, University of Birmingham: 1-10.

- publication of proceedings of integrated care seminar
- report outlines several case studies in England and implications for policy and practice

Howarth, M. L. and C. Haigh (2007). "The myth of patient centrality in integrated care: the case of back pain services." International Journal of Integrated Care **7**(July): 1-7.

- review of studies on patient centrality as an aspect of care delivery for patients with back pain
- authors highlight lack of patient perspectives in existing studies
- they argue that without capturing patients' care experiences patient centrality cannot be achieved

Ling, T., M. Bardsley, et al. (2010). "Evaluation of UK Integrated Care Pilots: research protocol." International Journal of Integrated Care **10**(September): 1-15.

- research protocol used for the evaluation of integrated care pilots in England
- the final report has now been published (see RAND entry below)
- while some outcome measures are to be captured through quantitative data, authors suggest to use qualitative data and satisfaction ratings for most of the patient related data which may make it difficult to link service changes to delivery outcomes

Rosen, R., J. Mountford, et al. (2011). Integration in action: four international case studies. Research report. Evidence for better health care. London, Nuffield Trust: 55.

- detailed account of four cases of care integrations
- authors offer summary of barriers and facilitators for integrated care

Young, R. (2006). "Introducing Role and Service Changes in Health and Social Care: The Impact and Influence of User Involvement in England and Wales." Social Policy and Society **5**(2): 249-268.

- study that reports the findings of user and care involvement in care provision in England and Wales
- author highlights variance of stakeholder involvement and some barriers to improve it across service sectors

RAND and Ernst&Young (2012). National Evaluation of the Department of Health's Integrated Care Pilots. London, RAND Europe
Ernst&Young: 129. (the report can be accessed at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133124)

- report on the integrated care pilots in England
- report outlines basic lessons of developing integrated care services and lists main outcomes
- methods of evaluation are sketched
- outcomes contain qualitative and quantitative measures
- findings include: integrated care contributes to improved inter-professional collaboration, reduces hospitalisation rates and increases care co-ordination for patients