Evidence review - integrated health and social care

Executive summary

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Executive Summary

Introduction

This review was commissioned by Skills for Care's Workforce Innovation Programme which explores how people's care and support needs change and how the workforce has to adapt to meet the challenges that change can present.

It has sought to understand the characteristics of effective workforce practice in integrated health and social care services with a particular focus on avoiding hospital admissions, improving reablement services, and speeding up and improving hospital discharge services and transfers between residential and nursing homes.

The key questions that the evidence review aimed to address with reference to integration between health and social care, and the social care workforce were:

- What are current reported practices to support workforce intelligence, planning and development?
- What works, and what does not work, in current practice to support workforce intelligence, planning and development?
- What are the key characteristics of effective practice in workforce intelligence, planning and development?
- Is there any relevant international evidence?
- What are the gaps in the evidence base?

A flexible approach has been taken to the definition of integration for the purposes of this review to ensure all learning is captured; as noted in the National Evaluation of the Department of Health's Integrated Care Pilots (2012):

"*Integration is not a matter of following pre-given steps of a particular model of delivery, but often involves finding multiple creative ways of reorganising work in new organisational settings to reduce waste and duplication, deliver more preventative care, target resources more effectively or improve the quality of care*."[1]

Methodology

The review followed the Civil Service rapid evidence assessment methodology[2]. Having formulated the questions to be addressed by the review and developed a conceptual framework, inclusions and exclusion criteria were agreed. Articles published in 2002 or later, relevant to the review questions were included. Studies were excluded if they were not relevant, for example: integration within health; concerned with children and young people rather than adults; integration with other services such as housing, unless there was also a health factor.

[1] Rand Europe, Ernst & Young (2012). National Evaluation of the Department of Health's Integrated Care Pilots.
[2] http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment/what-is

A wide range of databases, web-sites and grey literature were searched and screened, using search terms related to integration, social care and health, and workforce, staff and training. Experts in the field were also asked to identify relevant studies. After screening of abstracts and assessment of full texts, 61 full texts were included in the synthesis for the review.

Results

The evidence relating to integrated health and social care more generally, and workforce issues more specifically, has often been described as problematic, and this review found it to be weak. Much of the work identified was not primarily concerned with workforce issues, and connections between workforce approaches and the impact and outcomes for service users were not always addressed. The majority of studies were based on interviews and questionnaires for staff working within or managing integrated teams; there were also a significant number of case studies and articles drawing out learning from pilots. Most of the evidence was from England, with a small number from other UK countries, and Europe.

Five broad themes were identified:

Organisational structures and behaviours

Whilst evidence suggested that the form of integration does not necessarily affect the effectiveness of the service, there seemed to be clearer evidence of the importance of the quality and style of organisational leadership, both in terms of delivering change and maintaining an integrated approach to service delivery.

There was good evidence to support:

- Good leadership is key to successful integration, and should be distinguished from clinical or professional leadership.
- The effective management of integrated teams is also key.

There was some evidence to support:

- Importance of organisational approach to change management impacting on effectiveness of integrated approaches.
- Team management is different to, and should be separated from, clinical or professional management.
- Separate management structures do not support integrated approaches to delivery.

There was insufficient evidence to support or reject:

- Particular organisational structures support integrated approaches.
- Managing integrated teams requires a different type of expertise and skill than managing single teams.

Staff roles, staff recruitment and retention

The evidence review considered a range of different staffing models and types of joint working, and produced a similar range of recommendations around what works; the development of new cross-boundary roles does seem to support integrated working.

There was good evidence to support:

- The creation of new roles working across professional boundaries supports integrated delivery.

There was some evidence to support:

- There is some variation in success factors depending on the staffing model of joint working.
- A focus on the service user/patient helps in overcoming professional boundaries.
- An understanding of different roles and responsibilities is important to successful integration within a team.

There was insufficient evidence to support or reject:

- Particular staffing models are more effective in an integrated setting than others.
- Integrated working has a negative impact on staff retention.

Human resource management and regulation

The evidence relating to how human resource management practices can support effective integration is weak.

There was some evidence to support:

- Different terms and conditions can be challenging, but are a barrier which can be overcome.

There was insufficient evidence to support or reject:

- Joint workforce planning increases the ability to provide effective integrated services.
- Regulation of integrated services may fail where there is confusion about areas of responsibility for different regulators.

Communication/ICT

Communication is commonly raised as a difficulty across the range of partnership and multi-agency approaches taken within health and social care.

There was some evidence to support:

- Information sharing can be improved by effective integration.
- Difficulties in information sharing is commonly challenging for integrated approaches.

Training and education

The need for training to meet specific requirements, such as staff taking on new responsibilities, seems to be clear; however the most effective form of training requires further research. In particular, a better understanding of the link between inter-professional training and effective integration would be helpful.

There was some evidence to support:

- Training is a key success factor for integrated working, particularly to reflect changing roles and responsibilities.
- Inter-professional training can support inter-professional working and hence enhance integrated services.
- Co-location can support team working.

There was insufficient evidence to support or reject:

- The quality of communication between professionals has a bigger impact on outcomes for service users than the co-location of professionals.
- Existing training and education offers need to change to better promote integrated working.

Conclusions

The review has found the evidence relating to workforce and integration is often weak, and based on the views of staff, rather than relating to outcomes for service users. The range of definitions and service models means that approaches are often and probably most effectively developed on a local basis, although this makes comparative studies more difficult.

There is clearly a need for further research to understand better what works in these areas, and particularly how workforce management and development needs to be different in integrated settings.

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