Factors that promote and hinder joint and integrated working between health and social care

Author: Fiona Campbell
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Summary

This briefing summarises and comments on a report of a research review by the Social Care Institute for Excellence. The report aims to give providers and users of services an overview of the research evidence for joint and integrated working. It focuses on jointly-organised services for older people and people with mental health problems in the UK. It organises the evidence under three broad themes:

- organisational issues
- cultural and professional issues
- contextual issues

The term ‘joint working’ describes all models of working together, with ‘integrated services’ used only to refer to health and social care services that have been merged.

Overview

Not surprisingly, the report identifies a similar set of factors whose presence promotes and whose absence hinders joint and integrated working. However, the evidence base both for the effectiveness of integration and for the factors that promote and hinder it is small and patchy and the voices of users and carers are largely absent. More evaluation which takes account of those voices needs to be built into commissioning and service provision both at a strategic and operational level.
The report is based on a search of peer-reviewed papers published since 2000 reporting UK-based evaluations of different models of joint working across health and social care. It updates a previous systematic review by Cameron and Lart (2003) which covered papers published before 2000.

A consistent theme of policy over the past 40 years has been a concern that welfare services could be improved if statutory agencies worked together more efficiently. Under the previous Labour administration, there was a drive to improve joint working through legislation to remove obstacles and permit mechanisms such as pooled budgets, greater structural integration (eg through Care Trusts) and specific mechanisms such as the single assessment process (SAP). The present Coalition Government has continued this policy, signalling through white papers its intention to identify and remove barriers to pooled budgets and to encourage the involvement of small social enterprises and user-led organisations in the provision of social care. The report notes that the question remains whether or not reforms over the past decade have been successful in meeting the objectives set out by policy-makers.

The researchers note that all reported evaluations bar one were published before 2009, with the majority before 2007. This suggests that the evidence base is lagging behind current policy and practice and means that the report cannot comment on the impact of personalisation or of the Health and Social Care Act 2012. However, as the authors point out, its messages are still crucial to the development of new joint working initiatives such as clinical commissioning groups (CCGs) and health and wellbeing boards (HWBs).

Key messages

The authors had some difficulty in drawing general conclusions, because of the variety of forms of evaluation, the different models of joint working, the range of working practices and arrangements, the variety of standardised measures used and differences in study design and service user groups. However, they did identify certain trends in the data.

Factors promoting joint working

Organisational issues
POLICY BRIEFING

- Ensuring that professionals and agencies understand the aims and objectives as well as the detail of eligibility and referral processes of any new initiative.

- All parties involved in a new joint initiative need to understand the roles and responsibilities involved, including responsibility for management of budgets, administrative support and the co-ordination of material resources and new procedures as well as understanding at the strategic level, for example through comprehensive service-level agreements. Flexibility in roles and the development of new integrated roles have also been identified as being supportive of joint working.

- A previous history of strong and supportive local partnerships.

- Effective communication, for example within multi-disciplinary teams.

- Shared information, including shared documentation and shared or compatible information technology systems is reported as leading to speedier and timelier assessments of need and more effective prioritisation of cases.

- Adequate resources, for example for holiday or sickness cover. The existence of a unified budget was identified as a factor that supported joint initiatives.

- Co-location increases mutual understanding, quicker and easier communication and improved learning across professional boundaries.

- Strong management and professional support and an integrated management structure.

Cultural and professional issues

- Regular team meetings and team building events.

Contextual issues

No contextual issues were consistently reported to be supportive of joint working. However a number of themes were identified in single studies.

- Demographic composition and rurality.

- The establishment of a rapid response team.

- Structural integration, for example, through the establishment of a combined health and social care mental health trust.
POLICY BRIEFING

- **Pooled budgets** which make resource allocation more transparent and empower organisations to challenge conventional forms of service delivery.

### Factors hindering joint working

#### Organisational issues

- **Difficulty in establishing a shared purpose**, common understanding of aims and objectives and underpinning philosophy

- **Lack of clarity about roles and responsibilities, policies and procedures**, such as eligibility criteria and referral and assessment processes.

- **Competing organisational visions** either at a strategic level, for example about resource and spending criteria or at an operational level, for example in attitudes to risk management.

- **Difficulty in communicating** across professional or agency boundaries.

- **Difficulty in sharing information, lack of access to information** and incompatible IT systems

- **Co-location** can sometimes lead to greater informality which can undermine professional practice. In one example, social workers were concerned that co-location in a health centre undermined their ability to prioritise the work of their social service employer.

- **Lack of strong and appropriate managerial support** and separate management structures.

- **Lack of involvement of professional staff** in the development of new services and ways of working.

#### Cultural and professional issues

- **An imbalance of power** between sectors, for example leading to domination by the interests of acute services at the expense of their partners.

- **Different professional philosophies** for example about social and medical models, shared client records or the management of risk.

- **Lack of trust, respect and control** between different professional groups, particularly those who have no prior experience of working together.
POLICY BRIEFING

- Absence of joint training and team building.

- The blurring of role boundaries which can lead to concerns about role identity

Contextual issues

- Complex relationships between agencies, including in some cases a perception that the intermediate care agenda is becoming dominated by the needs of acute health care at the expense of the aims of community services, health and social care.

- Constant re-organisation and lack of co-terminosity.

- Financial uncertainty.

- Difficulty in recruiting staff.

Service user and carer views

The report notes that such views are rarely included in evaluations of joint working. Where evaluations did take account of service users and carers, samples were largely drawn from the white population, meaning black and minority ethnic (BME) groups are under-represented. Diversity in terms of sexual orientation was nowhere specified. However, where accessible evidence exists, integration is associated with increased user involvement, choice and control. Service users valued:

- responsiveness to their needs

- partnership and trusting relationships with named key workers

- improved communication between agencies

- help interpreting information and navigating unfamiliar and complex systems.

Carers valued similar aspects of integration, particularly where they were combining caring with other responsibilities or where they were service users themselves.

Service users and carers also reported significant problems, including communication difficulties between agencies and involvement in care planning. The absence of care plans from the care of a significant number of mental health service users is highlighted as an area of serious concern.
Comment

The most worrying thing about this report is not so much the paucity of evidence of the factors that promote and hinder joint working, as the lack of evidence that joint working is, in fact, effective in improving services and outcomes for service users and carers. Common sense would suggest that joining up both commissioning and service delivery, pooling budgets, aligning or integrating procedures and information and increasing professional flexibility should bring about better outcomes. The factors that promote and hinder such joined up working also come as no surprise. To coin a phrase, this is not rocket science. However, although there is a small amount of evidence suggesting that greater integration leads to a perception of better services among users and carers, improved evaluative methodology and more systematic and larger scale studies are needed.

As the authors note, assessing effectiveness is based on the evaluation of how a policy or other intervention is implemented, the effects it has had, for whom, how and why. However, not all the evaluations reported data in this way. Few were comparative in design or offered a before-and-after analysis following the introduction of a new service. This makes it difficult to assess whether or not an intervention has been a success.

The authors of the report found that almost no studies in the area they covered focused solely on strategic-level joint working, focusing rather on frontline services and service delivery. This suggests that it will be important for local authorities and their NHS partners to be clear about desired outcomes and to build evaluation of effectiveness in terms of outcomes into their development plans for health and wellbeing boards, joint strategic needs assessments and joint health and wellbeing strategies.

The voices of service users and carers remain largely absent, as the report notes. New methodology for carrying out evaluations that make assessments based on the outcomes most valued by service users and carers is urgently required both to be developed and to be put into practice.

The transfer of public health to local government may result in improvements in this area, since public health specialists are experts in statistical data collection and analysis. This is not to say that existing local authority expertise is absent, particularly in relation to involving users and carers. But as the report notes, without a substantial, robust evidence base that is trusted by all sectors, some professionals will remain sceptical about the importance of joint working and integration to adult health and social care.
References


For more information about this, or any other LGiU member briefing, please contact Janet Sillett, Briefings Manager, on janet.sillett@lgiu.org.uk