ESSAY REVIEW

Miller, Robin., Brown, Hilary and Mangan, Catherine. (2016). Integrated Care in Action; A Practical Guide for Health, Social Care and Housing Support. London: Jessica Kingsley Publishers. ISBN 978-84905-666-5

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Introduction

Integration of services is now a key aspiration within national and international policies in health, social care and supported housing. As a result, there is an increasing expectation that managers, clinicians and practitioners within these services will be able to deliver integrated care on the ground. This book seeks to address the uncertainties, frustrations and anxieties regarding integration through explaining what it means in practice, sharing lessons from what has worked elsewhere and providing tools, techniques and approaches that can support the process of change. Most staff working in these sectors will understand and support the principles behind integration, as they will have undoubtedly experienced the frustrations of services being fragmented, delivering poor support and care. They will hopefully also have seen the benefits for patients, service users and their families when services are actually able to work together successfully. However, the best models through which these principles can be translated into practice and their individual contribution to such an integrated approach, may not be so apparent. In part, this may be down to a lack of clarity about what integration is. Indeed, many staff will have been part of attempts to bring professionals and services together under previous policies connected with joint pathways, organisational partnerships or multi-disciplinary teams, to name a few, and may not be clear how current integration differs from these. Furthermore, earlier initiatives may not have worked as well as was hoped for, or perhaps others did deliver, but were then subsequently disbanded due to a change in national priorities or local relationships. As a result, many people working in health, social care and supported housing may be confused, demoralised or feel daunted about being tasked with achieving integration.

Target audience

This book is written primarily for those managers who will be tasked with achieving integrated care on the ground and in particular those who are involved in setting up new integrated care initiatives. The leaders of practice bridge the gap between the aspirational visions of national, local and organisational strategies and the realities of limited budgets, variable staffing and increasing demand. These leaders, and the roles that they play, are many - unit and service managers of rehabilitation and long-term support options for older people and people of working age with mental health problems, disability and/or frailty; senior practitioners and operational managers within community mental health teams, care management teams and hospital discharge teams; commissioners undertaking service redesign across complex pathways of health, housing and care and doctors and other clinicians who have a key role in ensuring services are coordinated across a range of disciplines and professionals. While in the past these practice leaders of integration were often employed within the NHS or local government, they are now also based within the voluntary and community sector and, in some parts of the UK, within private agencies. Increasingly integration is being seen as the 'norm' rather than as the 'exception'.

How the book is organised

In order to illustrate what the building blocks of integration look like in practice, the author uses real case examples from previous and current initiatives. A set of fictional scenarios of integration based on common intractable problems are explored to demonstrate how the building blocks could be approached in different contexts and to

achieve alternative aims. Chapter 3, on Engaging and involving individuals and communities, is followed by 'Leading self and others', a particularly informative chapter followed by Chapter 5 on 'Managing change: processes and people' and Chapter 6 on 'Evaluating and reviewing integration'. There are three chapters on working with service users and carers, staff as well as processes and systems. The book acknowledges that integrated care can never be a fixed entity as the needs of service users, families and communities are constantly changing and that numerous issues and potential barriers have to be overcome in order to successfully develop an integrated care initiative. Key organisations that can provide resources on integrated care are provided in the Resources Section at the end of the book.

"Working with Service Users and Carers" (Chapter 7) focuses on the kind of involvement where the focus is more about improving people's lives, by having more say over the services they use and more control over their lives in general and, by so doing, bringing about broader social and political change, the 'democratic' approach. This chapter considers what integrated services might look like if the service user really is at the heart of services and what readers might need to think about and also do in order to achieve this. It is about involving people in health and social care, which is different to the 'consumerist' approach. Some fundamental principles underpinning means the work addressing the following questions:

> What is the difference between self-efficacy, personal activation and advocacy? How can we support people to be 'self-caring' and 'self-managing'? What contribution can peer support networks make to integrated care? Is it possible to put people at the centre of decisions about their care? How can we design services in true partnership with service users?

Style of writing

A strong feature of this book is the author's determination to define terminology which enables consistent communication among all practitioners. Indeed, the book begins by defining key terms such as: 'Carer', 'Commissioning', 'Integration' discusses 'Person-centred planning' which is a care-planning process that starts with the individual and takes account of what their needs and preferences are and not with existing services and what is currently available. A practitioner, for example, is defined as an individual employed to directly provide housing support, social care or healthcare services to service users and carers who is not a member of a professional group but requires particular skills, knowledge and values. Examples include a tenancy support worker, a domiciliary care worker or nursing or therapy assistant. A professional is defined as an individual who is accredited by a professional body to undertake a particular role following successful completion of a course of study and on-going professional development. Examples include social workers, nurses, physiotherapists, psychologists and

doctors. A service user is defined as someone actively in receipt of health, social care or housing support.

When discussing evaluation and reviewing integration, the author explains the importance of team building in bringing the team together to help build relationships and trust and to foster mutual support. The chapter on evaluating and reviewing integration, Chapter 6, shows that it can also lead to the staff members concerned taking back ideas and insights into their own services and demonstrating to them the potential of more effective integration. Similarly, drawing on volunteer user-researchers can also add much to an evaluation. Such volunteers need to be properly supported through training and mentoring and any expenses should be met. Their aspirations from participating should also be discussed and responded to, so that they directly benefit from the experience.

Asking powerful questions

One powerful way of thinking what type of integrated initiative is needed is to ask a series of 'powerful questions', such as: 'What issues in the system are adaptive challenges, and what are technical problems?' 'Are there any of our projects or activities that we are treating as day-to-day management when they are really transformative change?' It is necessary to identify day-to-day management processes which are needed. There are also connections to be made, a process which involves relationships. This leads to finding if the right people are involved and if any power differentials are stopping change. Are there opportunities for experiments? How can anxiety be contained? It is important to understand the rules which guide how the system works. If in doubt, it may be appropriate to refer to hospital, specifically to senior consultants.

Working with service users and carers might take longer than anticipated. It should be allowed to evolve rather than having time constraints applied and this can be particularly problematic if professionals feel they do not have permission to be absent from the frontline for 'as long as it takes'. It can also cost more than traditional ways of producing information.

Asset-based approaches

Asset-based approaches to health and wellbeing and community development are concerned, as the book explains, with facilitating people and communities to come together to achieve positive change and to gain more control over their lives and circumstances, including the promotion of good health, by consciously and purposively using their own knowledge, skills and lived experience of the issues they encounter. This approach is the opposite to that of considering the deficits of individuals and communities and how they can be 'fixed' or treated. Assets could include the practical skills, capacity, knowledge and interests of local residents; their networks and connections;

the presence of local community and voluntary associations and the resources of public, private and third sector organisations that are available to support a community.

An asset-based approach emphasises the need to redress the balance between meeting needs and making people dependent and disempowered, so rather than people being seen just as consumers of health and care, they are also seen as co-producers. It is about nurturing the strengths and resources of people and communities and promoting capacity, connectedness and social capital - enhancing the quality and longevity of life by focusing on those resources that promote the self-esteem and coping abilities of individuals and communities. Asset-based approaches require, as the book discusses, changes in individual and organisational attitudes, values and practice and are not simple change programmes to introduce. The approach should be community-led, though in practice this is rarely the case and the initiative is usually introduced and 'managed' by a government agency or its proxy. Asset-based approaches are by their very nature long-term, open-ended commitments and will have varied, less easily defined, less easily measured and sometimes unpredictable outcomes, which are likely to take time to emerge. The exact approach needs to be context-specific and will require careful consideration and negotiation between individuals, communities and organisations. There is no 'one size fits all' approach, as it should be a bottom-up way of working that harnesses whatever local assets exist.

Case Studies

The book also includes a case study approach. The aim of the case "Developing integrated care initiatives" in Lincolnshire, UK, was for people with long-term conditions to remain in their own homes for as long as possible. To achieve this they established an integrated wellbeing service that supports proactive care. The approach included: support to gain home management and lifestyle skills, access to befriending services, supporting access to various activities provided by local clubs and voluntary or community organisations and also support where people require help and advice to remain in their home and to secure and maintain appropriate housing. There is also help to manage finances and benefit claims. Support is provided to understand the options available by gathering information and explaining it in a way that makes sense to people.

Integrated care initiative in Hertfordshire, UK

Hertfordshire, UK, as the book outlines, had some key outcomes they wanted to achieve through developing integrated services. These were to support people to live independently at home to reduce unnecessary hospital or social care admissions and to improve the coordination of

services around the needs of the person. They also worked to prevent unnecessary hospital admissions by offering alternative care in the community. Hertfordshire developed a range of services to achieve these outcomes, for example, *HomeFirst*, an integrated community support service that provides effective care for people at risk of hospital admission or social care placement. It brought together expertise from NHS and social care services to ensure service users get the right care and support to stay at home wherever possible. HomeFirst teams include nurses, occupational therapists (OTs), social workers and care staff. The service consists of two elements: A reactive rapid response service, where health and social care staff respond within 60 minutes to people in crisis. A proactive virtual ward that supports people who are at risk of hospital admission helps to keep people in their own home.

The book also reviews the *Community Bed Bureau Scheme* that focuses on improving the management and coordination of community bed rehabilitation services. It coordinates, tracks and monitors the use of community beds and assigns the person to a bed that best suits their needs. There are two main types of community beds: intermediate care, where need is mainly medical, usually to help a person recover from a period of ill health and disablement, where a person is supported to regain their abilities and confidence to continue living independently.

Case example - The Integrated Care Development Programme (ICDP)

Another case example provided by the volume relates to the Integrated Care Development Programme (ICDP). The ICDP was a continuing inter-professional educational programme for health and social care managers and commissioners. Multi-professional strategic teams from a single locality participated in university and workplace-based learning activities centred on the development of an integrated business plan to address a local priority for improvement. These learning activities included taught sessions exploring research and theory, group discussions and presentations and challenging events in which external stakeholders critiqued draft plans and reflective exercises.

The evaluation used participant self-assessment, semi-structured interviews and group discussions to assess the achievement of expected impacts on the participants, their organisations and partnerships and patient outcomes. The findings indicate that while those employed in management and commissioning roles had considerable experience of working across professional and agency boundaries, they derived individual benefits from a workplace programme.

Organisational impacts were reported, but six months post-programme, evidence was not yet available of significant improvements in patient outcomes and/or financial efficiencies. Individual motivation, team dynamics and support from line managers all affected the extent to which individual and organisational impacts were achieved.

This case example shows that: adult learners responded to education that is based around the real tasks and pressures that they encounter and to flexibility in the activities provided. Inter-professional issues are also present at more senior management levels and can be positively addressed through shared learning opportunities. Alongside individual commitment and ability, more contextual factors such as support from organisations influence engagement and learning.

Case example 'Sliding Doors'

A further case example provided by the book is 'Sliding Doors'. NHS Education for Scotland, the Scottish Social Services Council and a learning and development consultancy developed the 'Sliding Doors' resources. These aimed to support health and social care staff in understanding a new model of care that valued older people as community assets, ensured their voices were heard and supported them to enjoy full and positive lives in their own home or a community setting. The workshop commenced with participants considering what a 'good life' meant to them. Identifying their personal outcomes early in the session encouraged participants to have a personal connection with what followed. An actor portraying 'Maggie', an older woman with dementia, diabetes and depression and 'Ian', her husband, interrupted the discussion. Participants gained an insight through the unfolding drama into what was important to Ian and Maggie - what made a 'good life' for them. This made a connection between the participants and the actors. The participants then worked in groups to discuss what they had learned about Ian and Maggie and what they needed to know and do as professionals to support Ian and Maggie's expressed 'good life'. The drama then continued. Two years passed - Maggie was less able and Ian had to go into hospital for a minor operation. This change represented a turning point: how Ian and Maggie's lives moved forward from here would depend on the responses and actions of everyone around them.

The film 'Sliding Doors' (directed by Peter Howitt in 1998) shows two possible futures for a young woman. In one, she catches a tube train, meets a man and finds love and fulfilment. In the other, she misses the train and her life continues as a struggle. The chance event of catching the train or not - determined by the 'sliding doors' of the tube train closing - is a turning point for the possible future she will follow. In the workshop, 'Sliding Doors' acts as a metaphor to describe participants' potential to positively influence people's lives. It promotes awareness of how their decisions and actions as professionals affect other people going forward and causes them to reflect on whether they support them to 'live the life they want to live' or not. This requires understanding of what is important to individual people at specific times in their lives. The aim of this exploration of the turning points in Ian and Maggie's lives is to help participants to understand the cultural and practice shifts they need to make as professionals. Ian and Maggie directly challenge them towards the end of the workshop to make two or three key commitments as people with sufficient influence to help ensure their future stays close to what is important to them in their good life'. This case example tells us that putting the lives of service users and carers at the heart of care plans makes the learning relevant and engaging to professionals and practitioners. More creative methods such as drama can be used to illustrate alternative ways of thinking and practising.

How can good team working be developed?

Most professionals and practitioners operate as a team and, indeed, many are part of several teams at the same time. As the book explains, the centrality of teams and the contribution that good team working can make to achieving integrated care, has become increasingly recognised. This is also true for 'non'-integrated teams, although in reality most teams within the health, social care and housing sectors will contain more than one profession and/or practitioner discipline. This includes senior management teams that will often have members from a financial and human resources (HR) background as well as a management and/or clinical or other professional background. When teams work well they are thought to lead to greater efficiency and effectiveness and to be key facilitators of 'safe' services through open communication and shared problem-solving. Teams are also promoted on the basis that they will provide a more enjoyable and enriching work environment for the staff concerned and so improve motivation and retention. There is some evidence to support these positive views and also the contrary perspective that dysfunctional teams are often highlighted as contributing to examples of poor, or indeed abusive, care.

Conclusion

There is a consistent clarity of thought throughout this book in encouraging practitioners and managers to address issues through a questioning approach. This is a more engaging approach than simply directing people what to do. Case examples bring the subject alive as the reader is engaged in thinking about specific situations. Another very useful teaching tool is the use of short lists of practice skills. For example, in the Preface, relevant questions are addressed for each chapter, so that the reader can consult relevant sections of the book at any time. The main message to take from the evidence base is that integration will only work if done properly which is another central belief of this book. Despite the limitations of the evidence, there are clear signs that integration of appropriate services for some service users can be of some benefit in some circumstances if they are managed and supported appropriately. Furthermore, there is a huge weight of evidence that fragmentation of services and silo working

can lead to poor outcomes and efficiencies. On the basis of this review, the current volume is highly recommended.

Conflicts of Interest

The author declares no conflicts of interest.