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A Scoping Review of the Benefits of Integrated Care at Service User Level in UK Health and Social Care System

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ABSTRACT

Background: The clinical commissioners were constituted to ensure patient centeredness and to tackle health inequalities for the local population. The health and social care act 2012 was a catalyst in the integration and development of the health and social care strategic partnership working. This was aimed to facilitate a major shift from competition to cooperation.

Purpose: What are the end-user benefits of the integrated care system developed through health and social care strategic partnership?

Methods: A scoping review is conducted to explore the available sources of information on the service user benefits of an integrated form of working at the grass root level. This review is an end user focussed study, specific to the service user perspectives.

Results: The individual organisations are still budget driven and the care planning assessments such as decision support tool are complex for the end user to understand. Even though there are several studies and government documents available focussing on macro- level integration with benefits on cost aspects, there are questions on the end user benefits.There is scant information regarding the benefits of collaboration at the end-user level.

Conclusion: The preliminary results conclude that there are strategic gains in strategic-level integration such as financial savings and tackling staff shortages.However, the service user benefit needs to be further explored. The work is conceptual and preliminary and there is scope for further exploration of the issue in discussion empirically.

1. Introduction

The idea of integrated care within England's healthcare systemisthe ambitious government's futuristic vision of coherent collaboration cross various health and social care settingsaimed at improving holistic patient-centric care provision. The concept of health and social care integration should ultimately result in patient- centric care in its totality ensuring joint and harmonious care provision from health and social care. Collaborative decisions, patient-centric care planning, effective communication among health, social care authorities, patient and familyare key to the success of the health and social integrated care (DOH 2018). Health and social care integration in England which is one of the widely discussed care models is reviewed here from its micro perspective and the conceptual level.

2. Background

In England as part of a significant decision to be made on a person's care needs and to determine the responsibility between health and social care, the Decision Support Tool (DST) should be completed by a multidisciplinary team, including health and social care assessors (Revised CHC Framework 2022). The tool DST is used to facilitate a comprehensive assessment and evaluation of an individual's health and social care needs. DST has multiple purposesto assist integrated care boards (ICB) and local authorities to meet care needs of service user regardless of whether the individual is found eligible for NHS Continuing Healthcare. This is a clear example of integrated care of workingbetween health and social care on micro level (Health & care act 2022). The framework clearly mandates that informed consent by the patient or legal representative needs to be taken prior to the assessment and service user participation in the assessment procedures should be ensured in all possible ways to achieve patient centric care (DOH 2018). Several decisions are taken with such joint assessments between health and social care such as responsibility for care coordination, primary health care needs, eligibilityfor funded nursing care, joint package of

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care, eligibility for personal health budget etc reflecting true meaning of care integration at micro level between health and social care (CHC Framework 2022). Such decisions have far-reaching impact on patients' preferred priorities of care and can have financial implications. The services from the local authorities are means tested whereas NHS services are free at point of care. However larger proportion of the public is not well informed of such implications. There are several complaints from various fractions of the community that the continuing health care assessments are very complex for the end user to understand and the public is not well-informed. (Alzimers society 2022).

Possible outcomes of completion of health and social care joint DST assessment to determine primary health care needs:

Outcome 1: Patient is found to have a primary health care need and hence NHS becomes the care coordinator for the complete care of the patient including accommodation cost. The relevant CCG needs to take the overall responsibility.

Outcome 2: Thereare no primary health care needs, and the overall care coordination lies with local council. The services from the local council are means tested which will have an impact on patient finance.

Outcome 3: Thereare no primary health care needs. The care coordination lies with local council however patient may be eligible for funded nursing care. It means the NHS will pay for the nursing care cost. There could be joint package of care arrangements where the percentage of contribution will be mutually agreed between health and social care authorities

In all cases, patient needs to get the necessary care regardless of who is responsible for meeting the patient care needs however there could be financial implications or change of place of care. However due to the complexity of such assessments and issues with informed consent there are several ongoing complaints raised about the CHC assessment.

2.1. Research Problem Statement

There are several success stories and cost savings at England's macro level health and social care integration such as formulation of Integrated care systems (Health and care act 2022). However, the benefits of such integration at micro level for the patient benefit are in question. Complex assessments such as completion of DST to decide individuals' care needs are difficult to understand for end user. This leads to the question of informed consent and effectiveness of integrated working at micro level.

2.2. Research Question

Are the current nationwide strategies of integrated care models in UK effective in yielding positive end user benefits through health and social care strategic partnership working.

2.3. Aim

To determine the patients' perspectives on the health and social care integrated care planning with special focus on decision support tool.

To determine what the challenges are in implementing an efficient health and social care collaborative care planning strategy at end user level.

2.4. Methods & Materials

This work is a scoping review with published data as the primary resource. A search strategy using the keywords integrated care, service user, health and social care and national health serviceswas undertaken. Reliable database search was conducted mainly the CINHAL and SCOPUS. Most recent data in the last five years was included and analysed to ensure reliability and validity. The selected resources were assessed for its quality using critical appraisal skills programme (CASP) tool. A qualitative methodology was adopted in data extraction. A qualitative research methodology stem from interpretative philosophy was adopted in this review and the findings were presented thematically. The qualitative approach is best suited in this work as it considered the context and service user experiences of integrated care model. The patients with complex care needs and the health and social care integrated care model to meet the needs of this patient group were the focus of the investigation through secondary sources. Various themes were developed on the topic of investigation which are presented below.

3. Results & Analysis

Being a qualitative review at conceptual level, a thematic analysis method is used and presented under various themes. Various challenges in ensuring a robust continuing health care assessment are presented under various themes.

This review identifies several challenges in integration at the micro level in health and social care joint care planningon primary health care needs. The integration and partnership working are the driving force and are at the heart of the changing health and care system in UK, improving high-quality care and reducing health inequalities (NHS Confederation 2022). The governments' ambitious drive to promote integration has resulted in several success stories such as formulation of sustainable and transformational partnerships and several other integrated care systems with a new form of collaborative working system beyond professional boundaries. Several clinical commissioning within the countries which work in partnership with single strategic leadership and integrated care systems are formed between acute, community and social care establishments

(NHS England 2021).This has resulted in strategic-level budgetary savings and the best use of available resources (Charles et al 2018).

Towards the end-user level, this form of health and social care integrated care working is expected to yield best results in community care provision. A well-planned health and social care integrated care should enhance the delivery of holistic care to patients who require continuing community care. This will lead to improved health outcomes and reduce health inequalities. The growing number of the UK population (About 15 million) suffer long-term conditions and substantial health budgets are spent on managing long-term conditions and multiple comorbidities (Kings Fund 2021). The integrated form of working at grass root levelcould be a promising solution to the overstretched community care burden (Lees et al 2017). However, there are questions about the end user benefits or patient-centeredness of this model (Riste et al 2018). The Alzheimers society's (2017) real stories of patient experience of continuing health care provision states thatsuch health & social careintegrated joint assessments are a long, arduous, unprofessionally managed, overly bureaucratic, and inhuman journey from the end user perspective. Within this poorly managed health & social care integrated assessment and joint decision-making system, thereare issuesof a lackof clear processes andambiguous guidance. The issues are: continuing care assessments are exacerbated by delays in assessments with a lack of timeframes for decision-making evidencingweak enforcement of the National Framework (Alzheimers Society 2022). Long-standingcare and funding arrangement could be unexpectedly reviewed and altered or withdrawn even for progressive diseases such as dementiawith far-reaching impact on the service users.

Issues specific to the joint assessment calledcontinuing health care (CHC)need assessment to determine primary health care needs.

Theme 1 Issues with informed consent

A primary focus on patient-centeredness is keeping the patient at the centre of care planning through informed consent and active participation in the care needs assessment and planning. NMC (2018) indicates that communication is a necessary component of every practitioner and requires nurses to be open and honest with patients. It also outlines that nurses should provide patients with adequate details about their health and care needs to improve their participation and empower them to autonomy. According to Lawton, et al. (2018), this allows service users to make informed choices and determine their care pathways. However, it is always projected that the CHC assessments are complex to understand even for the health professionals and extra support needed for the service user to understand the purpose and implications of such assessments. Many times, the patient may have cognitive impairment and appropriate representation needs to be ensured. There could be significant implications of CHC assessments such as change of accommodation and patient choice is paramount on the preferred priorities of care (Care act 2014; DOH 2022).

Theme 2 Issues in collaborating with community partners

According to West and Chowla (2017), inter-professional health care is characterised by a high degree of collaboration and communication among health practitioners. Rosell et al (2018) underlines that integration at microlevel care planning enhances interactions among healthcare practitioners across disciplines and optimised patient outcomes. However, the limited resources and infrastructure in community settings could be a hindrance to appropriate CHC assessments. There could be delay in assessment completion awaiting expert professional reports.

Theme 3 Issues of focus on cost reduction than patient centredness

NMC (2018) encourages person-centred care delivery by actively involving the service user in their care planning. The assessment team should act according to the Equality Act (2010) and should treatpatients in compliance with the ethical principles of beneficence, non-maleficence, justice, and fidelity (Beauchamp & Childress, 2009). However, when individual organisations are budget-driven, there are questions whether such standards are met during the assessment process. It is a requirement that the assessors are free from any budgetary pressures and patient centeredness should be the focus than that of social care cost saving (Reist et al, 2018). There could be huge financial implications in provisions such as1:1 care however the assessment decision should be purely based on patient care needs than that of cost aspects. The service user should be at the centre of all the assessments and cannot be treated unfairly or without following processes set out in continuing health care framework (Alzheimer's society 2017).

Theme 4 Issues in expert knowledge on continuing health care framework

The continuing health care framework is complex to understand. There needs to be expert knowledge of relevant legislation such as the Mental Capacity Act (2005) and the underlining principles. According to the NHS Confederation (2022) report, the most difficult challenge in

collaborative working is the issues with workforce shortages. The assessment teams should comprehensively assess patients' needs in several care domains assessing the risk factor in each care domain and determine the level of needs taking into consideration the nature, intensity, complexity and unpredictability aspects. Expert professional judgement and in-depth evidence based practice competency is inevitable in such a decision making. The lack of detailed understanding and expertise of the complex and fluctuating condition being assessed could severely affect the quality of the assessments. Many such CHC assessments are completed using generic tools, without sufficient expert advice and professional referrals for support in determining the accurate level of patient needs in each care domain (Alzheimer's Society 2022).

Theme 5 Issues with accurate documentation and evidence base to reach accurate assessments

There is a huge disparity in the availability of best evidence between community and acute care settings. Expert multi-professional health reports must be available in-house in hospital settings without much time delay but such facilities are limited in the community. A referral to a specialist team and completion of such expert assessment and reports could lead to a huge time delay in completion of DST assessments in community settings. Appropriate generation of such assessment documents such as behavioural charts are not easy tasks to accomplish in community care settings such as in residential care. At times the care documents may not be updatedwith the current care needs which will lead to assessments taking place with wrong patient baseline status. This leads to unavailability of trust worthy evidence for making accurate decisions in community health and social care assessments.

4. Discussion

In a nutshell, the UK integrated care strategies delivered positive out comes and health and social care savings. There is sufficient research evidence suggesting strategic level integration and sustainable and transformational partnerships have yielded cost benefits and utilisation of resources in the best possible manner (Charles et al 2018; NHS confederation 2022). However, at grass root level, there is still evidence of pockets of fragmentation of care. The philosophy of integration had necessitated strategic-level collaborations and partnerships between health and social care organisations. However, at the micro level, the service users get fit into such models than being considered at the centre of integration (Riest et al 2018). The true notion of the government's ambitious plans for integration should bring the end user-level benefits by moving away from episodic care to a holistic approach to health. The NHS Confederation (2022) states that sufficient time and space are required to implement effective integrated working strategies for place-based care provision. Local health and social care authorities need further support to achieve the benefits of place-based partnership working for its local social and economic development (NHS Confederation 2022). Alzheimers society (2017) brings out several service users tragic experiences in continuing health care, highlighting cracks between health and social care system and views the micro-level integration as a broken system. The workforce shortage is highlighted as one of the major challenges in the success of place-based partnership by NHS Confederation survey 2022, however, many such integration strategies lead to formal consultations and down grades where many high morale frontline work force considers that this is a betrayal after all they have endured. The true notion of the national strategies for integrationis notaimed at short-term benefits achieved through cutting short of services and reducing front- line staff. In such cases the end user benefits such as patient centeredness will be lost tomeet the needs of patients needing complex care.

Evidence suggests that the results and benefits of the integrated care are not sufficiently transferred to micro level patient centric care. Referral and response times, coordinated care planning between acute and community settingsare ongoing issues to tackle (Jones et al 2022). Improvementis needed in information sharing during discharge planning. Early assessment of patient baseline changes during hospital admission and timely referral to health and social care assessment teams will facilitate appropriate discharge planning and best outcomes at micro-level integrated working. Unfortunately, the STP/ICS models had a very slow impact on effectively managing acute hospital A&E pressure and reducing emergency hospital admissions. Such anintegrated form of working had limited success stories with a significant time delay to observe positive outcomes (NHS Confederation 2022). Through joint commissioning, the NHS and local authority budgets should be utilised through a single process of shared decisions fostering better coordination of people with complex needs (NHS England 2021). The home first, personalisation and discharge to assess models are efficient steps at micro level integrated working with significant improvements in tackling delayed transfer of careand prioritising the patient care needs. This way, the primary health care needs and the long-termcare needs could be assessed and met more accurately (NHS England 2021).

There is an inadequate primary research onthe benefits of integrated care at the micro level. There is little evidence to suggest that the government's ambitiousplans of strategic

integration had substantial benefits at service user level to ensure patient-centric care. There is a gap in further empirical research in this area of micro- level integration.

5. Conclusion

Integrated care is the future of the UK health care system and the government norm to supportservice-users in community care. Integrated care at the micro level such as DST assessments has far reached impact on individual care planning. Patient-centeredness should be the primary focus than that of social care cost savings. Integrated care at the service-user level has the potential for improvement by forming harmony and cohesiveness in service provision, ensuring patient-centeredness andgaining informed consent. The journey from competition to integration will only be possible when there is a shift from the focus on individual organisational cost saving strategies to the real essence of patient-centeredness.

Success in health and social care integration at micro level will be achieved by knowledgeable and inspiring health assessors on continuing health care framework who can run joint assessments such as decision support tools to determine the primary health care needs. The health and social care assessorsneed to share the responsibility for the entirety of patient-care circle in conjunction with continuing health care framework than primary focus on reducing cost. Key to success of health and social care integration at micro levelinclude collaboration with other community partners who can provide inputs in accurate decision-making on the nature, intensity, complexity, and unpredictability of the patient-care needs. This will enrichpatient-centeredness' in its true sense and delivery of holistic care provision in its totality than facing issues of fragmented care delivery.

Limitation

This study is a scoping review completed within a limited period. The sources of information are majorly the CINHAL and SCOPUS databases. The work is at a conceptual level. Further primary research is necessary to explore the issue of end- user benefits of integrated care systems.

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Conflict of Interest disclosure

The author has no conflict of interest to report. The author had taken sufficient steps to make sure that the work is ethically compliant and adhers to the legal requirements.

References

Alzheimers's Society (2017). *Applying for NHS Continuing Healthcare – Caution, requires extreme strength of character, Real Stories*. Retrievedfrom https://www.alzheimers.org.uk/blog/applying-nhs-continuing-healthcare-caution-requires-extreme-strength

Alzheimer's Society (2022). Alzheimer's Society's view on NHS Continuing Healthcare available at. Retrieved from https://www.alzheimers.org.uk/about-us/policy-and-influencing/what-we-think/nhs-continuing-healthcare

Beauchamp, T. L., & Childress, J. (2009). Principles of biomedicalethics. New York: Oxford University Press, 221.

Charles, A.,Wenzel, L., Kershaw, M., Ham, C., & Walsh, N. (2018). *A year of integrated care systems; Reviewing the journey so far*. London:King's Fund, 2018-09

Department of health and social care. (2018). *NHS Continuing Health Care Decision Support Tool*.

Department of Health (2005). Mental Capacity Act (c 9). Retrieved from https://www.legislation.gov.uk/ukpga/2005/9/contentsAccessed. London:HMSO.

Department of Health & and social care (2022). Statutory guidance Care and support statutory guidance. Available Retrieved at. Retrieved from https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance. (Updated 27 January 27, 2022).

Department of Health and Social Care. (updated 2021). *Integrated Care Partnership (ICP) engagement document: Integrated Care System (ICS) implementation*.

Department of Health (2014). *The Care Act and whole-family approaches*. London: Department of Health.

Department of health and Social care (2018). *National Frame work for NHS Continuing Health Care and NHS-Funded Nursing Care*. Retrievedfrom https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care

Jones, E., Mould, S., Ward, L., Ryan, L., & Patel, H. P. (2022). Integrated care for people living with dementia. *Clinics in Integrated Care*, *11*, 100095. doi:10.1016/j.intcar.2022.100095

Health and Care Act (2022). Available at Health and Care Act. Retrieved from legislation.gov.

Legislation.gov.uk. (2010). Equality act 2010 [Online]. Retrieved from http://www.legislation.gov.uk/ukpga/2010/15/contents

Health and social care act (2012). Retrievedfrom https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted, *7*.

Lawton, M., Sage, K., Haddock, G., Conroy, P., & Serrant, L. (2018). Speech and Language therapists' perspectives of the rapeutic alliance construction and maintenance in aphasia rehabilitation post-stroke. *International Journal of Language and Communication Disorders*, *53*(3), 550–563. doi:10.1111/1460-6984.12368

National Framework for NHS Continuing Health Care and NHS Funded Nursing care. (2022). Available at National Frame work for NHS Continuing Healthcare and NHS-funded Nursing Care - July 2022 (Revised). *Assessed on 20/10/2022*. Retrieved from publishing. service.gov.uk

NHS Confederation (2022). The state of integrated care systems 2021/2. Retrieved from https://www.nhsconfed.org/publications/state-integrated-care-systems-202122

NHS England (2021). Integrated caresystems: Guidance. Retrieved from https://www.england.nhs.uk/publication/integrated-care-systems-guidance

NHS England (2015). Guidance for NHS commissioners on equality and health inequalities legal duties. Retrieved fromhttps://www.england.nhs.uk/about/equality/equality-hub/resources/legislation

National Health Service (2009). Planning for your future care available at Retrieved from https://www.cancerresearchuk.org/about-cancer/coping/dying-with-cancer/making-plans/care-planning/preferred-priorities-of-care

NHS England (2021). quick guide to Discharging to Assess. Retrieved fromhttps://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-discharge-to-access.

Nursing and Midwifery Council (2018). The code. [pdf]. Retrieved from https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

Riste, L. K., Coventry, P. A., Reilly, S. T., Bower, P., & Sanders, C. (2018). Enactingperson-centredness in integrated care: A qualitative study of practice and perspectives within multidisciplinary groups in the care of older people. *Health Expectations*, *21*(6), 1066–1074. doi:10.1111/hex.12803

Rosell, L., Alexandersson, N., Hagberg, O., & Nilbert, M. (2018). Benefits, barriers and opinions on multidisciplinary team meetings: A survey in Swedish cancer care. *BMC Health Services Research*, *18*(1), 249. doi:10.1186/s12913-018-2990-4

The King's Fund (2021). *Developing place-based partnerships*.

The King's Fund (2021). Long-term conditions and multi-morbidity. Retrieved from https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity

West, M. A., & Chowla, R.(2017). Compassionate leadership for compassionate health care. In *Compassion* (237–257). Routledge.

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