

HENDERSON, L., KENNEDY, C., BAIN, H. and ALLAN, E. 2018. Integration of health and social care in a regional area of Scotland: exploring the needs and experiences of service users and their families. Presented at 2018 Robert Gordon University postgraduate research seminar, 31 July 2018, Aberdeen, UK.

Integration of health and social care in a regional area of Scotland: exploring the needs and experiences of service users and their families.

HENDERSON, L., KENNEDY, C., BAIN, H. and ALLAN, E.

2018



**ROBERT GORDON
UNIVERSITY ABERDEEN**



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Integration of health and social care in a regional area of Scotland

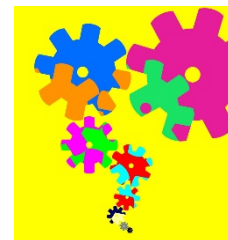
Exploring the needs and
experiences of service users
and their families.



@Lou_Henderson2



Aims of this session



Literature 'Re-view'

- Explore LH's evolution of understanding around the literature review process.
- Consider questions arising from the literature.
- Offer insight into preliminary emerging themes.

Start at the very beginning...

Preliminary research questions:

1. What are the experiences of service users and their families, who are accessing integrated health and social care primary care in a regional area of Scotland?
2. What are the perceptions of service users and their families, in relation to their health and wellbeing needs?
3. What is the relationship between the service users (and their families) experiences of integrated health and social care, and their perceived health and wellbeing needs?

“Viewing” ...



Questions of the literature

- What are the **experiences of people who access** and receive **integrated HSC** at home to meet their health and wellbeing needs?
- **How do people access** integrated HSC at home?
- What do people, who utilise integrated HSC at **home**, **perceive as their health and wellbeing needs**?
- **How does** integrated health and social care **meet the health and wellbeing needs** of those who utilise it?

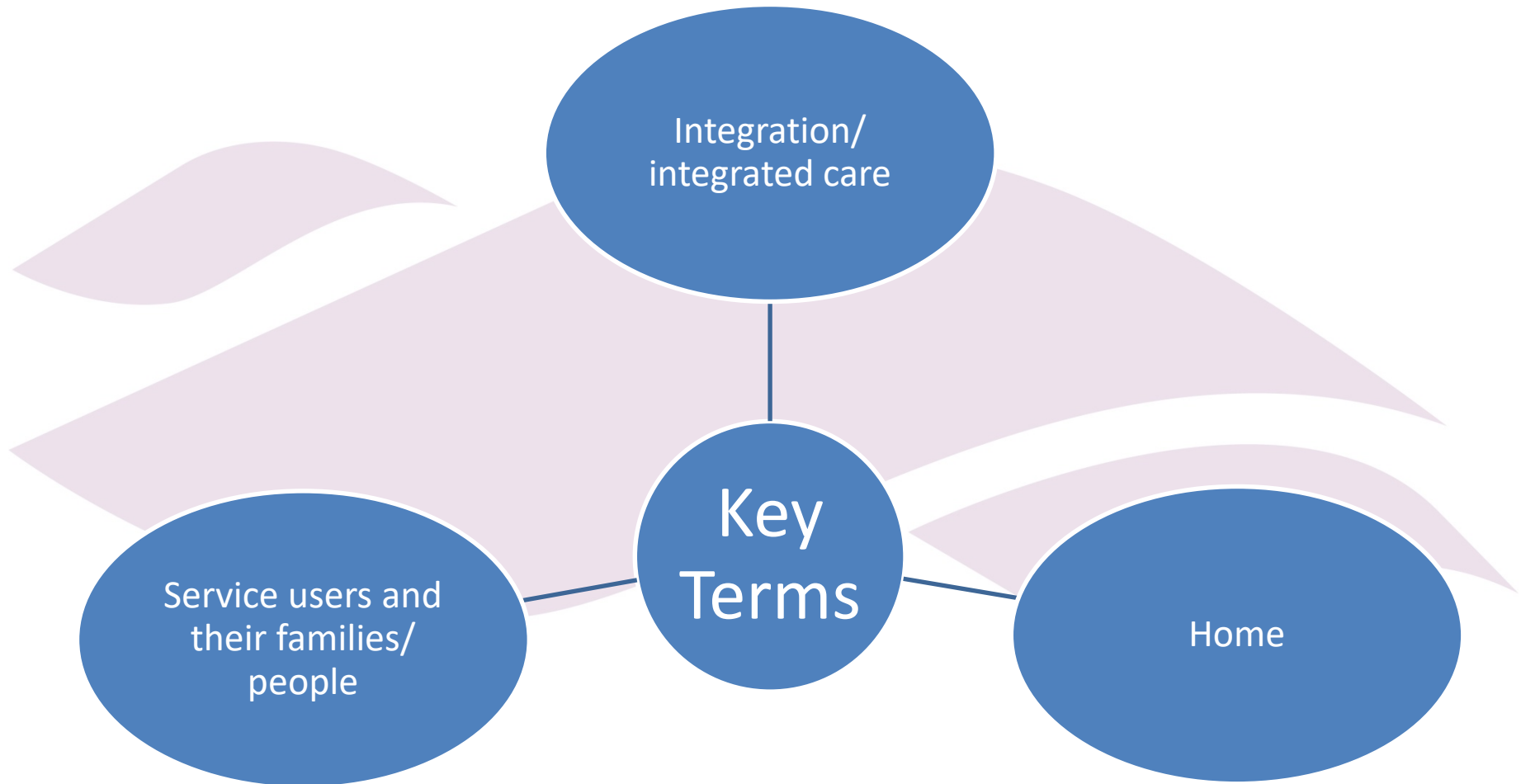
Searching & Screening

- Search strategy (V6) October 2017- March 2018
(Baxter and Jack 2008)
- Prospero Protocol, published March 2018
(Henderson et al. 2018) https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=85550

Screening (April – present)

Total papers recovered from search	436
Full text screening	47
Full text screened to date	36
Full text for inclusion (so far)	17
Full text for exclusion (so far)	19
Reasons for exclusion (so far)	Not primary research- descriptive (8) Does not meet criteria (11) <ul style="list-style-type: none">• Population; relevance: “integration”

Screening Guidance



Home

The home environment of service users and their families, where integrated care is delivered.

Rationale

- To ensure that the review topic is closely aligned to setting of the proposed study.

Exclusions, for the purpose of this study

- **Nursing home** - **unless it is clear that health care and social services are jointly delivering** the nursing home care.
- **Day hospital** - unless it is clear that health care and social services are jointly delivering the service.
- **Acute services setting**; i.e. hospital setting; discharge planning services within a hospital environment.
- **Intermediate services**- unless it is clear that these are **delivered in the home environment by health & social care services**; i.e. hospital-at-home services, rapid response services.
- **Discharge planning services**- unless it is clear that these relate to discharge from intermediate services that are delivered in a home environment.

Integrated Care

Health and care services that are delivered jointly between a health organisation and a care organisation.

Rationale

- In order to mirror the way in which integrated services are delivered within the native nation of the study (Scotland).

N.B.

This could be integration of a third sector care organisation or a community-led care organisation, with a health care organisation.

Exclusions for the purpose of this study

- Integration of a **singular specialist service** into an existing multi-disciplinary/agency primary care team (i.e. a **specialist mental health** behavioural service integrating into an existing primary care/HSC team).
 - **Rationale:** These papers focus strongly on the impact of the singular service once integrated, instead of wider integration of organisational services (as per proposed study).
- Integration of a **singular practitioner** to an existing primary care/HSC team.
 - **Rationale:** These papers focus strongly on the impact of the singular practitioner once integrated, instead of wider integration of organisational services (as per proposed study).
- **Wider public services; i.e. police and fire services – unless it is clear that these are being integrated to an already integrated HSC services.**
 - **Rationale:** To ensure that both health and care services are represented in the findings (as per proposed study).

People

Individuals and their families who access/receive integrated HSC services to meet their health & wellbeing needs.

“Service User”

Rationale

- To ensure that focus remains on the perceptions and experiences of people who utilise integrated HSC, in line with the intentions of the proposed study.
- To decipher current body of evidence in relation to service user focus (establish scope for proposed study).

N.B.

This could include specific communities of people, i.e. people who have a long term or older people, as long as a clear link is made to their access/receiving of integrated HSC (as defined above).

Dementia debate (9): Mental Health or Older Peoples services?

Intervention (dementia service- MH/OP- integrating to HSC)

Vs.

Population (dementia community- HSC)

Exclusions, for the purpose of this study

- HSC staff.
- Managers who manage teams of HSC staff.

Emerging themes (to-date)

Hewitt-Taylor 2017

- What are the **experiences** of people who receive integrated HSC at home to meet their health and wellbeing needs?
 - Very few consider service user experience. One in particular asked staff what service user experience was.
 - 2 papers acknowledge this but do not report on findings- quantitative data.
 - Others consider quantitative satisfaction ratings.
 - Feelings of powerlessness, anxiety, social isolation, ill-informed, uncertainty.
 - **Integration improves communication.**
 - **Promotion of independence (intermediate).**
- How do people **access** integrated HSC at home?
 - Intermediate, acute and primary care settings.
 - In an anticipatory capacity.
 - High-risk capacity.
 - Via local authorities, health services and third sector agencies.



Emerging themes

- What do people, who utilise integrated HSC at home, **perceive as their health and wellbeing needs?** (2)
 - Information needs.
 - Need to retain/maintain control of their care (decision making abilities) and have their voices heard.
 - Clarity.
 - Occupational balance- maintaining previous roles.
 - Relationships (professional/informal)
 - Housing
 - Support with coping (trauma, disability)
 - Psychological support.
- **How does integrated health and social care meet the health and wellbeing needs of those who utilise it?**
 - Models offered as a means of describing how each area is 'meeting needs'
 - However, many measure this in a quantitative manner (ADL functionality, morbidity, mortality rates, QoL indicators).
 - Do not ask the service users if these models are meeting their needs.

Emerging themes

Experience

Relationships

Perceived
Need

Access

Costings

LTC's/Older
Adults

Intermediate

Models

“Re-viewing” ...



Many thanks
Questions, comments & feedback welcome!

References

BAXTER, P. and JACK, S., 2008. Qualitative case study methodology: study design and implementation. *The Qualitative Report*. 13(4), pp. 544-599.

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HEWITT-TAYLOR, J., 2017. The essential guide to doing a health and social care literature review. Oxon: Routledge.