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# Exploring the health and wellbeing needs and experiences of people who use and deliver integrated health and social care in the community: a multi-case study.

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

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## CONFERENCE ABSTRACT

### **Exploring the health and wellbeing needs and experiences of people who use and deliver integrated health and social care in the community: a multi-case study.**

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#### ***Introduction***

Safe, people-centred, effective, affordable, and coordinated health and social support systems are a global priority. Current research in the field focuses on evaluation of services and models of integrated health and social care (IHSC)(1). This qualitative multi-case study was designed with key stakeholders to explore the experiences and needs of people who use and deliver IHSC at home, in a regional area of Scotland (UK).

#### ***Methods***

Eighteen participants were recruited (service user [n=6]; informal carer [n=5]; IHSC staff [n=7]). Service users identified an informal carer and IHSC staff member (who helped them at home) to take part with them, creating a 'case' [n=7]. Qualitative data were collected via semi-structured interviews (December 2019 – March 2020). Principles of thematic analysis were employed to synthesise data and findings.

#### ***Findings***

Service users' and informal carers' community connections appeared more cohesive and collaborative than statutory services because of personal connections with individual community members. Supportive relationships, maintaining functionality, and social contacts helped participants feel as though they were coping with their changing health and social care (HSC) needs and roles. Not having supportive relationships and connections negatively impacted service users' experience of IHSC.

#### ***Discussion***

Community-delivered care can be undervalued by statutory IHSC services. Findings of this study highlight that promoting compassionate communities and caring for one another, is important to participants. The power of connection is important when designing IHSC services; therefore, services should aim to promote meaningful relationships between people who use and deliver them(1).

#### ***Conclusions***

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Supportive relationships and personal connections were instrumental in helping all participant groups feel able to cope with their changing HSC needs and roles, promoting reassurance, information sharing, and reduced anxiety. Cohesive, supportive, relationships with members of the community helped people to meet their HSC needs. Connections between and with IHSC providers appeared less cohesive and collaborative.

### ***Lessons learned***

This study offers insight into indicators for improved IHSC. It offers IHSC organisations the opportunity to explore service redesign using co-designed research evidence. Co-produced, community-driven, IHSC services that meet the needs of the people who use them, as defined by those people themselves, should be encouraged.

### ***Limitations***

One of the seven cases had only staff member data, and a second had service user and IHSC staff member data only. Successful recruitment of all three participant groups to each case may have further enriched the data. Although this study's findings are transferrable to other locations, the regional context of data collected could be observed as a limitation.

### ***Suggestions for future research***

Further research into the impact and perceived value of community-led health and social care support is recommended. Further research that explores the impact of personal connections between people who receive and provide HSC (statutory and non-statutory) is warranted.

1. Henderson L, Bain H, Allan E, Kennedy C. Integrated health and social care in the community: A critical integrative review of the experiences and well-being needs of service users and their families. *Health & Social Care in the Community* [Internet]. 2020 20 January 2021; 00:[1-27 pp.]. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/hsc.13179>.