Integration of health and social care in the Grampian region of Scotland: exploring the needs and experiences of service users and their families.

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Integration of health and social care in the Grampian region of Scotland

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

<table>
<thead>
<tr>
<th>Preliminary research questions:</th>
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<tbody>
<tr>
<td>1. What are the experiences of service users and their families, who are accessing integrated health and social care primary care in Grampian?</td>
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<td>2. What are the perceptions of service users and their families, in relation to their health and wellbeing needs?</td>
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<tr>
<td>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?</td>
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</tbody>
</table>
“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](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=85550)

#### Screening (April – present)

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total papers recovered from search</td>
<td>436</td>
</tr>
<tr>
<td>Full text screening</td>
<td>47</td>
</tr>
<tr>
<td>Full text screened to date</td>
<td>36</td>
</tr>
<tr>
<td>Full text for inclusion (so far)</td>
<td>17</td>
</tr>
<tr>
<td>Full text for exclusion (so far)</td>
<td>19</td>
</tr>
</tbody>
</table>
| Reasons for exclusion (so far)        | Not primary research- descriptive (8)  
                                            Does not meet criteria (11)  
                                            • Population; relevance: “integration” |
Screening Guidance

Key Terms

Integration/integrated care

Service users and their families/people

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

<table>
<thead>
<tr>
<th><strong>Rationale</strong></th>
<th>To ensure that the review topic is closely aligned to setting of the proposed study.</th>
</tr>
</thead>
</table>

**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).
<table>
<thead>
<tr>
<th><strong>People</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Individuals and their families who access/receive integrated HSC services to meet their health &amp; wellbeing needs.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>“Service User”</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Rationale</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• To decipher current body of evidence in relation to service user focus (establish scope for proposed study).</td>
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</tbody>
</table>

**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)

• 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!
