

Chapter 6

Integrated Care: Towards a New Governance Framework

ABSTRACT

Delivering high quality health and social care is considered to be one of the key governance challenges in the UK. People are living longer, and chronic diseases are more prevalent, which puts ever more pressure on health and social services to deliver. In order to better co-ordinate these services and deal with increased demand and funding pressures, authorities at both national and local levels are moving towards integrated care services. However, the integration of these services is plagued with difficulties. This chapter will explore the complexities of joining-up health and social care. It includes a case study of Continuing Healthcare (CHC), which is a package of care provided by the National Health Service (NHS) and which involves a number of providers across the health and social care sectors. While much of the chapter focuses on health and social care challenges in England, it will finish with analysis of Scotland's progress towards integrated services.

INTRODUCTION

Integrated care is a universal concept, although the focus of integrated care depends on the country's healthcare system and practices. It might sometimes be referred to as seamless care¹, transmural care², care management and networking. In general, we can observe two larger streams within the integrated care discourse. First, integrated care may refer more generally

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to ‘managed care’ and/or ‘public health’. Integration of ‘managed care’ is concerned with the organisational interfaces within the health system while applying respective rationales and principles on primary healthcare and social care services (Leichsenring, 2004). The World Health Organisation (WHO) defines integrated care as:

A concept bringing together inputs, delivery, management and organisation of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve the services in relation to access, quality, user satisfaction and efficiency (WHO European Office for Integrated Health Care Services, 2001).

The ‘public health approach’ is centred around the integration between primary and secondary care, and often on both the vertical and the horizontal level, to provide a more effective social service delivery. The particular focus of this kind of ‘public health approach’ is the hospital versus community care interface. Integration from the public health perspective thus aims at delivering better care by ensuring integration of various providers (Leichsenring, 2004).

Second, integrated care may refer to integrating social and healthcare and/or the integration of the patient into the process of healthcare provision: i.e. a ‘person-centred approach’ as illustrated in Chapter 4 or a ‘whole system approach’. Paying attention to these various processes is expected to enable health services to be co-ordinated more effectively. The ‘person-centred discourse’ does have something in common with the public health discourse. However, its aim is to show more extensively the interdependence of social and health services in the long term, by putting the individual at the centre of service delivery:

The integration of health and social services implies that the services are provided to all elderly—independent of where they live—by integrated teams of home-helpers, home nurses etc. (...) The decision of support is made on request from GPs, hospitals, the elderly or relatives (Colmorten, Clausen, & Bengtsson, 2004, p. 6).

This is close to what is called ‘demand-driven healthcare’, meeting the needs of the patient or client by providing integrated care, and is also specifically mentioned in the Care Act of 2014. However, for real integration to take place, a stable organisation would have to provide all coverage for healthcare

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