POLICY FRAMEWORK FOR INTEGRATED CARE FOR OLDER PEOPLE

DEVELOPED BY THE CARMEN NETWORK
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King's Fund

EHMA
European Health Management Association

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Foreword

In the very first discussions within the Care and Management of Services for Older People in Europe Network (CARMEN), we exchanged experiences about how our countries would meet the needs of older people described in short vignettes. It quickly became clear that we all wanted change: change in the ways in which older people and their family carers are listened to, and change in the types of services they use, and how they are delivered. The focus of our discussions was on co-ordinating and integrating services better, to meet the holistic and often complex needs of older people.

We quickly identified the challenges to achieving integrated services, many of which involved the type of health and welfare system within each country and their funding and legislative base. However, as we exchanged different examples of solving these issues and began to unpick the complexities of integration at practice, managerial and policy levels, key themes emerged that had resonance for national policy in every country.

These themes have been captured in this policy framework, which offers a checklist for national and regional policy-makers concerned with improving the integration of services to older people. It also offers a checklist against which older people, carers and their organisations, and all those who are concerned to see change can review the policy of their national and regional government.

This policy framework is one of three policy-related documents produced by the CARMEN network, alongside:

- *Advancing Integrated Care for Older People Through EU Policy*
- *A European Research Agenda on Integrated Care for Older People*.

This framework also accompanies another CARMEN publication, *Integrating Services for Older People: A resource book for managers*, which addresses operational and strategic issues around integration and offers more detailed and practical information on a number of topics alluded to in this paper.

For more information, see the EHMA website at: www.ehma.org. This policy framework is also available on the King's Fund website at: www.kingsfund.org.uk

Summary: National policy recommendations

The following points summarise the key recommendations drawn from this policy framework:

- National policy promotes the development of integrated care by setting out a clear of vision with the goals of:
    - maximising older people's quality of life, independence and control
    - improving service system efficiency for service users with complex needs by taking a 'whole-system' approach, where services recognise their interdependencies, plan together to provide a comprehensive range of services for a local population, establish clear links between these services and provide ways of tailoring services and care to the individual older person and their carer.

- National policy proactively promotes integrated care through:
    - adequate resourcing to ensure a balanced service system where there are good primary and community care services, as well as acute health and residential care provision
    - awarding responsibilities for integration to organisations and individuals through funding, and regulatory, legal and other measures
    - incentives to promote integration – for example, by allowing for budget pooling or special ringfenced funding for integrated services
    - coherent regulatory and inspection systems for health and social care services that do not duplicate one another and promote integrated practice and service models.

- National policy to support integrated care is coherent with other policies so that, for example:
    - resource allocation supports the development of balanced service systems and is not directed to acute health care at the expense of prevention, primary and community services
    - policy on housing allows for integrated approaches with health and social services to support older people live in the community in flexible, adaptive, accessible housing with appropriate services.

- National policy supports family carers to strengthen integration between formal and informal systems of care. Policy explicitly supports carers in their role both as care givers and as individuals with their own needs, ensuring practical measures to support carers to care as well as financial benefits, tax allowances and pensions that recognise carers' contributions and compensate individuals for missed opportunities. Policy will also need to include family-friendly policies to support carers who are in employment.

- National policy supports integrated approaches that are centred on older people and their carers in the way in which they are planned and delivered, and in their quality. This involves supporting innovative approaches that offer choice, flexibility and control by older people.

Options that might be considered include:

- – new integrated service models
- – intensive care management for older people with complex needs
- – new staff roles, which may combine different roles
- – user-led standards for integrated service delivery and practice
- – strengthening purchasing power of older people and carers to co-ordinate their own services
- – opportunities for peer support, advice and advocacy
- – involvement of older people and carers in training and recruiting staff
- – strategies for integrated information given to older people and their carers
- – assistive technology to support people in remaining independent in their own homes.

- Involvement of older people and their carers should be modelled in the way in which policy is developed, monitored and evaluated.

- National policy supports the implementation of integrated care at a local level, beyond short-term projects, through a range of measures to ensure sustainable change, including:
  - – disseminating good practice
  - – developing the workforce through training, education and strategies to address the low status and pay of health and social care professionals working with older people
  - – supporting leadership development for staff at all levels
  - – supporting effective shared information and communication technology systems
  - – supporting the development of technology solutions to assist older people to remain in the settings of their choice, particularly driving the necessary research and technical support needed to find solutions.

Introduction

This policy framework offers a checklist for national and regional governments concerned with improving services to older people so that older people experience integrated care. The Care and Management of Services for Older People in Europe Network (CARMEN) has defined integrated care as 'a well planned and well organised set of services and care processes, targeted at the multiple needs/problems of an individual, or a category of persons with similar need/problems' (Vaarama, cited in Nies 2004b). Illustrations of different policies to address different dimensions of the framework are provided within the text.

This framework does not attempt to address all the policy measures related to living well in later years but focuses on the challenges of integrating services and care processes for older people with complex needs. However, the approaches that it promotes reinforce policies on active ageing, emphasising control by individual older people and the concept of interdependence, in which older people give as well as receive. This is particularly important as countries seek positive solutions to demographic changes and population ageing, and as members of the public increasingly expect to claim their rights to high quality services.

Governments face significant challenges as public expenditure continues to rise to meet these needs and as the supply of services is threatened by difficulties in recruiting staff and changing market dynamics between public and private provision. This focus on integrated care to meet the needs of older people with complex needs is thus set within a context of change, where countries are seeking new ways of focusing expenditure on approaches that reduce the pressures on expensive services, make best use of scarce resources and also improve the quality of life for older people.

Who will use this framework?

The framework is primarily for those involved in developing national and regional policy on integrated care. It may also be used by older people, carers and their organisations, service providers and commissioners, researchers and others who have a stake in changing current service systems. All of these stakeholders can assess current and planned policies against this template.

Why promote integrated care?

All services, including health, social care, housing, transport, social security, education, leisure and other community facilities, should provide the best possible opportunity for people to continue to lead the lives they want, whatever their age. However, poor co-ordination between and within different services, both at times of episodic events and in the long-term, are currently failing to adequately meet the needs of many older people.

Older people are a valuable part of society, contributing in many ways, including economically and intellectually but, in the worst cases, older people have been left at risk because they have fallen between the gaps in services. Many have suffered from duplicated assessments, separate and sometimes contradictory decisions by different agencies and unnecessary delays (Edwards and Miller 2003). Older people

rightfully expect good quality integrated services enabling them to have control over their own lives. Today, an increasingly powerful lobby of older people is voicing expectations of active ageing and access to good quality services when they are needed.

Carers (unpaid family, friends and partners) offer the majority of support to older people. They too have suffered from poorly integrated services. Poor communication and lack of co-ordination between different parts of services, and across agencies, have added to their responsibilities, and at worst have resulted in carers becoming 'invisible' to the system and their needs being ignored. The resulting breakdown in the older person's care at home increases the pressures on services (Binstock *et al* 1996). Changing patterns of caring make this an increasingly urgent issue to address.

Service-providing organisations have found that a lack of co-ordination leads to inefficient use of staff time, can exacerbate inter-professional conflict and does not make best use of resources (Edwards and Miller 2003). It has been noted that 'the division, decentralization, and specialization frequently encountered in the architecture of more complex systems often interfere with their efficiency and effectiveness' (Brodsky *et al* 2003).

Fragmented and unbalanced service systems can result in bottlenecks and gaps, which put pressure on existing services and can prevent the development of preventive and rehabilitation services that are so crucial to maintaining older people's independence (Carrier 2002).

Accessibility, quality and financial sustainability

Integrated care for older people is thus at the heart of the three key objectives in national policies on health care and care for older people that were recently examined by the European Commission: accessibility, quality and financial sustainability (European Commission 2003). These objectives are addressed in detail below:

- **Accessibility** – Integration can streamline access to services by ensuring that older people receive a good, co-ordinated response to their needs at any point of entry into the service system. Older people will also benefit from the provision of integrated service provision that offers 'a one-stop shop'.

  Better integration between health and care services – including housing, social care, transport and other community services – may prevent unnecessary admissions to acute care, or inappropriate long-term residential care, by providing new, alternative integrated services and improved support at home.

  Effective co-ordination between a wide range of agencies and organisations may also provide important opportunities for developing more inclusive communities and neighbourhoods that will support successful ageing.

- **Quality** – Integrated care offers opportunities for better outcomes for older people with complex needs where a holistic approach is taken, services are co-ordinated, and there is continuity of care.

- **Financial sustainability** – Integrated approaches in care for older people with complex needs offer the opportunity for more efficient and cost-effective solutions for health and social care systems.

Why consider a policy framework?

This framework is not offering an off-the-shelf solution, as the context and stage of policy development will be different for each country. Instead, it aims to provide a checklist against which new or current national policies on integrated care can be reviewed. Every country that uses this framework needs to establish its own baseline as a start to reviewing or developing its policy on integrated care.

Many countries are already addressing different barriers to integration, and some examples of their approaches are included in this paper to illustrate elements within the framework. These barriers are well documented, and include separate funding systems for health and social care, cultural differences and problems relating to organisational, structural and professional boundaries. *See, for example*, Nies (2004b) and van Raak *et al* (2003). A fuller description of the policies of different European countries can be found in Leichsenring and Alaszewski 2004).

Given these considerable challenges, it is important that integration is not seen as the answer to every issue but, instead, that it focuses on resolving those problems for which some kind of co-ordinated response is essential. These are problems that have been described as the 'wicked issues' because they are hard to define and have unclear causal chains and complex inter-dependencies (Henwood and Hudson 2000). The framework thus offers a range of options for supporting change and motivating services and professions to develop integrated approaches that address complex needs.

The framework also offers a template that can be exchanged through the European open method of co-ordination, to improve national approaches to integrated care. The objectives of this exchange are to advance the health and independence of older people – which, in turn, will contribute to the economic strength of member states.

What does the framework cover?

This framework is based on the experience and expertise of members of the CARMEN network and policy developments within their countries. It sets out key components for national policy on integrated care for older people, including recommended actions to support implementation of policy. The framework is in line with the central themes running through the International Plan of Action on Ageing (United Nations 2002) and particularly focuses on the recommendations to develop a continuum of health care to meet the needs of older people.

The policy framework addresses the following themes:
- clarifying the vision
- underpinning principles and values
- criteria for operational success
- coherence with other policies
- active promotion and incentives for integrated care
- evaluation and monitoring

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- regulation and inspection
- support to implementing policy.

Key points are summarised at the front of this publication (see Summary: National policy recommendations, pp iii–iv).

Clarifying the vision

Experience and theory in the field of complex adaptive systems (Chapman 2002) highlights the importance of a clear vision and direction of travel set by national policy. This is particularly important in integrated care, where a range of organisations and sectors – statutory, voluntary or non-governmental, private, independent, professional and community – need to work together to deliver integrated care, each with very different perspectives, agendas and values. Governments can play a crucial role in legitimising the creation of networks and collaborative and integrated working.

Integrated care is a means to an end – the vision needs to clarify the goal and rationale. The desired outcome is to make sure that older people's quality of life is maximised, and that they and their carers are properly listened to, have a say in the services they use, and are in control of their situation, in the setting of their choice.

In order to achieve this goal, services need to be well co-ordinated, to address older people's needs and aspirations and to work in ways that meet their complex, and often inter-related, needs. A pre-condition for integrated care is to have a full range of services available, across health, social care, housing, transport, education, leisure and other sectors, and to ensure that they are accessible to local populations. Services need to be delivered across organisational boundaries, with clear access points and pathways, and with ways of assessing and guiding older people through them.

In essence, services need to work together as a single, comprehensive, integrated whole system: 'A whole system approach which places the older person at the centre will benefit older people by providing the right support, at the right time and by addressing the entire range of their needs' (Carrier 2002).

Integration thus takes place at the level of the individual, at service networks level and in the wider system of services for the local population (Edwards and Miller 2003; Nies 2004b). At the individual level, services are tailored to support the older person's way of life, weaving together the support from professionals, carers and volunteers and providing full information to enable people to make decisions. At the organisational and networks level, collaboration and co-ordination takes place within and across teams and different service providers and organisations. At the strategic level, agencies and service organisations plan together for the needs of a whole population. Integration is important within sectors at each of these levels, as well as between sectors. Lack of integration within one sector may make it more difficult to integrate activities between sectors.

So there is no one model of integrated care – particularly where 'integration' has a number of dimensions. Integration may be described along a spectrum ranging from tolerance to co-operation, joint ventures, partnerships and mergers. There will be horizontal and vertical forms of integration within and across different organisations and professional groups. The degree and type of integration will depend upon the outcome sought rather than any aspiration towards merger. Processes rather than structures will be all-important in achieving integrated care and clarity about where 'integration' is, or is not, an appropriate means to achieve better outcomes for older people.

Example, Sweden: A national vision

In its vision and objectives for national policy for older people, the Swedish Riksdag (parliament) specifies that older people shall:

- be able to live an active life and have influence over their everyday lives
- be able to grow old in security and retain their independence
- be treated with respect and
- have access to good healthcare and social services.

Sweden's National Action Plan for the Development of Health Care includes proposals for making sure that older people get proper care through better collaboration.

Source: Ministry of Health and Social Affairs (2001)

Example, Finland: Clarifying the vision

The Finnish national framework for high quality care and services for older persons advises local decision-makers to develop a general old-age strategy to improve the well being and health of their older citizens in collaboration with all local and regional players. As part of this strategy, local authorities are advised to prepare local and regional action plans for developing and integrating social and health care services for older people. Older people themselves should be encouraged to participate in the strategy-making process, as well as in setting the goals and evaluating the results.

Source: Ministry of Social Affairs and Health/Association of Local and Regional Authorities (2001), Vaarama *et al* (2001)

Principles and values

Given the potential range of models and approaches to achieve the vision, a number of core principles will need to underpin policy on integrated care, and against which policy and innovations can be assessed. The following principles reflect older people's views and values shared within CARMEN:

- Older people are treated as individuals and are in control.
- Older people's views are central.
- Access to integrated care must be equitable and according to need.
- Solutions to integrated care must be sustainable.

Questions to ask about the core principles are provided in detail in the sections that follow:

Older people are treated as individuals and are in control

Question: Is policy promoting integrated services that are person-centred and tailored to people's needs, where people have control over their own lives, where there is no age discrimination in accessing services and where active ageing is an underpinning philosophy?

Example, England: Standards promoting person-centred approaches
The National Service Framework for Older People in England sets out national evidence-based standards and service models which focus on:

- rooting out age discrimination
- providing person-centred care
- promoting older people's health and independence
- fitting services around people's needs.

Source: Department of Health (2001a)

Older people's views are central

Question: Through its own policy development process, how far does policy support and model the involvement of older people in planning developing, evaluating and using integrated services so that older people and their carers are always central to services?

Example, Sweden: Involving older people in policy development
In Sweden, there are pensioners' councils at national level and in the majority of municipalities and county councils. The councils act as advisory bodies and the pensioners' organisations (of which there are five nationwide) are represented on them. Nearly half of all older people in Sweden belong to a pensioners' organisation.

Source: Ministry of Health and Social Affairs (2001)

Access to integrated care should be equitable and according to need

Question: Does policy support fair and equitable access to integrated care so that older people and carers from the different socio-cultural groups, all segments of the population, and of all ages, including those with disabilities, can access appropriate integrated care?

Question: Do local service systems offer an adequate mix of services that meet the various needs of older people from all communities, with suitable care pathways and co-ordinating processes?

Question: Are services integrated in ways that offer streamlined and easier access to information and support for older people from all communities?

Example, Italy: Promoting equitable access to services

In Belluno province, Italy, more than 70 voluntary organisations are co-ordinated through a joint committee (*comitato d'intesa*), which acts as a unique reference point for activity relating to health and social care, and fights against the segregation of disadvantaged groups and socially excluded people, including older people. In its 27 years of activity, the committee has worked to develop co-operation and synergy between public, private and not-for-profit services, and to develop new service models. The committee manages the Voluntary Service Centre of Belluno – one of more than 50 such centres in Italy supporting the voluntary sector and meeting citizens' needs through a range of professional and voluntary services. At the heart of its work are providing advocacy, acting as an ombudsman to support the legal rights of individuals and voluntary organisations, and publicising and lobbying on the problems of citizens and organisations.

Source: Paganin (2003)

Solutions to integrated care must be sustainable

Question: How far is policy supporting sustainable change rather than short-term projects or developments, particularly through the provision of integrated funding systems and encouragement of whole system planning and networking?

Example, the Netherlands: Policy to support sustainable solutions

The Dutch government has sought to establish a better co-ordinated system of care to achieve tailor-made care in the community through:

- an integrated funding system for home care and district nursing, as well as for care in residential and nursing homes
- the development of integral regional policies on care, housing and welfare
- integrated assessment procedures for residential and community care to determine eligibility for long-term care.

Source: Nies (2002)

Criteria for operational success

From the experience and evidence shared within CARMEN, a well-operating system of integrated care would offer:

- flexible and innovative integrated services for older people
- clarity about responsibilities and accountabilities
- appropriately targeted integrated care.

Policy on integrated care will also need to assess how far it is assisting the delivery of these benefits. Each point is explained in full below.

Flexible and innovative integrated services

Question: Is policy supporting the development of services that offer choice and control to older people and are flexible to meet individual needs?

These services may include extra care, housing, outreach support and rehabilitation teams that are not building-based, direct payments for older people to buy in their own care, and assistive technology to enable people to stay in their own homes.

Example, Belgium: Policy to support tailor-made services
The Flemish Government in Belgium emphasises the concept of inclusive policy as a basic principle. Inclusive policy refers to a shift away from categorical ideas about living and caring and instead emphasises a tailor-made supply of integrated services where the personal choice of the older person is guaranteed. This does, however, include a responsibility of older people to make timely decisions about their future 'living career'.

Source: Flemish Department of Welfare, Public Health and Culture, at: www.wvc.vlaanderen.be

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Clarity about responsibilities and accountabilities

Question: How far is current policy clear about responsibilities and accountabilities where services are integrated, so that decisions are taken in a clear and appropriate way and there is proper accountability to service users, stakeholders and the wider community?

Question: Is there clarity about responsibilities of the state as against those of older people and those of family carers such that carers have rights to support in their caring role – for example, through financial compensation?

Appropriately targeted integrated care

Integration is not the solution to all problems, and policy will be supporting differentiated responses to complex and simple needs to ensure the most cost-effective and appropriate responses.

Question: Are targeted responses consistent with policy on equitable access and non-discrimination?

Coherence with other policies

This section relates to joined-up policy-making. Given the current problems and barriers experienced in every country to achieve effective integrated care (Nies 2004b), policy to support integrated care needs to ensure its coherence with policies in a number of areas, including:

- coherent funding systems
- promoting independence and well being
- support to carers
- integrating information.

Questions to ask to assess policy performance in these four areas are provided below.

Coherent funding systems

Question: Does policy on resource allocation and long-term care funding support integrated solutions, or do different funding streams, charging policies and eligibility criteria present real barriers to integrated care?

Question: Can measures to allocate lead management responsibilities, enable pooled funding and facilitate other joint arrangements overcome these barriers?

Promoting independence and well being

Question: Do policies on pensions and benefits, employment and education support people to live well in later life and empower older people and their carers to access and co-ordinate their own services, where appropriate?

Example, Belgium: Policy supporting structural solidarity
In Flanders, policy pays special attention to the concept of 'structural solidarity', which in essence concerns the integration of income, living and care. Financial and other mechanisms are to be developed to combine these three elements into one basic system of security.

Source: Flemish Department of Welfare, Public Health and Culture, at: www.wvc.vlaanderen.be

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Question: Are policy on prevention (to keep people well at home) and policy to promote health and well being (to enable local populations to live well in their later years) actively supported as major components of a well-functioning system of services and an integrated approach?

> **Example, Sweden: Prevention policy**
> One of the most important principles of Swedish policy for older people is that society's initiatives are to be framed in such a way that older people can continue living in their own homes for as long as possible, even when they are in need of extensive care and social services. An accessible society, good housing, transport services and home-help services are examples of important measures to realise that principle. The National Action Plan on Policy for the Elderly, adopted in 1998, has laid the foundations of a wider perspective on policy work for older persons. It contains about 20 measures aimed at achieving the national objectives for policy for the elderly.
>
> Source: Ministry of Health and Social Affairs (2001)

> **Example, Greece: Prevention policy**
> The basic policy principle for older people in Greece 'is to guarantee for the elderly decent living conditions, the fact they remain in their family environment as well as their support by means of specific programs so that they continue to be equal and active members of (our) society' (Policy in the sector of welfare section – *see source, below*).
>
> In line with this policy, Open Care Centres For the Elderly (KAPI) have been financed by the Ministry of Health and Welfare and are being implemented by the municipalities. These centres offer psycho-social support, health education and prevention activities to older people, thus improving their well being while they continue to live in their own personal and social environment. There are more than 320 KAPIs, staffed by teams of social workers, health visitors, occupational and physiotherapists and family assistants (Health, health care and welfare in Greece section – see source, below).
>
> Source: Hellenic Republic Ministry of Health and Welfare, at: www.ypyp.gr/EN/welfarepol.html

- **Question:** How far does housing policy allow for integration with health and social care services?

> **Example, Ireland: Policy supporting integrated approaches to ageing**
> The Irish government has adopted as national policy a new health strategy entitled 'Quality and Fairness'. This includes the objective of 'an integrated approach to meeting the needs of ageing and older people will be taken'. The Department of Health and Children, in conjunction with the Departments of the Environment, Social, Community and Family Affairs and Public Enterprise, have agreed as a priority to develop a co-ordinated action plan to meet the needs of older people.
>
> Source: Department of Health and Children (2001)

Support to carers

Question: Is policy to support carers coherent with policy on integrated care for older people, so that the vital role of family carers is recognised, carers' own needs are taken into account and carers are not automatically seen as a substitute for professional care?

Question: Do policies to support carers include employment policies that address the needs of staff who have caring responsibilities outside of their employment?

Integrating information

Question: Does policy on privacy and data protection support service integration and allow for integrated information and communication systems?

Active promotion and incentives

In addition to setting the direction of change and clarifying the boundaries to work within, governments will need to provide incentives and actively promote integrated care by:

- allocating sufficient resources
- resourcing integration
- awarding responsibilities to integrate services
- introducing incentives and sanctions
- supporting shared learning
- setting standards for joint working and integrated approaches
- providing support to carers.

Questions to ask in relation to these points are provided below.

Allocating resources

Resource allocation is a key factor in ensuring a good balance of services and a well functioning integrated system. While every country will be working within resource constraints, effective integration of services around the individual older person will depend on an adequate 'menu' of local services. Lack of capacity in one sector is likely to cause problems in another. For example, poorly funded home care services may delay hospital discharges and lead to unnecessary admission of older people to residential care; poorly resourced primary and community care services may lead to unnecessary admissions to acute care.

Question: Is there lack of capacity in any one sector that may impact on others?

Resourcing integration

Question: Are resources for integration and managing co-ordination available? These include the costs of planning and promoting service networks, staff with responsibilities to co-ordinate services for older people, related IT and other infrastructure costs.

Awarding responsibilities to integrate services

Question: Has there been allocation of authority and responsibilities to different levels of government, organisations and individuals to implement integrated care? This may be through a range of measures – legal, regulatory, financial and advisory.

Example, Sweden: Awarding responsibilities for integration

In Sweden in 1992, the municipalities took over the collective responsibility for health care in special residences and in outpatient activities from the regional level (but not doctor care). The responsibility for home care remained with the county councils, but the municipalities were given the right to offer the same medical care in the older person's own home and, if the county council agreed, to take over responsibility for home care. Today, approximately half the municipalities provide health care for older people living at home, and in the other half home care falls under the aegis of the county council's primary care organisation. The Swedish government is currently reviewing this organisation of health care and welfare for older people.

Source: Swedish Association of Local Authorities/Federation of Swedish County Councils (2003)

Example, the Netherlands: Measures to integrate home nursing and home care

In the mid-1990s, the Netherlands government took measures to improve the integration of home nursing and home help. These services had been delivered by separate organisations, funded separately. From 1997, the entitlements to both services have been combined, and funding brought together into one framework (the public and universal national long-term care insurance, known as AWBZ). New organisations were admitted only if they were able to deliver the complete continuum of home care. This policy led to a number of mergers, integration of home care, and care better tailored to needs. However, it has meant that new competitive home care organisations that did not receive funding directly from AWBZ were allowed to have only a partial package of services.

Source: Tester (1996)

Example, Spain: Promoting new integrated care providers

In Spain, the Catalan Adding Life to Years programme has promoted the development of care at an intermediate level between acute hospitals and nursing homes, introducing new providers that offered health and social care simultaneously. Socio-sanitary centres provide long-stay, convalescence and palliative care, while day hospitals provide a broad spectrum of services, and different multi-disciplinary teams support older people with complex needs. The programme is financed by the Catalonian Health Service and the Social Welfare Department. Private agencies are also involved, usually receiving funds from the regions. Sometimes these private agencies take responsibility for health and social care for the large health areas.

Source: van Raak *et al* (2003)

Introducing incentives and sanctions

Question: Have different levers and sanctions been used to actively promote integrated care – for example, removing legal barriers to pooling budgets, awarding ring-fenced funding for integration, or cross-charging for delayed discharges?

Question: Where sanctions have been introduced to only one part of the system, have knock-on effects on other parts of the system been anticipated? For example, paying attention to delayed discharges from hospital also calls for action to prevent unnecessary admissions to acute care and development of a good mix of community services.

Example, England: Incentives to support integrated working

In England, a range of measures has been introduced to support partnership working. These include:

- removing legal barriers to enable budgets to be pooled between health and social services
- making partnership working mandatory for the NHS
- awarding funding for integrated services, specifically intermediate care
- a reimbursement scheme that levies charges on local authorities where there are delayed hospital discharges because of inadequate community services.

Source: Banks (2002). *See also* www.integratedcarenetwork.gov.uk

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Example, Sweden: Legislation to support collaboration

In Sweden, municipalities and county councils have expanded authority to work together based on local conditions in a joint political commission. A new law took effect from 2003 to allow extensive collaboration in the field of health care and welfare. The joint task of this commission is to provide access to both doctors and municipal efforts for the care and welfare of older people.

Source: Swedish Association of Local Authorities/Federation of Swedish County Councils (2003)

Question: Are there incentives for collaborative approaches to drive change in systems with a mix of public and private provision?

Example, the Netherlands: Support to collaboration

In the Netherlands, a nationwide programme ('PIO-programme') ran from 1989 to 1994 to enhance the innovative skills of managers of care-providing organisations. The programme aimed at new types of outreach activities and at new configurations of inter-organisational collaboration (system innovations). This was at a time when policy-makers and people working in the field alike recognised the need for more client-oriented and innovative services, as well as entrepreneurship. More than 400 organisations took part at more than 80 sites across the country in various configurations: sometimes single organisations or working in pairs, or in large networks of local care providers. They were supported by professional consultants using methods that were partly based on strategic management and project management.

Source: Nies *et al* (1993)

Supporting shared learning

National programmes can play a key role in offering opportunities for shared learning and exchange of innovatory services and integrated approaches.

Question: Have demonstrating the benefits of integrated care and sharing learning been a key part of promoting and achieving change? (*See also the following sections on* Evaluation and monitoring, p 18, and Support to implementing policy, p 21.)

> **Example, England: Supporting shared learning**
> In England, the Department of Health has set up and funded the Integrated Care Network, to support those wishing to integrate working between local authorities and the NHS. Resources include an interactive website, national meetings to share information, action learning sets to develop skills and knowledge and support to organisational development programmes.
>
> Source: www.integratedcarenetwork.gov.uk

Setting standards for integrated approaches

Question: Have standards been set for joint working and evidence-based care pathways and guidelines to support the development of effective integrated processes?

> **Example, the Netherlands: Setting standards**
> In the Netherlands, national multi-disciplinary guidelines for rehabilitation have been developed, based on experts' consensus and evidence-based practice. The guidelines include the organisation of stroke care into care pathways or stroke units, a number of which have been established (for more detail, *see* Support to implementing policy, p 21).
>
> Source: Example in CARMEN Newsletter, second edition – details at: www.ehma.org

> **Example, Finland: Promoting integrated care**
> In addition to its National Framework for High Quality Care of Older Persons (Ministry of Social Affairs and Health/Association of Local and Regional Authorities 2001), the Finnish Ministry of Social Affairs and Health has provided a set of performance indicators (Vaarama *et al* 2001) addressing integration, quality and outputs of care and guidebooks on quality improvement in multi-professional teams. The government has also earmarked some finances for local authorities to help implement its recommendations – particularly regarding staff ratios. The most significant effort to promote integrated care is through a major national project called the Macro Pilot, which involves the development and testing of seamless service chains for elderly care with the aid of information and communication technology.
>
> van Raak *et al* (2003)

Providing support to carers

Proactive support to carers will be an important component of policy to ensure proper integration between formal and informal systems of care. Family carers, including spouses and partners of similar age, play a key role in integrating care for older people. Different strategies to address their needs, both as care givers and as individuals in their own right, can support the prevention of breakdown in the home and unnecessary admission of older people to acute health or residential care (Banks *et al* 1998).

Question: Do carer support strategies address the well-researched needs of carers for proper recognition and assessment of their needs, information, quality services to give them peace of mind, a break from caring, emotional support, training to care, financial security and opportunities to have a voice in services?

Example, England: National carer support policy
A National Strategy for Carers in England emphasises that all organisations involved in caring must now not only focus on the client, but must also include carers. The aim is to enable 'those who choose to care, and where care is wanted by another person, to do so without detriment to the carer's inclusion in society and to their health'. To support the strategy, special funding from government has been awarded to local authorities to provide additional breaks from caring.

Source: HM Government (1999)

Example, Finland: Developing national policy to support carers
Finland has a long tradition of carer-support policy. Benefits to carers in Finland include home care allowance, support services and respite care. However, in response to evidence of an uneven distribution of benefits and scarce supply of services, the government has set up a committee to reform its policy to support carers. The new initiative aims to introduce the same eligibility criteria in all municipalities, three classes of payment to be paid according to the dependence of the person being supported, more multi-faceted respite care services, and additional services to support the carer's own health and well being.

Source: The Finnish Government's programme, available at www.valtioneuvosto.fi

Example, Belgium: Carer-support policy
The regional government in Flanders issues strategic policy advice emphasising five different aspects for supporting carers:

- Choosing to be a carer should be a freely taken choice.
- To optimise the quality of care, the carer must be acknowledged and respected as the first and most important partner during the whole care trajectory.
- The carer must have access to emotional support to increase their strengths and capacities.
- A seamless home-care service system must be available when needed.
- Appropriate legal and funding mechanisms must be in place so as not to financially penalise carers.

Source: Flemish Government (2001)

Evaluation and monitoring

If policy is to support innovations within parameters set by core principles, it will also be important to specify core evaluation requirements. There is still much to be learned about integrated care and how the impact of whole-system approaches can best be evaluated and monitored. In that respect international exchange is important in order to learn from failures and success.

Question: Does policy specify core evaluation requirements?

The range of stakeholders and the variety of processes and structures involved in different forms of integrated care call for multi-faceted evaluation.

Question: Are the following four key perspectives addressed:
- the impact on the lives of older people and their carers?
- changes in services and care outcomes?
- cost effectiveness of whole system approaches and integrated services?
- changes in processes and protocols to improve the integration of services?

Example, Ireland: Involving older people in evaluation
In Ireland, the Eastern Health Board (now Northern Area Health Board, East Coast Area Health Board, South Western Area Health Board) adopted a ten-year action plan aiming to co-ordinate existing services to provide 'the best and most comprehensive range of care for older people'. As a result of this plan, community area co-ordinators or managers of services for older people were created to cover the health board region, each catering for a population of 130,000, with approximately 13,000 over 65 years old. Each manager leads a multi-disciplinary team that works in partnership with voluntary organisations, older people, acute hospitals and psychiatric services. Services are delivered, planned and evaluated for local older people in co-operation with local older people.

Source: Eastern Health Board (1999)

Resource inputs, service outputs and welfare outcomes need to be monitored. There are examples of high level performance indicators to demonstrate change – for instance, those that may relate to shifts away from residential care to care in people's own homes (for example, the proportion of total people aged over 75 receiving long-term intensive support who are receiving this at home), or indicators relating to delayed discharges from hospital. However, feedback from people's individual experiences as they use services across the system, which is obtained on a regular and systematic basis, may provide a more informative way of monitoring progress in integration.

There are challenges to evaluate social care outcomes as against measuring health care effectiveness which focuses on baseline and post-intervention measurement. These approaches are often less applicable to social care where there may be no equivalent baseline. 'Outcomes' may include both quality of life outcomes as well as intermediate or service process outcomes – ways in which services are delivered. Outcomes might be considered at the individual or aggregated level and comparisons made between different groups of users or different service models. Four different dimensions have been identified for defining social care outcomes:

intermediate and final; short-term and long-term, subjective and objective, individual and aggregated. The dimensions are not polar opposites, but points on a continuum (Henwood and Waddington 2002).

Question: Are older people and their carers involved in developing methodologies to evaluate outcomes?

Without this engagement, there is a danger of overlooking factors that are of particular importance to service users.

Example, the Netherlands: Evaluation results leading to new policies
In the early 1990s, the Government in the Netherlands initiated a number of experiments to determine the feasibility of substituting community care for institutional care. These experiments were evaluated, including those on case management, cash payments for care and integrated planning, funding and delivery of services through network organisations. One outcome was the introduction of a new national policy on cash payments for care, implemented in 2003.

Source: Tester (1996)

Regulation and inspection

There needs to be coherence between any regulatory and inspection systems for health, social care, housing and other services to prevent separate inspection processes that may duplicate one another, and to ensure integrated practices and service models are promoted.

Question: Are inspection and regulatory processes co-ordinated to avoid duplication and to support integrated care?

Example, England: National service framework review
In England, the Healthcare Commission, Audit Commission and Commission for Social Care Inspection are carrying out a review of the national service framework (NSF) for older people. The NSF for older people sets out the standards to improve the experiences of older people and their carers using health, social care and other services. Progress by NHS and social care organisations on implementing these standards will be assessed across England in the form of a wide-scale review. This will involve measuring progress against the NSF standards so that good practice is shared and action can be taken where necessary to further improve services.

Source: www.healthcarecommission.org.uk

Support to implementing policy

Support to implementation is crucial. Policy can set the direction for change but it needs to allow for experimentation, innovation and learning. Particularly in the absence of one model, various different methods and mechanisms can achieve integrated care.

Example, the Netherlands: Support to implementing policy
In the Netherlands, the improvement of stroke services has required the effective collaboration between all the players at national and local level. National government has supported the work of the National Heart Foundation to improve the prevention and treatment of strokes, and has established a research fund. Local networks of collaborating services – usually hospitals, nursing homes, rehabilitation centres, residential homes, home care organisations and GPs – have submitted proposals. Evaluation of selected experimental regions has led to a 'breakthrough improvement' programme aimed at up to 30 regional stroke chains of various care providers. Work is progressing to develop benchmarks and performance indicators.

Source: Example in CARMEN Newsletter, second edition – details at: www.ehma.org

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Question: Has a range of specific support been provided, including:

- introducing measures to support the infrastructure needed to empower older people and ensure their effective involvement?

- supporting cultural change through exchange of good practices, dissemination of learning, involvement of older people, shared learning networks, encouragement of 'bottom-up' approaches and other developmental work?

- allowing time to introduce changes so necessary cultural shifts can take place?

- workforce development to train people in new approaches – for example, working in networks and partnerships – as well as to introduce new integrated posts? This may include integrated education and training and promotion of integrated approaches by professional training institutes as well as encouraging secondment opportunities to work in partner agencies, job shadowing and exchanges. It will also include strategies for raising the status of staff working within services to older people and skilling those staff without any kind of recognised qualification.

- leadership development to ensure senior and middle managers are equipped to reinforce the vision, lead by example, work across boundaries and focus on outcomes for older people and their carers?

- developing effective shared IT and information systems as part of the infrastructure to integrated care?

- developing technological solutions to support older people to remain in the setting of their own choice and under their control?

Finland: Technology solutions to support integrated services
In Finland, legislation has encouraged experiments with seamless service chains
in social welfare and health care services and general social protection, and related
services involving personal advisers, plans for service chains, electronic clients cards
and reference databases. One aim of the Act on Experiments with Seamless Service
Chains in Social Welfare and Health Care Services and with a Social Security Card is
to find new ways to optimise the use of information technology so that it answers the
client's needs regardless of which operating unit provides or implements the
services. Considerable research funding has also been allocated to decrease the
implementation threshold of health care applications software by developing more
efficient and open standard solutions to improve their integration in practice

Sources: Government of Finland (2000), University of Kuopio website at:
www.uku.fi/atkk/plugit/english/index.html

Question: Has a research strategy been developed and supported to evaluate
innovative approaches, develop evidence about best practice in integrated care and
assess cost effectiveness of integrated solutions?

A new publication from the CARMEN network, entitled *Integrating Care for
Older People: A resource book for managers,* **offers more detailed commentary
on the topics listed in this policy framework. For more information, visit
www.ehma.org**

Appendix: CARMEN participants

During the course of the CARMEN project, the following participated as members of the network. Those marked with an asterisk (*) were members of the management committee:

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