Professionals & integration
Learning to integrate
Teams & integration
But first......a quiz
Challenge of Reform (WHO)

- **People-related challenges**
  where existing professional groups and cultures have become increasingly specialized and seek to differentiate their activities rather than work together in interdisciplinary ways that include patients and the community as equal partners in the care process.

- **Organizational-related challenges**
  where different stakeholders do not share a common goal to promote the welfare of people and where different values and goals are held by regional authorities, non-profit organizations and private businesses.
Organisational Values

Community Values

Personal Values

Professional Values
Example from Practice...
Who said what?

Social worker?
General practitioner?
“Well I’m sure they started out by wanting to help people and do something of value, that’s why they must have gone into the job in the first place.”

GP about social workers
“I’m not sure they always appreciate the power that people perceive them to have. I think there’s a massive power imbalance and I think that’s both with patients but also with other professionals. I don’t know if they’re aware of that.”

Social worker about GPs
“They do an awful lot of training as well, don’t they, don’t you find? (They) are either on holiday or on training, they do a myriad of training days.” “And why are they never there on a Friday?”

GP about social workers
“….very proactive and actually search out people who might need … extra care and actually try and put it in place rather than letting things come to a disaster phase.”

GP about GPs
Expected relationship?
A movement for change

The common reality..
...but with some exceptions...
Professional Tribes: at the heart of fragmentation?
Learning to integrate
Film from Ireland re professional perspectives
Inter-professional teams
“We have found that a multidisciplinary approach offers many advantages in diagnosis and treatment. A means must be found to assure that a patient receives comprehensive care, that is, care which satisfies a combination of physical, mental, and social needs. A catalyst is required to assure that all resources which may help a patient have been effectively mobilized. In our experience, designating a member of a multidisciplinary team as the coordinator met these requirements and overcame many of the potential obstacles patients faced in obtaining comprehensive care.”
A movement for change

Development Model for Integrated Care (DMIC)

Phase 1
Initiative and design phase

Phase 2
Experimental and execution phase

Phase 3
Expansion and monitoring phase

Phase 4
Consolidation and transformation phase

Quality care
Client-centeredness
Delivery system
Interprofessional teamwork
Organisation of care
Roles and tasks
Commitment
Effective collaboration
Performance management
Results
Focused learning
Transparent entrepreneurship
The Learning Continuum pre-licensure through practice trajectory
A movement for change

Organisational Values

Community Values

Personal Values

Professional Values

Inter-professional teams
Cancer Care: Studies which explored patient outcomes (29 in total) report positive impacts. These include increase rates of survival, improved patient satisfaction, and better diagnosis and/or treatment planning. (Prades et al 2013)

Mental health: Positive impacts include avoiding periods of hospitalisation (including those in which the person is detained against their will), improved social situation such as stability of accommodation, and reduction in the severity of people’s symptoms (Franx et al 2008)

Older people’s services: several studies of older people accessing the Veterans Administrations system which report improved mental health, higher functional status, reduced dependency, lowered mortality and getter health-related quality of life in services centred around multi-disciplinary teams than those which took a more fragmented sequential approach. (Lemieux-Charles and McGuire 2006)
A movement for change
FIGURE 10: GROWTH IN NUMBER OF MDT DISCUSSIONS AND WTE OF STAFFING GROUPS IN ENGLAND, NORMALISED RELATIVE TO 2011 LEVELS\textsuperscript{23}
The mean length of the 624 patient discussions observed in this study was 3.2 minutes, and over half of MDT discussions were less than two minutes long. Meetings could last up to five hours.

The 24 meetings observed in this study had between 7 and 27 in attendance, with an average of 14. However, the mean number of people contributing to each discussion was only three – with discussions involving just one or two people not uncommon.

In seven per cent of discussions observed, decisions were deferred due to either missing information (usually diagnostic imaging results) or missing core MDT members.
Danger of Pseudo teams

Working in Team and Errors, Stress and Injury
(170 acute trusts, 120,000 respondents)

Types of Team Working Patterns

www.nhsstaffsurveys.com

(West 2013)
Real Teams (and pseudo ones...)

Typical tasks require team members to work in a closely coordinated and timely manner towards common goals and objectives.

Typical tasks require team members to work alone or in separate dyads towards disparate goals and objectives.

There are one or more clear shared team objectives that team members agree upon.

There are as many different accounts of team objectives as there are team members.

Team members systematically review team performance and adapt future objectives and processes accordingly.

Team members occasionally meet together to exchange information, often through obligation or habit with no consequent innovation.

At any given moment, team members are clear about who is a member of the team and who is not.

Team boundaries are highly permeable, with team members being unclear about who is part of the team and who is not.
Diversity of professions within a team provides greater experience and skills which can result in more holistic and creative responses to the needs of patients and service users. Perceived equality in status and power between team members. Leadership and co-ordination are essential for communication and cooperation within a team and in developing positive relationships with external teams. Clear objectives provide a vision of what success will look like and for team members to understand their individual contribution. Patients and service users are not commonly engaged in team working but where this has been achieved there are benefits for all concerned. Supportive physical, technological, organisational and policy context in which an inter-professional team operates.
<table>
<thead>
<tr>
<th>Focus</th>
<th>Methods</th>
<th>Findings</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multidisciplinary teamworking in the NHS</td>
<td>Surveys completed by around 400 primary, community or secondary healthcare teams and in-depth qualitative work with a sub-sample of teams</td>
<td>Multidisciplinary teams with clear objectives, positive leadership and appropriate communication result in higher levels of participation, greater commitment to quality, and more effective and innovative practice. Team members within effective teams experience better wellbeing, and there is lower turnover of staff. Sufficient professional diversity is another key enabler</td>
<td>Borrill et al (2001)</td>
</tr>
<tr>
<td>Integration of social care staff within community mental health teams</td>
<td>National survey of mental health trusts, staff survey in four locations selected purposely for their differently constituted teams and interviews with service users</td>
<td>Staff perception that integrated teamworking is supported through better management, diversity of professions, social support and fewer job demands. Overall job satisfaction of team members is associated with the level of choice experienced by users, and their satisfaction with these choices (although the study notes the need for further exploration of outcomes)</td>
<td>Huxley et al (2011)</td>
</tr>
<tr>
<td>Principle factors that enable multiprofessional teamworking to improve care for service users</td>
<td>Survey of 135 teams in 11 NHS trusts and in-depth ethnographic studies of 19 teams involved in the survey</td>
<td>Team effectiveness factors included encouragement for innovation, team participation in decision-making, trust between members, leadership, skill mix and absence of conflict. Wider contextual factors included organisational support, sufficiency of resources (in particular, staff) and external targets. Effective teams promoted engagement with service users and carers, and sought partnerships with other teams and services</td>
<td>West et al (2012)</td>
</tr>
<tr>
<td>Staff engagement and its relationship with organisational performance</td>
<td>Analysis of NHS staff survey and other data sets between 2006 and 2009</td>
<td>Good management that encourages engagement is significantly associated with patient satisfaction, patient mortality and infection rates, as well as staff absenteeism and turnover. Ensuring that teams have clear objectives and teamwork is effective are key factors in developing a culture of engagement</td>
<td>West et al (2013)</td>
</tr>
</tbody>
</table>
A movement for change

Mason et al 2014

**Inputs**
- Are the tasks to be undertaken by the team clear?
- Does the team contain the right mix of knowledge and skills?
- Is the organisation supportive of the team purpose?

**Processes**
- Does the team have achievable and agreed objectives?
- Is the team encouraged to individually and collectively reflect and adapt their practice?
- Is the leadership valuing of diversity and promoting a common vision?

**Outputs**
- Are there a common set of clinical and wellbeing outcomes?
- Is the direct experience of service users and carers being gathered?
- Are team members feeling motivated, engaged and supported?
A movement for change
Final thoughts
Keep the person at the centre
Look in the fridge!
Wise words from WHO....

• An "always good" versus "always bad" stance on integration is not helpful. On the ground, integration is about practical questions on how to deliver services to those that need them.

• Integration is best seen as a continuum rather than as two extremes of integrated/not integrated. Integrated care can look different at different service levels. In reality, there are many possible permutations.

• Supporting integrated services does not mean that everything has to be integrated into one package. The aim is to provide services which are not disjointed for the user and which the user can easily navigate.

• Managing change in the way services are delivered may require a mix of political, technical and administrative action. It may require action at several levels, including sustained commitment from the top.

• Integration is not a cure for inadequate resources. It may provide some savings, but integrating new activities into an existing system cannot be continued indefinitely without the system as a whole being better resourced.
A good starting point...

Integrated Care in Action

A PRACTICAL GUIDE FOR HEALTH, SOCIAL CARE AND HOUSING SUPPORT

Robin Miller, Hilary Brown and Catherine Mangan