



The Health Commission with the Family & Social Affairs Commission – Brief Report 2013

Could Integrating Care for Older People Improve Health and Social Outcomes?

Background

Demands on health and social care are across Europe due to population ageing, the effects of health care technology and rising public expectations. Improving care through integration is seen as a possible way to address these changing needs – particularly for elderly people and those with long term conditions.

‘Integration’ refers to a way of working between professional and across the boundaries between primary, community, secondary and social care. Integration may aim at linking the parts of a single level of care, for example the creation of multi-professional teams or may link different levels of care, care across primary, community and hospital services.

Without integration patients with complex needs may get lost in the system and service gaps or duplication mean the overall quality of care declines and the efficiency and productivity also drops.

The review

The Health Commission and the Family and Social Affairs Commission initially reviewed this topic separately and concluded that there are definite benefits to integrating services for elderly people and those with long term conditions that required input from many professionals, but not for people using services for only a short while, as the additional cost did not justify any marginal benefit.

The review was then expanded to look at whether the benefits were greater when healthcare and social services were fully integrated with each other. The findings were the same, with additional benefits for carers and improved efficiency through avoiding waste and duplication. This was also found to be the case across Europe where there are many similar examples of integrated care, for example the One-Window system in the Netherlands

Summary of findings

Interestingly, we found that the health and social care spending per capita across Europe showed little correlation with the degree of care integration or indeed the health outcome for patients.

Our main findings were:

- ⌚ There is no best model but integration is most effective when it focusses on the needs of individuals and when health and social care are integrated together.
- ⌚ Trials show that integration can lead to fewer A&E visits and reduced admissions and length of hospital stay. SO for it to work there must be adequate capacity in primary and community services.
- ⌚ Institutional barriers must be overcome, between outpatient and inpatient care, between health and social services, and between professional and informal carers to make integration work.
- ⌚ Increased integration can lead to flatter management structures, but also to increased workloads in community services and therefore there have been some difficulties in retaining staff in pilot areas.
- ⌚ Integration needs to include integrating budgets. In some countries healthcare is free but social care is costly except for the low income elderly, so fiscal integration is a real challenge.

Integration does not require legislative change and is best driven by the care system not Governments. Many European countries are integrating care in different ways. However it is still patchy and there are many barriers as in Lower Austria, where despite positive evaluations integrating health and social care was “crushed between political and organisational cleavages”.

Resolution for the International Meeting in Poitiers

In a speech by Dr Vytenis Andriukaitis, the Lithuanian Minister of Health, at the European Parliament, Environment, Public Health and Food Safety Committee said “Lithuania takes over the Presidency of the EU at a critical juncture for EU health policy” and we “should look for new ways to build up health policy at EU level because of the capacities of Member States and their health systems alone to deal with these new issues are not sufficient. We need to look for new solutions during the new financial perspective in order to assure the sustainability of health systems and the right of EU citizens to health care”.

We believe the resolution below would contribute to the objective outlined by Dr Andriukaitis.

RESOLVED: The European Union of Women urges all European welfare systems to bring together health and social care for older people and those with long term conditions, so that there is just one responsible organisation in each administration, with a single financial system and a clear focus on the people needing care.

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The Impact of the Economic Crisis on Women In Relation To Healthcare

The BS Health Commission have reviewed topic of integration in health and social care across six key areas, a summary of the findings are set out below.

Women in crisis

In countries with a taxation funded health system, such as the British or Danish systems or a comprehensive state sponsored insurance-based system, as in France, healthcare is free at the point of need. In such systems it is unlikely that there will be any gender bias in access to health care.

Universal rights for health care access are granted in the majority of EU Member States, but equality of access remains a permanent concern for most health care systems, because it relies on many factors which are not all directly related to health care, such as education and balance of social deprivation. Therefore where women suffer disadvantage in education or employment they will often suffer poorer health than their male counterparts.

In many countries budgets are severely stretched with cutbacks in some areas. This could adversely affect women more than men as they are high users of services as women live longer on average than men do.

Women's quotas

Women health and social care leaders often have it tough. As well as the challenges of juggling family and career and the overt sexism that still lurks in parts of the service, they face many institutional attitudes which limit their progress. The proportion of women in Board-level positions in hospitals has not been made worse by the economic crisis.

Youth employment

Youth employment is not directly impacted by health and social care.

Seniors at work

Seniors, particularly women in the public sector across Europe are working longer due to changes in pension regulations but it is too early to measure any effects on health.

Women's careers

Wherever there is a reduction in state funded care there is a potential risk that women will need to fill the gap left by the health and social care provision and this may affect their ability to work. Other than this the effects of the recession have not been noticed in health and social care careers structures or patterns.

Demographic problems, including migration

New economic migrants are generally young and healthy and as such do not overall make major demands on health or social services, but there are disproportionate pressures on particular services such as maternity care and children's services as well as in Primary Care.

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