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A study of the effectiveness of interprofessional working for community-dwelling older people

Executive Summary

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Key Messages

- The numbers of older people with multiple co-morbidities, living at home, are set to increase and present challenges to health and social care delivery systems.
- Models of long-term chronic disease management emphasise interprofessional working, with pan-agency collaborations that promote common assessment, care planning, and integrated data systems. There has been little attention paid to the best configurations in interprofessional working which meet this population of patients' or service users' defined outcomes of effectiveness in care and treatment or how effectiveness is defined over sustained periods of time.
- Older people and their carers define effectiveness in interprofessional working through *the processes* of care and service delivery as much as the ultimate agreed outcomes. Process outcomes include factors such as timeliness, completion of actions as promised and perceived expertise in tasks and also the quality of relationships. These can be compromised by time limited interventions.
- Older people and their carers emphasise that it is at times of transition, at points of escalating ill health or crisis that their need for effective interprofessional working is particularly significant.
- Three models of interprofessional working are most evident for this population: an integrated team model, a case manager model and a collaboration model.
- We were not able to identify that one model was more effective than another for particular groups of older people but did demonstrate that the older people's access to services were shaped by the networks these models worked within.
- There were, irrespective of context, key attributes or mechanisms that changed the older person's experience of interprofessional working. Effectiveness was perceived as closely entwined with processes of care that promoted:
    - Continuity of care through a recognised or named key person or case manager from health or social care,
    - Relationship styles of working that supported co-production with the older person,
    - Ongoing shared review,

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- Functioning ties or links across a wider primary care service network,
- Evidence that the system , at times of escalating problems or crisis, could respond.

- Effective interprofessional working for community-dwelling older people with complex, multiple and ongoing needs is more likely to occur when three key features are present:

1. A functioning link with wider primary care services,
2. A system of communication and evaluation that allows review and input from the older person and family carers,
3. The presence of a recognised and named person in a key worker type role.

- Key issues identified in this study that require consideration by commissioners and managers in planning and developing services are:
- Mechanisms that preserve and foster network, relationship based service delivery which older people identify as of high importance in effectiveness.
- Systems that build on the universality and continuity provided by general practice, noting this is recognised as such by older people.
- Systems for recognising key workers (by whatever name) and making these known to the older person and their family carers, particularly at points of transition, escalating ill health or crisis in health.
- Evaluation of service delivery from the older person perspective that links process outcomes with overall outcomes over time.
- Mechanisms for assisting professionals and service providers that build and maintain networks of relationships, however weak, that are primarily horizontal (i.e. in a geographical area across organisational boundaries) and reflect the perspective of the older person.

Executive Summary

Background

One of the challenges facing the National Health Service (NHS), is the growing number (though diminishing proportion) of older dependent people who have multiple health and social care problems and are perceived to be at high risk of unplanned hospital admission . This is a group that rely on a mix of unpaid support and professionals from statutory, charitable and independent providers. Models of long-term chronic disease management for these older people and their carers emphasise interprofessional working, with pan-agency collaborations that promote common assessment and care planning, and ideally integrated data systems. There is an extensive literature on the barriers and facilitators to interprofessional working between different professionals and organisations. Less well understood is the impact of interprofessional working at the patient or service-user level, and which 'bundle of strategies' achieve the best outcomes. There is little understanding of whether some configurations of health and social care professionals (working with unpaid carers and independent providers) are better suited than others to address patient or service-user-defined outcomes of effectiveness. At a time of financial austerity and changing commissioning frameworks for public spending, these questions increase in significance.

This report presents the findings from a three year study that investigated the effectiveness of different approaches or models of interprofessional working from the perspective of the older person and their family carers.

Aims

This study examined the effectiveness of interprofessional working in primary and community care for older people with multiple health and social care needs. It aimed to:

- Identify appropriate measures of effectiveness from user, professional and organisational perspectives for interprofessional working for community-dwelling older people with multiple health and social care needs.
- To investigate the extent to which contextual factors, such as geography, multiplicity of service providers, resources, presence of shared infrastructures, types of service commissioning (including

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direct payments to the user) and quality scrutiny, and professional roles identities, influence the sustainability and effectiveness of interprofessional working and patient, carer and professional outcomes.

Methods

The three year study drew on the principles of realist evaluation and was organised in two phases. Phase One comprised four interrelated elements: 1) A review of research of the effectiveness of interprofessional working for older people; 2) Exploratory interviews with older people, carers, health and social care professionals and third sector providers; 3) A national survey of how interprofessional working for older people is structured, commissioned, financed and evaluated across England complemented by a review of local strategy documents for older people services; and 4) A consensus event with older people, their carers and service user representatives that reviewed Phase One findings and agreed how effectiveness in interprofessional working might be defined from the older person's perspective. The findings from Phase One informed the choice of case study sites, models of interprofessional working and selection of outcome measures.

Phase Two involved case studies of three models of interprofessional working for community-dwelling older people that tracked the care received over nine months in six geographically and contextually different Local Authority and health care provider sites in the East and South of England. Analysis focused on the older person's experience of interprofessional working and comparison of the process of care, resource use and outcomes of the three interprofessional models studied.

Results

The systematic review, interviews and survey of providers identified that the mechanisms and delivery of interprofessional working for older people are not well documented in the research literature or clearly described at service delivery and receipt levels. From a provider perspective, clarity of purpose was most closely linked to time-limited interprofessional working-based interventions. There was also evidence of 'within' or intra-organisation understanding of the language and culture of interprofessional working and the infrastructure that influenced how professionals work

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together. Three main models of interprofessional working were identified as: an integrated team model, a case manager model and a collaboration model.

Older people and their representatives were able to differentiate between approaches to interprofessional working and discuss its significance of at key points of transition and crisis in their experiences. The significance of the *process* of care and service delivery key points of transition, crisis or exacerbation featured as much as the ultimate agreed outcomes. This inextricable link between the process of interprofessional working and how effectiveness was defined was tested further in Phase Two.

The care, support and treatment of 62 older people living in six diverse Primary Care Trust areas who were in receipt of the three discrete models of interprofessional working was tracked for nine months. The models of were: (a) integrated team, (b) case management and (c) collaboration. 162 interviews were completed with older people and their representatives. In addition, 75 interviews were conducted with 33 professionals at different time points exploring both the context, including the impact of organisational change, and also, with the person's permission, the services and interprofessional working provided to individuals in the study.

Many older people judged outcomes of interprofessional working in terms of both the processes e.g. timeliness, completion of actions as promised and perceived expertise in tasks and also the quality of relationships. The study did not identify one model of interprofessional working as more effective than another for particular groups of older people but did demonstrate that the older people's access to services were shaped by the networks of care the models of interprofessional working worked within. The collaboration and case management models were more likely to support networks of professionals linked to primary care, working either through the GP or through a named professional and recognised by the service-user as taking on that that role. Integrated and case management models were more likely to use structured methods of communication and to have shared goals and objectives that provided clarity about the roles and purpose of different professionals. Although time limited services and the presence of a case manager could reduce access to wider services.

There were, irrespective of context, key attributes or mechanisms that changed the older person's experience of interprofessional working. Effective interprofessional working was perceived as closely entwined with processes of care that promoted:

- continuity of care through a recognised key worker or case manager from health or social care,

- relationship styles of working that supported co-production with the older person,
- ongoing shared review,
- functioning ties or links across a wider primary care service network,
- Evidence that the system at times of crisis, could respond.

For those whose health was unlikely to improve, an alignment between different professionals as to the goals of their intervention at times of transition or episodes of acute illness was very important.

The degree to which professionals had a broad network of links into and across other organisations was seen to be important, not only to their ability to deliver on the key attributes of interprofessional working, but also to enable access for the older people and their carers to the full spectrum of relevant services and support.

Conclusions and Implications

Effective interprofessional working for community-dwelling older people with complex, multiple and ongoing needs is more likely to occur when three key features are present: 1) a functioning link with wider primary care services, 2) a system of communication and evaluation that allows review and input from the older person and family carers, and 3) the presence of a recognised key worker.

From an older person perspective, effective services were based on interprofessional interventions that supported continuity of care, and maintained a sense of security and links to wider systems of care and treatment at points of crisis or transition. The ability of individual professionals to be effective contributors to interprofessional working and enable access to all appropriate services and support was influenced by the networks they participated in or were structured into.

The landscape of providing organisations is set to change in England; with more diversity and a greater mixed-economy of provision. This is demonstrated by the emergence of new commissioning and scrutiny fora, Clinical Commissioning Groups, Health and Wellbeing Boards, and the introduction of personal budgets for purchasing social and health care with public monies. The evidence from this study will have salience for managers, commissioners and scrutiny bodies in considering how best to provide services for older people with multiple and ongoing health and

social care needs. Key issues identified in this study that require consideration are:

- Mechanisms to preserve and foster relational based service delivery which older people identify as of high importance in effectiveness.
- Systems that build on the universality and continuity provided by general practice, noting this is recognised as such by older people.
- Systems for recognising key workers (by whatever name) and making these known to the older person and their family carers, particularly at points of transition or crisis in health.
- Evaluation of service delivery from the older person perspective that links process outcomes with overall outcomes.
- Mechanisms for assisting professionals and service providers that build and maintain networks of relationships, however weak, that are primarily horizontal (i.e. in a geographical area across organisational boundaries) and reflect the perspective of the older person.

The most effective way to support networks of practice for this population that capture both horizontal and vertical (to the acute sector) relationships require further exploration.

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