

International learning from health and social care integration with a focus on issues around accountability and governance

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9 March 2023





Background

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- Many countries are introducing innovative ways of organising health & social care
- Explored the **governance and accountability arrangements** in Italy, the Netherlands and Scotland
- Understand the **impact of the Covid-19 pandemic** on integration efforts



Case studies in context



SCOTLAND

5.5 million (67 people/km²)



ITALY

60.4 million (205 people/km²)



THE NETHERLANDS

17.3 million (511 people/km²)



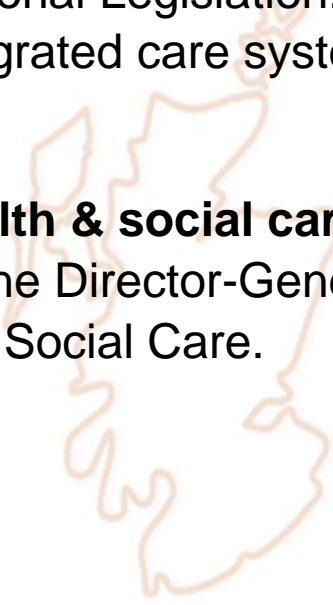
Governance of health & social care



SCOTLAND

National Legislation: Regional integrated care systems

Health & social care governed by the Director-General Health and Social Care.



ITALY

Regional regulatory reforms

Health care governance shared between the central government and the regions.

Social care overseen by municipalities.



THE NETHERLANDS

Voluntary agreements between payers & providers

Health care governance shared between the government and the corporatist (self-governing) health sector.

Governance of **social care** decentralised to local government.

Financing of health & social care



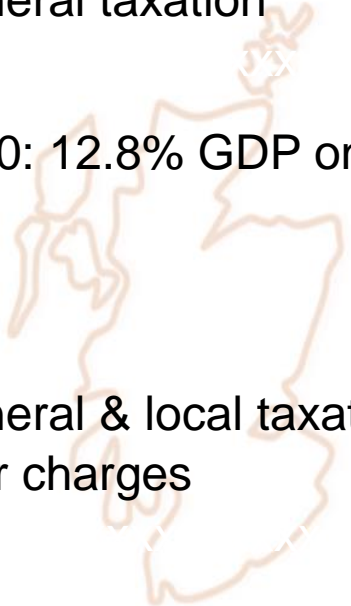
SCOTLAND

ITALY

THE NETHERLANDS

General taxation

2020: 12.8% GDP on health*



General & local taxation, service user charges

2019: 1.8% GDP on LTC*

General taxation

2020: 9.7% GDP on health

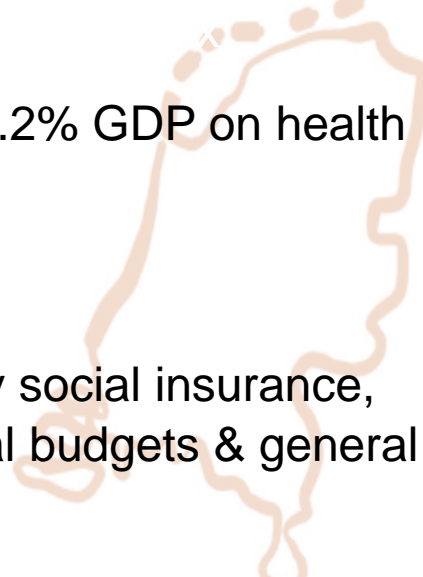


General & local taxation, service user charges

2019: 0.9% GDP on LTC

Statutory health insurance

2020: 11.2% GDP on health



Statutory social insurance, municipal budgets & general taxation

2019: 2.9% GDP on LTC

*data for UK as whole (comparable data for Scotland not available)

Country case studies

SCOTLAND

East Ayrshire Integrated Joint Board

Dumfries & Galloway Integration
Joint Board

Highland Integration Partnership

ITALY

Houses of health ('Case della
Salute'), Emilia-Romagna

Azienda Zero, Veneto

Chronic care (*Preso in carico del
paziente cronico, PiC*), Lombardy

THE NETHERLANDS

Buurtzorg

Rotterdam Stroke Service

Sustainable Coalitions (*duurzame
coalitie*)

ZIO (*Zorg in Ontwikkeling*)

Scotland



East Ayrshire
Integrated Joint Board

Services delegated to IJB include public health, nursing, children, young people and criminal justice services, social work for adults, mental health services, care home services, community care assessment teams, occupational therapy, among others.

Regional

Serves a population of
~120,000

Dumfries & Galloway
Integration Joint
Board

Services delegated to IJB include all adult health and social care for the region's residents. Only IJB with delegated authority for acute hospitals.

Regional

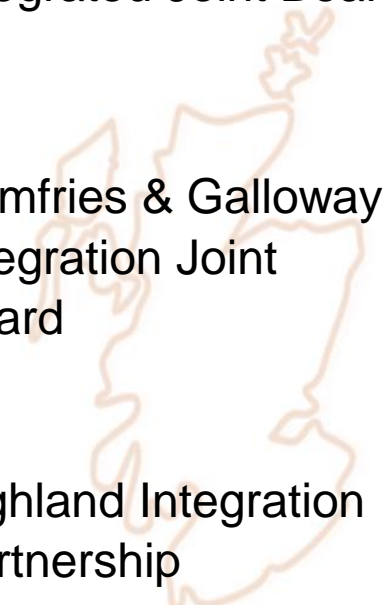
Serves a population of
~150,000

Highland Integration
Partnership

Only area that Adopted the Lead Agency model; NHS Highland has responsibility for adult health and social care services and Highland Council has responsibility for children's health and social care services.

Regional

Serves a population of
~320,000



Italy



Houses of health
(‘Case della Salute’),
Emilia-Romagna

Physical co-location of primary & social care workers to provide a single point of access to health and social care services locally. Coordinate primary care with other service.

Sub-regional

Population of: ~4.4 million

2018: 49% of population covered

Azienda Zero, Veneto

Regional governance body; centralises key functions related to management, financing and quality of health & social care. Functions set out in regional legislation.

Regional

Population of: ~4.9 million

Chronic care (*Presa in carico del paziente cronico*, PiC),
Lombardy

Care manager (GP or paediatrician) develops individual care plans and takes responsibility for coordinating care.

Sub-regional

2019: 11% of 3 million eligible joined scheme

The Netherlands



National

2021: serve a population of ~86,400

Regional

2021: serve a population of ~4,000

National

CZ covers 21% of the Dutch (~10.3 million in 2019)

Regional

Serves a population of ~170,000

Buurtzorg	Autonomous teams of community nurses provide all aspects of home care within a specified local community.
Rotterdam Stroke Service	Integrated stroke care network. Piloting a bundled payment scheme across care settings.
Sustainable Coalitions (duurzame coalitie)	Long-term collaborations between the health insurer CZ and service provider organisations of up to ten years based on a contract price.
ZIO (Zorg in Ontwikkeling)	Primary care organisation supporting person centered-care. Coordinates between the health insurer and multiple providers



Findings & implications

Findings

1. **Engaged local leadership**
2. **COVID-19 exacerbated existing problems**
3. Disconnect between national vision and efforts to implement
4. Blurred lines of accountability
5. National government support
6. Dominance of (acute) health care
7. Fragmentation of finances

Need for a unified and consistent vision of integration

- Disconnect between what the national governments aspire to achieve its own efforts to implement the vision
- Greater integration within national government to ensure consistency and credibility
- Lack of a common vision results in misaligned incentives, especially at provider level

[A]n odd situation where on one hand you tell me what to do and then on the other wow, you're doing what I tell you to do

(Scottish, case study level interviewee)



National governments need to create a level playing field

- Local initiatives need time to bed-in and adapt
- Requires understanding of local context and recognition of different starting points and needs
- Performance should focus on longer-term outcomes rather than shorter-term outputs

[C]ross-domain multidisciplinary collaboration really needs to look at different monitoring mechanisms [...] you've created a kind of make-believe world if you [...] look at that one small set of that one care provider who performed one action

(Dutch, case study interviewee)



Challenging financial environment

- Policies implemented in context of the Global Financial Crisis
- Need for cost control and efficiency savings seen as the main driver & accelerator of national integrated care policies in all settings
- Likely to constrain what can be achieved

[T]he potential for creativity was denied at birth and the constant necessity of making efficiency savings at a time of rising demand was doomed to failure.

(Scotland, National level interviewee)

Fragmentation of financing & dominance of acute sector

- Acute care sector dominates budgets
- Failure to create truly pooled budgets attributed to a lack of willingness among key actors to 'give up their resources
- Prevents more collaborative decision-making

So there is this sort of pooling of budgets and then the IJB makes a decision to probably just put it back to the same place if I am absolutely honest

(Scottish, case study level interviewee)

Limitations

- Scratching surface – be great to have time and resources to do in-depth case study analysis
- Interviews carried out during COVID-19, made recruitment challenging





Funded by the NIHR Policy Research Programme through its core support to the Policy Innovation and Evaluation Research Unit (Project No: PR-PRU-1217-20602(05, 09)).

The views expressed are those of the authors and are not necessarily those of the NIHR or the Department of Health and Social Care.