TransForm Integrated Community Care

Making the Case for Integrated Community Care

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About this paper

TransForm is a joint initiative of Foundations in and beyond Europe that aims to put the community at the centre of primary and integrated care. 'Integrated Community Care' recognizes people & communities as co-producers of care within trans-disciplinary, multi-professional and inter-sectoral partnerships. The overarching aim of the Transnational Forum is to trigger the interest of and inspire policy-makers and practitioners to foster integrated community care. The ultimate goal is to mobilize change at policy and practice level by engaging policymakers, practitioners and key stakeholders in a knowledge generation and sharing of case studies that will inform and hopefully bring about change in national health and social care policy agendas. The project includes a mapping of promising practice and a series of conferences and visits in Europe and beyond.

The input paper on *Making the Case for Integrated Community Care* is designed as a briefing paper for delegates attending the
1st Transnational Conference on Integrated Community Care in Hamburg, Germany on 24-26 September 2018. It is the first in a series of such briefing documents supporting TransForm's conference series. The paper is designed to provide policy-makers with an understanding of integrated community care and why it is an important approach to improve the health and wellbeing for vulnerable people living in local communities.

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What do we mean by integrated community care?

Integrated community care is a new concept that has yet to be fully defined. It is grounded in the understanding that community health – the ability to maintain, protect and improve the health of all members of local communities through organised and sustained community efforts – can be best supported by co-productive partnerships and inter-sectoral collaborations. Its purpose is to improve quality of care and quality of life to vulnerable individuals, families and communities. At present, we cannot pretend to know all the answers in how integrated community care might best operate, so the purpose of TransForm is to explore the undoubted potential that this new and diffuse concept presents.

Integrated community care (ICC) can be recognised to have the following three core characteristics:

1. Care delivery that engages and empowers people in those local communities as co-producers of their health, taking an assets-based approach to community health development. This implies that integrated community care plays a central role in promoting the role of the informal care sector and enabling the participation and engagement of communities in both care delivery and decision-making;
2. Care delivery that is place-based and involves cross-sectoral and inter-professional partnerships that bring together both formal and informal care actors (for example, across health, social care and other sectors) for a defined community or neighbourhood;
3. Care delivery that seeks to care for people living in the home environment through primary and/or community care-based activities. Care and support is delivered primarily in non-institutional or non-residential settings and focuses on the promotion of health and wellbeing as well as tackling key issues such as social exclusion and social isolation that many vulnerable people encounter in their daily lives.

As a result, the intended added value of integrated community care is to strengthen the capacity of local communities to deal with public health issues and the specific care needs of community members across the life course. It seeks to strengthen care literacy, improve health and wellbeing, and promote social cohesion within the community. Through better cooperation between the formal and informal care sectors it aims to create a tailored approach that values and promotes the assets within local communities such as informal carers and voluntary community groups.

The notion of integrated community care also recognises the need to take a more population-oriented approach to promote public health, prevent ill-health and secure wellbeing for local populations (Goodwin & Ferrer, 2017). Integrated community care therefore represents a strategy to address population health and raise awareness of the societal value of good health, recognising the importance of social networks and the benefit of focusing on both health and wellbeing (Hanlon et al, 2011).

Integrated community care represents such an approach that is delivered to distinct communities where care delivery can be planned and delivered to truly reflect on local circumstances and needs. Hence, it seeks to focus on the key priorities for improving health and wellbeing with a specific focus on tackling inequalities in care, addressing services for hard-to-reach groups and promoting social justice. In this respect, integrated community

care is an approach to tackle the wider determinants of ill-health by putting people and communities at the centre (see Figure 1).

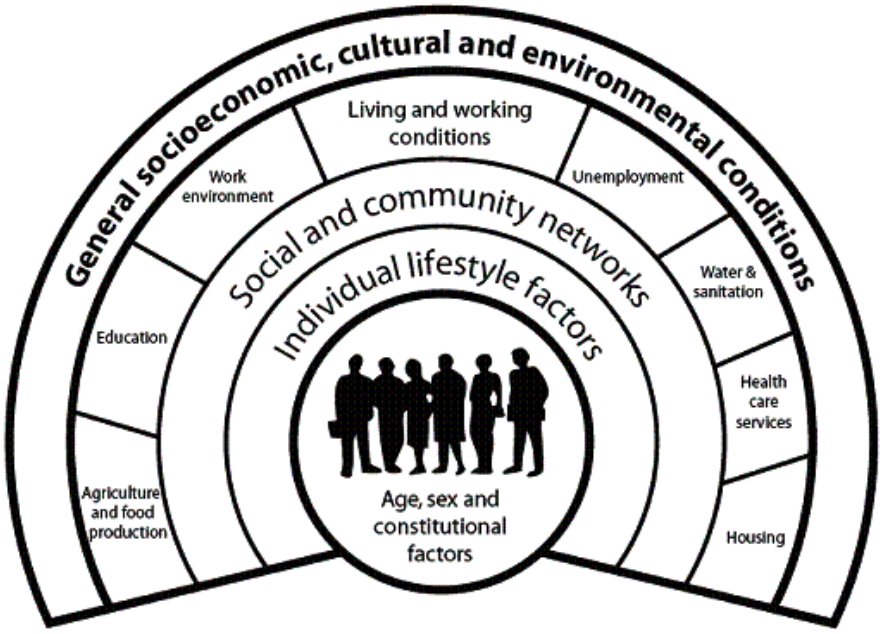

Figure 1: Integrated community care: putting people and communities at the centre to tackle the wider determinant of ill-health (Dahlgren and Whitehead, 1991).

However, responses to these challenges currently rely on traditional interventions led by health and care institutions that are targeted at certain patient groups. Integrated community care represents a different way of thinking. It implies a shift in this traditional thinking based on problem-based, disease-oriented care to an asset-based, people-driven approach aiming at enhancing quality of life and improving population health amongst communities. Integrated community care therefore seeks to redefine relationships between people and the health and care system by moving towards a partnership is trusting, purposeful and person-focused rather than system-led. Organising care around people in such ways blurs the multiple boundaries within and between health, public health and social care; and with community and voluntary organisations; and the boundaries between formal and informal support.

Why is integrated community care important?

Despite advances in people's health and life expectancy, relative improvements in health coverage and health outcomes remain vastly unequal both between countries and within them. One in twenty people still lack access to essential primary care. Where care is available, it is often fragmented and of poor quality (World Health Organisation, 2017). Significantly, the nature of the health problem is increasingly shaped by ageing populations, urbanization, and the globalization of unhealthy lifestyles. More people are living with a highly complex network of needs and many of the most vulnerable in society who would most benefit from coordinated care and support are least likely to receive it. Moreover, the current focus on curative care models, disease-based approaches, and institutionally-based programmes compounds this problem.

A fundamental shift is required in the design of care systems that puts people in the driving seat, so allowing them to be in control and to participate in, and make informed decisions

about, their care. Underserved and marginalized populations must not be left behind. The development of integrated community care is therefore important, for example: to promote equity of access; to tackle social exclusion and social isolation; to support safe, coordinated, effective and timely care; to enable people to participate in their health affairs; to build resilience and capacity within communities to promote public health; and to enable more sustainable and cost-effective services that achieve the right balance between health promotion, prevention and treatment. Integrated community care therefore represents a potential solution to the urgent need for a fundamental change in thinking in how to better address these current and future challenges (Macq, 2018, see box below)

Keynote Conference Abstract
From medicine to positive health: how can integrated community care contribute?
Jean Macq

There is a large consensus that health is more than the absence of disease. Further to that, there is a renewed agenda to operationalize a positive approach of health development (Huber, M ; Knottnerus 2010)(Halfon & Hochstein 2002). This takes into consideration, psychological mechanisms (i.e. stress and coping skills) (Johnson & Acabchuk 2018) and social mechanisms (Berkman et al. 2000) as part of larger determinants of health. Community health is also recognized as a central determinant of individual health (see recent review on the links between community health and healthy ageing in (Spann & Ottinger 2018)).

Despite this, most of the attention in the health (and social) care organization remains focused on how to reduce costs or improve quality of life of diseased or dependant people by moving (mainly medical) care from institutional setting to home care setting. As a consequence, many reforms seem to focus on how to improve hospital care through hospital-managed home care instead than transforming primary care. For example, strategies, such as intermediary care, case management, receive a particular attention. Similarly, most of integrated care reflection and work concerns the interaction between institutional and home (social and health) care.

A shift in the integrated care work is therefore necessary to better link the shared values and knowledge on health with the transformations in health and social care. The purpose of these other forms of integration is to "enhance individual assets as part of whole community health" rather than only addressing the crisis of actual hospital care. As a move forward, we will try to illustrate alternative approaches of developing primary care as a part of an integrated community care system. One of the possible driver for this is the implementation of place-based governance by opposition to the still dominant new-public management (Marsh et al. 2017). Challenges and opportunities for its development will be discussed.

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How is integrated community care delivered?

Community engagement is one of the core strategies that differentiates integrated community care from traditional 'integrated health and care' provision. Such activities are not new since they have long been a core component of development strategies beyond the health sector. For example, programmes such as the Millennium Villages Project have helped develop people's self-confidence and self-esteem (Attree et al, 2011). However, such strategies go well beyond developing people's self-confidence and their ability to self-manage. They are, at least in intent, designed to involve communities as partners in the co-design of projects so as to understand and appropriately adapt care delivery within local contexts, as well as strengthening mutual accountability between partners and empowering communities.

A family of approaches to integrated community care exists. Four of the most common options include (after Public Health England, 2015):

- **strengthening communities** – where approaches involve building community capacity to take action on health and the social determinants of health
- **developing community volunteer/peer roles** – where approaches focus on enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities
- **building collaborations and partnerships** – where approaches involve health and care sectors working in partnership with communities to design and/or deliver services and programmes; and
- **improving access to community resources** – where approaches focus on connecting people to community resources, information and social activities

Integrated community care is also fundamentally about reaching the underserved and marginalised groups to help overcome problems related to discrimination, stigma, and violence. Many different approaches can contribute to this, including: building community responses to tackle social exclusion and social isolation; developing outreach services for the underserved (e.g. through mobile units); developing community networks that build social cohesion; and expanding primary health care access to all people.

Integrated community care also represents a vision for health and care which is for people, by people, and with people. It reflects a desire to make the most of all the resources that are available in local communities which requires the ability to mobilise local people and recognising their assets – personal strengths and abilities as well as family, friends, communities and peer networks - that can work alongside health and social care professionals and the community and voluntary sector (Russell, 2018 see box below).

Keynote Conference Abstract

The compelling case for taking an asset-based community development approach through integrated community care

Cormac Russell

All social progress is about the expansion of freedom, not the growth of services. Yet, more often than not, when we speak about Integrated Community Care, what we are actually speaking about is the integration of services that target specific people within communities. This relegates communities to a passive role, where they are defined as recipients of services (clients), not as citizens and co-producers of community wellbeing. Moreover, while the term 'community' is used, typically what is actually meant is an aggregated (sometime congregated) group of people who are brought together because they share the same condition or perceive defect or deficit.

This is in my view is a deeply problematic social phenomenon and is the opposite of authentic care and natural community. Clustering people by age and condition has the effect of breaking community down, and undermining their natural care giving capacities. In my presentation, I will illuminate this critique and offer an alternative to these traditional pathways, namely an asset-based community development approach which is place-based and citizen-led, and results in greater interdependence for those we serve, in preference to institutionalization.

I will also share powerful illustrative examples from around the world and across recent history and offer compelling evidence for approaches that start with what is strong in people's lives, not wrong. I will conclude by illustrating how asset-based community development approaches can also support silo-ed services to work in a much more integrated and collaborate way with communities and each other.

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Asset-based approaches have a different starting point from other traditional approaches in health and care services. The asset-based approach values the capacity, skills, knowledge, connections and potential in a community. It supports community members to feel empowered, independent, and active agents in their own and their families' lives as well as that of their communities. It requires a shift in thinking by care professionals; instead of doing things for people, they have to help a community to do things for itself. Working in this way is community-led, long-term and open ended. The asset approach does not replace investment in improving services or tackling the structural causes of health inequality. The aim is to achieve a better balance between service delivery and community building (IDEA, 2010). Asset-based community development as an approach to building up community groups, voluntary organisations and their informal associations and networks is the most deployed approach to create confidence in communities to become co-producers of their health.

What do we know about the impact of integrated community care?
As described above, there is good evidence to demonstrate the benefits of community participation through forms of integrated community care, especially where this helps to engage and empower people to take an active role in their health and wellbeing. There is growing recognition that health assets exist at the community level and that these community networks that are essential to support sustainable and long-term changes in community health (Taylor, 2015). For example, they help to build resilience amongst local communities to address public health problems (e.g. WHO, 2017); encourage health-seeking behaviour (e.g. Song and Chang, 2012), reduce loneliness (e.g. Cacioppo and Patrick, 2009) and improve health and wellbeing. There is also a growing evidence base on the benefit of communities for individuals' health through using the assets-based approach (e.g. Rippon and Hopkins. 2015).

Evidence from high performing care co-ordination schemes internationally suggests that population health management is a key design element in making integrated community care effective in improving people's care experiences, supporting better care outcomes, reducing reliance on institutional care, and contributing to more sustainable and cost-effective care systems. Indeed, partly as a result of such evidence, an evolving trend internationally has been to take a 'place-based' approach that focuses on delivering forms of integrated community care to specific populations (Goodwin and Ferrer, 2017).

There are several high-profile examples of where integrated community care has led to the significant transformation of health outcomes for people. For example, the development of a community-owned and neighbourhood-based health system in Alaska, USA, has seen significant improvements in care outcomes for people with cancer, obesity, diabetes, and dental caries; plus reduced levels of child abuse, child neglect, domestic violence, substance abuse and suicide (Gottlieb, 2013). At the same time, costs of care have reduced as utilisation patterns of specialist care and treatment have significantly been reduced through community-based alternatives.

Despite many such high-profile cases, the evidence base for integrated community care overall remains weak due to the lack of investment in evaluation that is linked to the high proportion of relatively small, community-based, bottom-up promising practices that exist. Further, what is clear is that there is no one method for achieving success through integrated community care. In practice, and in the context of local communities that have very different needs and profiles, integrated community care presents itself in many different guises and focuses on achieving different types of outcome.

To articulate the impact of integrated community care, and how these benefits have been achieved, TransForm is undertaking a mapping of international promising practices and developing key examples into case study exemplars. Several of these cases demonstrating positive outcomes for local communities will be presented during the first TransForm conference and are available to read in a sister document to this paper. The experiences of these cases provide for an understanding of the range of impact that can be achieved through integrated community care that range from enhanced access to primary/community care services; tangible improvements in people's health and wellbeing; improvements in self-reported quality of life; greater confidence and ability to self-care; more independence and feelings of being less socially isolated; better co-ordination of care; and reduced unnecessary utilisation of hospitals and long-term care institutions.

What are the key issues in taking integrated community care forward in policy and practice?

Designing effective integrated community care

There appear to be a wide variety of innovations and approaches that may be termed 'integrated community care'. This requisite variety comes from an understanding that differing local contexts play a significant part in determining the best approach that should be developed. The effective design of integrated community care is also likely to vary depending on the population group being targeted and their special circumstances and needs.

TransForm has already uncovered over one hundred 'promising practices' that have developed a range of bespoke approaches and strategies to meet the needs of their communities. There appears to be no specific blueprint currently provided to support successful design. For this reason, one of the core learning outcomes to be achieved during the TransForm project is to gain an understanding of the core characteristics in the provision of integrated community care, specifically in how different partners in care come together with local communities through new service models and, moreover, how such models are managed, funded and governed. Given integrated community care is characterised by the ability to engage and empower people and communities as active partners and leaders, the practical tools that enable this to happen need to be learned.

Understanding implementation

The experience of care systems that have attempted to make the journey from fragmentation to integration demonstrates that this work is usually long and challenging. There is recognition that developing complex service innovations, such as integrated community care, requires pro-active management support and action. Yet, there is little guidance that might help us understand the various processes that are necessary to support implementation. In part, this lack of understanding is because achieving success through integrated community care involves change at the micro- (e.g. between communities and local care support teams), meso- (e.g. through new alliances between professionals, organisations and communities) and macro-scale (e.g. by alignment of government policies) (Curry and Ham, 2010).

Whilst there has been some advance in articulating what an implementation model for integrated care looks like (Goodwin, 2017), integrated community care brings with it a set of new community-based dynamics that have yet to be investigated. Specific local solutions that come out of this approach may not be transferable without change. They rely on community knowledge, engagement and commitment which are rooted in very specific local circumstances. Key challenges for integrated community care are likely to revolve around the basis for their funding and the commissioning approaches that support it; and not just how activities are purchased, but what activities are commissioned. Leadership and knowledge transfer are key to embedding these ideas for community-based and community-led approaches in the mainstream of public services.

Hence, through its work, TransForm will seek to identify the issues and challenges, especially with regard to cultural change, that will be faced in the implementation of integrated community care and the potential approaches and solutions that may be adopted to support transformational change. It will Identify the implications and challenges faced by different stakeholders (e.g. policy-makers; managers, professionals, community

leaders, patients) when seeking to sustain and roll-out innovations in integrated community care.

What can policy and policy-makers contribute to supporting the uptake of innovations in integrated community care?

There is a great deal of innovative work going on across Europe and beyond to promote integrated community care. Whilst some of this has been supported through various forms of innovation funding at national and regional levels, innovations are mainly happening through the development of 'promising practices' driven by local, bottom-up, innovative projects rather than system-wide transformations in care delivery. This means that most community-based and locally driven projects are often vulnerable and isolated despite doing good work in improving the lives of local people.

TransForm believes that radical transformation towards integrated community care is needed to make better use of all the assets in each local community wherever these are to be found, breaking down silos between services, reducing fragmentation in service delivery, and empowering and engaging vulnerable people to be supported to take more control over their lives. Whilst all such integrated care must be local, the active support of policy and policy-makers will be required to provide the enabling environment for integrated community care to flourish.

There are clearly convincing economic, moral, sustainability and quality arguments for strengthening the social fabric of communities for the sake of individuals' health and wellbeing. Integrated community care therefore seeks to overcome social exclusion and social isolation, by keeping people well, by supporting them to live healthier lives and remain independent and active, and by ultimately reducing the need for hospital and long-term care facilities, there is a compelling case for investment in integrated community care in policy and practice.

The key challenge, then, is how policy and policy-making can help care systems move from isolated innovations to make such approaches happen at scale where real change can be made. An enabling policy platform is required that might seek to align key policy levers such as financing and incentives, regulation, governance and accountability mechanisms whilst investing in new innovations, multi-sectoral partnerships, new workforce competencies, knowledge sharing activities, research and evaluation.

Over the course of TransForm's conference series, policy-makers will be asked to examine the role of policy and policy-making to contribute to our understanding of what can be done to provide that enabling policy architecture that support local adoption of integrated community care in practice.

References

Attree, P., et al., 2011. The experience of community engagement for individuals: a rapid review of evidence. *Health Soc Care Community*, 19(3): p. 250-60.

Berkman, L.F.. et al., 2000. From social integration to health: Durkheim in the new millennium. *Social Science & Medicine*, 51(6), pp.843–857.

Bohmer, R., 2016. The hard work of care transformation. *New England Journal of Medicine,* 375(8), 709-710.

Cacioppo J.T. and Patrick W. (2009). Loneliness: human nature and the need for social connections. New York/London, WW Norton & Company.

Curry N. & Ham C. (2010). Clinical and service integration: the route to improved outcomes. London: The King's Fund.

Dahlgren G. & Whitehead M. (1991). Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for the Futures Studies.

Goodwin N. (2017). Change mannagement, In Amelung et al. *Handbook Integrated Care,* Springer International Publishing, p.253-276.

Goodwin N. & Ferrer L. (2017). Incorporation de la Salud Publica como parte de todos los planes de integracion, *Actas de Coordinacion Sociosanitaria,* 21: 7-20, November.

Gottlieb K. (2013). The NUKA System of Care: Impoving Health through Ownership and Relationships, *Int J Circumpolar Health*, 72:21118.

Halfon, N. & Hochstein, M., 2002. Life course health development: an integrated framework for developing health, policy, and research. *The Milbank Quarterly*, 80(2), pp.433–478.

Hanlon P., Carlisle S., Hannah M., Reilly D., Lyon A. (2011). Making the case for the 'fifth wave' in public health, *Public Health,* 125(1): 30-36.

Huber, M. ; Knottnerus, J., 2010. How should we define “health”? *Bmj*, 341(aug19 1), pp.c4303–c4303. Available at: http://search.proquest.com/openview/4044f2af3e00929cc98936a91efc3892/1?pq-origsite=gscholar&cbl=2043523 [Accessed May 19, 2018].

Huber, M. et al., Towards a “patient-centred” operationalisation of the new dynamic concept of health: a mixed methods study. Available at: http://dx.doi.org/ [Accessed December 19, 2017].

Improvement and Development Agency, 2010. A glass half-full: how an asset-approach can improve community health and wellbeing. IDeA, London available at: http://www.scdc.org.uk/media/resources/assets-alliance/A%20Glass%20Half%20Full.pdf

Johnson, B.T. & Acabchuk, R.L., 2018. What are the keys to a longer, happier life? Answers from five decades of health psychology research. *Social Science & Medicine*, 196, pp.218–226. Available at: http://www.ncbi.nlm.nih.gov/pubmed/29153315 [Accessed March 24, 2018].

Marsh, I. et al., 2017. Delivering Public Services: Locality, Learning and Reciprocity in Place Based Practice. *Australian Journal of Public Administration*, 76(4), pp.443–456.

Public Health England (2015). Health and Wellbeing: A Guide to community-centred approaches. London: Public Health England.

Rippon S & Hopkins T (2015). Head, hands and heart: assets-based approaches in health care. London: The Health Foundation.

Russell, C., 2015. Asset Based Community Development (ABCD): Looking Back to Look Forward, available at: *https://itun.es/ie/3jsd8.l*

Song L., Chang T. (2012) Do resources of network members help in help-seeking? *Social Networks*, 34, 658-69.

Spann, S.J. & Ottinger, M.A., 2018. Longevity, Metabolic Disease, and Community Health. *Progress in Molecular Biology and Translational Science*, 155, pp.1–9. Available at: https://www.sciencedirect.com/science/article/pii/S187711731730193X [Accessed May 13, 2018].

Taylor A. (2015). The role of communities: there is more to person-centred care than health services. London: The Health Foundation.

World Health Organisation (2017). Framework on integrated, people-centred health services. Report of the Secretariat, 69th World Health Assembly, WHO, Geneva.