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# Integration and collaboration on an international scale

*GGI has partnered with universities in Belgium and the US to explore the impact of COVID-19 on health and social care integration in three regional health systems*

Policymakers, healthcare executives, public health advocates and social service leaders across the globe are increasingly championing the cause of addressing individuals' social needs in conjunction with their medical needs to achieve health equity.

Organisations have formed cross-sector partnerships to hasten the integration of health and social care, but little is known about the effects of the COVID-19 pandemic on these partnerships.

Since the launch of the health and social care white paper GGI has written extensively on this subject, mostly co-produced with people working in the health and social care sectors. We also launched a series of webinars on topics related to integrated care systems and the challenges and governance issues they present. In this illumination, we bring to you some ideas from the international stage.

Last summer, GGI partnered with KU Leuven in Belgium and St Louis University in an international research project that stretched across the UK, Belgium and US. The study explored the impact of the COVID pandemic on health and social care integration in three regional health systems.

## The three healthcare systems

The study focused on Dudley and the Black Country in the UK, Leuven and the Flemish region in Belgium and St Louis and the St Louis County area in the USA – three health and social care systems of a similar size and sociodemographic profile.

All three systems have local departments that facilitate funding, regulation, and the provision of healthcare practice. The regional and/or state department level in all three countries takes more of a regulatory role, facilitating and monitoring funds. The federal level administration takes regulatory, funding, and/or research roles.



## The methodology

A total of 25 key informants drawn from executive-level management representatives representing a cross section of provider and payer organisations were interviewed using a semi-structured topic guide.

Of particular importance to the study was the fact that most of the interviews were conducted during a peak time of COVID cases and all were conducted virtually. Each interview was recorded and transcribed, before being analysed using structured thematic process. Common themes, divergent themes and individual themes were identified.

The study findings were presented at an International Research Webinar held online on Friday 23 April 2021. Further analysis of the interview data will now take place and the research findings are planned to be presented at academic conferences and by means of referred articles. There is also an ambition to establish an International Health and Social Care Collaborative by 2022.

The central focus of the interviews was to understand the impact on organisational partnership working from having to respond to the pandemic. We explored this through understanding the domains such as communication, inter-organisational relationships, intra-organisational relationships, competition vs cooperation, impact on governance arrangements and the use of technology as an enabler.

## What did we learn?

We established that health systems facing the COVID crisis increased partnership working, although momentum and form were impacted by national system drivers.

We also found that the common goal of having to respond to the crisis was crucial to being able to 'shift the dial' to a timeline and to an unprecedented extent.

There was also an element of 'at-pace' to address, with the use of IT as an enabler often becoming a default solution, rolled out at speed and enabled by means of removing redundant bureaucracy.

Informants across all three locations attributed some similar effects to the pandemic, including more intentional partnership-working, a temporary easing of inter-organisational competition, faster, more streamlined communication, and increased strain that galvanized some organisational relationships and damaged others.

Responses also indicated key differences in prevailing methodological approaches to integration between locales and forecasts about which changes to partnership-working might persist past the acute stage of the pandemic.

We categorised the findings in three key areas: common themes, divergent themes and individual themes.

Under common themes were comments such as:

- 'belief that changes from COVID will stick'
- 'rapid use of technology and telehealth'
- 'COVID made partnerships more intentional'
- 'COVID eased regulatory and bureaucratic burden'
- 'resulted in better communication pathways as a driver for partnership working'
- 'examples of focus on population health and social determinants methodology'.

In addition to the common themes across the three countries, divergent themes and independent themes were noted.

# illuminations



	Divergent themes	Independent themes
UK	The pace of work increased due to COVID	Competition between organisations decreased during the pandemic
Belgium	Little evidence that COVID oriented partnership goals towards the long term	A lack of unified goals and leadership was a primary resistor of partnership working
US	Turnover/loss of institutional knowledge undermines partnerships	Partnership work was driven by local political forces and resisted by resource scarcity

These findings offer insights to public health, healthcare and social care leaders interested in forging cross-sector partnerships to meet the needs of individuals with complex medical and social needs.

## Illuminations

We gained significant insights from being able to understand the impact of a crisis on the change process in health. We plan to build on our research to establish a broader international health and social care collaborative. Our observations so far include:

- A genuine unified vision is the essential base for transformational partnerships delivering systematic change.
- Health and social care integration requires the 'can-do' informality created during the crisis to be transformed into a model of sustainable and robust partnership working.
- Streamlining the use of technology and building it into the DNA of a system has transformational potential.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email [advice@good-governance.org.uk](mailto:advice@good-governance.org.uk).