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Aufregung um Gleitpension

Die Pläne der Salzburg AG, Mitarbeiter ab 45 Jahren in Gleitpension gehen zu lassen, lassen die Wogen hoch gehen. Sozialexperte Bernd Marin spricht in den „Salzburger Nachrichten“ von einer „Schnapsidee“, die Vorurteile gegen ältere Arbeitnehmer fördere.

Integrating Health and Social Care Services for Older Persons: Evidence from Nine European Countries

By Jenny Billings and Kai Leichsenring (Eds). Ashgate (with the European Centre, Vienna), Aldershot (2005), £35.00 (paperback), 435 pp. ISBN 0-7546-4473-1.

In many developed countries, a range of social and demographic changes are prompting policy makers and practitioners to explore new ways of working across traditional agency boundaries. Whether it be English Care Trusts, the Canadian SIPA and PRISMA projects, or Australian Coordinated Care Trials, there is increasing recognition that health and social care must work together to meet the needs of a growing older population, and of a future cohort of older people who are likely to have higher expectations of public services than may now be the case. Too often portrayed as a problem, this is actually a major success – advances in medicine and technology, social changes and improvements in welfare services are keeping more and more people alive for longer and longer, and that must be a good thing.

However, the price of this success is a system that needs to change if it is to keep up with demand – simply trying to do more of the same is unlikely to work. While evidence that health and social care partnerships improve outcomes for service users and carers remains scarce, it intuitively makes sense for health and social care to try to work together more effectively in order to reduce duplication, maximise their resources and work in a more joined-up and holistic way. This, after all, is what many older people want and what they deserve.

Against this background, Billings and Leichsenring's new book on in-

tegrated care is a useful resource for placing national issues in a wider context. Individual governments too often tend to see the problems which they face as individual to them and fail to learn important lessons from abroad. On other occasions, the opposite is true, and there is a danger of trying to import apparently ready-made solutions from other countries without fully thinking through the extent to which they might be successful in a different context. In England, a particularly controversial recent example is the introduction of reimbursement (fines for social services departments delaying hospital discharges) from Scandinavia, and the ongoing questions which remain about whether this potentially punitive and coercive way of working is the best method of delivering more effective partnerships.

Providing Integrated Health and Social Care for Older Persons (PRO-CARE) is a research project that was funded by the European Commission, and carried out between April 2004 and February 2005. In its first phase, nine European countries provided national overviews of their attempts to deliver integrated care, and these contributions have previously been published as part of this series of books (Leichsenring & Alaszewski 2004) and reviewed in this journal. In the second phase, two practical projects were selected from each country to analyse key organisational features and different approaches to integration. Drawing on interviews and focus groups with managers, practitioners and users and carers, Billings and Leichsenring have now brought together the results of this analysis in an edited collection. While the sample projects were chosen as potential good practice examples, it may also be useful for a future project to include 'bad practice examples' – for me, learning from things that don't work can be almost more important than trying to learn from innovative examples.

When the previous volume was reviewed, it was suggested that the national overviews were helpful summaries, but did not fully adopt a comparative approach, and therefore, sometimes failed to learn more detailed lessons about key topics and issues. In contrast, *Integrating Health and Social*

Care Services for Older Persons adopts a thematic approach and explores seven key areas: definitions of integrated care; access to integrated care provision; interprofessional working; key innovations; the role of the family; the outcomes and benefits of integrated care; and working conditions (both positive and negative) in integrated care. On either side of these seven chapters are an introduction to the project and its methodology, and some concluding thoughts on key lessons and recommendations. There is then a helpful bibliography, and appendices which provide detailed summaries of data collection and of the sample projects which form the basis of the book.

Of the seven main chapters, I was particularly interested in the focus on outcomes in Chapter 6 (Haverinen and Tabibian). In the UK, so much of the partnership literature is focused on process (how well are we working together?), not on whether or how partnerships deliver different and potentially better outcomes for users and carers. This can contribute to an increasing tendency to see partnership and integration as an end in themselves rather than as a means to an end (of better services and hence of better outcomes). Moreover, although partnerships are justified in terms of outcomes for users, the users seem to be conspicuous by their absence from much of the research and literature. As a result, it is refreshing to see a chapter such as this focusing on outcomes and a wider study that includes user and carer perspectives alongside the views and experiences of managers and practitioners. While much more needs to be done to understand the relationship between partnerships, service provision and outcomes, this is a timely reminder of why partnership working matters and who the main beneficiaries should be.

Overall, *Integrating Health and Social Care Services for Older Persons* adds to the emerging European evidence base and builds on the initial work of Leichsenring and Alaszewski to draw out more of the wider lessons from PRO-CARE. While such large cross-national overviews can only be of so much day-to-day relevance to the detail of individual countries, they inevitably place local issues in a broader context and challenge us all to learn from others, to question traditional assumptions and to think of new ways of trying to tackle old problems.

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Reference

Leichsenring K. & Alaszewski A. (Eds) (2004) *Providing Integrated Health and Social Care for Older Persons: A European Overview of Issues at Stake*. Aldershot, Ashgate.

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