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Understanding experiences and wellbeing needs of people who access integrated health and social care: An integrative review



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Background

Integrated, person-centred health and social support systems are a global priority^[1]. Much of current research appears to focus on specific models for delivery of integrated health and social care (IHSC) & service evaluation; fewer studies focus on the person-centred experiences, needs and preferences of people who use IHSC.

Review aim & objectives

This integrative review aimed to identify and explore experiences of IHSC and the health & wellbeing needs of people who use IHSC.

Search terms, methods & analysis

- A scoping review: Oct. 2017; key search terms refined. Main search: March-April 2018 (CINAHL; AMED; SocINDEX; MEDLINE. TRIP; Web of Science; Science Direct). ^[2]
- Integrative review to encompass papers from different methodological standings. ^[3]
- Mixed-method descriptive analysis; data extracted to a thematic matrix. Themes developed iteratively throughout. ^[4]

Findings

Findings: Themes & key concepts

Relationships

- Maintenance, promotion of existing & new relationships can be perceived as a fundamental cornerstone of IHSC, for service users, informal carers & IHSC staff.
- These relationships can impact upon experiences of IHSC.

Maintaining & promoting health & wellbeing through IHSC

- Social inclusion, being involved in decision making and feeling able to cope with changing health & social care needs were important to service users.
- Security, safety, functionality & social inclusion appear intrinsically linked; reduced ability to maintain these, impacts on experiences of IHSC.

Understanding & navigating integrated collaborative HSC systems

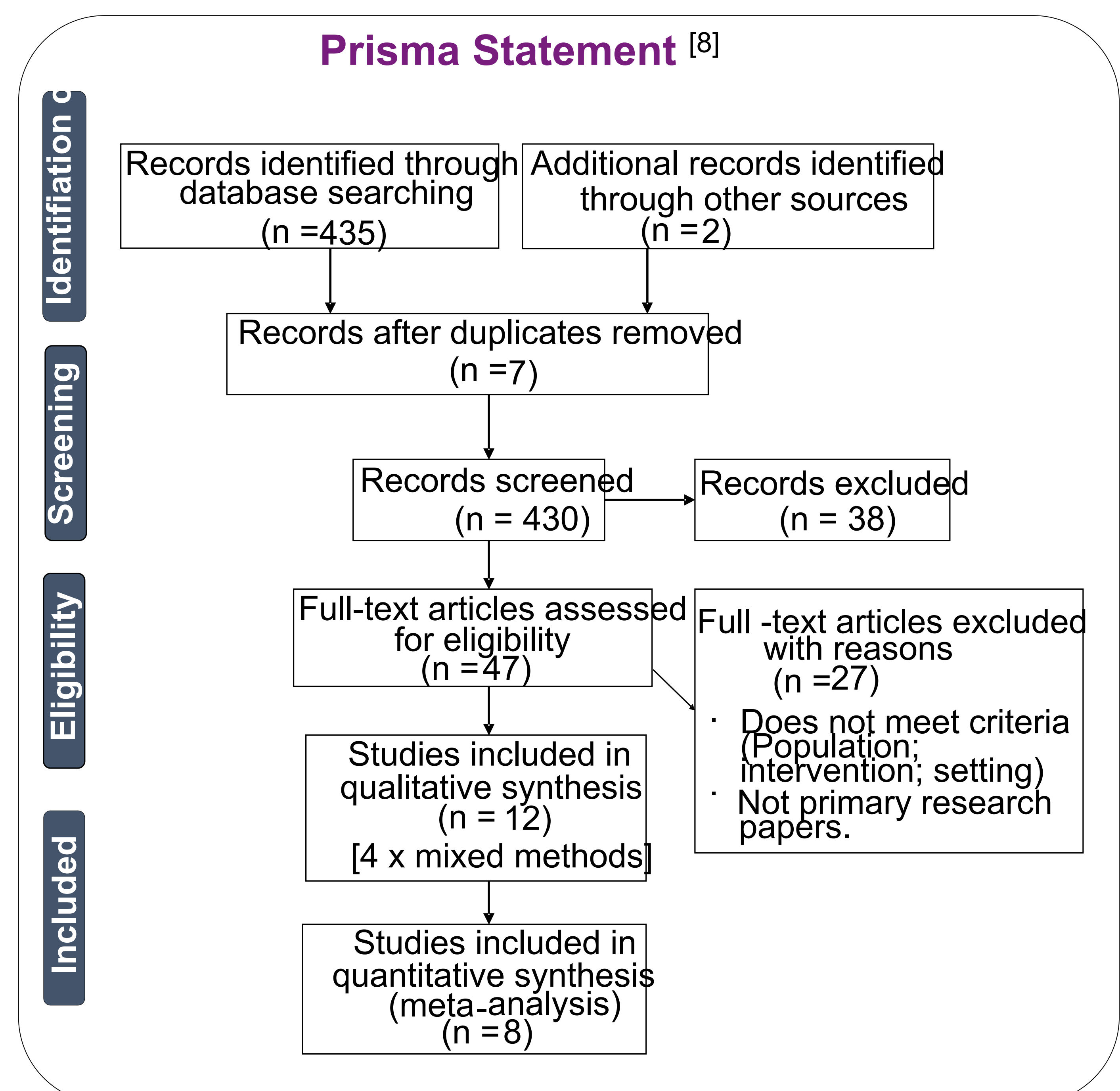
- Collaborative services and communication in IHSC impact upon the service users experience; early, effective, communication is important to service users.
- Service user and informal carer voice appears lost in collaborative IHSC.

Gaps in knowledge

- Need for further studies that consider health & wellbeing needs as defined by people who access IHSC.
- Informal carer and service user data underrepresented.
- Qualitative data that acknowledges and explores relationships between service users, IHSC staff & informal carers.

Findings

- Quality appraisal: Critical Appraisal Skills Programme framework - overall quality of papers was poor. ^[5,6]
- SIGN grading recommendations: all included papers were between 'B' and 'D' (inclusive). ^[7]



Conclusions

- Evidence of wellbeing needs and experiences of IHSC is inconsistent, further exploration is warranted.
- Quality of evidence was generally of low grading.
- No papers consider the significance of relationships in IHSC, encompassing service users, informal carers and IHSC staff data.

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