ABSTRACT

Life expectancy for most of the countries in the world is rising. Therefore, an actions need to prepare in order to improve the services given to the elderly people in maintaining their quality of life. In the most developed countries such as United Kingdom, there is a move forward to integrate the social and healthcare. Unfortunately, problem still arise between these two sectors. Therefore, a model of integration in term of processes and management involved in health and social care is develop to handle the elderly patients. This model hopefully can improve the quality of services given to the elderly people.

Keywords: elderly people, integration model, social care, healthcare, system dynamics model
1.1 INTRODUCTION

World population is increasing rapidly. Data source from U.S Census Bureau reported that, in mid year of 2008, total world population are 6.68 billion with the mean of male and female are almost the same. Developing science and technology has contribute in improving quality of life, thus the life expectancy for the human has increased dramatically until now it is being within 70-80 years in most of the country in the world. Furthermore, total elderly people in the whole world almost 506.9 million, which contribute about 6% to the total of the world population (International Data Base, 2008).

These changes are the result of a combination of factors including nutrition, public health, and medicine. Hence, there is a need in improving the delivery system in term of giving the services especially to the elderly people with mental illness and how to maintain a good health practice in life. Focusing on the maintenance of health practice especially to the elderly people, two main entities are directly involved with these services, which are health care and social care.

Healthcare mainly is for everybody who needs treatment and medications for their illness, injuries and sickness which under the National Health Services Act 1946 (NHS, 2008; Glendinning et al. 2005). Whilst, social care services look after health and welfare services, the services include children or families who are under stress, people with disabilities, people with emotional or psychological difficulties, people with financial or housing problems and older people who need help with daily living activities (NHS, 2008) provided by the local authorities under the National Assistance Act 1948 (Glendinning et al. 2005).
Generally, as the function of health and social care, it can be concluded as a body which provide services that relates to ‘care services’ but the two bodies are separated in term of governing, policies, act, and so on.

The UK government are concerned with the separation of social and health care (Glendinning et al. 2005). Because of the separation, it cause a major problem such as service fragmentation, higher cost of treatment and problem in continuing care after discharge from the hospital (Mur-Veeman et al. 2008). Reflecting to this problem, the UK government has put a priority in integrating these two entities (van Raak et al. 2003).

The program for integrating social and health care have been started since the two entities have some sort of similarities in term of delivering the ‘care services’ which are improving their customers’ quality of life. In fact, the integration of these two entities has been put in the 2000 NHS plan for England for integrated care provided to a wide range of clients groups especially for older people (Mur-Veeman et al. 2008). Van Raak et al. (2005) describe that these sectors have to integrate because of the increasing independent service users suffering from multiple health problem. Due to problem in delivering the by single provider, the authors also suggested that social and health care should moved towards partnership or relationship with other parties to make the delivery system more efficient.

The plan to integrate these two sectors have brought a huge discussion among academician, researchers, professional as well as the policy makers to eliminate the problems arise or at least minimize the problems as a result of this integration plans. To date, several efforts have been done in order to make the integration become smooth
without any problem arises. Currently, the government still look at the policy implementation and trying to improving their policies (Mur-Veeman 2008).

1.2 PROBLEM STATEMENT

There are several studies that have been focusing on issues of integration between health care and social care highlighting some of the problems that may arise between the health and social care. For example, a study done by Mur-Veeman et al. (2008) describes such divide as a “Berlin Wall” since the two entities are different among governing bodies, organizations, providers, funding as well as professional. As the result of such problems, the work is not efficient, cost becomes higher, conflicts between the social and healthcare professionals relating to their exact responsibilities, unsatisfied customer, as well as poor quality in delivering the services. Miscommunications also arise between the doctor and the nurses at certain stage in delivering the medical information (Moret et al. 2008).

Rummery and Coleman (2003) highlight the issue of trust between professionals as a barrier to the effort of integrating the social and health care. research by Bryan et al. (2006) addressed the problem of delayed transfer of older people from hospital are come from the policy implementation, which have to dealt with many stages before transferring the older people.

It is evident that the problem is recognised when taking a whole system approach, the problem is not solely related to patients or professionals or individual parts of the system. Another major cause is the nature of policies created to be implemented do not reflect the fragmented nature of the system.
The critical questions that can be raised here are about processes and flow provided to the same patient but in different systems, conditions, professional, funding, policies, acts as well as the regulation involved. Can modelling help us to see the holistic view of the processes and flow involved in real world situation? If so, what kind of the modelling techniques that can be used to model such system, processes and flow?

Since health and social care have some of the similarities in providing care services, can social care and healthcare being integrate and how to integrate them using any established modelling techniques? How the social and health care integration can be modelled by comprising all stakeholders who involved directly and indirectly? And lastly, how the modelling techniques that being used can help upper management to improve their services if we change their policies and nature of their services?

1.3 AIM

This research is aim to answer the questions about modelling techniques such as system dynamics (SD) and other modelling techniques that can be use to represent system in the real world situations. By using the modelling techniques, this research also try to investigate whether a different system and processed can be integrate or not.

Using modelling techniques to model processes and flow involved in health and social care, an outstanding and comprehensive general model of integration between social and healthcare will be developed. The model will comprising all stakeholders and other element such as management, cost, policies, training to the professional and other attributes that will be determine later. By adopting this model, it is hope that it can alleviates the problems as mentioned above or at least to reduce it to the minimized level.
1.4 SCOPE OF THE STUDY

This research is focus to the services provided by two sectors involve in ‘care management’. Health care which providing medication, treatment and also the providing the information regarding health improvement, whilst social care which provide their customers the care services for long term period such as acute patients, mental illness and elderly people.

The study is focused on the health and social care system for elderly. It will also include the stakeholders who involve directly within these two service agency such as government, general practitioner (GPs), nurses, administrative in social care agencies, insurance agencies, higher education that provide certain courses and training to the professional, cost and others attribute that will be describe later. Elements that will give the impact indirectly such as rules and regulations, policies, and customer charter will also be studied and included to the model of integration.

Basically, other integration model in others field such as in computer science and engineering fields will also be identified to see which model can be adopted to this integration between social and healthcare.

This scope of study will be narrowed into the management aspect which will explain on how they give the services to the patients and the processes involved in handling the elderly patients, regardless of clinical and technical aspect such as the medication and special requirements in handling the elderly peoples and others.
1.5 **BENEFIT AND SIGNIFICANT OF THE STUDY**

This doctoral research is deemed to have the following benefit and significant:

a. Health care and social care can share their resources as this will give a huge impact to the government in term of reduction of cost and management and thus the social community could improve the quality of life of the elderly.

b. Health care can improve their services delivery with this integration as the social care will take some responsibility in order to handle some of the patients especially the elderly.

c. The government will see how certain policies will impact the integration of social and healthcare.

d. To the academician and researchers, this integration model can be used as the guidelines in integrating two different entities but have some sort of similarities in term of their functionality.

1.6 **METHODOLOGY**

Based on van Raak et al. (2005) in their paper “Why do health and social care providers co-operate”, since UK’s government holds a strong power in developing the policies, four steps were combine from six established theoretical theory in order to integrate the social and health care. The suggested steps are:

- **Step 1:** Stakeholder theory which identify important stakeholders involved in health and social care
- **Step 2:** Institutional theory which map all stakeholders’ norm, procedures as well as the regulation
Step 3: Allow the policies correspond with these institutions (using system dynamics methodology)

Step 4: Resource dependant theory which takes the advantage of government’s own institutions (for example: reward or punish the institutional that support or refuse the government policies).

This methodology will be combines with system dynamic methodology (SDM), since SDM can include the process with the policies and regulation and have the feedback as the result from the policies that have been implemented. The step involve in system dynamic are identifies the problem, develops a dynamic hypothesis explaining the cause of the problem, builds a computer simulation model of the system, tests the model, devises and tests in the model alternative policies that alleviate the problem, and lastly implements this solution (System Dynamic Society, 2008).
REFERENCES


