Inspectie Gezondheidszorg en Jeugd
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Good care in care networks

Position Paper on Integrated Care – Health and Youth Care Inspectorate

In the past few years, the Health and Youth Care Inspectorate (IGJ) has laid the foundation for supervising care networks for clients living in home environments with multiple care needs. It is expected that well-functioning care networks for clients living in home environments will increase in importance in the coming years.
In this position paper 'Good care in care networks', the Inspectorate examines what this means. For care providers, clients and their relatives, local authorities and for supervising the quality and safety of care by the Inspectorate. The Inspectorate also indicates what it intends to achieve in 2018/2019 with its supervision of care networks.

1. Background

The care landscape and care needs are changing
Healthcare and society are changing. In the past, care was often provided within an institution. Nowadays, people receive care more often and longer in home environments. The responsibility for certain treatment or care that is normally provided by the medical specialist and the hospital has shifted to the general practitioner (GP) and the district nurse. Technological developments facilitate this shift.
The role of informal care is becoming more important, as is the role of local authorities. The municipalities offer social care and support if necessary. That way, people can continue to function independently and participate in society as long as possible.

Care needs are also changing. We are getting older and increasingly living with multiple chronic conditions. Diagnoses and treatments are becoming more specific. There is a tendency towards personalisation of healthcare with treatment paths tailored to the client. People increasingly have a role in monitoring their health but there are also people who have difficulty with this. Clients are more and more receiving tailor-made care at home, in their own environment. As a result, they have as much control as possible. All these developments require care that goes beyond the boundaries of individual care providers, disciplines and sectors: integrated care.

2. Risks with integrated care

Clients with multiple care needs
Integrated care is particularly important for clients living in home environments with multiple care needs. These are, for example, vulnerable elderly people or people with severe mental health problems. But also sick children who receive specialist care at home. For these target groups, it is very important that the care providers:

- know each other;
- know what the other is doing;
- inform each other or consult with one another, where necessary;
- coordinate with informal care.

If care providers in the care network for a client do not collaborate well, it may lead to unsafe situations for the client or overburdening informal caregivers.

Clients living in home environments with multiple care needs

- **Vulnerable elderly people**
  The group of vulnerable elderly people is growing. While there were an estimated 700,000 vulnerable elderly people in the Netherlands in 2010, there are expected to be 1 million by 2030. For this group, there is a shift from care in institutions to care at home. (RIVM, Public Health Status and Forecasts Report, 2018 [in Dutch])

- **People with severe mental health problems**
  The Netherlands has approximately 160,000 adults with severe mental health problems. The majority of them live on their own, with outpatient care. A small group lives in an institution or protected housing. The number of places for admission and stay has been declining since 2012. (Trimbos Institute)

- **Seriously ill children who receive specialist care at home**
  No exact figures for this group are known. It is estimated that there are a couple of thousand children per year. For example, children with cancer, gastrointestinal diseases, muscle diseases or metabolic diseases. Due to developments in medical technology and e-health, the possibilities for care at home are constantly increasing.

Client experiences with integrated care
The main bottlenecks experienced by clients living in home environments with multiple care needs are:
- It is not easy to find and organise appropriate healthcare and social care.
- It is difficult to keep an overview of all healthcare and social care.
- They receive conflicting or incomplete messages or advice.
- It is not clear who has the lead in the care network.
- There is insufficient coordination and transfer in the care network.
- There is no contact point for questions or complaints.

These client experiences are recognisable for the Inspectorate. Research by the Inspectorate on care networks has indicated the following main risks:
- insufficient collaboration;
- non-coordinated care;
- insufficient transfer of care.

New questions and dilemmas
The development of care in care networks raises new questions for care providers and municipalities. This development also creates dilemmas for regulatory bodies, both at the national and the municipal level. It raises questions such as:
- What can be expected of care providers with regard to the collaboration in care networks?
- Who is responsible for what in a care network?
- When is coordination needed? And what is the role of the client and the role of the informal caregiver in the care network?
- Who is coordinating the care network? And who is accountable if there are barriers in the collaboration among care providers?
- What can be expected from the social care providers in a care network?
- What if the network does not function properly? Do the care providers call each other to account?
- Can the Inspectorate enforce on a care network? And if not, how can the Inspectorate ensure that care networks improve?
- What is the role of the local supervisor from the municipality in enforcing a care network?

3. Forms of integrated care

Care networks can be divided into two main groups: organised networks of care providers and personal care networks of clients.

Organised networks of care providers
There are various forms of networks of care providers. ‘Chain care’ is available for people with chronic conditions such as diabetes or COPD. This is care in which the different links in the ‘healthcare chain’ are coordinated and follow each other sequentially. There are also networks in which care providers have organised care for clients with a specific disorder such as cancer or Parkinson’s disease. Other networks are geographically organised among care providers who work in the same region.
The common denominator in all these networks is that they are organised networks of care providers. The care providers that are part of such a network offer care services tailored to a target group or region. They have made agreements with each other about their duties and responsibilities.

Personal care networks for clients
A personal care network comprises all professional and informal caregivers who are involved in the care of a client. The size and composition of a care network differ per client.
In addition to healthcare, clients with multiple care needs often have social care and support from municipalities, such as daycare, household help, aids or a transport facility.

For a vulnerable elderly person, the care network could for example consist of:

- the elderly person
- an informal caregiver
- the general practitioner
- the medical specialist
- the physical therapist
- the district nurse
- the household help
- the daycare service
- the pharmacist

Personal care networks can be very extensive and can cover a wide geographic territory. Personal care networks are dynamic because the involvement of care providers changes over time. Often, there are no existing agreements on type of care offered and specific duties and responsibilities of the care providers. The division of duties and responsibilities in the care network must be established in consultation.

Personal care networks as starting point for supervision of integrated care

Organised networks of carers are designed to provide care for clients as efficiently as possible. Whether that succeeds is ultimately evident in the personal care networks around clients. For the Inspectorate, the client's experience of the quality and safety of care comes first. Therefore, for the Inspectorate, personal care networks around clients are the starting point for the supervision of integrated care. By looking at the functioning of personal care networks, the added value of the collaboration in a network becomes evident, but also the bottlenecks and risks if there are barriers in collaboration.

Of course, the Inspectorate cannot supervise all personal care networks for clients in the Netherlands. Good collaboration in personal care networks also requires collaboration at the organisational level by the care providers involved. That is why 'collaboration in personal care networks' is also a theme for the Inspectorate when talking to care providers at an organisational level.

4. Role of the Inspectorate in integrated care

Cross-sector supervision: to identify, put on the agenda and promote

The Inspectorate supervises care providers from various sectors, such as general practitioner care, hospital care and home care. That is why the Inspectorate is also well-placed to look cross-sectorally at the collaboration between the care providers involved in care networks.

The role of the Inspectorate in integrated care is to 'identify, set the agenda and promote'. This role fits in the changing care landscape in which care networks are still being developed.

The Inspectorate currently has no legal basis to enforce on a care network as a whole. In the coming years, the Inspectorate will investigate whether this authority is needed in future. In the meantime, the Inspectorate addresses care providers and professionals individually if they do not collaborate sufficiently.

'The role of the Inspectorate in integrated care is to identify, set the agenda and promote'

The Inspectorate imposes enforcement measures if necessary. The purpose of the supervision of integrated care by the Inspectorate is:

- to identify bottlenecks and risks in care networks and put them on the agenda;
- to promote good collaboration in care networks by addressing care providers or professionals individually, if necessary.

The Inspectorate does this through its research on calamities and in supervision of care networks for specific client groups.

Collaboration with supervisors from local authorities

When clients who receive both health and social care are involved, the Inspectorate and the local supervisors cross paths. The Inspectorate is responsible for supervising healthcare, the local supervisor is responsible for supervising social care. Therefore, the Inspectorate collaborates with the local supervisors.

Sometimes, clients' issues are even broader. In that case, not only care and support but also education or social issues play an important role in the network around the client. The Inspectorate then collaborates with other government inspectorates in the Joint Inspectorate Social Domain[1].

5. Supervision of integrated care in 2018/2019

Changing supervision

In 2018/2019, the Inspectorate will supervise personal care networks of clients with multiple care needs living in home environments. This supervision is usually locally or regionally oriented.

In 2018, this supervision will focus on care networks concerning three client groups:

- vulnerable elderly people;
- seriously ill children;
- people with severe mental health problems.

The purpose of this supervision is to identify risks, put these risks on the agenda and identify good examples in the care networks concerning these client groups. The Inspectorate intends to promote the collaboration in these care networks by bringing the care providers together at the local or regional level and discussing the findings from the Inspectorates supervision. This concerns care providers who are involved in these care networks, the local authorities and the local supervisor.

[1] The four inspectorates that collaborate within the Supervision Social Domain are: the Inspectorate of Security and Justice; the Health and Youth Care Inspectorate in formation, the Education Inspectorate and the Inspectorate SZW (Social Affairs and Employment).

Inspection framework for care networks
The Inspectorate has developed an assessment framework to test the functioning of personal care networks of clients with multiple care needs living in home environments.
When supervising care networks, the Inspectorate focuses on four main themes:

- Client-centred care → Is care person-centred?
- Informal care → Do professionals collaborate with carers?
- Integrated care → Do professionals collaborate to provide coordinated care?
- Safety → Is care safe?

In supervising personal care networks, the Inspectorate talks to the client and the most important care providers in the care network of the client. The Inspectorate looks at the functioning of the care network from the perspective of the client and also involves informal care. The Inspectorate does not supervise informal care. However, informal caregivers are important discussion partners for the Inspectorate when assessing the functioning of personal care networks.

Results of Inspectorate supervision
The Inspectorate reports the results of the assessment of personal care networks back to the care providers involved. They may be individual professionals but also directors of healthcare organisations as they provide the conditions for the collaboration of care providers in personal care networks. The Inspectorate also seeks contact with local authorities. They play an important role in improving the collaboration between 'healthcare' and 'social care and support'.

The Inspectorate considers it important that other care providers and local authorities can also learn from the supervision of integrated care by the Inspectorate. That is why the Inspectorate publishes the results on its website. Industry and professional organisations can use this information to improve the conditions for collaboration in care networks. For example, by making cross-sector agreements on collaboration. The Inspectorate also has a monitoring and advisory role toward national umbrella organisations and policy-makers such as the Ministry of Health, Welfare and Sport, the Dutch Healthcare Authority and the Association of Netherlands Municipalities. These parties can disseminate good examples, create connections with current programmes and solve bottlenecks in regulations and legislation or financing.
The Inspectorate acquires knowledge in its supervision of care networks. For example, about the risks in care networks, but also about good examples. The Inspectorate involves this knowledge in its normal supervision of care providers. The Inspectorate places more emphasis on collaboration in care networks and on transfer of care between care providers.

What does the Inspectorate aim to achieve
Good care in care networks for clients with multiple care needs living in home environments requires the commitment of care providers, professionals and municipalities. With its supervision, the Inspectorate would like to contribute toward enabling clients with multiple care needs to count on receiving good care from a care network. In addition, the Inspectorate would like to achieve a wide base for the method of supervision of care networks. And that the Inspectorate and the local supervisor know where to find each other when it comes to integrated care.
Therefore, in 2018/2019, the Inspectorate will enter into a dialogue with relevant stakeholders about integrated care and its supervision. In doing so, the Inspectorate aims to achieve support for its vision. On the other hand, the Inspectorate would also like to encourage parties in the field to develop initiatives to enable good care in care networks. Only with the joint efforts of many parties can good care in care networks become a reality.

'Only with the joint efforts of many parties can good care in care networks become a reality'

6. Dot on the horizon

Changing care
As a result of developments in the care landscape, the scope of good care is changing. Good care not only means that the quality of care meets the standards. It also means that there is good collaboration in a care network. And it means that the care is tailored to the needs of the client and his/her relatives. The challenge for the coming years is to ensure that good collaboration in care networks is just as much a natural part of good care as quality of care.

Mid-term evaluation after two years

In this policy document, IGJ gives its vision on care networks and the role the Inspectorate sees for itself in supervising care networks. In the meantime, changes in the care landscape are continuing.
That is why the Inspectorate considers it important to draw up a mid-term evaluation with the relevant stakeholders at the end of 2019. To evaluate what has and has not been reached. Did the activities of the Inspectorate contribute to good care in care networks for clients with multiple care needs living in home environments? What should change? What can be improved?