

## DOING INTEGRATION IN HEALTH AND SOCIAL CARE

**The idea of ‘integration’ comes up frequently in health and social care contexts, but how do you actually go about making it happen?**

Integration is a key aspiration in most modern health or social care systems as they seek to do more with less while improving client services. Among many others, the School of Public Policy (SPP) has [hosted conferences](#) and [commissioned papers](#) on achieving it.

But [varied definitions](#) of integration make it difficult to know just what those inside the health and social systems are pursuing. This is particularly true in Primary Care – the community-based, public-facing part of Canada’s health system.

For those [trying to integrate](#) Primary Care teams into the otherwise siloed activities of hospitals, specialists and public health units, there has only been high-level guidance that they should focus on “culture”, “relationships”, or “communication.” When the rubber hits the road after a new integrated organization chart has been created, there has been very little advice on how to (1) **make a pro-integration culture real**, (2) **foster the relationships** that make it real, or (3) **communicate** so that integration happens.

As a result those creating the new organization charts have tended to rely on, and even wait for, external shake-ups of their operating environment or staff compliment to make the integration of organizations and missions possible.

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**Can integration roadblocks be overcome without waiting for an outside shock, or a difficult person to move on? Yes.**

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[Recent research](#) out of the SPP provides concrete options to those seeking greater integration between Primary Care and the rest of the health system. More concrete options than hoping for a pandemic, an election, or retirements an promotions to shake things up.

That research shows that even under adverse conditions – conditions where the ‘wrong’ people and environment are in place – it is possible and maybe even necessary to keep working at integration.

The figure lists practical ways that Primary Care organization members and their counterparts in other health system institutions can ‘do’ integration. It provides high-level advice for making **pro-integration culture, relationships, and communication** real, with the underlying research paper giving detailed examples of doing integration under both favourable and unfavourable conditions.

How to...	(1) Make Culture Real	(2) Create Relationships	(3) Communicate Well
“Do” integration by persevering at...	Signalling with staff and resource choices	Being legitimately open to options	Having Bi-Directional Conversations
	Talking and walking collaboration (rather than command and control)	Following through on commitments	Using a mix of formal and informal channels

Policy makers aspiring to greater system integration, as well as those inside the various siloes of the system will want to consider these findings for how best to set the possibilities to make pro-integration culture, inter-organizational relationships, and communications real.