

Abstract

Background Despite the policy agenda for health and social care collaboration currently focused on integrated care systems, there is limited evidence that examines whether embedding social workers in integrated primary health and social care teams working with older adults is effective.

Aim The study aimed to establish whether embedding social workers in integrated primary care teams (IPCTs) for older adults in Nottinghamshire was cost-effective.

Method A mixed methods approach collected quantitative and qualitative data that was triangulated using a TRI-Q model. Cost and care quality data were collected from patients in receipt of social worker involvement in three different IPCTs. Patients with similarly complex needs, who were receiving involvement from social work only district teams in the same localities acted as a comparator group. Interviews were conducted with patients and carers and with social workers and GPs working in the IPCTs. Seven focus groups were conducted with IPCT members representing social work and health disciplines.

Results The cost data were analysed using ANCOVA to identify any significant differences in costs across the teams. The result showed costs in two of the IPCTs were significantly lower than controls. Care quality indicators were also greater in these IPCTs. Thematic analysis highlighted the important of knowledge exchange that arose from social work embeddedness as indicative of the optimal conditions for effective integrated working and care delivery to be achieved.

Conclusion The findings suggested that embedding social workers in IPCTs offers both higher quality and more cost-effective care for older people if the optimum conditions for integration are met.