Integration of health and social care

East Renfrewshire Community Health and Care Partnership

Introduction

East Renfrewshire Community Health and Care Partnership (CHCP) welcome the Scottish Parliamentary inquiry into the integration of health and social care. The submission that follows sets out some observations on the two key questions. The observations are from a local perspective but hopefully have wider relevance to the inquiry.

Specific Issues

Q1. What have been the challenges in better integrating health and social services in the past and are there exemplars of good practice?

The extent of the challenge is one that is transformational. Our population is ageing and long-term conditions are increasingly prevalent. People’s expectations are changing. And we need to make more effective use of our resources to meet needs. This requires a new model of care that shifts from reactive to proactive and preventative – a model of care where professionals work more closely together to co-ordinate care and support in line with people’s desired outcomes. Integrating health and social care is one aspect in meeting this challenge.

The first point to be made is that while there are challenges in integration, there are several key benefits. These are worth restating at the outset:

- Better outcomes for people, e.g., independent living at home, choice and control.
- Improved access to, experience of, and satisfaction with, health and social care services.
- More efficient use of existing resources by avoiding duplication and ensuring people receive the right care, in the right place, at the right time.
- Support can be routed through the primary care team – an accessible and universal service

The challenges to integrating health and social services can be grouped under a number of headings.

Structures and Governance

There can be challenges around structures and governance, the size and composition of committees and the role of partnerships. Some governance arrangements can also lead to duplication.

Resources

There are mutual and interdependent relationship between health and social care resources. Perverse incentives within the system can affect resources, e.g. shifting the balance of care, delayed discharge targets, waiting times and admissions. With financial constraints in particular, tensions can arise in relation to resource allocation
and organisational boundaries. These tensions are recognised in the Scottish Spending Review 2011 and Draft Budget 2012-13 and in the Cabinet Secretary’s 12th December announcement. Financial pressures and efficiency targets have potential and real impacts in terms of cost-shunting. Integration offers a real opportunity to look at total resource in the round and to focus resources on shared outcomes.

Cultures and Behaviours
Various evaluations of integration have flagged perceived threats to domains of influence, organisational culture and professional autonomy. This relates to professional beliefs, common practices and organisational rituals. These can be powerful and the notion of ‘take over’ or ‘assimilation’ of one profession by another is a challenge which needs to be addressed.

Information Sharing
Information sharing issues and the integration of information technology infrastructure and tools to support integrated practice can challenge integration. Joined-up records that are shareable are a crucial support to collaborative working.

Promising Practice
Experiences vary and start from differing baselines in terms of practice and relationships. Local experience of integration in East Renfrewshire over the last six years can provide some pointers as to how these challenges can be overcome.

East Renfrewshire Council and NHS Greater Glasgow and Clyde took the decision to create a fully integrated Community Health and Care Partnership in 2005. The CHCP has a single Director accountable to both the Chief Executive of the Council and to the Chief Executive of NHS Greater Glasgow and Clyde. The Director is on the Council’s Corporate Management Team and the Senior Management Team of the NHS Board.

The CHCP operates within a concurrent partnership arrangement with Committee meeting as a sub-committee or the NHS Board and the Council at the same time and place and to the same agenda.

There is a Management Team responsible for integrated services for children and families, community care services and criminal justice. Senior Managers can be employed by either the Council or the NHS.

The whole of the local authority social work service is managed within the CHCP as well as the majority of community health services. The CHCP is also responsible for the prescribing budgets for local GPs and for the contracts with local GPs, dentists and pharmacists.

There are advantages in this arrangement which significantly outweigh the challenges:

- Care pathways are developed from a customer/patient perspective not along organisational boundaries. For example, there is one senior manager
responsible for older people services – from home care to district nursing to older people’s mental health services.

- Close relationships with local voluntary organisations and community groups – essential for developing community capacity and networks of support.
- Close relationships with other Council Departments – essential for truly collaborative working to promote health and wellbeing in its widest sense.
- No dislocation between children and families services and adult community care – particularly important when working with vulnerable families.
- Developing strong relationships with primary care enabling us to cluster services around this ‘universal’ provision – the family doctor.
- Significant savings in management / accommodation and back - office costs.

Q2. What would the detail of the Scottish Government’s proposals need to address to overcome the barriers to integration?

Vision
The CHCP welcomes the Cabinet Secretary’s statement that the proposed integration is situated within the wider context of public sector reform and that integration ‘is about improving people's experience of the whole system of health and social care, and public services more widely’. The target areas highlighted in the December statement are well recognized organizationally but these need developed as outcomes that are important to people. Linking this with personal outcomes and self-directed support provides an opportunity to do this in a meaningful way. Any Scottish Government proposals would need to articulate a distinctive vision of integration based on mutuality, partnership and collaboration aimed at improving outcomes for people with care and support needs.

Structures and Governance
From the above description of local promising practice we would emphasise the role of an integrated management team engaged in delivering better outcomes and the population focused accountability offered through co-terminosity with Local Authority boundaries. Locally there is shared accountability for performance through the CHCP Committee, which include Elected Members, and through an integrated Organisational Performance Review process.

Proposals will need to consider how to build on traditions and histories of partnership working and how best to enhance these through governance arrangements to balance local autonomy and the delivery of national objectives. Proposals should also set out the detail of how the mechanisms for support and intervention should operate and provide clarity on the relationship between scrutiny and support bodies.

Resources
The initial focus on older people is appropriate given the challenge of demographic change; however it will be important to develop an inclusive approach to integration across all adult services and to outline approach to better integration for children’s services. Given the intention is for the services currently managed within CHPs to transfer to the new partnerships - which will include NHS children’s services, leaving children’s social work services in a different organisational structure has to be
questioned. Many adult services are already integrated or delivered jointly e.g. mental health, learning disability and addictions and it would be essential that any proposals to include these. We would wish to see some commitment and outline plan for the integration of NHS and social work children’s services. This would need to recognise the critical role of education and carefully consider relationships.

The December announcement makes it explicit that the NHS Board and Local Authority will devolve an integrated budget to the partnership. The expectation is that this will be comprised of primary care and community health, adult social care and some acute spend. There are different models related to the operation of acute services, rehabilitation, intermediate and continuing care across NHS Boards. Any proposals would need to include further work to define which elements of acute resources would be included, how these would align to provide incentives to shifting the balance of care, and how changes to the pattern of hospital services is reflected in budgets over time. Currently parent organisations set different savings and efficiency targets which can be challenging in smaller areas where there are no economies of scale. We will need clarity on how workable budgets are set and how uplifts, investment, and efficiency savings are agreed.

Cultures and Behaviours
There is a need to take seriously what evaluations have shown about cultural barriers and to develop a culture of collaboration. Integration should be about making the best of the skills and expertise we have across the system. Care should be taken to ensure that professional leadership roles, ie that of the CSWO, Clinical Director and others, should be focussed on improving practice and providing a source of professional advice to the partnership Director and management team.

Communication, reinforcement and reassurance is important and should form part of a comprehensive change programme to support integration proposals. This will need to strike an appropriate balance between continuity and opportunity for change and be premised upon workforce engagement. The collaborative culture mentioned above should be promoted emphasising team working and outcome-focused co-ordinated care and support.

A single workforce with consistent terms and conditions may be desirable but is not a critical requirement for partnerships to deliver gains. However, there are a number of core human resources issues where consistency is key, these include the partnership working model and approaches to protection and redundancy. Proposals should consider these.

Information Sharing
Frontline professionals are pivotal and need to be able to share information. Proposals should link to initiatives focused on the development of information technology in relation to sharable records, linkages between information systems and infrastructural support to a model of care where professionals are able to target ‘at risk’ populations within our communities in a proactive and anticipatory way.

Unified Outcomes
While appropriately not likely to be the subject of legislation, we would strongly support the adoption of a unified set of outcomes which would bring together the
different performance systems into one shared framework. Shared outcomes should be framed in person-centred rather than organisational terms. The development of this outcome framework should be inclusive of all partners to ensure ownership. Proposals should include the development of this unified outcome framework and arrangements for revising this over time.

Programme of Organisational Development and Change Management

Proposals will need to mirror the organisational commitment to change with support for change at a frontline level. This should focus on:

- Building leadership, engagement and common vision at all levels.
- Communication throughout transition and appropriate to all levels.
- Investment in organisational development and change management
- Encouraging learning and sharing networks.

East Renfrewshire CHCP has been operating since April 2005 and is still only at the beginning of the road to true integration. Changing culture and systems take time, and will not be a quick fix for the challenges ahead. It is however, the right approach and instinctively makes sense for the people who need our support.

East Renfrewshire Community Health and Care Partnership