Integration of Health and Social Care

NHS Highland

Question 1 - What have been the challenges in better integrating health and social services in the past and are there exemplars of good practice?

The main challenges encountered by NHS Highland can be summarised as –

1. Decision-making
2. Accountability
3. Thresholds
4. Interdependencies of service providers

Decision making – Since the inception of Joint Future, front-line teams and managers have striven to work in a more joined up way, committed to the concept and recognising the perceived benefits to patients, clients and carers. However the reality has been a consistent duplication of effort as the decision making processes lie in two parallel organisations and result in a protracted process across the organisations. Decisions may be made at front line practitioner level but where there are budgetary or resource implications this has required management decisions which have slowed the whole process. Even where a process has been simplified as with the GIRFEC model in Children’s services of one process, one plan etc the ultimate decisions are across two organisations and so the end result is less than satisfactory.

As budgets have become squeezed across the Public Sector organisations look to their own services in terms of priority and fail to recognise the impact that efficiencies in one organisation may have on another organisation which delivers services in a joined up way. This can have a detrimental impact on the client or patient.

Accountability – Working in parallel or in a joined-up way obviously is an improvement on singular approaches especially where services to particular client groups are required across organisations. However whilst management and ultimate accountability lies in the management chain of separate organisations, there is an opportunity for management to abdicate responsibility in the full knowledge that the accountability sits with the other organisation. Separate organisations can therefore content themselves that they have followed the due process laid down by their organisation and made their decision based on their criteria. The fact that this may be at odds with the other organisations is not for further consideration.

Thresholds – this relates and is inextricably linked to the issue of accountability and is a major issue where organisations work only jointly and not in an integrated way. Each organisation has the ability to consciously or indeed unconsciously flex the thresholds for care, treatment or intervention and can do this in a joint world without due concern for the impact this may
have on the other organisations. The reasons for varying thresholds may be wide and varied – linked to budgets, staffing levels, capacity etc but the variations can occur without due consideration as to the impact on budgets, staffing levels capacity etc in the other organisation. An example of this may be in caring for those at the end of their life where discussions centre on care at home and significant planning with carers also.

**Interdependencies of service providers** - A further issue has been the interdependence of service providers’ respective and shared objectives as highlighted in the Scottish Government report on *Integration across health and social care services in Scotland – progress, evidence, options 2010*.

Closely related to the issues of decision making and thresholds, this emphasises the need for organisations to resist making unilateral decisions as this may impact on joint objectives so affecting the ability to reach these objectives as well as potentially compromising the efficiency and effectiveness of delivery against these shared objectives.

In progressing integration in the Highland area we considered these issues as drivers for change as outlined above but also drew on a considerable amount of local information and reports.

Locally the Highland Partnership has listened to users and carers across the whole area during the consultation on the Joint Community Care Plan. Some of the themes that emerged were:

- service providers require to use clear communication so that people know who to speak to, what services were available and how to access them;
- Preventative care and earlier help can delay or avoid the need for crisis intervention later on (e.g. suitable home adaptations fitted quickly and prompt access to physiotherapy)

Highland Users Group (HUG) *Priorities in Mental Health in Highland: what we want our policy makers to do for us* published in June 2010 highlighted the importance of continuity of service and the need to avoid situations whereby service users had to tell the same story to a range of different professionals.

Highland Children’s Forum, a user group representing families of children with disability, has undertaken a series of consultations with Highland Joint Committee for Children and Young People’s partners in recent years.

The views of children, young people and their parents are essentially supportive of the changes undertaken to date and the general direction of travel. Many examples of excellent practice have been captured in the consultation exercises; however feedback indicates there remains scope for improvement.

The more recently published consultation exercise, *Getting it Right for Every Child Consultation with Children and Families Report (April 2010)* (ref 2)
concluded that while there is a detectable move towards child centred practice and some excellent examples of it in practice in Highland, there are still pockets of resistance where service centred practice continues. A recent audit of children with exceptional health needs in Highland found that 40% of the children with some of the most extensive needs still do not have a lead professional. This adds weight to the view that more is required at a speedier rate of change than has been achieved to date.

A report on Integrated Children’s services in the Highlands (Stradling, B, MacNeil, M, (2007) Delivering integrated services for children in Highland: An overview of challenges, developments and outcomes. University of the Highlands and Islands) identified strategic challenges that included:

- Developing governance and management structures which are responsive to diverse needs and different local contexts, priorities and concerns and are sufficiently robust to overcome any problems that might arise where administrative arrangements for different services are not coterminous.
- Reducing overlap and duplication of support to children and families in some areas of Highland while addressing absence of provision in others.

Operational challenges were identified as –

- Developing a new professional culture of integrated working without undermining professional/practitioner identity and culture, ethos and values.
- Persuading professionals to undertake the necessary shifts in their day to day work to support the different approach required to deliver an integrated agenda
- Ensuring the same approach to assessment and intervention.

Many of these strategic and operational challenges persist despite GIRFEC Implementation.

In terms of good practice both the Joint Future agenda and Integrating Children’s service planning have improved the approach and effectiveness of the services across organisations. Good examples of joint training have been evidenced in the field of child and adult protection where the ability to train together has widened understanding of roles and responsibilities and developed a broader insight in to aims and objectives of services.

The next step in integrating Children’ services – the Getting it Right for Every Child practice model, has brought further improvements for families with processes streamlined into one meeting, one plan and a lead professional to coordinate and support.
The Change Fund for older people has encouraged joint thinking and planning focussing on sustainable services for the future that recognise and value contributions beyond the public sector as well as the need for a proactive and anticipatory approach.

Question 2 - What would the detail of the Scottish Government’s proposals need to address to overcome the barriers to integration?

The Highland Partnership of Highland Council and NHS Highland have considered a number of options and recognised the need for a radical reform of how we deliver services. At the outset we agreed we were focussed on a common aim. Through joint working together we have built up a mutual trust and have developed political maturity and vision which we believe is essential to achieving the shared vision.

Planning for Integration has been a programme of work initiated in December 2010 and reaching conclusion in April 2012 when a phase of implementation will begin. The work has focussed on developing a Lead Agency model which will enable one organisation to deliver the bulk of the services on behalf of both organisations. In Highland this translates into the NHS being the Lead Agency for adult services and the Council being the Lead agency for children’s services.

On April 1st 2012, budgets and staff relating to the agreed delegated functions will transfer and a plan of redesign will be initiated. This highlights that neither organisation is bolting on services but recognising that an integrated service requires change across the organisations and must involve the widest range of stakeholders across providers and users and carers.

Having considered other options the Highland Partnership remain convinced that in order to address the issues raised above, to sustain care and support that will be required in the future and to improve efficiencies, the Lead Agency model is the most appropriate for the people of Highland. It is the single operational management and joint accountability that will, we believe, make the difference. The Lead Agency will have the responsibility for delivery of the service but both organisations will remain accountable. Any dilution of this such as the development of aligned budgets or shared decision making would not suffice in our view to enable the changes required.

However, there have been a number of legal and technical barriers that with the assistance of the Scottish Government and others have been addressed, for example the issue of charging for services. There is also the need to work across the cultural divide to establish the new way of working which is truly integrated and not a bolt on to previous services.

Development of a separate organisation to lead the integrated service was also considered and discounted as there are still a number of interfaces across the organisations, for example, with Specialist Child and Adult Health Care, and the Lead Agency will support these interfaces in a more effective way. A third organisation in our view would widen the gaps in service delivery.
around decision making and accountability and further complicate the existing arrangements.

A joint Partnership Agreement which includes the agreed outcomes, the performance management framework and governance and leadership structures has been developed to ensure the vision of the Partnership is achieved, evidenced and delivered within expected Governance standards.

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