Integration of Health and Social Care

NHS Lothian

NHS Lothian welcomes the opportunity to provide a short written submission to the above inquiry in advance of evidence being provided to the committee by our Medical Director, Dr David Farquharson.

Along with our 4 local authority partners, NHS Lothian is one of the test site areas in Scotland for the Integrated Resource Framework (IRF).

The inquiry has set out two key questions and we would offer the following comments in response to each one.

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

One of the key challenges has been the availability of activity and spend data for health and social care, which is now being addressed in Lothian through the IRF. This level of detailed information is required to support the development of collective funding and to demonstrate financial flows to reinforce the implementation of integrated models of care and to avoid cost-shunting between sectors. The development of the Joint Commissioning Strategies for Older People in Lothian will be a key enabler in achieving this, with Lothian being well placed in having a joint strategy for older people in each partnership area, with a shared vision and outcomes.

The issue of cultural differences between professionals and organisations as well as different accountability and governance arrangements can present a challenge for integrating services. There is a need for strong leadership and clear decision making across organisations, and at all levels of the organisation. The other challenge in relation to this is the need for effective engagement of clinicians, both in secondary and primary care, which can be overlooked at times.

The lack of co-terminosity of organisational boundaries can also present challenges as it becomes problematic to identify services that cross boundaries. Another challenge can be services which are delivered on a regional, or hosted basis with costs and activity that can’t be disaggregated to a local level. In some instances there would be no added value of disaggregation.

There needs to be a strong commitment for information sharing between health and social care to ensure a seamless operational service – this can be supported through the development of clear protocols. This will support the development of integrated anticipatory care plans in partnership with patients.

Overall, there needs to be shared outcomes and an understanding of what will be delivered through better integrating health and social care. Too often the
focus is on efficiencies and saving money, and whilst this may occur, the aim has to be on delivering safe, effective care to a high quality.

Within Lothian there has been good work undertaken through West Lothian Community Health and Care Partnership (CHCP) to develop an integrated model of care. This model is supported through the appointment of a joint Director between NHS Lothian and West Lothian Council and a joint management team.

In taking forward the reshaping care for older people agenda, some of the key achievements in West Lothian, which are replicated across the partnerships, have included:

- Integrated universal care at home re-ablement service
- Integrated patient pathways for long-term conditions
- Out of hours crisis response & care management service

The performance measures associated with this work has included the ongoing achievement of the delayed discharge standard both locally and nationally.

Additionally the implementation of the model of care for older people in Edinburgh across health and social care has seen marked reductions in lengths of stay within hospital and better outcomes with enhanced rehabilitation.

In looking further afield, the Torbay model is another exemplar of good practice, with results there pointing to reduced use of both hospital and care home beds alongside a corresponding increase in community based services. This is an important distinction as the focus of integrated care needs to be on shifting care away from all institutional settings (not just hospitals) to community settings.

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

There will be a requirement to be clear on what the scope of the integration agenda will include e.g. will it be all adult services, only those for people aged 65+ or 75+ years or all social care services. This level of clarity will allow for partners to integrate data on the identified population group and to begin the risk stratification and more integrated pathway development process.

Whilst Lothian has made significant progress on mapping activity and spend data down to patient level, there is still currently a gap in terms of primary care data – support from Scottish Government in accessing this information would be welcomed given the important role of GPs in the integration agenda.

The integration agenda needs to reflect existing local arrangements and circumstances, therefore we would hope that Scottish Government will
continue to give flexibility to local partners to develop governance and financial models to meet their needs. Whilst there is clearly a desire to bring forward legislation, it needs to be enabling rather than constraining for partners.

The development of a core data set to measure and monitor performance would provide the opportunity to create a rounded view on the impact of integrated care. This information will be crucial in tracking the impact of spend and activity, allowing for the collective use of resources between partners in order to achieve improved outcomes.

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