Integrating health and social care in the Scottish Highlands, United Kingdom

Overview

Increasing chronic morbidities combined with an ageing population have contributed to greater health and social care needs in Scotland. Despite a broad government agenda to increase integration between health and social care, services in the Highland region remained divided between the National Health Service (NHS) Highland (health services) and the Highland Council (community and social care), resulting in fragmentation and suboptimal services delivery. In an effort to decrease fragmentation, the Highlands embarked on a mission to accelerate local integration of health and social services in 2010. There was strong support for the initiative from the outset across senior management from both organizations and extensive stakeholder engagement generated widespread buy-in across all stakeholder groups including trade unions, providers and the public. After careful consideration, a lead agency model was selected for implementation, whereby NHS Highland became the lead agency for all health and social care for adults and the Highland Council became the lead agency for children. In this way, the unique needs of these different populations could be addressed without arbitrary separation of health and social systems. In 2012, change activities advanced at a rapid pace and the new model was officially launched. Both organizations share responsibility for allocating budgets and setting joint objectives according to terms laid out in the established five-year partnership agreement which runs until 2017. While services at the public interface remain largely unchanged, organization and management of services delivery is more coordinated and streamlined. Professional relationships have improved and teamwork has increased as a result of the new shared vision and organizational culture. The relationship between NHS Highland and the Highland Council remains strong and the partnership agreement is expected to be renewed in 2017. Furthermore, in 2014, the Scottish government passed legislation requiring other districts to adopt integrated delivery models, elevating changes made voluntarily in the Highlands to a national platform.

Problem definition

Ageing population trends have contributed to an increase in chronic disease in Scotland, with the main causes of mortality being circulatory disease, cancer and chronic respiratory disease. Addressing complex chronic diseases, especially in vulnerable populations such as the elderly, requires holistic approaches to care, often beyond the scope of the health system. While national policy in Scotland has supported integration of health and social services since the early 2000s, meaningful integration in practice was limited. Persisting fragmentation between health and social care locally, such as observed in the Highlands, resulted in reports of overlapping services and weak cooperation across sectors (Box 1).

Box 1
What problems did the initiative seek to address?

- Ageing population with complex care needs.
- Suboptimal delivery of services resulting from fragmented health and social sectors.

Health services delivery transformations

Timeline of transformations

Since the early 2000s, the Scottish government has encouraged integration of health and social care systems (Table 1). However, integration at the local level has been slow to develop in practice. In response, in 2010, an initiative to restructure the organization of health and social services to address persisting fragmentation was developed in the Highlands. In 2012, after a two-year preparatory period, the new organizational model was officially launched and care in the Highlands continues to be jointly managed by NHS Highland and the Highland Council under this new model today. Furthermore, the Scottish government has recently enacted legislation mandating all districts across Scotland adopt integrated care models.

Description of transformations

Selecting services. Community health and social care services are now stratified based on age rather than type of care provided, with infants and children represented by the Highland Council and adults (aged 18 and over) by NHS Highland. To expand the package of health and social services, home-care services and telemedicine for the management of select chronic conditions have been introduced in an effort to help patients avoid hospitalization.

Table 1
What were the chronological milestones for the initiative?

2000s	Series of government policies advocate for integration of health and social care in Scotland; NHS Highland and the Highland Council work closely together at the local level, but fragmentation between health and social care systems persists.
December 2010	First formal meeting between NHS Highland and Highland Council to design a new integrated care model for the region.
June 2011	Two further meetings held between NHS Highland, the Highland Council and stakeholder groups to design a new integrated care model; lead agency model selected and approved for implementation.
June 2011–April 2012	Preparatory work for implementation of the lead agency model in Highland; adjustments to local legislative and organizational frameworks made.
April 2012	Lead agency model officially launched in Highland; new accountability arrangements and organizational structures take effect.
2014	Public Bodies (Joint Working) (Scotland) Act passed by Scottish government; Act requires all districts to implement integrated care arrangements.
Present	NHS Highland and the Highland Council continue to work in partnership under the lead agency model.

Designing care. Procedures in NHS Highland are in the process of being adjusted to incorporate social care and capitalize on community resources, placing a greater emphasis on keeping people in their own homes where possible.

Organizing providers. Health providers and social workers have been merged and professionals for each population now all work for the same organization. Professional roles and scope of practice have been clearly structured and clarified among providers, highlighting the need for everyone to adapt to enable integration. "Work in the last two years has focused on developing the teams and the knowledge and understanding across health and social care. ... The real breakthrough changes happened when we co-located some staff and I guess they were learning through proximity." Social workers have been integrated into both general practices in the community and hospital settings. Barriers between health providers and social workers have been dismantled and mutual respect across these groups is building. "The way we can evidence this is that people now call their colleagues to work jointly with them on issues." Communication is further facilitated by new rules which allow sharing of patient records between health providers and social workers now that they are part of the same organization.

Managing services. NHS Highland and the Highland Council developed a new single governance, financing and management structure by adopting a lead agency model. As part of the new arrangements, some 1500 staff transferred between NHS Highland and the Highland Council and over £90 million moved between budgets.[1] All adult social care previously delivered by the Highland Council was transferred to NHS Highland, who now oversees planning and delivery for those services (as the lead agency for adult care) according to jointly agreed outcomes and budgets under the terms of the partnership agreement. The Highland Council has the same responsibilities, but for children instead of adults. Bridging these two organizations has prevented overlap in functions and allowed each to lead services delivery for their area of expertise.

Improving performance. There were no formal trainings offered through the initiative but efforts were made to inform and educate staff on the new vision for health and social care in the Highlands. DVDs and other informational materials were sent out to staff to provide education on changes. A new culture of shared learning and understanding across disciplines has developed as a result of the vision between NHS Highland and the Highland Council. "Professionals have begun to make their own teams to talk about their experiences and learn from each other."

Table 2
How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Comprehensive package of health and social services provided free-of-charge to population.	Increased emphasis on home care and community services for chronic care needs.
Designing care	
Care model favours intensive, provider-led intervention; limited focus on building patient independence.	New procedures being designed to better incorporate social services; strong focus placed on prevention, anticipatory care and promoting patient independence.
Organizing providers	
Health providers and social workers have limited understanding of each other's roles, being described as "oil and water"; overlapping roles result in patients having "several people showing up to their door"; data protection rules prevent sharing of information across organizations.	Clarification of professional roles has reduced professional overlap; social workers integrated in general practices and hospitals; co-location of health providers and social workers encourages team-working; barriers between health providers and social workers dismantled and patient information more readily exchanged.
Managing services	
Separate governance, financing and management of health and social care delivery; NHS Highland manages health services; Highland Council manages social care and community health.	Unified management of health and social care for adults (NHS Highland) and children (Highland Council); partnership agreement in place between these two organizations to ensure delivery of services according to jointly agreed budgets and objectives.
Improving performance	
Different organizational cultures inhibit shared learning across disciplines.	United vision across NHS Highland and the Highland Council fosters a culture of teamwork and shared learning.

Engaging and empowering people, families and communities

The initiative has orientated itself around people and put them at the centre of all decisions. "The person is at the centre of what we do and everyone delivering care, whether social care or health care, is wrapped around that individual and is working towards developing care for that individual." One of the key aims is "to enable someone to return to their independence". Staff "now see that they have a very valued role in actually helping that individual to become more independent". While it was initially difficult for staff to shift their mentality from that of a carer to an enabler, "once staff realized what they could do to help maintain independence they have grasped it with both hands". The push to shift more services into home and community settings is further supporting individuals to maintain their independence. Professionals have also been given flexibility to design services to best meet people's needs. For example, one residential care facility invites people with chronic conditions and their informal caregivers to occasionally spend the night to allow informal caregivers reprieve.

Health system enabling factors

Responsibility for social care and community health in Scotland is delegated to 32 local councils. Local councils are represented on NHS Boards and work in varying levels of partnership to coordinate health services for their local populations. While the Scottish government's policies supported integration of health and social care, there were no formal requirements for NHS Boards and local councils to integrate. Recently, the Scottish government has strengthened their commitment to integration with the passing of Public Bodies (Joint Working) (Scotland) Act in April 2014. The Act mandates NHS Boards and local councils to integrate their budgets and holds them jointly accountable for outcomes. "They are changing legislation now in Scotland to mandate boards and councils

to work together similar to the Highland way, either using the lead agency model or an alternative body corporate model."

Outcomes

"In most cases integration is the platform that enables everything else to come together in the outcomes we seek." As a result, direct impact of the initiative is difficult to quantify, but leaders informally report observational improvements in professional culture, as well as patient and community engagement.

Change management

Key actors

The initiative benefited from strong support at the highest level within both NHS Highland and the Highland Council, with these organizations jointly driving forward change (Box 2). "Where you have had a real driving commitment and vision from people at the top, then often that really pushes the process." Changes also received support and backing from the Scottish government and significant time and effort was invested in stakeholder engagement.

We had a project management structure that involved the Scottish government and was led by the two chief executives who engaged the trade unions on both the Council and NHS. It involved considerable discussion and involvement with the public and representatives from the various user groups.

Box 2

Who were the key actors and what were their defining roles?

- **NHS Highland**. Senior leaders worked in partnership with the Highland Council to lead design and implementation of the initiative; responsible for managing health and social care for adults.
- **Highland Council**. Senior management worked in partnership with NHS Highland to lead design and implementation of the initiative; responsible for managing health and social care for children.
- **Project management team**. Oversaw design and implementation of initiative; coordinated necessary developments and activities across legal, financial, human resource and information domains.

Initiating change

NHS Highland and the Highland Council first came together in a series of meetings led by senior management from both organizations to address observed fragmentation challenges causing suboptimal care delivery. While change was initiated in a top-down approach, involving stakeholders early proved essential for ensuring widespread buy-in for change.

We did a lot of work with the public in terms of consultations and information about what was happening. Trade unions we engaged very early on with our partnership forum which met on a regular basis. We had trade unions to ensure that, as a staff point of view, we were not changing roles and responsibilities and they were very supportive on the main understanding of what we were trying to do and the process we were following with the staff.

Most staff across NHS Highland and the Highland Council were supportive and relaxed about the changes. Certain groups, such as some nurses, were initially resistant and there was some outcry about the transfer to a different organization. Leaders "deconstructed conversations and defences" from these groups and identified hidden concerns about professionals' own position, role and status. Once identified, concerns were addressed through further discussion.

Leaders of the initiative described the fast pace of the change process, criticized by some as being too "maverick", as crucial for generating the necessary momentum to "energize and drive" the initiative forward. This was balanced by "a safe approach" which could halt the initiative at any time.

One of the unique points was that the approach we took was a safe approach. We were working across the two organizations and both CEOs agreed to stop the line should there be anything that was detrimental to patients in Highland, but we knew we needed to build the momentum and push hard and fast to make the changes we needed to make. Because if we had a very formalized process, we were likely to get caught up in that process rather than actually making the transformation.

As a result of the rapid pace, design of the initiative was largely an iterative process with barriers addressed as they arose. While the initiative was "planned in terms of having a vision and timescale", leaders "let it develop". In order to sustain momentum, not every detail was fully worked out prior to implementation.

We didn't sort out every detail before transferring the services, but we recognized it was good enough. There needs to be a balance between diligence and good enough because if too much emphasis is put on every line and every detail then you will never integrate. We brought it to a stage that was good enough and we could transfer the functions.

Implementation

Much like the design process, implementation was also taken day by day. "A lot of it the end user has to test out and you just need to put it in place and see what happens."

Leaders resolved issues and barriers as they arose and a comprehensive issues log was implemented from the outset to capture and address staff and public concerns. A resource commissioning group has been set up to oversee and monitor the budget on a monthly basis to identify pressure points as they emerge; "this is still a learning point for each organization as to how we manage demands and pressures." Progress and transformations are reviewed biannually through a strategic commissioning group. Teamwork continues to be emphasized and professional respect across disciplines is growing, largely attributed to the single vision professionals now share from working under a united management structure.

Moving forward

The partnership is currently three years into its five-year implementation plan. However, the initiative "is a journey for which we don't expect to get to five years and just to drop. It is cut into five-year segments, so after the five years we will renegotiate for another five-year increment." The focus of the partnership moving forward is on improving the quality of services, building the concept of people-centred care and increasing community-based care through growing relationships directly with people and communities.

Highlights

- Broad political support for integrated care created a favourable environment for change; strong local support from senior management drove the initiative forward.
- Strong local engagement across all care levels ensured widespread buy-in for the initiative and reduced resistance to change across stakeholder groups.
- Design and implementation of the initiative was iterative and not every detail was worked out prior to its launch; leaders stressed the need for "balance between diligence and good enough".
- Creation of a single management structure for health and social care created a united vision across previously fragmented professional groups, serving to streamline services delivery and foster improved professional relationships.

1 Meade, E., Baird, J., & Stark, C. (2014). Developing a Lead Agency Model for the delivery of integrated health and social care. *International Journal of Integrated care; Annual Conference Supplement, 14,* URN:NBN:NL:UI:10-1-116151