Integrated Care in Practice: the Scottish Experience

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Context

• Population of Scotland: 5.5 million (2015)
• Population of West Lothian: 173,000 (2011 estimates)
• Demographics
• NHS Scotland
• Devolved responsibility
Strategic v Opportunistic

- Need for new premises

- NHS Reform (Scotland Act) 2004 – to establish community health partnerships
Strathbrock Centre

- 3 GP practices
- Social work staff
- Community nursing
- Allied health professionals
- Community mental health day hospital
- Local café let to a voluntary organisation for training clients with learning disabilities
- Pharmacist
- Food cooperative
- Community base
West Lothian Community Health and Care Partnership (CHCP)

- Established 2005 initially on a 2 year trial basis
- Not a separate legal entity - ultimate accountability and governance remained with the NHS Board and West Lothian Council
- Reported to both NHS Lothian and West Lothian Council
- Separate budgets for NHS and Council functions
- Board of 4 NHS members and 4 Councillors
- Sub committee of representatives covering the various functions

“The primary objective of the agreement was to enable greater efficiency and effectiveness in the design development and delivery of Community Care and Primary Care services for the benefit of service users throughout West Lothian by integrating the services provided or secured by the parties”
Services included within the CHCP

**Health Services** :-
- General Practitioner's Contracts
- Pharmacists
- Opticians
- Community Nursing
- Health Visitors
- Allied Health Professionals

**Council Services** :-
- Community Care
- Personal Care
- Children's Services
- Learning Disabilities
- Physical Disabilities
- Mental Health
- New Build Housing
- Voluntary Sector
Governance Structure

- NHS Lothian
- West Lothian Council
- Community Health and Care Partnership
- CHCP Sub Committee
- Audit
- Clinical Governance
Staff Structure

Chief Executive
NHS Lothian

Director
CHCP

Head of
Health Services

Medical
Director

Chief Executive
West Lothian Council

Head of
Social Work
Outcomes

• reduced number of repeat hospital admissions
• allied health professionals waiting times reduced
• delayed discharged figures for acute hospitals - from 70 per day to under 5
• joint training programme established as part of a CHCP Organisational Development Plan
• joint premises strategy approved
• new models of care
• joint equipment store
Challenges for delivering integrated health and social care

- ageing population
- increase in multi-morbidity
- constrained public finance
- focus on hospital care
- fragmentation of services
- protectionism
Legislative framework

*Public Bodies (Joint Working) (Scotland) Act 2014*

- Health Boards and Councils are to delegate functions and resources to an ‘integrated authority’ either through a lead agency arrangement or through an Integration Joint Board

- Health Board and Council must jointly prepare an integration scheme covering the model to be used and which functions are to be delegated
Integration Joint Board

Membership:
• Equal number of Councilors and non executive NHS Board members
• Chief Social Work Officer of the constituent Local Authority
• Chief Officer of the Integration Joint Board
• Section 95 officer of the Integration Joint Board

Representatives from:
• General Practitioners
• Secondary medical care
• Nursing
• Trades Unions
• Voluntary sector
• Carers
• Service users
Services to be delegated to the IJB from the Local Authority

- social work services for adults and older people
- services and support for adults with physical disabilities and learning disabilities
- mental health services
- drug and alcohol services
- community care assessment teams
- respite provision
- occupational therapy services
- housing support services
- aids and adaptations
- health improvement services
Services to be delegated to the IJB from the Health Board

- unplanned in-patient services
- care of older people
- district nursing services
- health visiting services
- general practitioner out of hours services
- allied health professional services
- health promotion services
- addiction services
- clinical psychology services
- pharmaceutical services
- family planning services
- continence services
Funding

• Health devolved to the Scottish Parliament - funded out of the block grant from the UK Parliament

• Social care - funded by local councils out of their allocation from the Scottish Parliament

• IJB’s have aligned budgets with allocations from the respective NHS Board and local council

• In Scotland clients pay for domestic care depending upon their income but not for personal care (this is different for the rest of the UK)

• Clients can opt to have a personal care budget which is allocated following an assessment
Number of chronic disorders by age group – Future Resource Requirements
Joint Strategic Plan

Joint Strategic Needs Assessment :-

• current and future needs
• what's working, what's not and what could work better?
• what are the major health inequalities and what can be done about them?
• unmet needs
• negotiate and agree overarching priorities on health and wellbeing
• Influence commissioning and decision making
Needs Assessment

Needs assessment

Informs

Performance framework

Supported by

Strategic planning
Strategic Commissioning Principles

• To implement an outcomes based approach

• To commission services which meet the needs and outcomes of individual service users which are personalized and offer more choice

• To commission quality services which achieve best value
Outcome Indicators (person centred)

- % of adults able to look after their health very well or quite well
- % of adults supported at home who agree that they are supported to live as independently as possible
- % of people with positive experience of care at their GP practice
- % of carers who feel supported to continue in their caring role
- % of adults supported at home who agree that their health and care services seemed to be well integrated
- % of adults supported at home who agree that they had a say in how their help, care or support was provided
Outcome Indicators (Organisational)

• Rate of emergency admissions for adults
• Number of days people spend in hospital when they are ready for discharge
• Readmissions to hospital within 28 days of discharge
• Premature mortality rate
• Proportion of care services graded “good” or better in Care Inspectorate inspections
• Expenditure on end of life care
• Proportion of last 6 months of life spent at home or in a community setting
• Falls rate per 1000 population in over 65’s
What is quality care?

Quality in care and support exists primarily in the relationship between people who use services and those who provide this support and in the outcomes from this interaction.

It is generally understood to incorporate three elements:

1) Safety (people are protected from harm or neglect)
2) A positive experience of care and support (people are treated with dignity and respect)
3) A positive outcome (a difference is made to people’s quality of life, wellbeing is improved, independence is promoted)
Strategic planning

- Strategic Planning
  - Locality Planning
    - Community capacity, locality teams, locality budgets
  - Individual Care Planning
    - Personalised care; care coordination; personal budgets
Key Elements of Moving Forward

• Articulate a shared vision of the future
• A new social contract framing rights and responsibilities
• Leadership
• Devolve budgets to localities
• Long term plan to provide a sustainable funding model for health and social care
• Cost Benefit analysis – “upstream v downstream“
What do we want?

ONE PERSON

supported by people acting as

ONE TEAM

from organisations behaving as

ONE SYSTEM