Scirocco

Scaling Integrated Care in Context

Self-assessment process in Scotland

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Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

1 Introduction to the Region

Scotland is a country that is part of the United Kingdom, with a population of 5,4 mil inhabitants. It constitutes a distinct jurisdiction in both public and private law. In 1997, a Scottish Parliament was re-established, in the form of a devolved unicameral legislature, having authority over many areas of domestic policy, including healthcare policy. Scotland's healthcare policy is currently administered through the Health and Social Care Directorates of the Scottish Government.

1.1 Introduction to the regional healthcare system

Health and social care are devolved issues in the United Kingdom. Healthcare in Scotland is mainly provided by Scotland's public health service, NHS Scotland. It provides healthcare to all permanent residents free at the point of care and paid from general taxation. Private care is usually paid for through private healthcare insurance schemes or by individuals.

NHS Scotland is managed by the Scottish Government which sets national objectives and priorities for the NHS. Of approximately £34.7 billion controlled by the Scottish Government, around £11.9 billion is spent on health. The provision of healthcare has been the responsibility of 14 geographically based local NHS Boards and 7 National Special Health Boards[1] which employ approximately 160,000 staff.

In April 2014, Scotland's health and care systems became formally integrated under the management of NHS Boards. Local authority nominees, responsible for the provision of social care, were added to Board membership to improve coordination of health and social care. As a result, there are 31 Health and Social Care Partnerships that are jointly responsible for the commissioning and delivery of social care, community health, primary care and some hospital services. For more information about the integration of health and social care services please see section 8.3.

1.2 Definition of integrated care

In Scotland, there is a recognition of the need to move towards a more integrated, person-centred approach that is designed for citizens in a way that co-ordinates services around their needs and puts them in control, thus enabling them to participate in, and make informed decisions about, their care. The mainstreamed adoption of technological solutions within service redesign is perceived as a major facilitator of such a change.

This ambition is reflected in a number of policies and strategies in Scotland; for example:

- Public Bodies (Joint Working) Scotland Act 2014[2] which introduced the formal integration of health and social care

[1] These include: NHS Health Scotland, Healthcare Improvement Scotland, Scottish Ambulance Service, the Golden Jubilee National Hospital, the State Hospital, NHS24, NHS Education for Scotland and NHS National Services Scotland.
[2] http://www.legislation.gov.uk/asp/2014/9/contents/enacted

- Digital Health and Care Strategy: enabling, connecting and empowering (2018)[3] which focuses on the use of technology to reshape and improve services, support person-centred care and improved outcomes.

The Public Bodies (Joint Working) (Scotland) Act 2014 is the legislative framework for the integration of health and social care services which requires the integration of the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services. Other areas such as children's health and social care services, and criminal justice social work can also be integrated. As a result, the Act creates a number of new public organisations, known as Integration Authorities (31 Integration Authorities) and aims to break down the barriers to joint working between NHS Boards and Local Authorities. Under this model an Integration Joint Board (IJB) is set up and the NHS Boards and Local Authorities delegate the responsibility for planning and resourcing service provision for delegated adult health and social care services to the IJBs.

The IJB must include representatives of the Local Authority, NHS Board, a carer representative, a GP representative, a nurse representative, a secondary medical care practitioner, a service user representative, a staff-side representative, a third sector representative, an officer who is responsible for financial administration, the Chief Officer and the Chief Social Worker. As such, a third sector organisation is directly involved in the strategic planning and locality planning of the integrated care provision, however, the representatives of third sector do not have voting rights. This reflects Scotland's wider ambition of full integration of health, social and voluntary sector services.

2 Self-assessment process in Scotland

2.1 Identification process of the local stakeholders

Reflecting Scotland's ambitions in integrated care, a diverse profile of stakeholders was invited to participate in the self-assessment process, from healthcare, social care, voluntary and housing sectors at national and local level:

Table 1: Stakeholders in Scotland

Title	Organisation
Director	Scottish Government
Director	Scottish Government
Policy Lead	Scottish Government
Programme Manager	Scottish Council for Voluntary Organisations
CEO	Digital Health and Social Care Institute
Service Development Manager	Scottish Centre for Telehealth and Telecare
Implementation Lead	Health and Social Care Partnership
Implementation Lead	Health and Social Care Partnership
Programme Manager	Convention of Scottish Local Authorities
Strategic Lead	Healthcare Improvement Scotland
Programme Manager	ALLIANCE
Strategic Lead	Scottish Government Housing

[3] Digital Health and Care Strategy https://beta.gov.scot/publications/scotlands-digital-health-care-strategy-enabling-connecting-empowering/

2.2 Self-assessment survey

All stakeholders were invited to complete the online self-assessment survey to provide their individual perceptions on the progress of integrated care in Scotland. The invited stakeholders also received the information about the objectives of the assessment process and instructions on how to use SCIROCCO tool. A briefing telecom was also organised for the stakeholders to explain the added value of SCIROCCO tool and how it strategically contributes to the existing tools and approaches in Scotland as such an assessment is usually perceived as "politically sensitive"

Nine invited stakeholders completed the individual assessments within the two weeks.

2.2.1 Outcomes of the self-assessment survey

The outcomes of these individual surveys were captured in the form of spider diagrams, highlighting Scotland' strengths and weaknesses in integrated care. As the spider diagrams below illustrate (Figure 1) the involvement of the multi-disciplinary team in the assessment process implies the different views of stakeholders on the maturity of healthcare system for integrated care. Particularly striking is the difference between the perspective of policy makers and local Health and Social Care Partnerships in Scotland.

Perspective of policy-makers

Perspective of Scottish Centre for Telehealth and Telecare *Perspective of Digital Health and Care Institute*

Perspective of Health and Social Care Partnerships

Perspective of Healthcare Improvement Scotland

Perspective of Scottish Council for Voluntary Sectors

Figure 1: Stakeholders' individual questionnaires in Scotland

2.3 Stakeholder workshop

The consensus workshop was held on 26 October 2017 at the Informatics Forum of the University of Edinburgh in Scotland. The objective of the workshop was to agree on the maturity gaps of Scotland's healthcare system for integrated care and facilitate the learning and exchange of experience in designing and implementing integrated care solutions with local stakeholders.

The focus group meeting was organised on the same day to inform the further improvement and enhancement of SCIROCCO tool. Five local stakeholders who completed the self-assessment survey attended the meeting.

Table 2: Agenda for the self-assessment workshop

Time	Session Title
09.30	**Welcome, Introductions & Meeting Objectives** Donna Henderson, Head of European Engagement, NHS 24
09.40	**Introduction to the SCIROCCO project & SCIROCCO tool** Donna Henderson, Head of European Engagement, NHS 24 Stuart Anderson, Professor of Dependable Systems, University of Edinburgh
10.00	**Self-assessment process in Scotland** • Brief introduction to the organisation of the self-assessment process in Scotland and assessment outcomes. • Feedback and reflections from the local participants. Donna Henderson, Head of European Engagement, NHS 24
10.30	**Negotiation & Consensus Building** • Facilitator of the session will introduce the outcomes per each dimension of SCIROCCO tool and seek the consensus from the partners on the final scoring per particular dimension, including the rationale for scoring. Donna Henderson, Head of European Engagement, NHS 24 Stuart Anderson, Professor of Dependable Systems, University of Edinburgh
12.00	**Lunch**
12.30	**Final diagram for Scotland** • The facilitator of the session will present the final diagram for the Region and seek the final consensus. Donna Henderson, Head of European Engagement, NHS 24
13.00	**Reflection of the stakeholders on the self-assessment process** • Moderated discussion on the experience of local stakeholders with the self-assessment process and SCIROCCO tool. Diane Whitehouse, ETHEL
14.15	**Conclusion and next steps** Donna Henderson, Head of European Engagement, NHS 24

Figure 2: Consensus-building workshop in Scotland

2.3.1 Negotiation and consensus building

The outcomes of the self-assessment surveys provided the basis for the discussion of stakeholders with an objective to reach the consensus on the current state of art in integrated care in Scotland. The spider diagrams reflect the diversity of perceptions of local stakeholder (Figure 3).

Figure 3: Composite spider diagram in Scotland

The dimensions with greatest differences included Readiness to Change, Structure and Governance, Population Approach, Citizen Empowerment and Capacity Building. This was mainly due to different perceptions about progress with the implementation of integrated care legislation and existing support for this major transformation at local level. In the case of Citizen Empowerment, it was due to diverse knowledge of stakeholders on the existing services and incentives, however it was agreed that the major barrier to citizen empowerment remains the access to health information and health data. In contrast, the consensus was much easier to reach in the dimensions of eHealth Services, Standardisation and Evaluation as the majority of stakeholders agreed that these areas remain as weaknesses and, in order to progress the integration agenda in Scotland, they need to be addressed as a priority.

2.3.2 Final consensus

The final spider diagram shows the maturity of Scotland's healthcare system for integrated care, including the areas identified for improvement. The domains with the highest scoring included Readiness to Change, Breadth of Ambition and Innovation Management. This is demonstrated by the clear strategic direction in Scotland, legal framework for integration and extensive innovation landscape that is considering better ways of procurement and adoption of innovative solutions. In contrast, the areas of eHealth Services, Funding and Population Approach remain a challenge in Scotland. Although eHealth Services are being used in some localities, there is no overarching infrastructure for integrated care and there is a lack of funding to support integration. Population Health is a policy priority, but it is not clear yet whether this will take an integration-focused point of view.

Figure 4: Final spider diagram in Scotland

Table 3: Scores, justifications and reflections assigned to each of the dimensions

Dimension	Assessment Scale	Description	Justifications & Reflections
Readiness to Change	3	Vision or plan embedded in policy; leaders and champions emerging.	There is a legislation in place to support integration of health and social care. However, pace of change is a bit slower and the policy is not really fully implemented yet. There is a lot of dialogue and partnership building going on between the third sector and statutory care providers, there is also growing awareness and recognition of the need for integrated care, however the challenge remains how to make the real shift from the continued focus on health.
Structure & Governance	4	Governance established at a regional or national level.	Roadmap for a change programme defined and accepted by stakeholders involved. There is a structure and governance in place but implementation is not perfect. Governance is fully resourced at national level, but the messages does not go down and there is much inequality at lower levels.
eHealth Services	2	There is mandate and plan(s) to deploy regional/national eHealth services across the healthcare system but not widely implemented.	There is a mandate and plan to deploy regional/national eHealth services across the healthcare system but not yet implemented. There are local solutions but there is no governance to upscale. The main barrier is the culture around the data sharing. Services are not deployed elsewhere, and the pilots are of localised solutions in transition. However, there is continuing funding for initial pilots.
Standardisation & Simplification	1	A recommended set of agreed information standards at regional/national level; some shared procurements of new systems at regional/national level; some large-scale consolidations of ICT underway.	Discussion of the necessity of ICT to support integrated care and of any standards associated with that ICT is initiated. There is a lot of recognition of the need of ICT to support integrated care, and of the need for standards. Nothing is in place for social care. Discussion is underway.
Funding	2	Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation.	Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation. There is a national Integrated Care Fund which replaced the Change Fund. There is also some EU funding supporting integration

Dimension	Assessment Scale	Description	Justifications & Reflections
			(focus on the transition in the system rather than scaling-up); TEC funding.
Removal of Inhibitors	3	Awareness of inhibitors but no systematic approach to their management is in place.	Implementation Plan and process for removing inhibitors have started being implemented locally. There is also some vision in the integration legislation as to what to do to remove the barriers. In addition, lot of investments in local agencies to support services to reduce the barriers. Innovation centres were created as part of the plan. Lot of training for different professions to change towards integration.
Population Approach	2	Population-wide risk stratification started but not fully acted on.	Risk stratification approach is used in certain projects on experimental basis. SPARRA looks at responses through health and social care integration for patients who are at risk of re-admission, so it is related to integrated care. However, the tool only looks at these at-risk patients. The Integrated Resource Framework deals with health and social care, with a focus on frequent service users; they use integrated health and social care data.
Citizen Empowerment	2	Citizen empowerment is recognised as important part of integrated care provision, effective policies to support citizen empowerment are in place but citizens do not have access to health information and health data.	Citizen empowerment is recognised as an important part of integrated care provision, effective policies to support citizen empowerment are in place but citizens do not have access to health information and health data. Patients are not widely able to see their data. There is an option for online GP appointment, but it is not being widely marketed and used. There are only very small examples of where patients have access to their data e.g. for diabetes, younger cancer patients.
Evaluation Methods	4	Most integrated care initiatives are subject to a systematic approach to evaluation; published results.	Evaluation of integrated care services exists, but not as part of a systematic approach. Third sector delivery is evaluated according to a common model through a coordinated approach. There are more requirements for the evaluation for third sector organisations than for the statutory organisations. Unless there is a need to motivate continuous investments (as for the voluntary sector), a very systematic evaluation is not performed.
Breadth of Ambition	4	Integration includes both social care service and health care service needs.	Improved coordination of social care services and healthcare needs is introduced. The ambition is about the full integration of health and social care. There is an integrated budget and integrated governance. However, some social care services are not clearly in or out of the integrated health and social care according to the legislation.
Innovation Management	3	Innovations are captured and there are some mechanisms in place to encourage knowledge transfer.	Formalised innovation management process is planned and partially implemented. There has been a degree of focus on investment in technology innovation. In third sector, there are a lot of ideas but no clear plan.
Capacity Building	3	Systematic learning about integrated care and change management is in place but not widely implemented.	Learning about integrated care and change management is in place but not widely implemented. The National Quality Strategy is focused on health only. However, a lot of money was invested in training management on integrated care over its 5—7 years.

3 Analysis of the outcomes

The outcomes for Scotland can be summarised as follows:

- Looking at the overall consensus diagram, the stakeholders concluded that two critical domains of SCIROCCO Maturity Model that should be addressed as a priority for progressing with integration in Scotland are eHealth Services and Standardisation. The ICT infrastructure to facilitate the exchange of health and social care data,

access of citizens to their personal healthcare records and availability of the right data at the right time are critical success factors of improving maturity of healthcare system for integrated care.

- The self-assessment outcomes were not particularly surprising. The outcomes reflected the current state of play in the country and provided very comprehensive pictures for the stakeholders. The only dimension where the scoring was expected to be higher, especially from the policy-makers' perspective, was Structure and Governance. This can be explained by the ongoing challenge with the implementation of integrated care locally, despite having policies and legislation in place at a national level.
- Some grouping of the dimensions can be observed from the self-assessment outcomes. For example, if one reviews the domains with the highest scoring - Readiness to Change, Structure and Governance and Capacity Building - there is a clear link between the need to recognise the need for change, supported by clear vision, dialogue and leadership at national and local level. In addition, no major transformation in the healthcare system can be achieved with the right skills sets, empowerment and capacity of stakeholders involved.
- In terms of some specific factors which affect the strengths and weaknesses of Scotland's healthcare system for integrated care, these primarily depend on the cultural and organisational aspects. In Scotland, there is a strong recognition of a "once for Scotland approach" which is very well reflected in the legislative framework for integration of health and social care services and its implementation. This has significantly contributed to the major reorganisation of the health and care system and services and relatively high maturity in terms of readiness to change, change management plans, roadmaps and investments in the local support and skills development. On the other hand, there is an existing legacy particularly around the ICT infrastructure and data sharing which affects the wider deployment of eHealth services and better, more efficient use of existing data.

4 Key messages

The invited stakeholders in Scotland found the SCIROCCO self-assessment tool and the assessment process highly informative and comprehensive, covering all aspects of integrated care concept. It was perceived as a real sense check of current progress and gaps which should be addressed to speed up the adoption of integrated care in Scotland. The consensus-building session and the need to reflect on the outcomes of the assessment was very much welcomed as most of the standard assessment questionnaires do not require any further actions or reflections on the outcomes. However, it was recommended not to see the SCIROCCO Tool as an end itself in the process. It is about developing more dynamic, learning systems and understanding where the integrated care agenda "sits" in the wider health and social care context.

5 Conclusions and next steps

A number of conclusions were drawn by the Scotland's self-assessment team:

- The self-assessment process was very informative and real-sense check of how the policy and legislation translates into practice and experience on the ground. A lot has been done in Scotland in setting up the structure and legal framework for the integration of health and social care services. There is also a political will, high level commitments and mechanisms to facilitate this major change but the implementation still remains a challenge. As such, it would be very useful to repeat the assessment process over time to capture the progress and better understand the existing inhibitors.
- The stakeholders advocated looking at the engagement of other Health and Social Care Partnerships, in order to compare and contrast them with their own results. In addition, for self-assessment results to be gathered from those respondents/associations, e.g., care homes, housing, the independent sector, emergency services, which had not yet answered the questionnaire.
- Several of the attendees also agreed to complete a usability survey to be put together by the University of Edinburgh. Its findings will be used to enhance the SCIROCCO tool further.