

Integration: Digital Opportunities and Front-Line Challenges

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Integration: digital opportunities – and front-line challenges

1. Introduction

Arrangements for health and social care integration in Scotland are gathering pace. Although different areas will be adopting different models to underpin the work of their Integration Authorities, all will have to consider how best to utilise the opportunities presented by digital technology, to better support effective practice.

But, with the opportunities come some significant challenges. And the challenges will need to be addressed if authorities are to get the most out of the opportunities.

One of those challenges – before even thinking of integration – is presented by the widely held view that social care and health have been slower than other sectors to take up the digital challenge and pursue the full range of options that new technology can offer to practice and management approaches. This means that, getting the best out of integration will involve understanding what are, currently, *internal systems*, and assessing how robust and fit-for-purpose they are, ideally before joint systems are introduced.

This Special Report is based on presentations and discussion at Social Work Scotland's recent annual conference – the major gathering point for those engaged in social care north of the border. Our report provides a summary of presentational material and of groupwork contributions that illustrate the concerns and challenges faced by those pursuing the new arrangements for integration, and crucially, begins to set out what the essential elements must be for any new systems designed to support that integration.

Although based on experience in Scotland the issues identified at the conference have relevance across the UK. The local policy framework may be different, but the challenges and opportunities are the same.

2. The Workshop

The discussions at the conference looked at how the digital world has, and is, changing, and began to set the context for future developments in health and social care – but importantly, also pointed to the human side of the equation. Without proper collaboration and engagement with staff, and where possible, with wider stakeholders including service users, integration – whatever its technical underpinnings – will not deliver sustainable change and improvement.

That was one of the key arguments made in the presentation in OLM's workshop: *Integrated Working Across Health and Social Work – The Digital Challenge*. The workshop sat within the overall conference theme which sought to recognise that recent legislation on Integration, and Self-Directed Support; the Children and Young People Act and the Convention on the Rights of Persons with Disabilities, are revolutionising how social work services are planned and delivered.

The conference agenda was also based on concepts of human rights and the impact that the change agenda will have on outcomes for vulnerable populations, hence the conference title: Whose Right Is It Anyway?

In short, the workshop presentation looked at the background to integration, with the passing of the Public Bodies (Joint Working) (Scotland) Act, the decisions being made about legal structures and governance, and the plans that will have to be pulled together to deliver integrated services.

The presentation also considered some of the core challenges set by the integration agenda including expected increased demand, the need to support informal carers who still provide the vast bulk of care and support, making the best use of the third sector, and, crucially – helping the 350,000 staff who work across the sector to maximise their contribution.

(CareKnowledge is part of the OLM group of companies. We attended the workshop to see what feedback from those at the coal-face had to tell us about integration and the use of digital technology. The challenges identified in this report are based on discussions at the workshop – and the views expressed in the comments section are those of CareKnowledge alone.)

N.B. The Powerpoint presentation for the workshop can be downloaded through the link at the end of this report.

3. The presentation in more detail

The rest of the presentation was constructed around three key themes.

3.1 Wider changes in the digital world, including:

- A global snapshot of the huge extent of technology use – the internet, social media, and mobile phones
- The way in which an increasing range of our everyday interactions are screen-based – by some measures, the majority of those interactions, and that is likely to become increasingly true for health and social care
- The impact that this has had on traditional business models in the wider economy, and where that has sometimes caused a ‘disconnect’ between customers and providers – so such challenges are not unique to health and social care
- The fact that the digital world does not recognise traditional organisational boundaries – people use it, as they wish, rather than as organisations might want to dictate
- Some examples of how digital portals have begun to transform the delivery of social care, particularly in relation to early intervention, information and advice, and, increasingly assessments, SDS arrangements, and the recruitment and support of foster parents

3.2 Integrated working, including:

- The choice to be made between building new single systems, or integrating existing ones
- Some examples of both new single systems that have been designed to support professional and agency integration; and approaches that have sought to integrate existing arrangements, including Multi Agency Safeguarding Hubs
- An example of how systems have already been used to link-up care with the third sector – and what the future may hold for citizen involvement in their own records

3.3 Collaboration and communication, including:

- The pressing need to agree on new priorities and establish shared outcomes
- The need to recognise the rather different strengths and weaknesses of health and social care, and work with them
- The central importance of maintaining communication about change with staff and stakeholders; and an example of how technology has been used to maximise the impact of that communication

4. Group discussions on systems requirements – and key challenges

The last theme above fed into the wider discussions in the workshop suggesting that, for integration to succeed – and for any underpinning technology to be effective – there has to be:

- A collective vision for what the changes are intended to achieve
- A focus on outcomes and on measuring whether they have been reached
- The use of evidence-based thinking
- The need for clear roles and responsibilities, and for stability to allow time for trust to develop
- Consideration of options for co-location
- A focus on constant communication – and a willingness to seek feedback
- A commitment to ensuring that staff are part of the journey – and need to be able to share their successes, their failures and their ideas for the future

N.B. CareKnowledge, through the contributions of Mike Lauerman, has already produced [a graphic](#) drawing together the wider requirements for effective health and care integration. And, there is a reference list at the end of this briefing to other relevant information on the subject.

In the nature of these events, time constraints meant that the four or five groups which discussed the workshop themes had really only begun to scratch the surface of what is a major debate before time had to be called on their deliberations. But

some of the key messages to emerge from group discussion focused on the following challenges:

- The different stages that localities are at in addressing integration arrangements
- The possibility that the role of digital technology in supporting change may be later in the list of issues being tackled
- The need for much more work to understand the different systems in use and their purposes
- The challenge – for social work departments, at least – in facing a multitude of existing health systems, and the way this issue may be exacerbated where several local authorities relate to one health board
- The concern that integration may see social care ‘gobbled up’ by health; or more widely, that partners on both sides will see it as a ‘forced marriage’ with uncertain understanding of the benefits
- The need for issues of consent (and effective security) to be considered, especially where people are concerned about access to their health records
- The need to consider, and as far as possible ensure the accuracy of, the information in current systems, before drawing them together

Some of the key requirements for new systems and the opportunities that should be addressed in their design included:

- The need for any new systems to be as simple as possible, and for them to be understood, and ‘owned’ by all the staff in health and care partnerships
- The need for systems to be focused on enhancing practice and enabling and empowering users
- And, for them to improve speed of delivery, support early intervention, reduce duplication and increase opportunities for contact with service users
- The need for new systems – at least in the longer term – to offer a single point of access, and an integrated view, and to begin to offer information in ‘real-time’
- The need for systems that guide staff, and help them improve their professional capability – with timely access to best practice information and partnership process documents
- The need for new systems to be reliable
- The need to consider what digital technology – including social media platforms – might contribute to the creation of service and service user ‘communities’
- The need to consider more urgently the way digital technology – including social media platforms – might directly support care, including the use of ‘alert’ systems; and, for wider planning purposes, the use of ‘voting’ buttons
- The need to recognise the importance of design in system products – and the way that good design can enhance user experience and service effectiveness

- The need for arrangements for communication and collaboration to be open and to identify the intended benefits of integration, particularly as they relate to user outcomes
- The need for systems to help build and strengthen communities of interest – including service users and the third sector
- The need to focus on ‘in-house’ professionals but also to find ways of including providers and other partners in approaches to integration, and in the design of systems that will support partnerships

5. Comment

Greater health and social care integration remains a policy objective across the UK. Scottish Government has gone further in setting out a specific legal and administrative framework for how that is to be achieved. Plans are already well underway for how individual localities will make a reality of the new arrangements for Integration Authorities.

But evidence at the conference workshop suggests that there is still some way to go in addressing the digital implications of the change. That is understandable given the scale of the issues that health and social care partners are trying to tackle. And, there is logic to designing systems once the wider structures are settled, and joint requirements identified.

However that risks losing some of the advantages that effective technology might bring to the design as well as the implementation phase, and there must be a worry that the right level of investment will not be made – or in the light of financial pressures, will not be available – to ensure that digital options are fully explored and new systems designed that are really capable of supporting the best that integration can deliver.

Given the challenges, getting the system right won't be simple, but sensible investment now, would almost certainly reap longer term-rewards. The current health and care systems do not rely so heavily on technology to deliver their services as do some other industries. But that is changing. I imagine that when major players in the commercial field integrate their operations, they immediately draw together the best and the brightest from their digital resources to ensure the kind of technical infrastructure that secures continued customer approval.

If health and social care are to reap the benefits of integration, they may need to take similarly robust approaches to digital questions – even if they are simply to deliver on management objectives, never mind take advantage of the kind of developments that would facilitate more effective outcomes for individuals.

Further sources of information

CK Briefing – Scottish Health & Social Care Integration: Indicators

https://www.careknowledge.com/scottish_health_amp_social_care_integration_indicators_25769822752.aspx

This briefing provides information on the indicators that are intended to draw together the measures appropriate for the whole system under integration.

New act, new opportunity for integration in Scotland

https://www.careknowledge.com/new_act_new_opportunity_for_integration_in_scotland_25769820542.aspx

This Journal of Integrated Care article, by a lead civil servant, sets out the Scottish Government's approach to improving outcomes for patients and service users by integrating health and social care.

Communications Toolkit

https://www.careknowledge.com/communications_toolkit_25769822853.aspx

This Scottish Government toolkit contains information and links to support and guide communications around health and social care integration at a national and local level. It also provides practical information on the aims and anticipated benefits of health and social care integration.

Health and social care information sharing framework

https://www.careknowledge.com/health_and_social_care_information_sharing_framework_25769820331.aspx

This CareKnowledge Briefing provides summary information on the Government strategy document designed to secure improvements in information sharing through to 2020.

The Role of Third Sector Interfaces

https://www.careknowledge.com/the_role_of_third_sector_interfaces_25769822765.aspx

This Scottish Government note makes clear the intention that Third Sector Interfaces (TSI's) have a key role as advocates, in relation to the role of the third sector and the integration of health and social care.

Scottish Government information on integration

<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration>.

Information on health and social care integration, including material on the Health and Social Care Data Integration project.

Options for Integrated Commissioning: Beyond Barker

https://www.careknowledge.com/options_for_integrated_commissioning_beyond_barker_25769824095.aspx

A report from the King's Fund on integration in England. It sets out a range of options for change – which have some striking echoes of the approach adopted in Scotland.

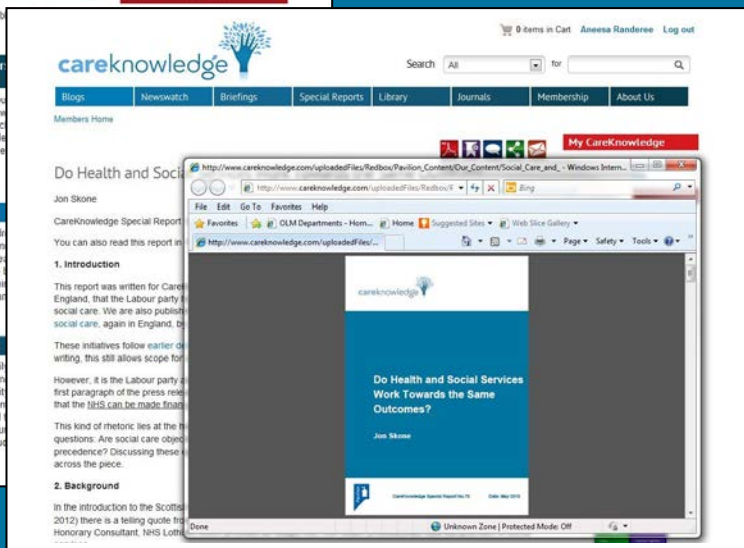
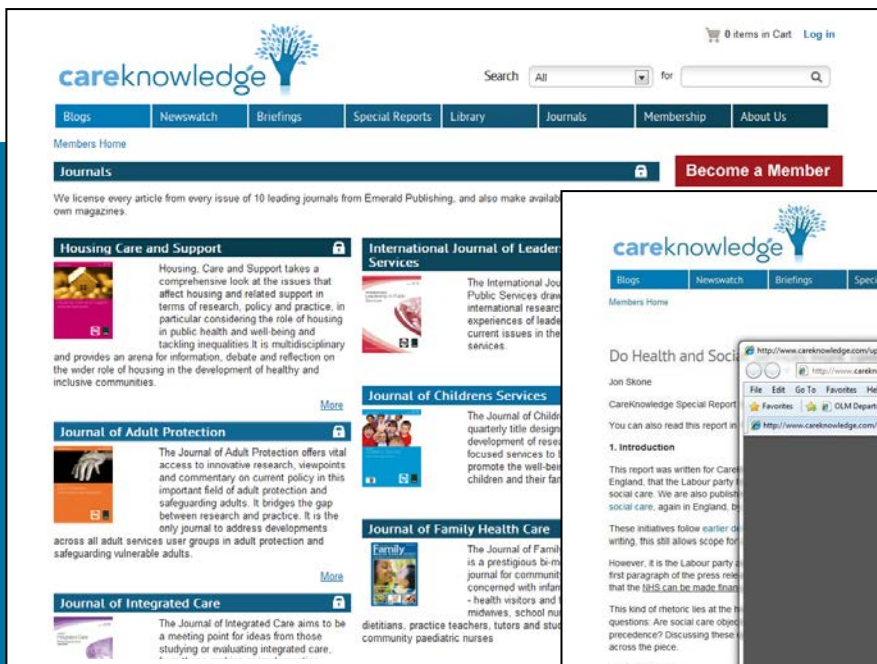
Could Scotland take the lead in the development of digital services?

<https://www.holyrood.com/articles/comment/role-scottish-government-digital-services>

This article suggests that Scottish Government is in a unique position – and has the interest – to lead on the development of digital services in the public sector.

Powerpoint Presentation - Integrated Working Across Health and Social Work – The Digital Challenge

<http://www.slideshare.net/CareKnowledge/integrated-working-across-health-and-social-work-the-digital-challenge>



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