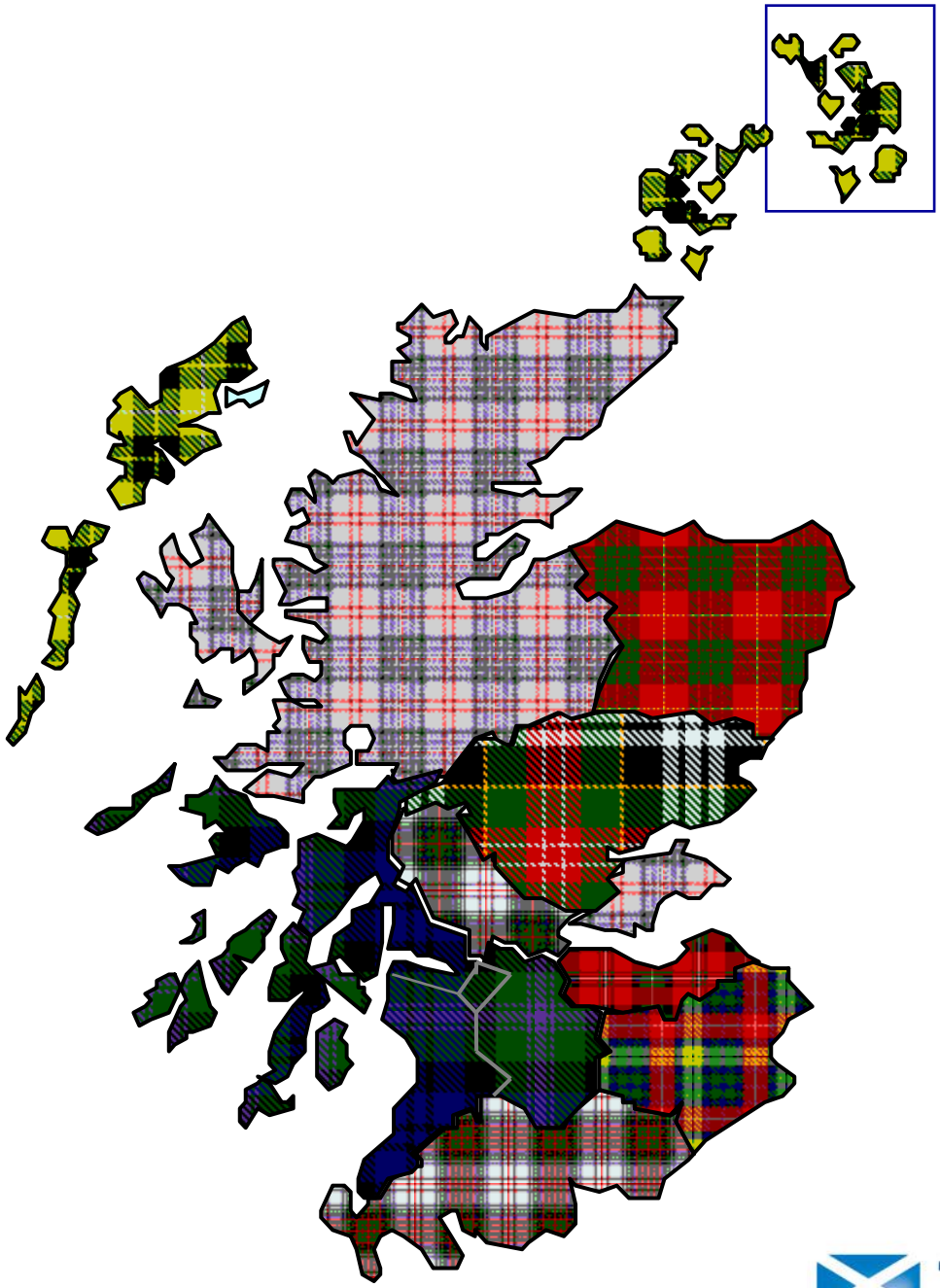
Integrated Care in Scotland

Anne Hendry
Clinical Lead for Integrated Care

The Scottish Government



Population 5.4 million

- **@ £13 billion budget**
- **14 NHS Health Boards**
- **32 Local Authorities**
- **Universal coverage**
- **No co-payments**
- **Integrated delivery system**
- **Free personal care for 65+**

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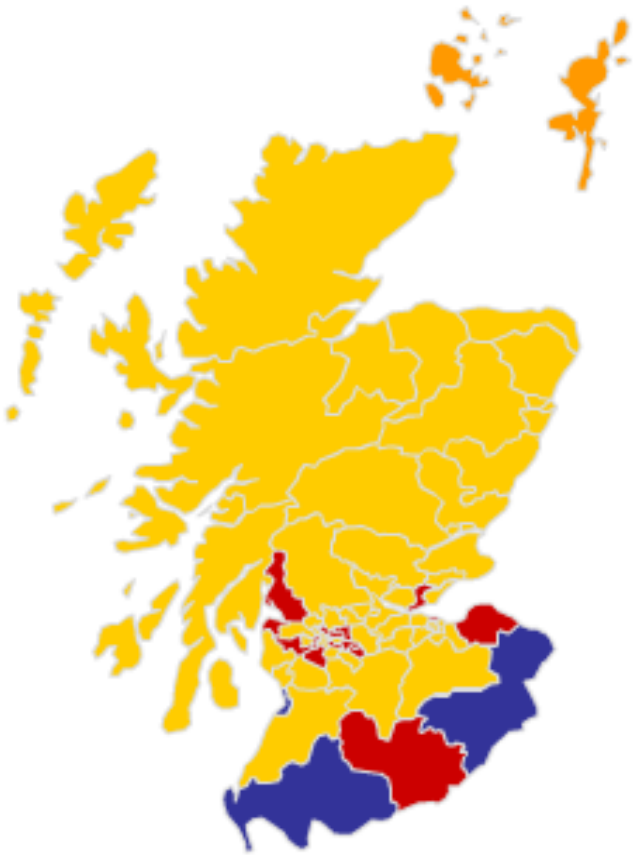
Political context



All parties had integration of health and social care in their election manifestos.

May 2011 - a majority government

June 2011 - ". . . effective services must be designed with and for people and communities – not delivered 'top down' for administrative convenience"

Christie Commission report on the future delivery of public services

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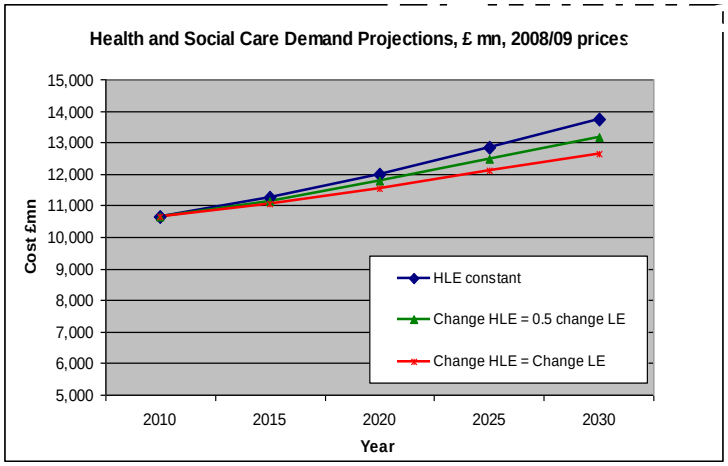

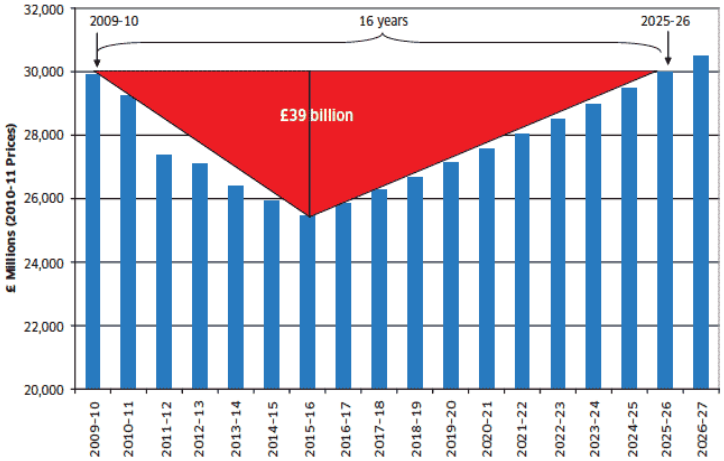

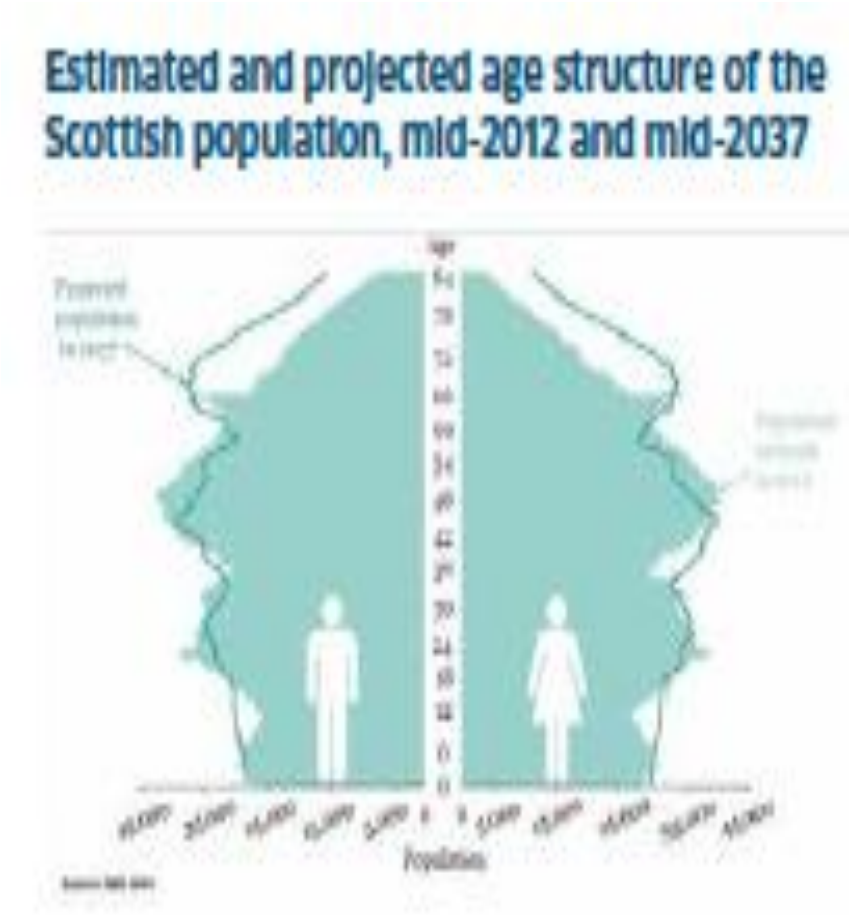

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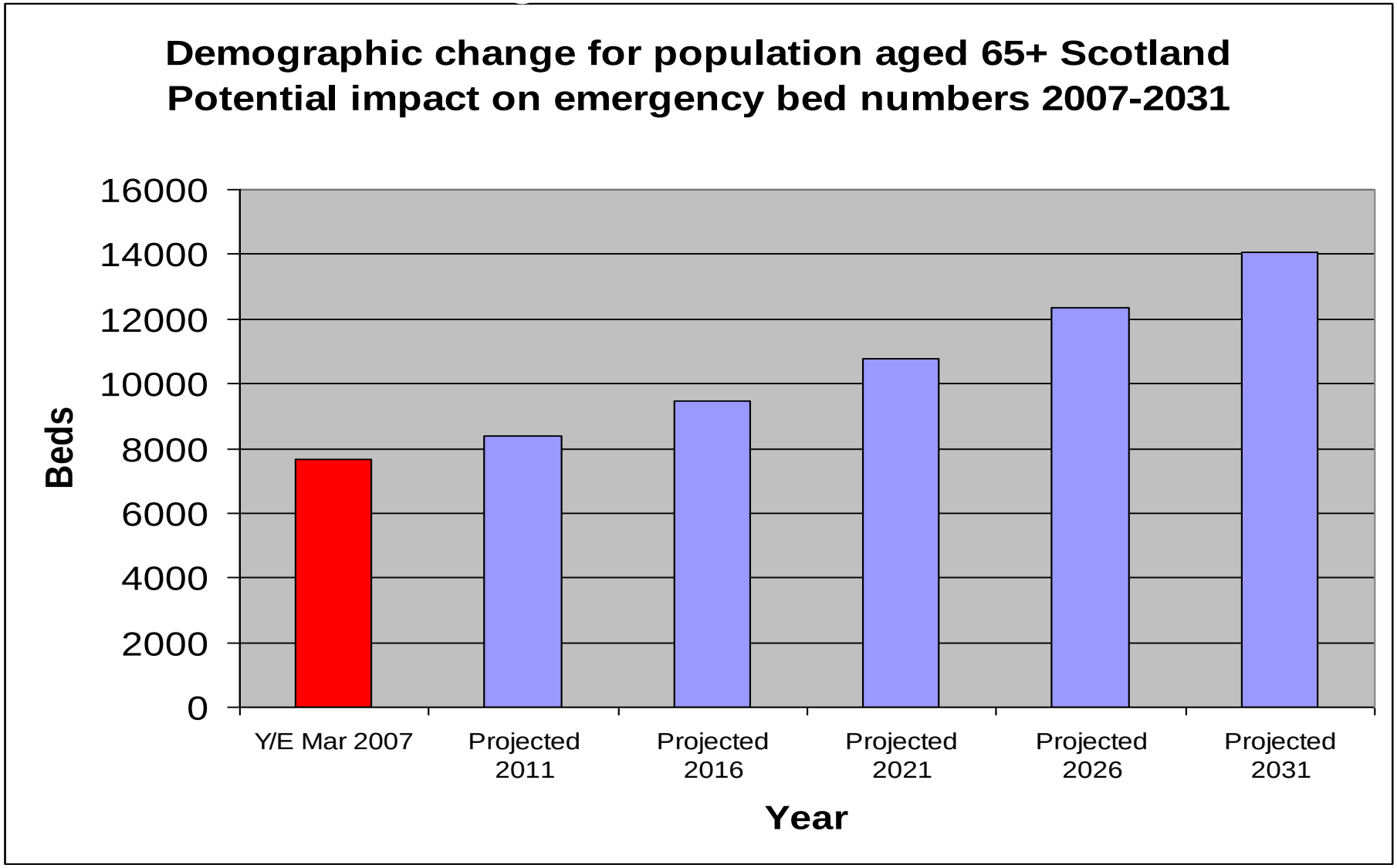

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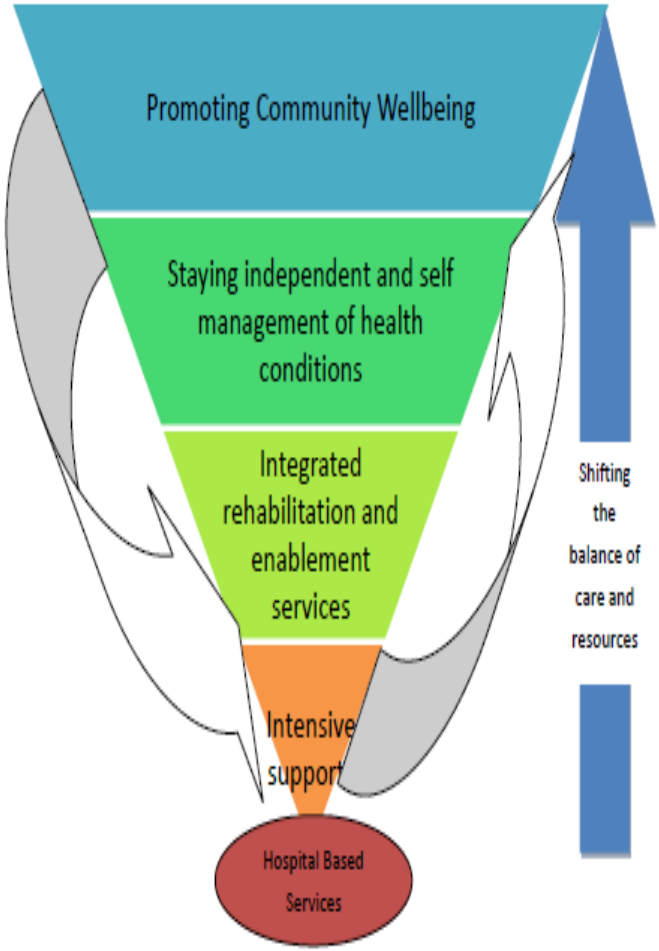
Figure 2 Reshaping Care for Older People Model



- **Reshaping Care for Older People**
- **10 Year Programme to 2021**
- **£ 300 million Change Fund 2011-15**
- **32 *voluntary* partnerships between**
  NHS: primary, acute, mental health
  LA: social care and housing
  Third and Independent sectors
  Older people and carers
- **Change Plans signed off by all partners**
- **20% of funding to be invested in direct or indirect support for carers**

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Reshaping Care for Older People Pathway

Preventative and anticipatory care

- Build social networks and opportunities for participation
- Early diagnosis of dementia
- Prevention of falls and fractures
- Information and support for self-management and self-directed support
- Prediction of risk of recurrent admissions
- Anticipatory care planning
- Suitable and varied housing and housing support
- Support for carers

Proactive care and Support at home

- Responsive, flexible, self-directed home care
- Integrated case/care management
- Carer support
- Rapid access to equipment
- Timely adaptations, including housing adaptations
- Telehealthcare

Effective care at times of transition

- Reablement and rehabilitation
- Specialist clinical advice for community teams
- NHS24, SAS and out-of-hours access ACPs
- Range of intermediate care alternatives to emergency admission
- Responsive and flexible palliative care
- Medicines management
- Access to range of housing options
- Support for carers

Hospital and care home(s)

- Urgent triage to identify frail older people
- Early assessment and rehab in the appropriate specialist unit
- Prevention and treatment of delirium
- Effective and timely discharge home or transfer to intermediate care
- Medicine reconciliation and reviews
- Specialist clinical support for care homes
- Carers as equal partners

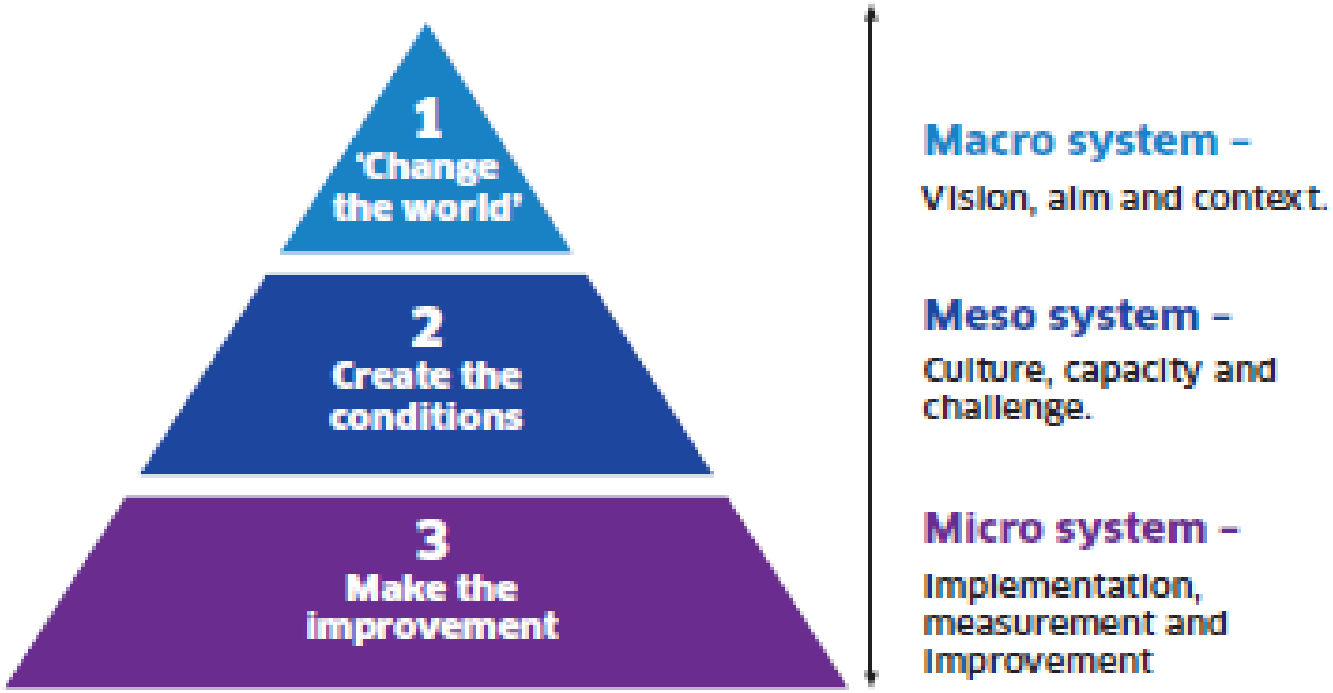
Enablers

Outcomes-focused assessment

- Co-production
- Technology, eHealth and data-sharing
- Workforce development, skill mix and integrated working
- Organization development and improvement support
- Information and evaluation
- Commissioning and integration resource framework

Longwood Publishing Corp. *Healthcare Quarterly* Vol.19 No.2 2016

The 3-Step Improvement Framework for Scotland's Public Services



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Improvement Network

Cross sector collaborative to support innovation and test and spread actions which collectively improve outcomes

- WebEx virtual meetings and e-bulletins
- Communities of Practice and themed learning events
- Online portal to share good practice, evidence and resources
- Training in improvement , spread and sustainability
- Use of measurement for improvement and benchmarking
- Learning from the experience of people who use services
- Coaching / mentoring to build local capacity and capability
- Support to adopt ABCD and personal outcomes approaches
- **Learning with international partners**

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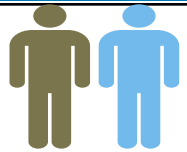
Headline Impact of Change Fund 2011-2015



39%

CHANGE FUND
SPEND 2014/15
SUPPORTED
CARERS

2.5 Million

MORE DAYS
IN OWN HOME
THAN 'EXPECTED'

17%
FEWER

OLDER PEOPLE
CONVEYED
to HOSPITAL
after a fall
(non-injured)

10% REDUCTION

IN RATE OF 75+
EMERGENCY BEDDAYS
OVER 5 YEARS

1250
PER DAY

FEWER PEOPLE
AGED 65+ IN HOSPITAL BEDS
THAN 'EXPECTED'

IN RECEIPT OF
FORMAL CARE AT
HOME
HAVE TELECARE

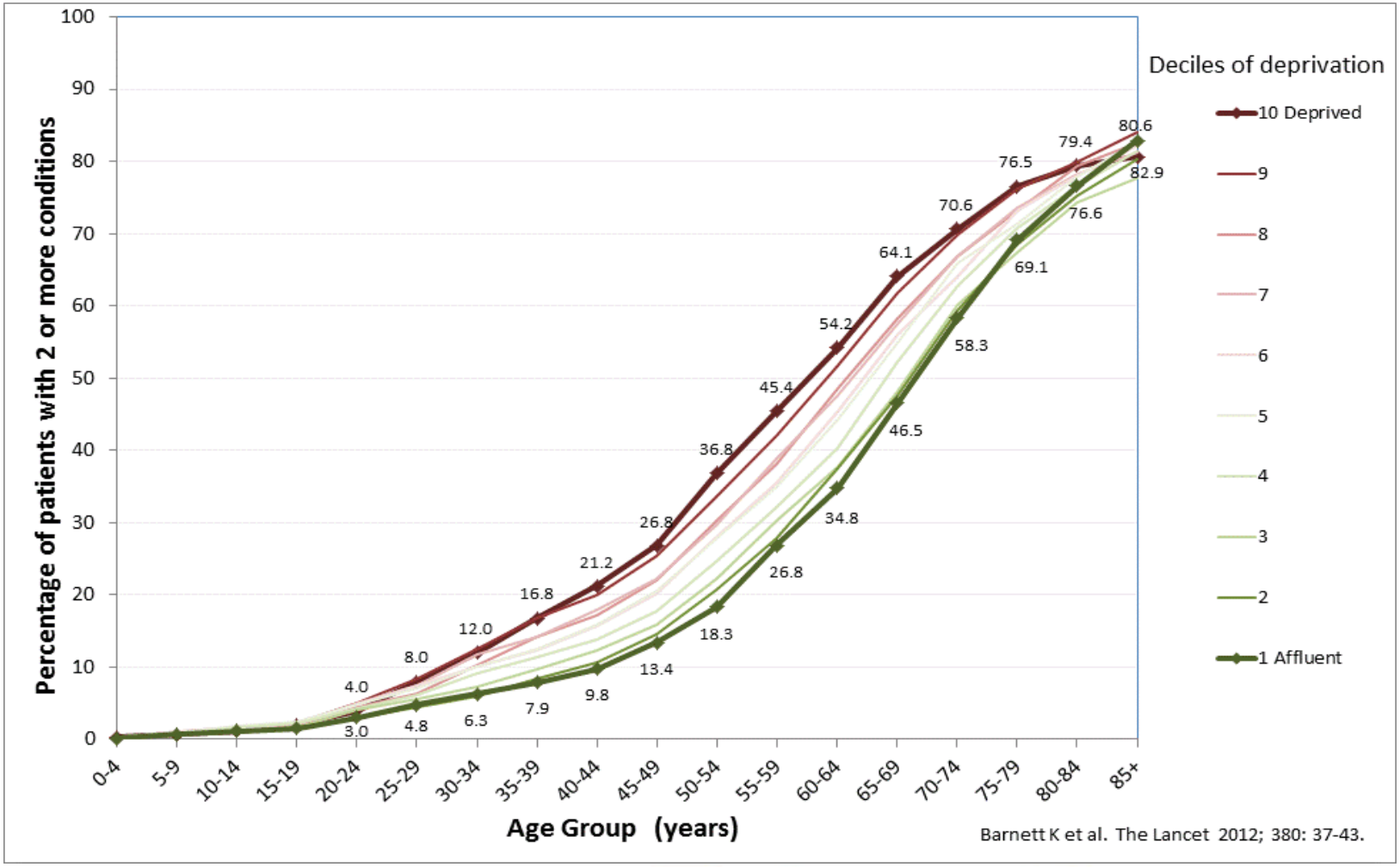
5500 PER DAY

FEWER PEOPLE
IN CARE HOMES
THAN 'EXPECTED'

19% FEWER

PEOPLE DELAYED
IN HOSPITAL
OVER 2 WEEKS

People living in more deprived areas in Scotland develop multiple conditions around 10 years before those living in the most affluent areas



Barnett K et al. The Lancet 2012; 380: 37-43.

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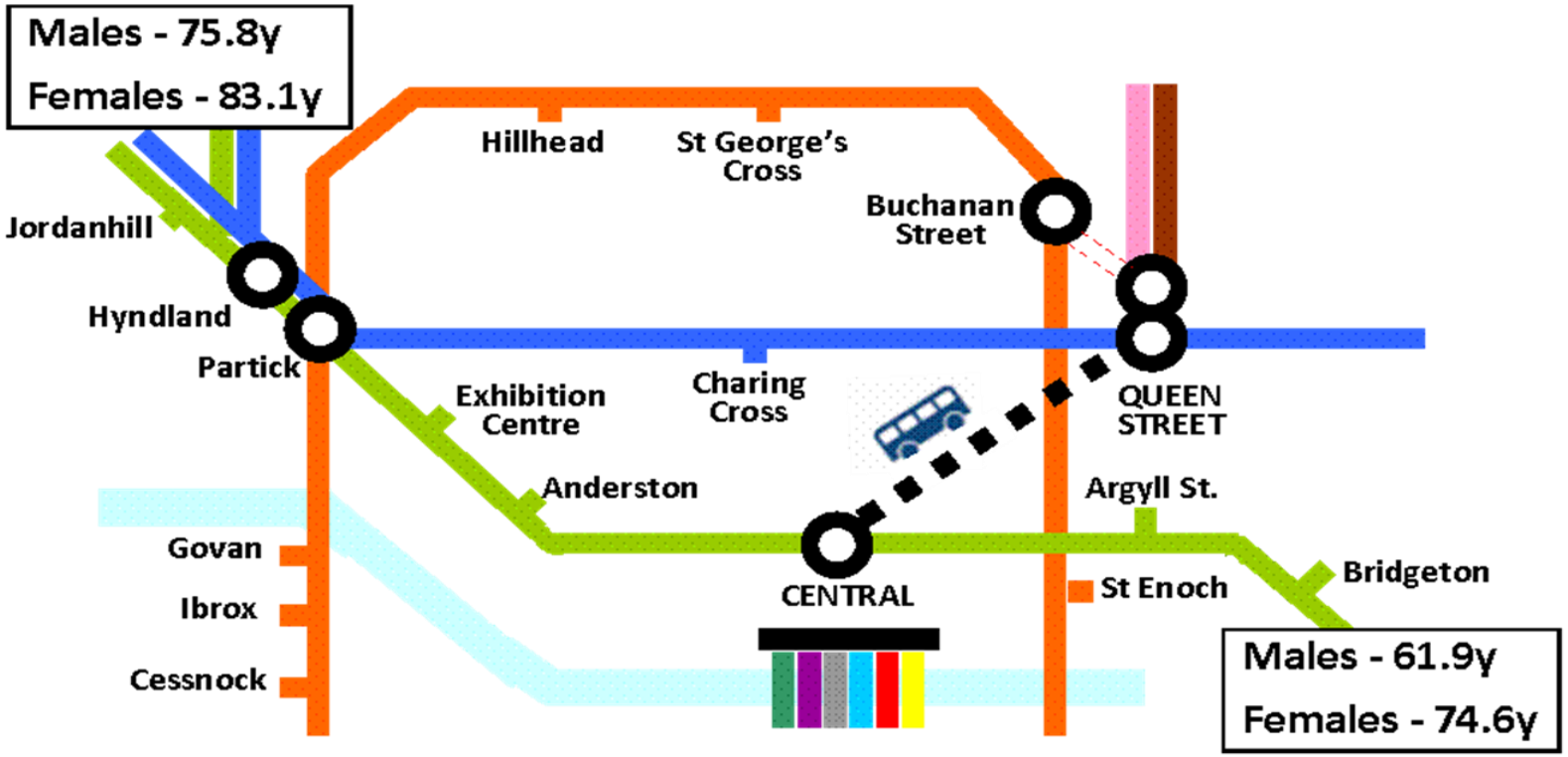
…difference of 13.9 years for men and 8.5 years for women between affluent Jordanhill and deprived Bridgeton…



Life expectancy data refers to 2001-05 and was extracted from the Glasgow Centre for Population Health community health and wellbeing profiles. Adapted from the Strathclyde Partnership for Transport travel map.

Source: McCartney G. Illustrating Glasgow's health inequalities. *JECH* 2010; doi 10.1136/jech.2010.120451 .

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Current paradigm	Future paradigm
System geared towards acute / single condition	System designed around people with multiple conditions
Hospital centred	Embedded in communities and their assets
Doctor dependent	Multi-professional and team based care
Episodic care	Continual care and support when needed
Disjointed care	Well coordinated integrated health and social care
Reactive care	Preventive and anticipatory care
Patient as passive recipient	Informed empowered patients and clients
Self-care infrequent	Self management / self directed support enabled
Carers undervalued	Carers supported as equal partners
Low-tech	Technology enables greater choice and control

Public Bodies(Joint Working) (Scotland) Act

People are supported to live well at home or in the community for as much time as they can and have a positive experience of health and social care when they need it

- All adult care groups +/- children's services & criminal justice
- Principles for integrated health and social care
- Strategic and locality planning based on population needs
- Integrated governance : body corporate or lead agency
- Integrated budgets for health and social care
- Chief accountable officer has integrated oversight of delivery
- Nine national outcomes for health and wellbeing

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Health and Social Care Integration Partnerships

Health and Social Care Integration Partnerships by NHS Board

NHS Ayrshire and Arran
- 1, East Ayrshire
- 2, North Ayrshire
- 3, South Ayrshire

NHS Borders
- 4, Scottish Borders

NHS Dumfries and Galloway
- 5, Dumfries and Galloway

NHS Fife
- 6, Fife

NHS Forth Valley
- 7, Clackmannanshire and Stirling
- 8, Falkirk

NHS Grampian
- 9, Aberdeen City
- 10, Aberdeenshire
- 11, Moray

NHS Greater Glasgow and Clyde
- 12, East Dunbartonshire
- 13, East Renfrewshire
- 14, Glasgow City
- 15, Inverclyde
- 16, Renfrewshire
- 17, West Dunbartonshire

NHS Highland
- 18, Argyll and Bute
- 19, Highland

NHS Lanarkshire
- 20, North Lanarkshire
- 21, South Lanarkshire

NHS Lothian
- 22, City of Edinburgh
- 23, East Lothian
- 24, Midlothian
- 25, West Lothian

NHS Orkney
- 26, Orkney Islands

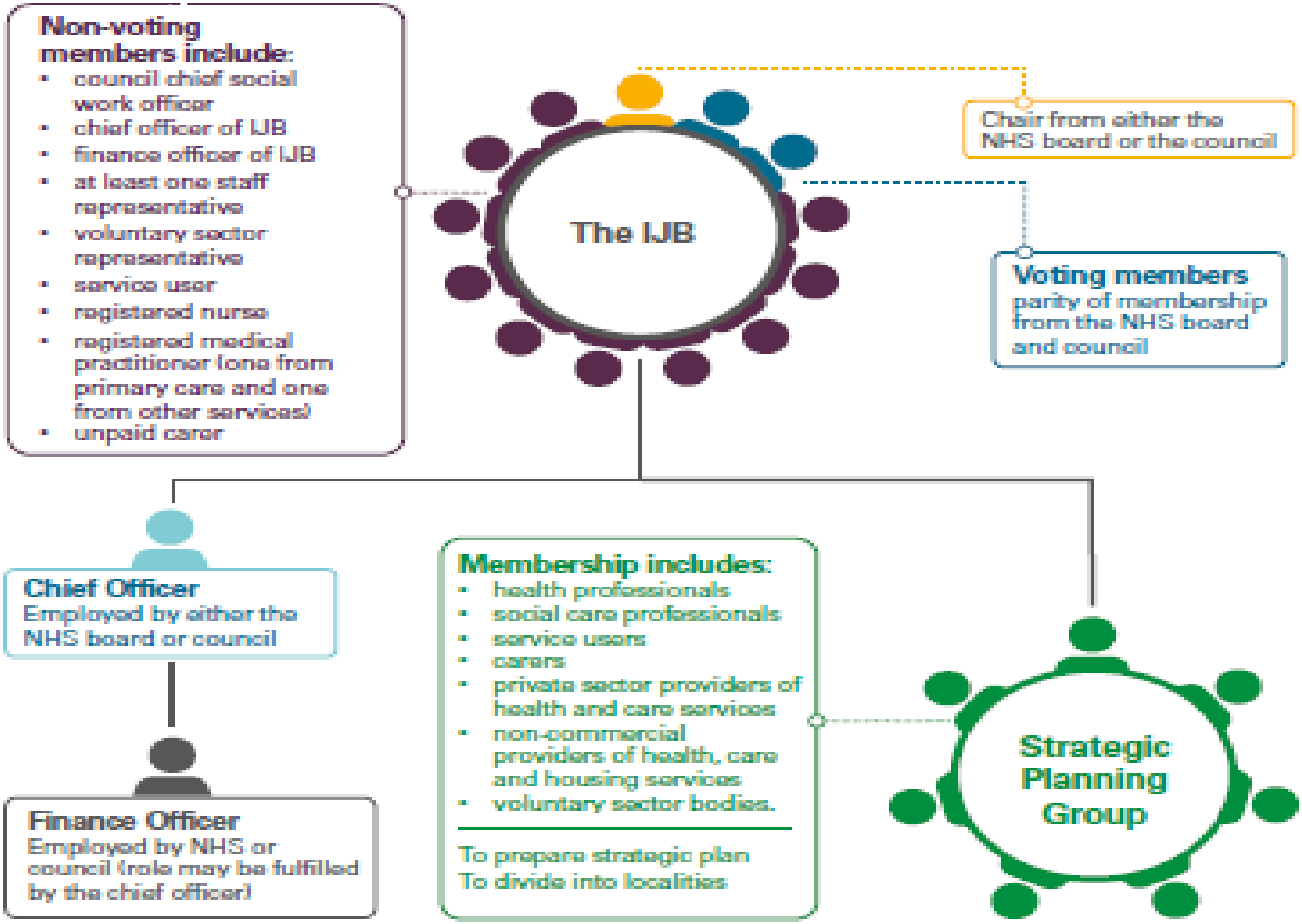
NHS Shetland
- 27, Shetland Islands

NHS Tayside
- 28, Angus
- 29, Dundee City
- 30, Perth and Kinross

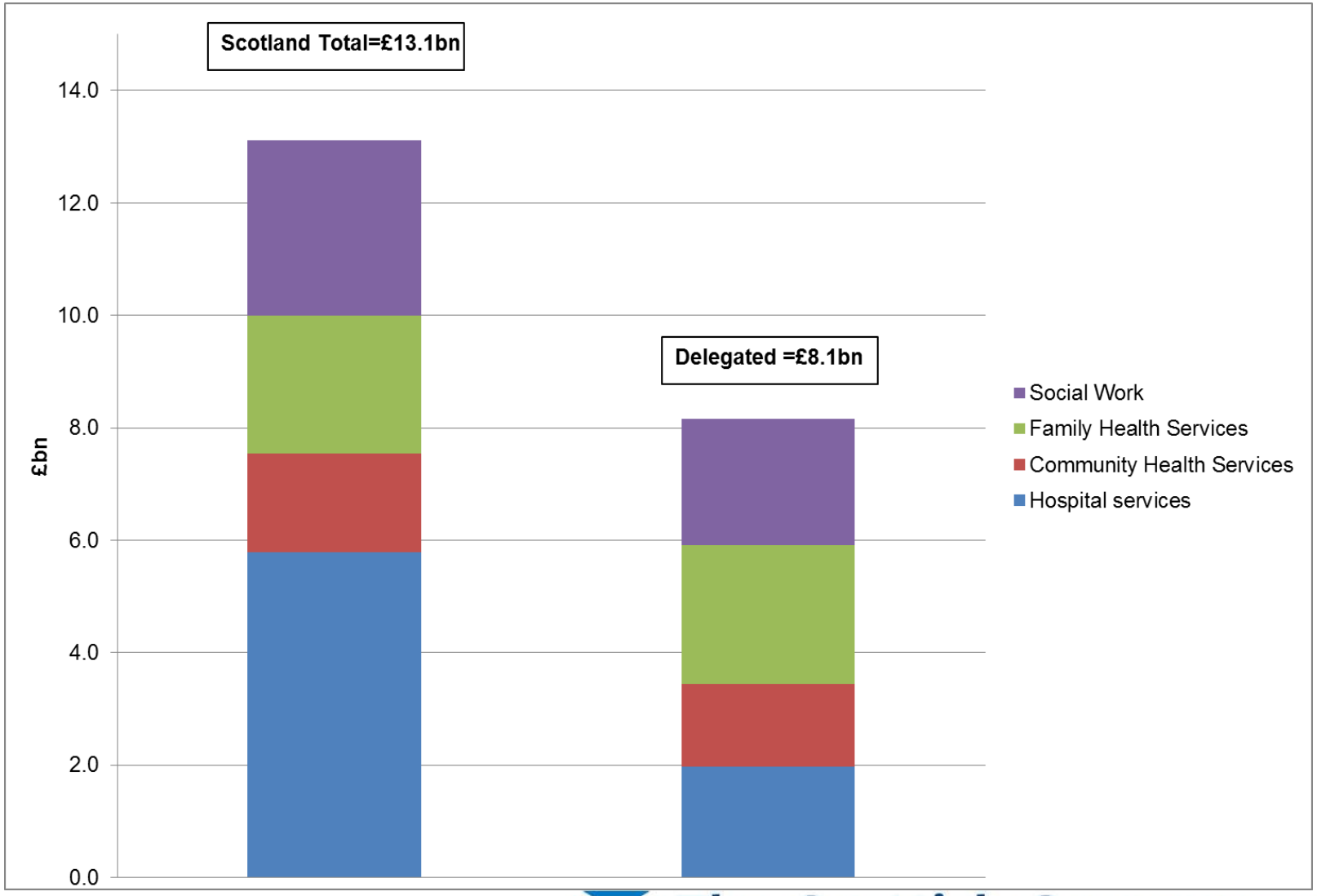
NHS Western Isles
- 31, Na h-Eileanan an Iar

NHS Health Board boundary

Health Boards and Health and Social Care Integration Partnerships from NHS. Reproduced by permission of Ordnance Survey on behalf of HMSO. © Crown copyright and database right 2015. All rights reserved. Ordnance Survey Licence number 100024655. Scottish Government GI Science & Analysis Team, July 2015. Job5698ab


Non-voting members include:
• council chief social work officer
• chief officer of IJB
• finance officer of IJB
• at least one staff representative
• voluntary sector representative
• service user
• registered nurse
• registered medical practitioner (one from primary care and one from other services)
• unpaid carer
The IJB
Chair from either the NHS board or the council
Voting members
parity of membership from the NHS board and council
Chief Officer
Employed by either the NHS board or council
Finance Officer
Employed by NHS or council (role may be fulfilled by the chief officer)
Membership includes:
• health professionals
• social care professionals
• service users
• carers
• private sector providers of health and care services
• non-commercial providers of health, care and housing services
• voluntary sector bodies.
To prepare strategic plan
To divide into localities
Strategic Planning Group

Scope of Integrated Resources



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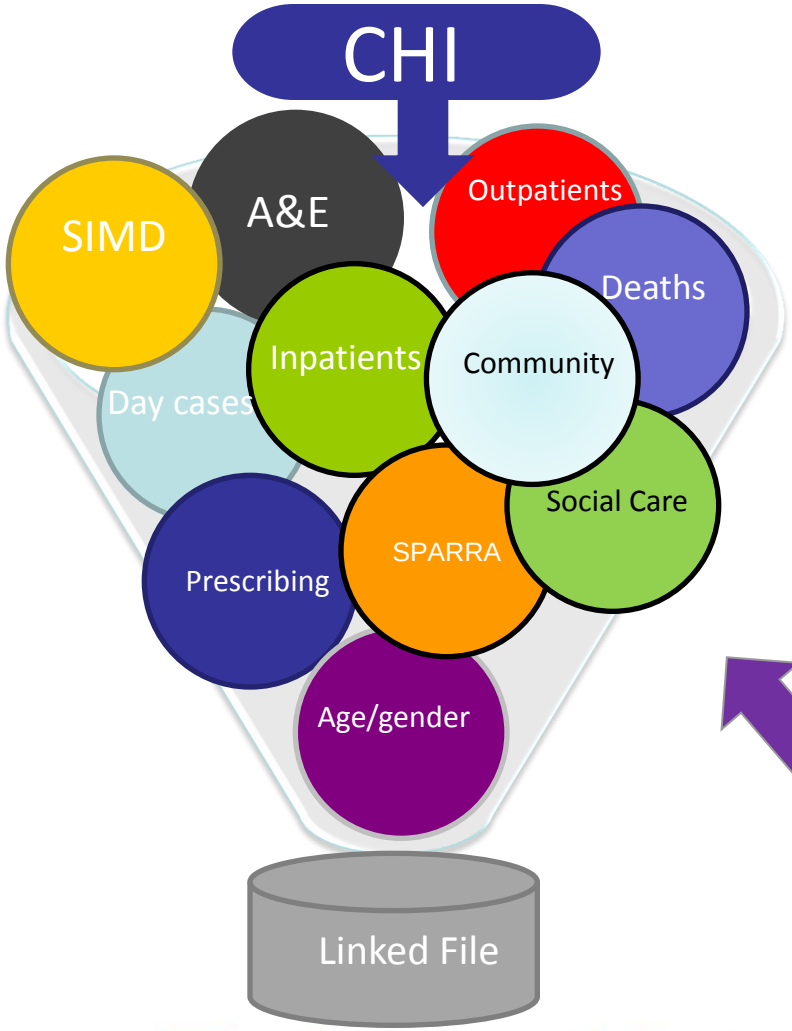
Integrated Data

NHS National Services Scotland

Linked Health and Social care file at an individual service user level (Aggregated Activity & Costs)



Intermediate Care

Hospitals @ Home

Housing and Homeless

£

Partnership Access Via secure platform

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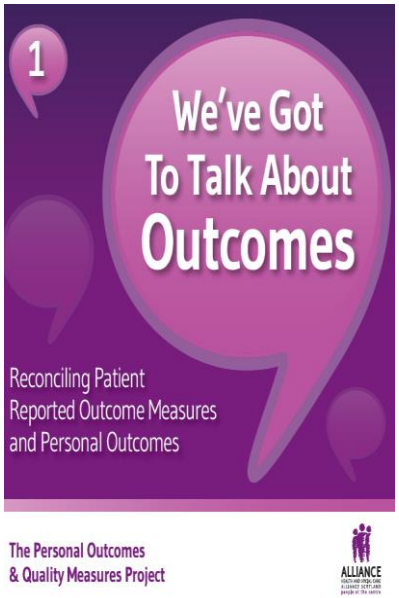
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.



Performance

Performance

Improvement

Co-production, and outcomes

Time

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Professional leadership

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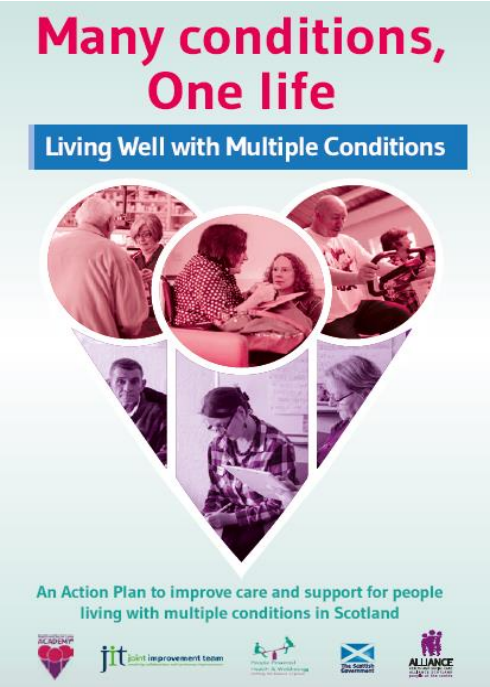
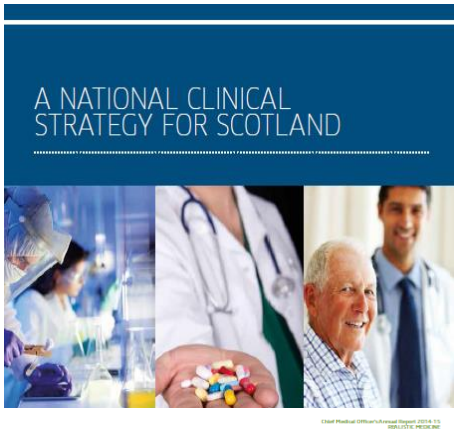
Policy and Strategy Convergence





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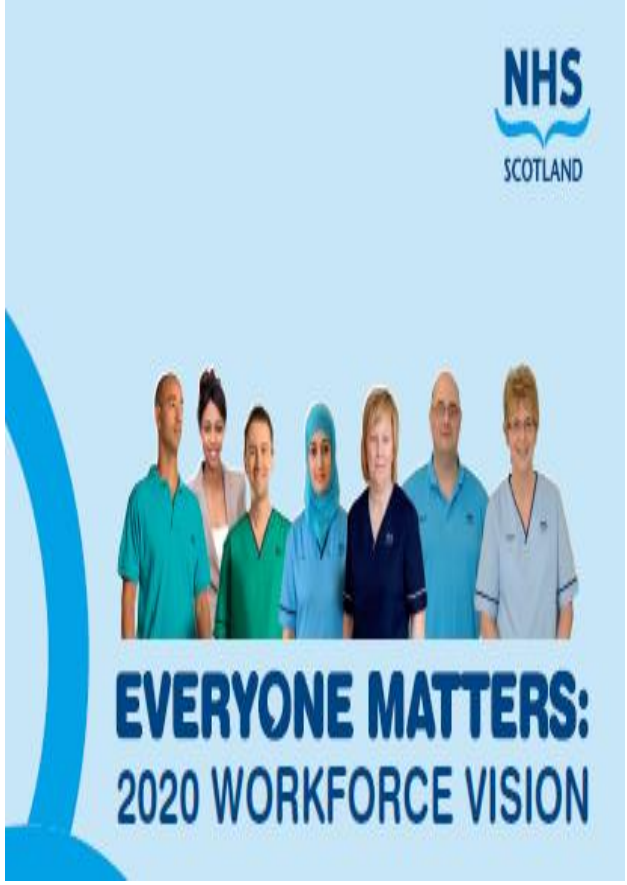

- working seamlessly with colleagues in NHSScotland and partners who provide care
- making more and better use of technology and facilities to increase access to services
- strengthening workforce planning to ensure the right people, in the right numbers, are in the right place, at the right time
- putting new and extended roles into practice

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New Scottish GP Contract

- GP as expert-generalist in complex care
- Strong voice in a primary care led person centred integrated system
- Cluster working on quality across practices
- Local leadership development
- Best use of expensive resources
- Greater job satisfaction
- Supporting quicker access to other professionals working at ‘top of licence’

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Empowered District Nursing

- Registered nurses with specialist qualification

- Work with GP and healthcare support workers to
  - promote self-management and independence
  - use skilled assessment working with a person and their family to develop their care plan
  - focus on prevention and anticipatory care
  - care manage and coordinate care
  - ensure collaboration with other disciplines
  - use knowledge of local resources / networks

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Pharmaceutical Care

Prescription for Excellence

A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation

September 2013
Scottish Government

The Scottish Government
Riaghaltas na h-Alba

- Information and advice
- Minor illness care
- Public health
- Travel clinics
- Chronic medication

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