Integrated Care in Scotland

Integrated Care Interregional Conference

Malmö, 21 October 2015

Dr Toni Dedeu

Scotland

Population: 5.3 million

Health devolved to Scottish Parliament

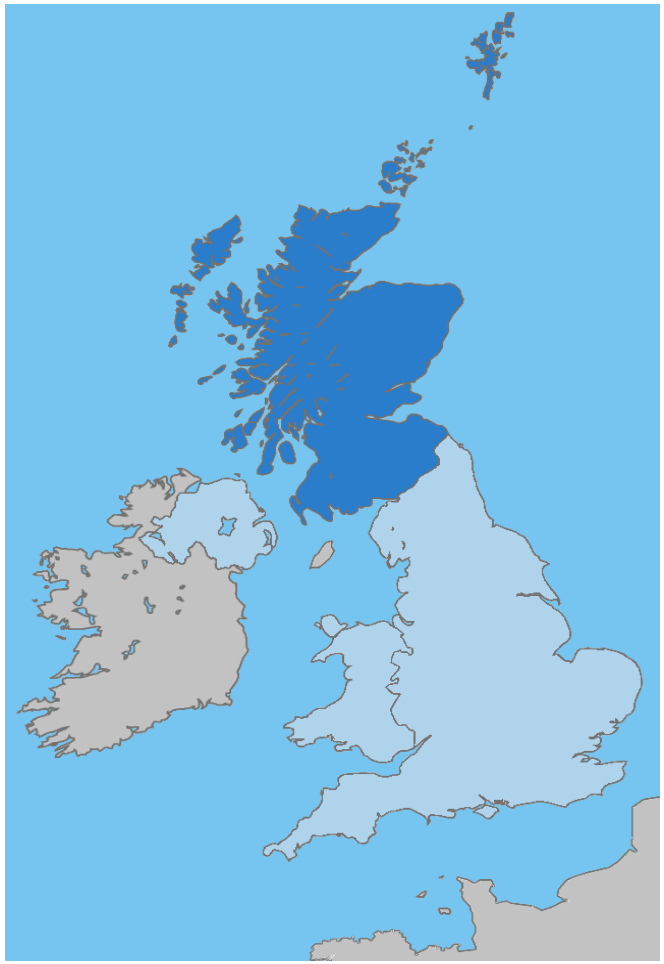
NHS Funding: £12 billion (15 B Euro)

Social Care Funding £3 billion (5 B Euro)

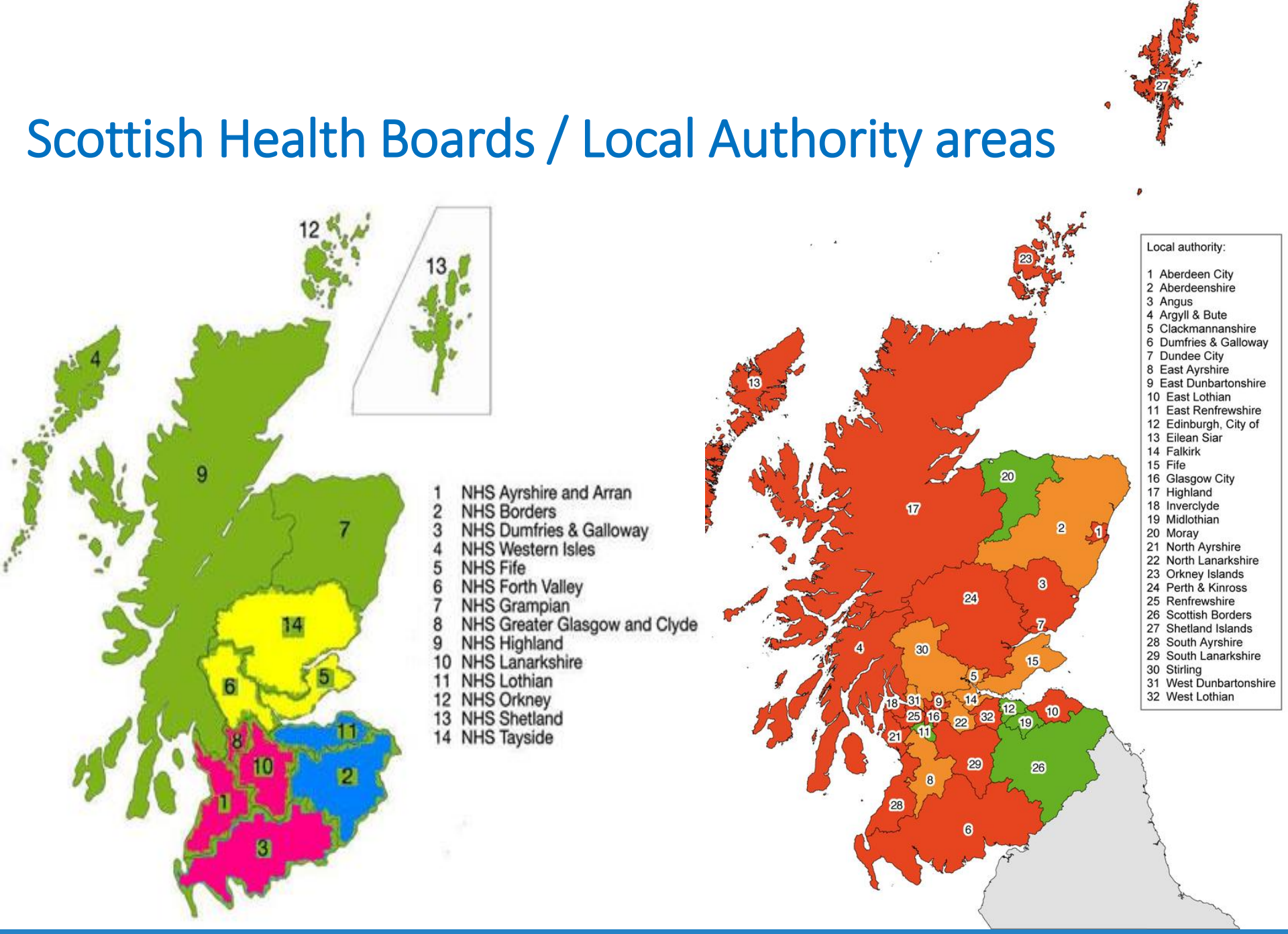
14 Health Boards, 32 Local Authorities

Public Service funded through taxation

From urban/post industrial cities to very remote and rural and islands



Scottish Health Boards / Local Authority areas



June 2011

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

The Christie Commission Report

Commission on the future delivery of public services, June 2011

System Drivers

- Long Term Conditions
- Ageing population
- Health Inequalities
- Workforce Challenges
- Affordability
- Sustainability

National Policy Drivers

- Public Service Reform
- Public Bodies (Joint Working) (Scotland) Act 2014
- Reshaping Care for Older People programme
- Telehealth and Telecare Delivery Plan for Scotland 2015
- The Community Empowerment Bill
- 8 Innovation Centres
  - Digital Health and Care
  - Stratified Medicine
  - Big Data
  - Sensors
  - Construction
  - Aquaculture
  - BioTechnology
  - Oil & Gas

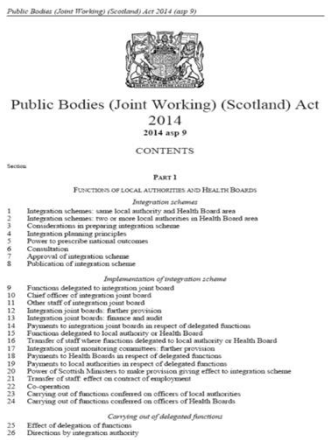
Public Bodies (Joint Working) (Scotland) Act 2014 - Principles

- People are supported to live well at home or in the community for as much time as they can

- They have a positive experience of health and social care when they need it

The Act introduces

- **Principles** for integrated health and social care services
- Nationally agreed **outcomes** for health and wellbeing
- Integrated **governance** arrangements for health and social care: delegation to a body corporate or lead agency
- Integrated **budgets** for health and social care
- Integrated oversight of **service delivery**: Chief Officer (body corporate)
- Joint **strategic planning**
- Joint **locality planning**



Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9)

Public Bodies (Joint Working) (Scotland) Act 2014

2014 asp 9

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Section

PART 1

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National Outcomes driving Health & Social Care Integration

1. Healthier living
2. Independent living
3. Positive experiences and outcomes
4. Carers are supported
5. Services are safe
6. Engaged workforce
7. Effective resource use

Before Integration (before April 2015)	Currently (after April 2015)
32 Local Authorities responsible for social care, education, housing, transport	**32 new "Health and Social Care Partnerships"** jointly responsible for delivery of: • social care, • community health • primary care • and some hospital services
14 NHS Boards Acute, hospital, community, primary care health services	NHS Boards and Local Authorities w continue providing a range of other health and care services

What has helped integration?

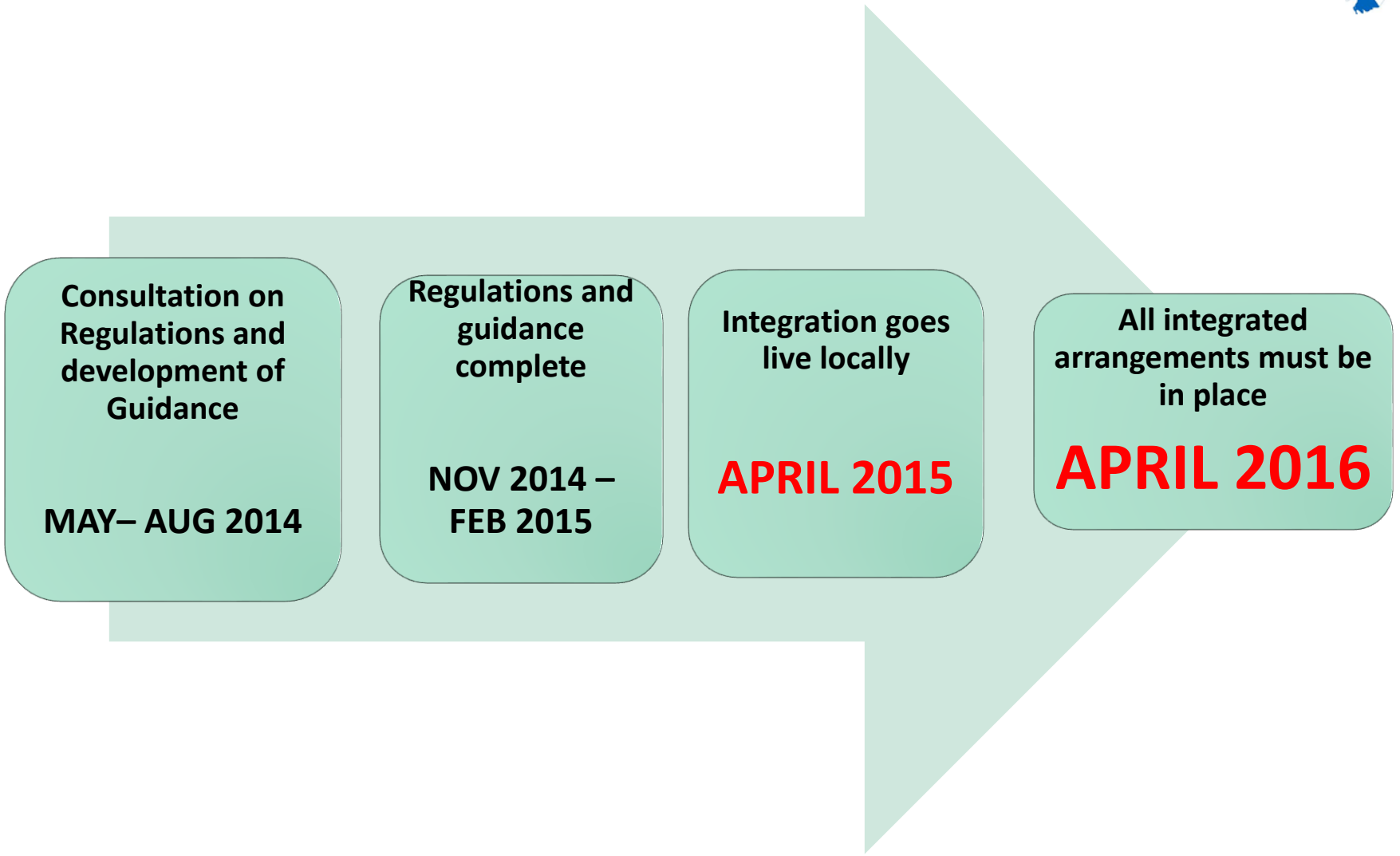
- Cross party support
- NHS support
- Local authority support
- Everyone (partners, stakeholders etc.) agreed:
  - A challenge exists
  - Something needs to be done
- Having an agreed vision about what we are trying to achieve

HOWEVER..... the difficulty is in the detail of how we will achieve it.

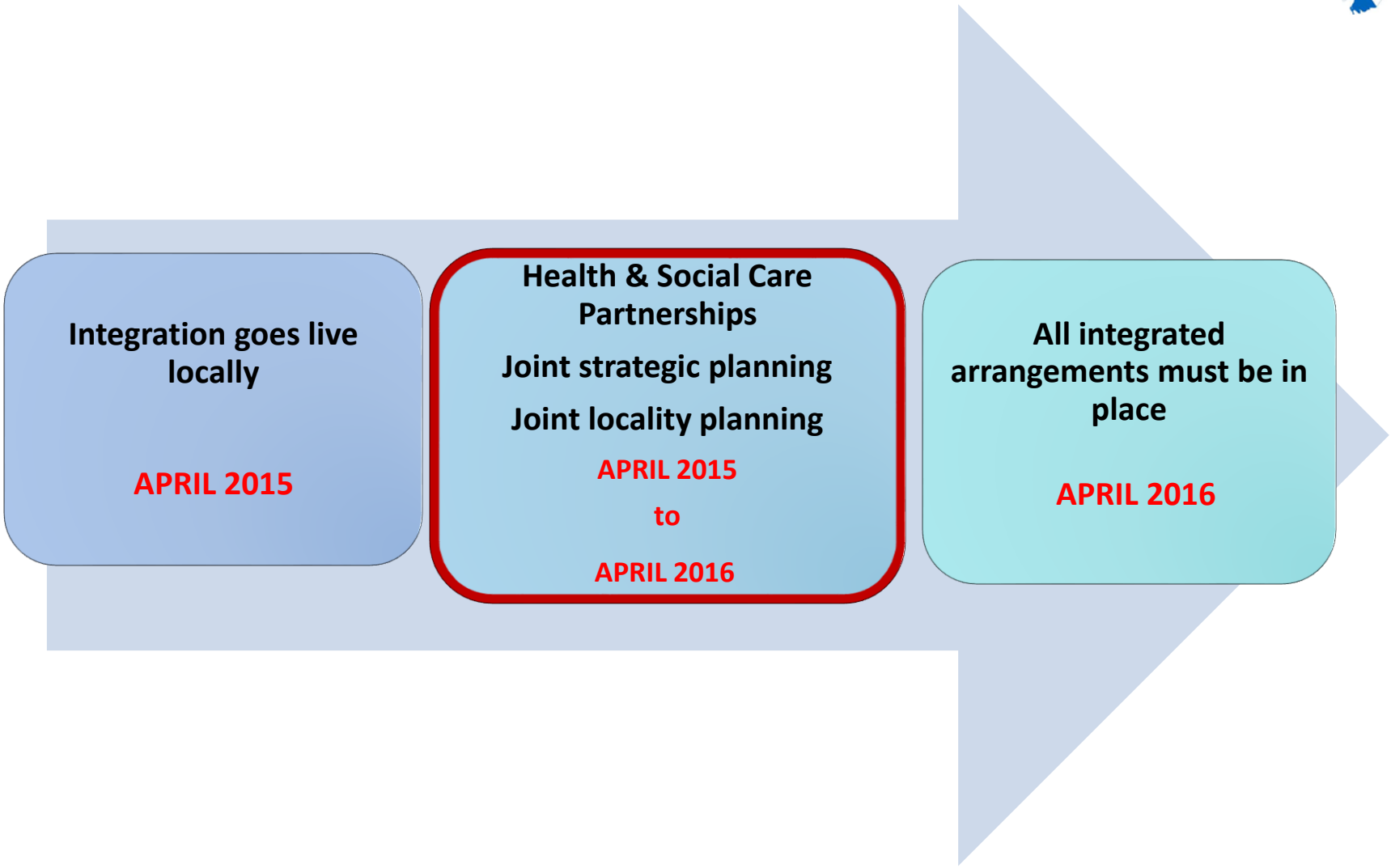
What have we learnt so far?

- Integration requires an enormous amount of effort and resources
  - you need a large, stable team
- Timetabling – avoid key dates e.g. elections
- Keep people informed
- Keep stakeholders engaged (Communications lead)
- Expect last minute changes

Timescales


Consultation on Regulations and development of Guidance
MAY– AUG 2014
Regulations and guidance complete
NOV 2014 – FEB 2015
Integration goes live locally
APRIL 2015
All integrated arrangements must be in place
APRIL 2016

Timescales


Integration goes live locally
APRIL 2015
Health & Social Care Partnerships
Joint strategic planning
Joint locality planning
APRIL 2015
to
APRIL 2016
All integrated arrangements must be in place
APRIL 2016

Reshaping Care: a Programme for Change - 2011- 2021

- 10 year “whole system” transformation programme that will:
  - ✓ shift the location of care
    - → from institution to community
  - ✓ transform the culture and philosophy of care
    - → from reactive services provided *to* people →

    towards:
    - preventative,
    - anticipatory and
    - coordinated care and
    - support at home

    → delivered *with* people.

Reshaping Care: a Programme for Change - 2011- 2021

- £300 million Change Fund (2010 – 2014)
- £120 million Integrated Care Fund (2015)
- £10 million Technology Enabled Care Fund (2015)

Thank you

Tack så mycket

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Principles of integration

Health and social care services should be planned for and provided so that they:

1. Are integrated from the point of view of service-users
2. Take account of the particular needs of different service-users
3. Take account of the particular needs of service-users in different parts of the area in which the service is being provided
4. Take account of the particular characteristics and circumstances of different service-users
5. Respect the rights of service-users
6. Take account of the dignity of service-users

Principles of integration

Health and social care services should be planned for and provided so that they (contd.):

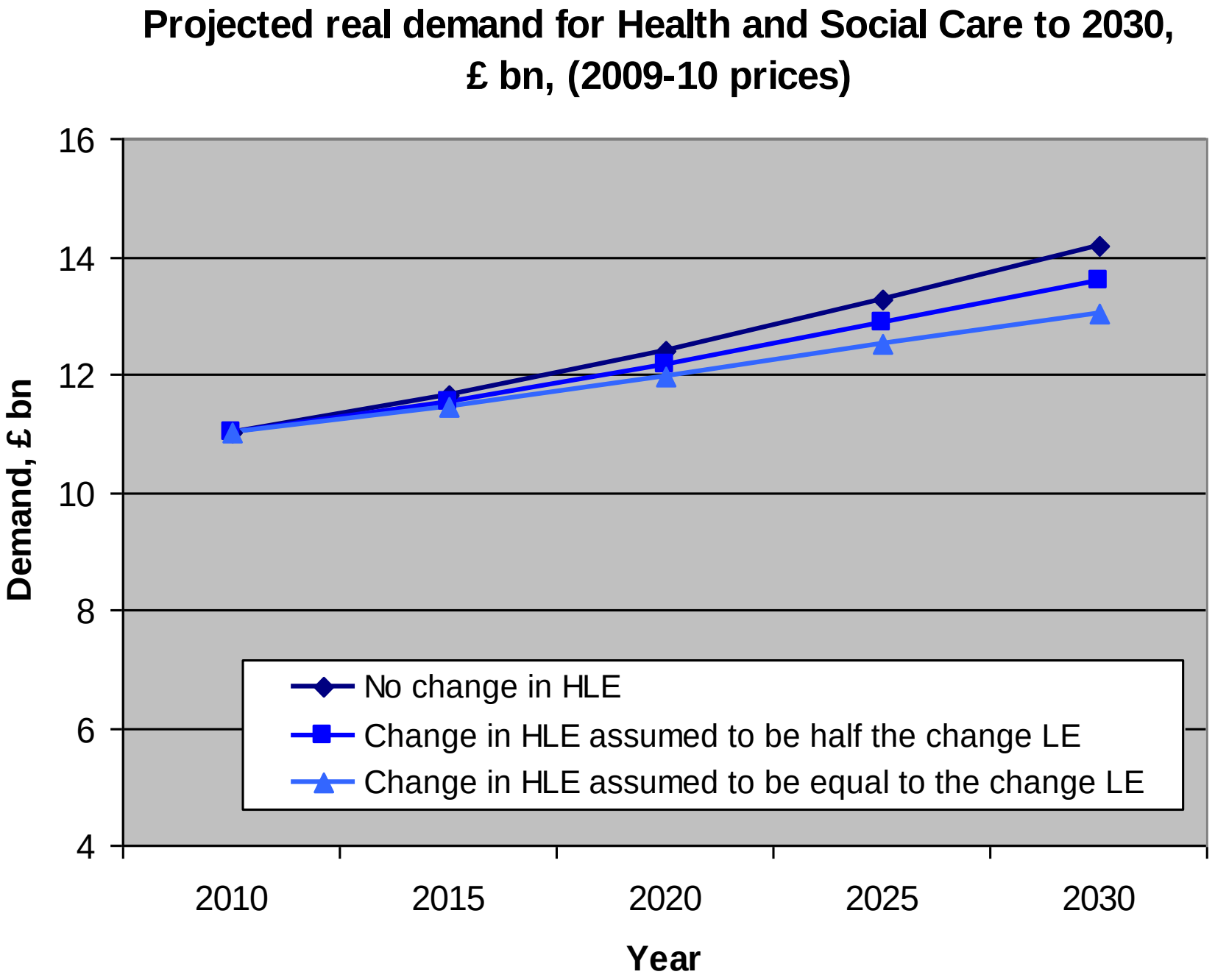
7. Take account of the participation by service-users in the community in which service-users live
8. Protect and improve the safety of service-users
9. Improve the quality of the service
10. Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
11. Best anticipate needs and prevent them arising
12. Make the best use of the available facilities, people and other resources

National outcomes

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, 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 service users.
5. Health and social care services contribute to reducing health inequalities.

National outcomes

6. People who provide unpaid care are supported to reduce the potential 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 are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.


Projected real demand for Health and Social Care to 2030, £ bn, (2009-10 prices)
Demand, £ bn
16
14
12
10
8
6
4
2010
2015
2020
2025
2030
Year
No change in HLE
Change in HLE assumed to be half the change LE
Change in HLE assumed to be equal to the change LE