Health and Social Care Integration

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Learning Outcomes

At the end of the session you will be able to

• Explore number of policy drivers that are reforming public services in Scotland
• Discuss the key features of the Public Bodies (Joint Working) Scotland Act 2014
• Gain a better understanding of health and social care integration
A More Successful Scotland

Creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.

Our public services are high quality, continually improving, efficient and responsive to local people's needs

Person - Centred
Values - Driven
Assets - Based

Quality Education for a Healthier Scotland
**Key Policy Direction**

- Public Bodies (Joint Working) (Scotland) Act 2014
- Social Care (Self-directed Support) Act 2013
- Children and Young People Act 2014
- Community Empowerment (Scotland) Bill
- Procurement Reform (Scotland) Bill
- Community Planning Partnerships
- Other Care Group Strategies, including Dementia, Carers and Criminal Justice
Key Themes for Driving Improvements

- Demand
- Money
- Innovation
- Quality

- Law
- Political
- Co-production
- Tackling Inequalities

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Discussion point: Background check

• What is your understanding of health and social care integration?

• Can you think of how this might change or impact on your role?

• Is there any intelligence from your locality about the changes that health and social care integration are making?
Joining up care; integrating services

Joined-up care: Sam's story – Kings Fund -
http://www.youtube.com/watch?v=3Fd-S66Nqio
Changing the mind set

### ‘Old’ and ‘New’ Models of Care

<table>
<thead>
<tr>
<th>Old Model</th>
<th>New Model</th>
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<tr>
<td>Hospital centred</td>
<td>Embedded in communities</td>
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<tr>
<td>Episodic care</td>
<td>Team based</td>
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<td>Disjointed care</td>
<td>Integrated, continuous care</td>
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<td>Reactive care</td>
<td>Preventative care</td>
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<td>Self Care Infrequent</td>
<td>Self Care encouraged</td>
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<td>Carers undervalued</td>
<td>Carers Supported as partners</td>
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<td>Patient as passive recipient</td>
<td>Patient as partner</td>
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The Public Bodies (Joint Working) (Scotland) Act 2014 provides a framework to support improvements in the quality and consistency of health and social care services through the integration of health and social care in Scotland.
Integrating health and social care in Scotland: key points

• Integration authorities (partnerships) set up in each area, the equal responsibility of health boards and local authorities, and accountable for national outcomes on promoting independence and well-being.

• Authorities required to integrate budgets including adult social care, primary health, community health and some aspects of acute health care.

• Jointly appointed, chief officer in each partnership will ensure partners’ joint objectives are delivered within the integrated budget;

• Integration authorities must ensure effective processes in place for locality service planning led by clinicians and care professionals.
Lead Agency Model of Integration

One partner delegates a particular function and a share of resources for delivery of that function to the other. The partner to whom the function has been delegated becomes the lead agency for delivering that function.
Workforce Intelligence: learning from others

- Changes in Highland – Lead Agency Model
- NHS Highland – Adult Services and Highland Council Children Services
- Social Care staff to NHS Highland = 1,500
- Health Staff to Highland Council = 250
- Budget to NHS Highland = £90m
- Budget to Highland Council = £8m
- Partnership Agreement – 400 pages
- New management and governance structures
What’s in the draft regulations?

**Health...**
- Unplanned inpatients
- A&E
- Care of older people
- District Nursing
- Health visiting
- Clinical Psychology
- CMHT
- Community Learning difficulties
- Addiction Services
- Home dialysis
- Women’s services
- AHPs
- General Medical Services
- GP out of hours
- Pharmaceutical services (GP Prescribing)
- Public Health dental services

**LA...**
- Social work service for adults and older people
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Adult placement services
- Health improvement services
- Housing support, aids and adaptations
- Day services
- Local area coordination
- Respite provision
- OT services
- Reablement services
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The Social Care Workforce: facts and figures

• What services constitute Social Care?

Social care in Scotland encompasses social work; care home services in the community for adults, children and young people; and services for young children, including nurseries and after-school care clubs.

• How many people work in Social Care and in what care sectors?

191,000 staff - private sector employs 41%, public sector 32% and the voluntary sector 27% of the people working in social services in Scotland (2012 data).
The social care workforce: facts and figures

Who is responsible for registering people who work in social services and regulating their education and training?

Scottish Social Services Council (SSSC)

Registration for social service workers is function based, rather than qualification based, meaning that an applicant must be performing a relevant role in a service registered by the Care Inspectorate, rather than holding a specific qualification.
Independent Living
Reablement
Integrated care
Personalisation
Co-production
Independent Living
Personal outcomes
Self - directed support

http://www.thinklocalactpersonal.org.uk/_library/AIjargonBusterFINAL.pdf
Workforce Development Plan for Integration
Outcomes to support Integration to be consulted on

- Healthier Living
- Independent Living
- Engaged Workforce
- Positive Experiences and Outcomes
- People are Safe
- Carers are Supported
- Effective use of Resources
Factors helping/hindering integrated working

Three main categories:

• Organisational issues
  – Vision and culture
  – Unified budgets or structures
  – Communication and IT

• Professional issues
  – Status and stereotypes
  – Patient focus
  – Training and education

• Policy and legal issues
  – Policy environment
  – Legislation
  – Employment contracts, terms and conditions

Hilary Robertson (2011)
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.

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.
Educational development target areas

- **Undergraduate provision preparing for the future**
  - Clinical Placements reflective of changes in delivery of service provision
  - Inter professional / agency opportunities within the curriculum

- **Post Registration / Graduate opportunities**
  - Unscheduled and emergency care
  - People living with multimorbidities, demographics
  - Shifting balance of care – changing roles of Professionals
  - Asset building, self management, carers, volunteers,
  - Working in an integrated way

Quality Education for a Healthier Scotland
A focus on:

• Greater **integration** and partnership working – by **All** those who provide public services; NHS, social care, voluntary and independent sectors, and considering the influence from people who use services, carers and professionals.

• Increased **wellbeing & prevention** focus, shifting resources ‘upstream’ out of acute care/residential care.

• People will, in general, have greater **control over their care** provision via self-directed support.

• **Outcomes AND meeting standards.**
Levels of engagement and planning: identifying your focus

National
- Specialist Services
- Regional & pan-regional
- Interdependencies
- National Outcomes

Strategic
- Health and Social Care Partnerships
- Whole Population and Resource
- Care Groups
- Integration Outcomes

Locality
- Community empowerment
- Professional leadership
- Geography and socio-economic focus
- Team Outcomes

Individual
- Self - Directed Support
- Personalisation
- People using services & Carers
- Personal Outcomes

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