

Integrating Health and Social Care in Scotland

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Christine McLaughlin
Director Health Finance Scottish Government

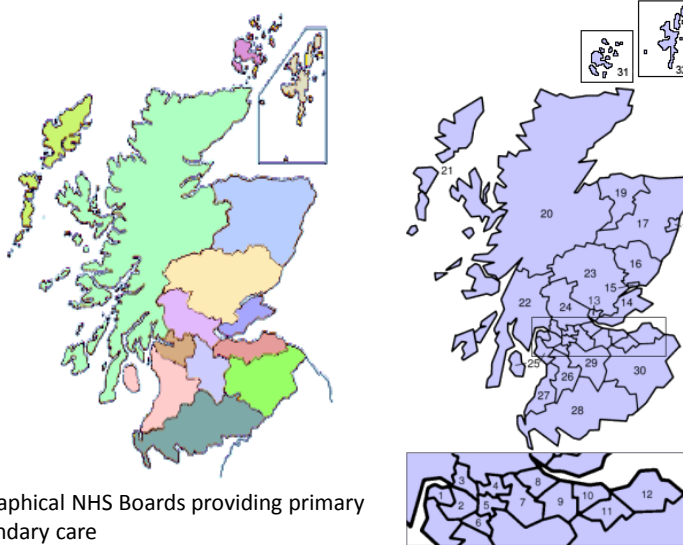


What's it all about?



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

Health Board/ Local Authority Map



14 Geographical NHS Boards providing primary and secondary care
32 Local Authorities providing social care

Building blocks for integration

1) A **guiding principle**:

“... 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

2) A **single commissioner and budget** for health and social care

3) **Legislation**:

The Public Bodies (Joint Working) (Scotland) Act 2014

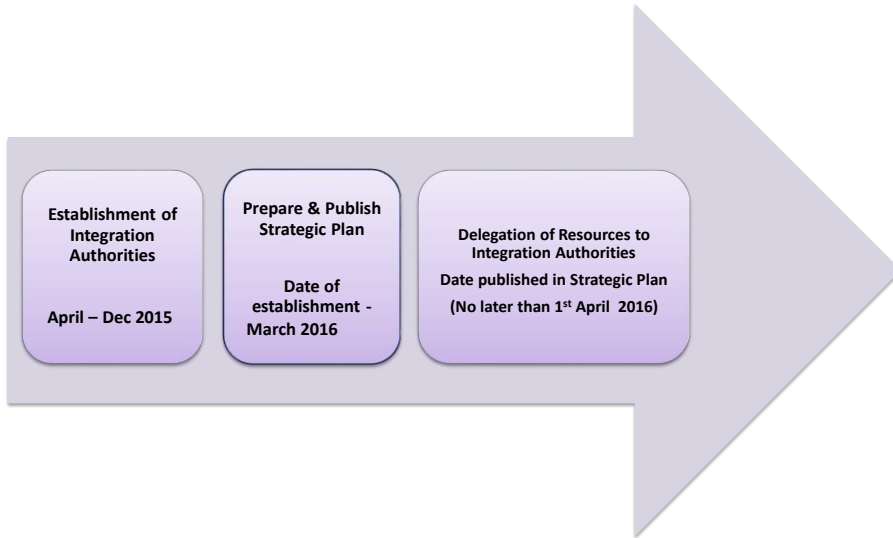
The Public Bodies Act 2014

- Principles for integration
- Nationally agreed outcomes
- Integrated governance arrangements
Integrated budgets
- Integrated oversight of delivery
- Strategic planning
- Localities

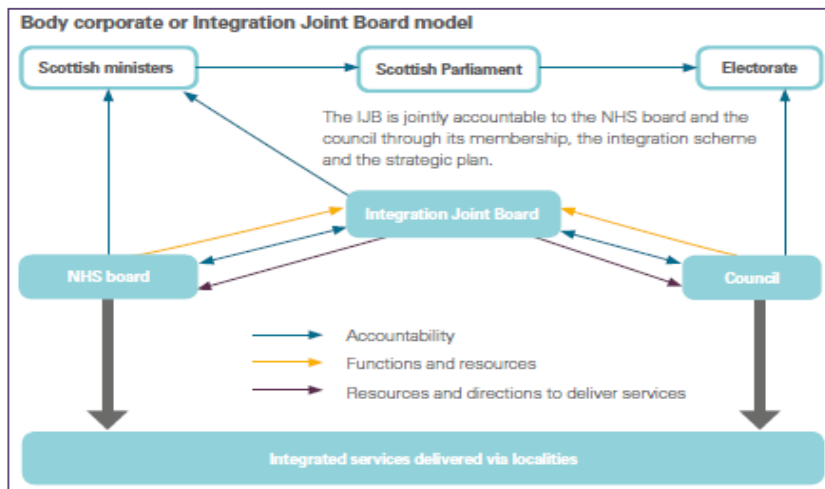
Health and Wellbeing Outcomes

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 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.

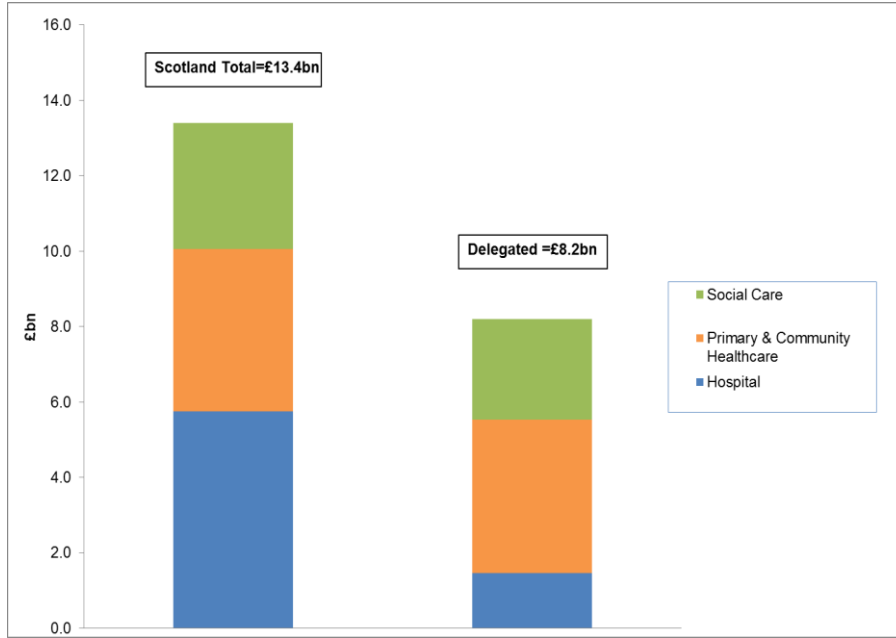
Timeline



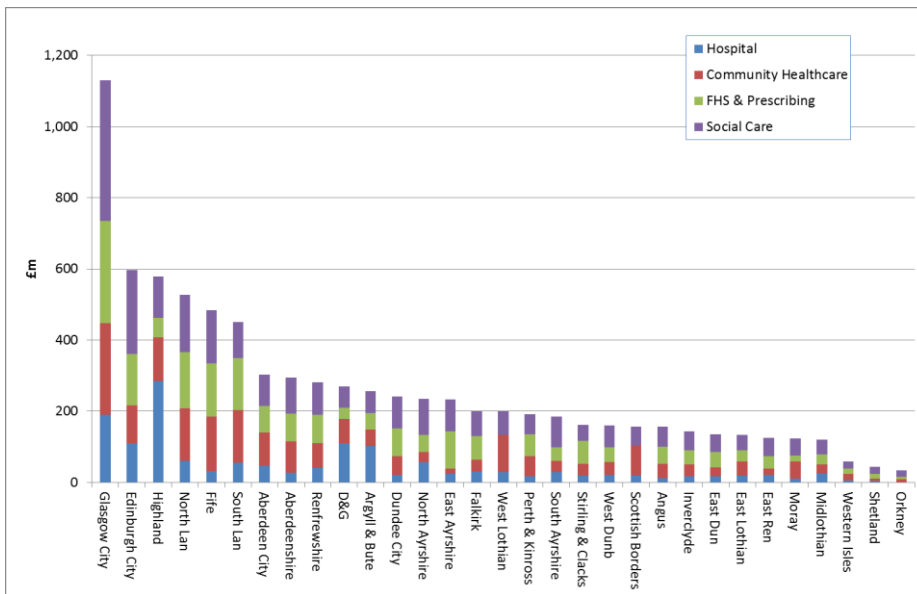
Organisational structure



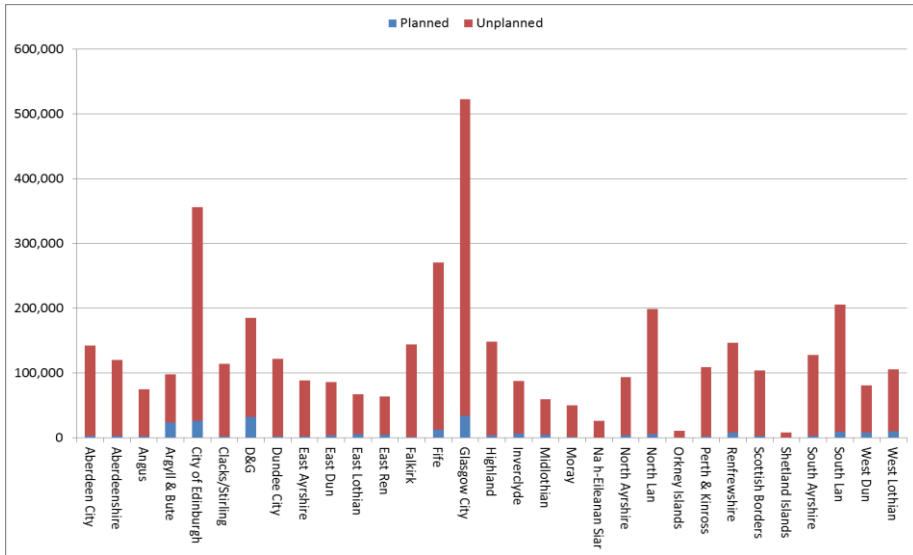
Delegated Budgets



Delegated Budgets



Delegated Hospital Capacity



Finance Provisions

IJB Annual Financial Statement

- Published with the first Strategic Plan and every year thereafter;
- Amount that will be spent in each year of the strategic plan;
- How resources in the plan are expected to:
 - achieve the national health and wellbeing outcomes;
 - be spent across care groups, localities and service type;
- Advice on the content of the Annual Financial Statement will be published in the statutory guidance for Strategic Planning.

IJB Annual Performance Report

- Performance on key indicators for the national health and wellbeing outcomes;
- Actual use of resources compared with the plan set out in the annual financial statement;
- How resources have been spent:
 - to achieve the national health and wellbeing outcomes;
 - across care groups, localities and service type;
- Best Value: report on how implementation of the strategic plan and actual expenditure have contributed to the Integration Authority achieving Best Value.

Implementation Support & Development

- Scottish Government engagement with IJBs
- Integration Joint Board members
- Chief Officers network
- Finance Officers network
- Strategic planning and performance reporting

Strategic planning and performance reporting

Partnerships will need information to:

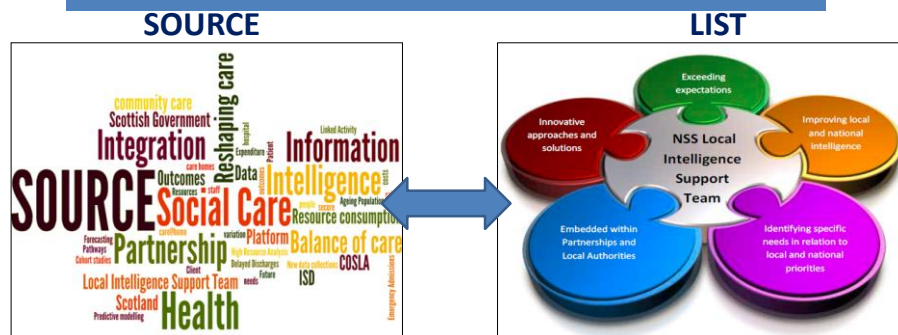
- Map care pathways by geography, care group etc.
- Link outcomes to resources
- Measure effectiveness of interventions
- Review and report on performance in innovative new ways that support bold decisions

Strategic planning and performance reporting

Partnerships will need support for:

- Analysis and modelling of current and future pathways and cost implications
- financial impact of strategic needs assessment
- Linking resources to outcomes
- Developing Improvement Programmes

Support for Strategic Planning



- Linked Health & Social Care File
- Outputs & Pathways
- Social Care Collection
- IT Infrastructure
- Information Governance
- Resource Based Locally
- Access to Specialist Skills
- Be-spoke Analytical Support
- Support Local Priorities
- Share Skills, Knowledge & Expertise

Classification Matrix

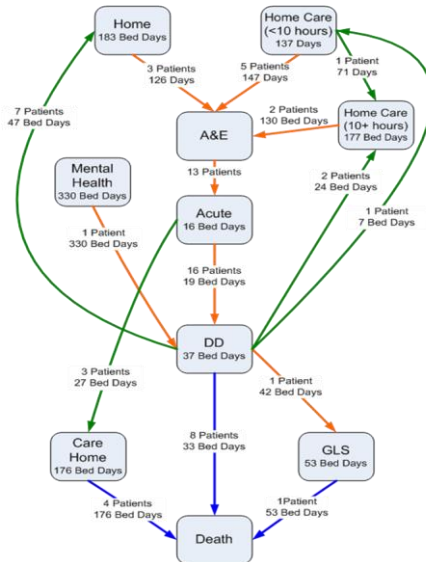
Service Use Matrix
GP Practice Level

Resource Group: Age Group: SIMD: Urban/Rural Index: Long Term Conditions:

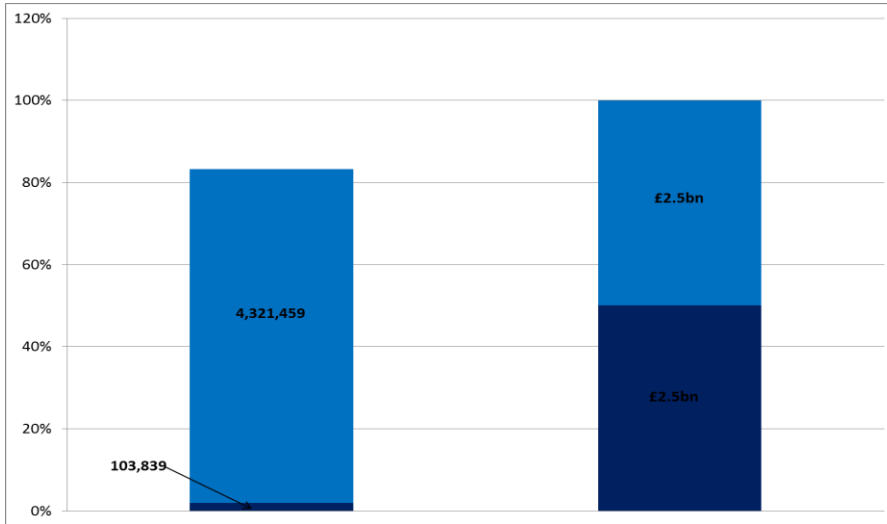
Total Cost

	Psychiatry	Geriatric	Maternity	Elective Inpatient	Limited Daycases	Routine Daycase	Single Emergency	Multiple Emergency	ABE	Outpatients	Community Prescribing	Community Care	Residential Care	None
End of Life	-	£767,597	-	£83,350	-	£76,354	£174,549	£899,762	-	-	£55,746	£60,279	£495,012	-
Frailty	£46,804	£2,212,401	-	£240,089	£7,698	-	£410,926	£624,554	-	-	£32,689	£588,886	£2,863,080	-
High Complex Conditions	£63,059	£761	-	£565,288	£95,976	£141,243	£87,750	£334,937	£1,390	£19,655	£206,607	£534,203	£123,910	-
Maternity and Healthy Newborns	-	-	£168,991	-	-	-	-	-	-	-	-	-	-	-
Mental Health	£222,877	£59,140	-	-	-	-	£8,816	£6,758	-	-	-	-	-	-
Substance Misuse	-	-	-	£18,904	£5,919	-	£30,169	£3,191	-	£298	£12,930	-	-	-
Medium Complex Conditions	-	£620	-	£136,302	£49,430	£8,671	£63,834	£49,627	£1,818	£7,104	£93,459	-	-	-
Low Complex Conditions	-	£1,687	-	£347,801	£173,392	£10,594	£215,160	£109,792	£14,167	£53,155	£284,851	-	-	-
Child Major Conditions	-	-	-	£31,810	£17,913	-	£32,582	£8,208	-	-	£8,121	-	-	-
Adult Major Conditions	-	-	-	£92,047	£80,014	£8,962	£129,400	£5,816	-	£5,416	£143,831	-	-	£0
Healthy and Low User	-	-	-	-	-	-	-	-	£50,313	£91,285	£169,341	-	-	£0

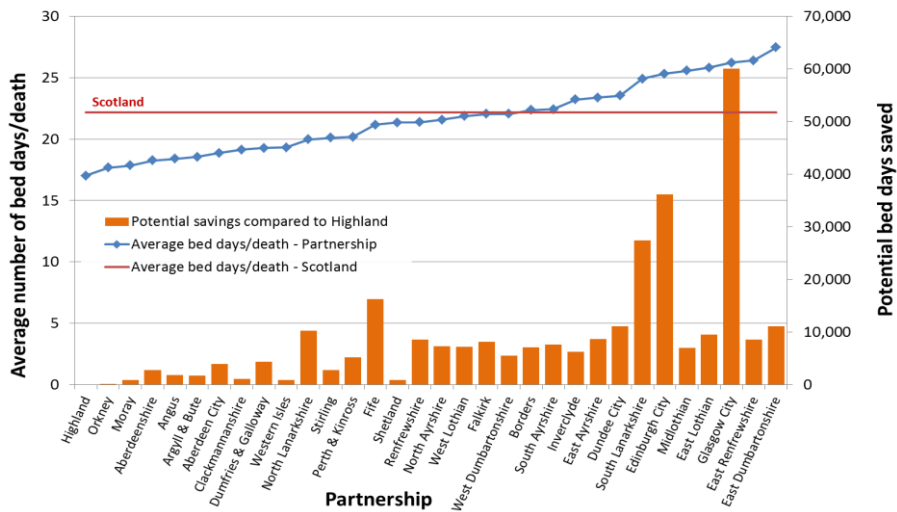
Geriatric Pathway



High resource individuals



End of Life



National clinical strategy: approach

- Support and enhance primary care
- Balance health and social care
- Reduce reliance on in-patient beds
- Fewer in-patient units offering more specialised care
- Realistic medicine

National clinical strategy: a new clinical paradigm

- Increasing investment generally brings increasingly marginal benefit/value
- Need to review what we do, not how efficiently we do it
- Must focus on what informed, involved patients value
- Seek feedback on outcomes
- **Need for realistic medicine**

Health and Social Care Integration



Supporting people to live well and independently at home or
in a homely setting in their community for as long as possible

- www.scotland.gov.uk/HSCI
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There's no ward like home

