

Moving Forward Together.



Community and Primary Care Direction of Travel

Susanne Millar, Chief Officer (Strategy and Operations) & Chief Social Work Officer,
Glasgow City Health and Social Care Partnership

Background

- Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent 1st April 2014
- Integration Schemes approved by Councils, Health Boards and Scottish Ministers. Integration Joint Boards established by 1 April 2016.
- Fundamental change in the way that health and social care services are planned and delivered across Scotland
 - IJB produces a single Strategic Plan for Health & Social Care to deliver national outcomes
 - IJB commissions the Council and Health Board to deliver services in line with the Strategic Plan and allocates budget accordingly
- Key Principles
 - Nationally agreed outcomes
 - Joint and equal accountability
 - Integrated budgets
 - Strengthened role for clinicians, care professionals and third and independent sectors
 - Locality Planning



9 National Health and Wellbeing Outcomes

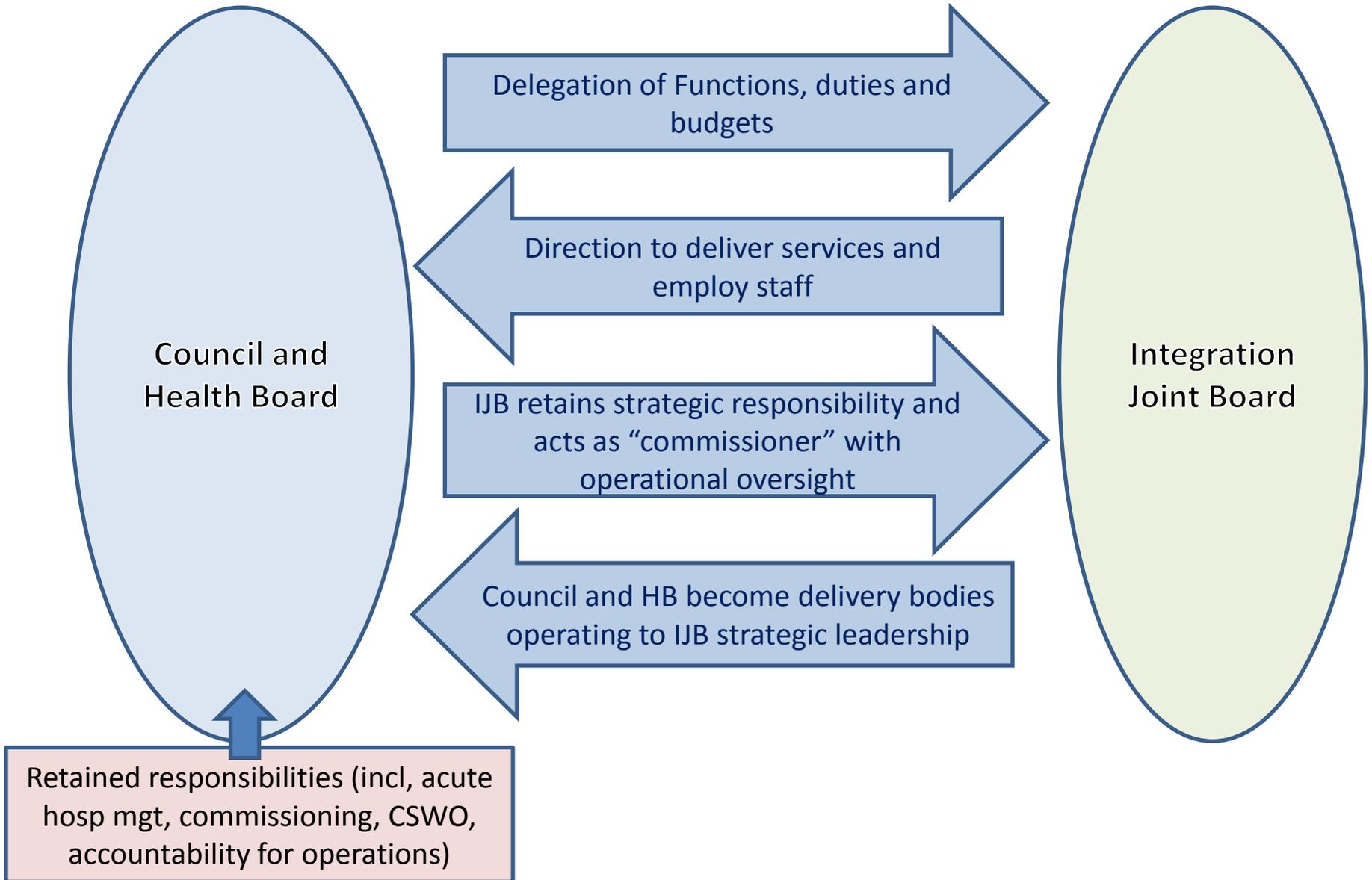
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in 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.



Council & NHS Functions Delegated to IJBs

- The strategic planning for Accident and Emergency services provided in a hospital
 - The strategic planning for inpatient hospital services relating to the following branches of medicine:
 - general medicine;
 - geriatric medicine;
 - rehabilitation medicine;
 - respiratory medicine.
 - Palliative care services
 - District nursing services
 - Services provided by allied health professionals such as dieticians and occupational therapists
 - Dental services
 - Primary medical services (including out of hours)
 - Some housing functions (aids and adaptations, housing support)
 - Assisted garden maintenance
 - Ophthalmic services
 - Pharmaceutical services
 - Sexual Health Services
 - Mental Health Services
 - Alcohol and Drug Services
 - Health improvement
 - School Nursing and Health Visiting Services
 - Social Care Services for adults and older people
 - Carers support services
- (can be delegated by local agreement)**
- Social Care Services provided to Children and Families, including:
 - Fostering and Adoption Services
 - Child Protection
 - Homelessness Services
 - Criminal Justice Services

Moving Forward Together.



IJB responsibility re Acute

Health Board is responsible for the overall planning for acute services, working with IJBs on planning the delivery of unscheduled care and on the shaping of the primary care and community services which are critical to the delivery of acute care.

The IJBs are responsible for strategic planning for health and social care services and for the strategic commissioning of unscheduled care services.

Health Board is required to 'set aside' a portion of acute budget for those functions delegated to IJBs which are carried out in hospitals.

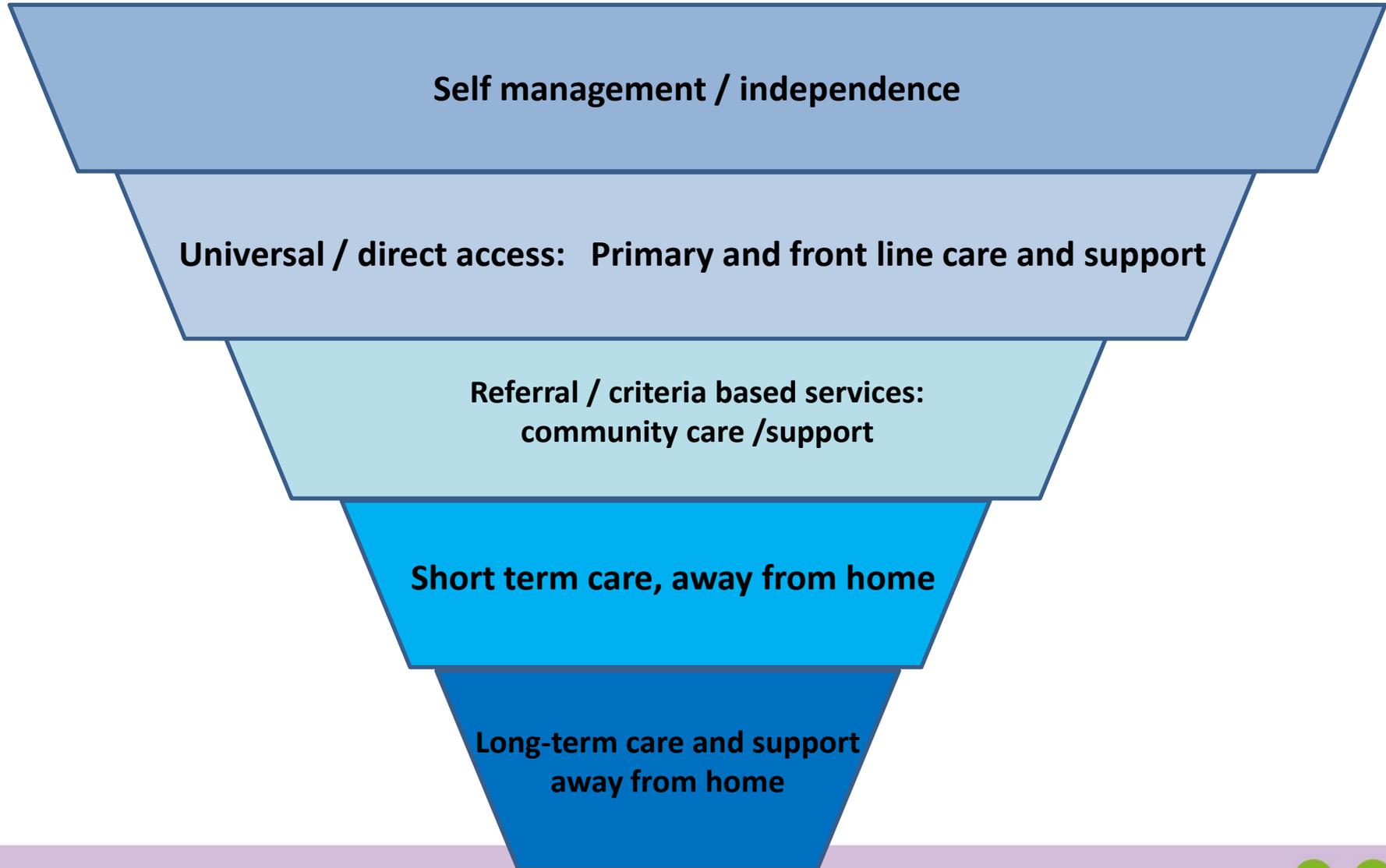


Operational Delivery

- Council and Health Board employ staff and operationally manage services
- The IJB places the Chief Officer at the disposal of both the Council and Health Board to manage these employees and services – the Chief Officer becomes member of both corporate management teams (single management)
- IJB retains strategic responsibility and “operational oversight”, but not operational responsibility
- Chief Officer has officer-level responsibility for all strategy, resources and most operations (with some local exceptions as outlined in Integration Schemes)



Primary / Community Supports & Service Types



8x common priority areas across IJBs

Early intervention & reduction in emergency admissions

Shifting the balance of care from hospitals and institutions, to the community

Avoid unnecessary delays in discharge from hospital

Promoting individual independence and choice

Supporting unpaid carers

People have positive experiences of health and social care services (including at end of life)

Tackling inequality

Improving life chances for vulnerable children



Priority Area - Early intervention & reduction in emergency admissions

- HSCPs contributing to significant ongoing reduction in acute bed days for older people
- Increasing numbers of anticipatory care plans in place
- Unscheduled Care Strategic Commissioning Plans
- Central plank of Unscheduled Care commissioning plans is investment, redesign and delivery of infrastructure of community services



Priority Area - Shifting the balance of care from hospitals and institutions, to the community

- Telecare – enabling people to live independently in their own homes and communities
- Supported Living - enabling greater numbers of older people to be supported at home with enhanced packages of care, while reducing the numbers going into residential or nursing care
- Ongoing reductions in number of purchased care home placements
- Key driver for health and social care integration as a whole, reflects national policy



Priority Area - Avoid unnecessary delays in discharge from hospital

- Intermediate care model - provides patients with further rehabilitation and assessment, with the aim of preparing them for a return to their own home or community
- HSCPs reporting significant reductions in bed days lost to delayed discharge (>50% reduction over 3 years in some HSCPs)
- Delivered largely as a result of service redesign and changes in working practices, vital that strategic direction does not undermine existing good progress in this area



Priority Area - Promoting individual independence and choice

- Dementia strategies and supports (e.g. Dementia Friendly West Dunbartonshire)
- Income maximisation / welfare rights / employability
- Increasing numbers of social care service users going through Self Directed Support (SDS)
- Duties under SDS Act, Patients Rights Act
- Audit Scotland review of SDS – number of actions for IJBs / Councils
- Need to ensure principles of relevant legislation are included within development of future service models – how to demonstrate that care people receive considers their needs, how are they encouraged to take part in conversations about their health and wellbeing



Priority Area - Supporting unpaid carers

- Good performance across HSCPs – above average percentage of carers reporting that they feel supported to continue in their caring role
- Increasing numbers of carers assessments being carried out
- Potentially significant number of people providing unpaid care who don't see themselves as 'carers' and aren't known to HSCPs – how do services support identification of these people?
- Carers Act implemented from 2018 – duty to support carers, achieve their personal outcomes, provide information and advice



Priority Area - People have positive experiences of health and social care services (inc. at end of life)

- Overall levels of satisfaction with HSCP services (both Primary Care and Community Care) compare favourably to Scottish average
- Satisfaction with services closely linked to expectations / understanding of services – challenge is to define and articulate what health and social care services are and when to access what service
- End of life care – mixed performance across HSCPs, GGC as a whole slightly below Scottish average
- HSCPs producing palliative care strategies



Priority Area - Tackling inequality

- Significant differences between and within HSCPs (eg Glasgow City – Victoria Park vs. Drumchapel)
- Continues to be high levels of obesity, low physical activity, poor uptake of cancer screenings etc in most deprived areas
- Targeted activity within most deprived areas where health is poorest
- Challenge to focus limited resources on areas of most need
- How to continue to make the case for preventative / long term strategies such as tackling obesity, building community capacity, financial inclusion, employability



Priority Area - Improving life chances for vulnerable children

- Numbers of children on Child Protection register remaining steady (or falling)
- CAMHS wait times meeting target
- Approx 60% young care leavers in education, employment, training
- Statutory requirements re local Community Planning Partnership Integrated Children & Young People's Services Plans
- Challenge in Education budgets may impact on services which contribute to HSCP outcomes
- Significant redesign in Children's Services largely in social care
- Recognised that childhood experiences impact on adult wellbeing, opportunity to support prevention / early intervention agenda



Where next for health and social care?

- National Health and Wellbeing Outcomes remain in place
- Better understanding / awareness of IJBs?
- Ever closer integration, more joint teams etc.
- IJBs developing new Strategic Plans for 2019-2022
 - Developed within the context of new local and regional strategic and policy developments
 - New Council administrations and local priorities
 - ‘Moving Forward Together’ transformation programme
 - West of Scotland regional planning
 - GP Contract
 - New relevant legislation
 - Carers Act
 - Free Personal Care for <65s
 - Safe Staffing
 - Wider political and economic factors
 - Impacts of UK leaving European Union
 - Welfare reform
 - Demographic changes
 - Financial situation within public services

