Integrating Health and Social Care in Scotland

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The Scottish Government
What we’ll cover

• Background & policy context
• Key Features of Legislation
• Integrated Resources
• Strategic Commissioning
• Support & Development
• Data
Background & Policy Context
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.
Background & Policy Context

- Enabling legislation
  - Community Care and Health (Scotland) Act 2002
  - NHS Reform (Scotland) Act 2004

- 2020 Vision for Health and Social Care

- Reshaping Care for Older People – Change Fund

- The Christie Commission Report 2011
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”


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

3) *Legislation*:

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

‘moving to a single budget with a single commissioner is not a sufficient condition to tackle the myriad problems of integration that face health and social care. But we believe it is a necessary one’

Barker Commission on the Future of Health and Social Care in England

September 2014
The case for integrated care is overwhelming.....

**Potential benefits:**

- Better outcomes for people
- Better use of limited resources
- Reduce use of hospitals & long term care
- More care closer to home
- Avoids the consequences of fragmented & uncoordinated care

**(But...........)**

- It is hard to do
- It takes time
- In the short term it may cost more?
- It demands different leadership skills and styles
- Relationships are the key currency
Comparing UK approaches

- Structural integration brings few benefits unless accompanied by many other changes
- NI has not realised the potential benefits of integrated health and social care
- **Scotland has made most progress**
- Wales has only moved to an integrated health system recently and it is too soon to make a proper judgement

Key Features of the Legislation
Key features of the legislation

- **Principles** for integrated health and social care
- Nationally agreed **outcomes** for health and wellbeing
- **Delegation** of health and Social Care functions & resources to an Integration Authority:
  - a body corporate (IJB); or
  - a lead agency.
Key features of the legislation

- Chief Officer;
- **Strategic Plan** co-produced by a Strategic Planning Group
- Prominence of **Locality Planning**
- **Directions & Payments** to the HB & LA for delivery
- Integration Scheme
Statutory Guidance

- Outcomes
- Clinical and Care Governance
- Roles, responsibilities & membership
- Localities
- Performance Report
- Directions
- Integrated Resources
- Strategic Commissioning
Timeline

Submission of Integration Schemes
Jan– March 2015

Establishment of Integration Joint Boards
April – Dec 2015

Prepare & Publish Strategic Plan
Date of establishment - March 2016

Delegation of Resources to IJB
Date published in Strategic Plan
(No later than 1st April 2016)
Integrated Resources
Scope of Integrated Resources

Scotland Total = £13.1bn

Delegated = £8.1bn

- Social Work
- Family Health Services
- Community Health Services
- Hospital services
Hospital services—Minimum Scope
IJB Financial duties and responsibilities

- S 106 Body
- Chief Finance Officer
- Best Value
- Annual Accounts
- Internal control & Audit
- Annual Financial Statement
- Annual Performance Report
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.
Strategic Commissioning
Strategic Planning

“With the full involvement of all stakeholders, partnerships have the chance to start with a blank sheet of paper and think innovatively about how services might be provided in the future. It should be less about how it is done now and more about how it should be done in the future. This might mean disinvesting in current provision to reinvest in alternative arrangements.”

Strategic Planning Guidance
Strategic Plan

• Legal duty
• Co-produced with Strategic Planning group
• Period—minimum three years
• Localities
• Consultation & publication
• Guidance & advice notes
Strategic Planning Group

- IJB Chief Officer
- HB
- LA
- Users & Carers of health & social care
- Commercial providers of health & social care
- Non-commercial providers of health & social care
- Health professionals
- Social care professionals
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care
- Others
Advice Notes

• Commissioning Good Practice
• JSNA
• Market Facilitation & Procurement
• Annual Financial Statement
• Prioritisation process
Prioritisation Process
Advice Note

- Opportunity Cost & Margin
- Review all delegated services & resources
- Consultative, transparent, objective and fair
- Ethical consideration-accountability for reasonableness
- Practical & proportionate
Prioritisation Process
Advice Note

1) Determine the aim and scope of the priority setting exercise
2) Compile programme budgets
3) Form an advisory panel
4) Determine locally relevant decision making criteria
5) Identify proposals for change
6) Evaluate investments and disinvestments
7) Validate results and reallocate resources
8) Ethical evaluation
Support & Development
Support and development

• SG engagement with IJBs
• Integration Joint Board members
• Chief Officers
• 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
Support for Strategic Planning

HSCDIIP

- Linked Health & Social Care File
- Outputs & Pathways
- Social Care Collection
- IT Infrastructure
- Information Governance

LIST

- Resource Based Locally
- Access to Specialist Skills
- Be-spoke Analytical Support
- Support Local Priorities
- Share Skills, Knowledge & Expertise
Annex
Sample HSCDIIP analyses
High Resource Individuals

- 4,321,459 people
- £2.5bn cost
Pathway for Mr Smith

2 x Em admission (21 days; £6,435)  Em admission (74 days; £17,128)  Delayed Discharge  Care home stay (207 days; £30,000)  PI admission (5 days; £2,259)  Em admission (5 days; £1,615)  Died March 24th

- A&E Attendance (£97)
- Emergency Admission
- Planned admission
- Outpatient Attendance (£156)
- Day case (£152)
- Care home resident
Other
Health Board and Council Role (1)

- Members of the Strategic Planning Group
- Shared powers in relation to the Strategic Plan
- Operational delivery – under direction from the IJB
- Assets and contracts
- Employment of staff
- Line management of the Chief Officer
Health Board and Council Role (2)

Delegators
• Budgets: budgeting for outcomes
• Functions, targets and outcomes

Providers
• Directions
• Accountability framework and risk management

Partners and enablers
• Support services
• Information
Integration Joint Board

• Legal entity in its own right
• Membership-HB & Council nominees-code of conduct
• Strategic Plan
• Strategic Planning Group
• Directions to HB & LA
• Localities
• Chief Officer
• Operational oversight for HB & LA
IJB VAT

• No need to register for VAT

• If SP results in change in service mix
  - Potential for VAT leakage/gain
  - Must not be primary aim of the change

• If SP results in change of provider
  - HB provides social care
  - LA provides Health care
  - Use Method at Section C 5.1.1
VAT & Support Services

• Vatable Supply

• Irrecoverable for IJB
  -HB & LA provide services for no consideration

• Chief Officer/Chief Finance Officer
  -Special Legal Regime
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](http://www.scotland.gov.uk/HSCI)
- follow us on twitter @scotgovIRC

There's no ward like home
Further Information

Scottish Government website
http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration

Statutory guidance
http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration

Communications toolkit
http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Material

Resources from leadership event on 30 March
http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Material/Event

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