Integrating and Reshaping Care: lessons from Scotland

Geoff Huggins
Director of Health and Social Care Integration
Scottish Government

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Challenge

Higher public expectations of health and social care services as more people live longer and into very old age, with an increasing prevalence of illness, particularly chronic conditions, supported by new medicines and technologies, which together with inflation make the system less financially sustainable each year.

And not just a sustainability challenge, a quality challenge.
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Well, that's essentially how I feel about life...

...Full of loneliness, and misery, and suffering, and unhappiness.
Identifiable spending on social care
Spending in the four countries of the UK per head, 2008/09–2014/15

Spend per head

- England
- Scotland
- Wales
- Northern Ireland

The Health Foundation
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For further information see health.org.uk/fundingexplained
The nature and scale of the challenges facing our NHS - in particular the challenge of an ageing population - mean that additional money alone will not equip it properly for the future.

To be blunt, if all we do is fund our NHS to deliver more of the same, it will not cope with the pressures it faces.

To really protect our NHS, we need to do more than just give it extra money - we need to use that money to deliver fundamental reform and change the way our NHS delivers care.

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Budget Speech, 12/15
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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

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There’s no ward like home
“Let me be clear about the objectives of this programme of reform. We want to ensure that adult health and social care services are firmly integrated around the needs of individuals, their carers and other family members; that the providers of those services are held to account jointly and effectively for improved delivery; that services are underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve rather than the needs of the organisations through which they are delivered; and that those arrangements are characterised by strong and consistent clinical and professional leadership.”

Nicola Sturgeon, MSP, Deputy First Minister and Cabinet Secretary for Health and Wellbeing, December 2011
let’s break that down
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helping people live the lives they want to live
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Key Ingredients

Nationally agreed outcomes, supported by indicators

Primary, community and social care together with those aspects of hospital care linked to unplanned admissions

New accountable boards that plan and commission services, with a focus on localities

Single budget for health and care

Operational integration of services
data!
Rate of Hospitalisation - over 65s
Distribution of Mapped Expenditure

103,839 people (1.9% of the population) Account for 50% of Mapped Expenditure

Mean = £1,169
High Resource Individuals

- **HRIs**: 2% of population, 50% of resource
- **Lower resource individuals**: 31% of population, 14% of resource
- **Low or zero resource individuals**: 57% of population, 2% of resource
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)

Pl 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
100,000 solutions
**Strategy (National)**
- Space to tackle long term thinking....

**Delivery (Local)**
- Support in the now, delivering on policy and producing effective change.

**Programme of Reform**
- Agreed national programme of work moving from strategy to delivery.
What we buy?

- Outcomes
- Integrated
- Innovation

Workforce

- Living wage
- National health + social care workforce plan
- Fair work convention

Who pays? Who gets?

- Free personal + nursing care
- Charging
- Eligibility + assessment

Community Capacity

- Carers Act
- Capacity + Support
- Third Sector

Quality of Care

- National care standards
- Regulation + inspection
Developing approaches that work with complex systems

Use of data and improvement methodologies

National direction and support + local implementation (…ultimately, all change takes place locally…)
direct engagement with all partnerships based on challenge and support
creating local capacity for change supported by using linked data to have a clear understanding outcomes based approach
Reflections

• Its about the outcomes, but people often want to talk about the process…
• Its about behaviours…
• Everyone wants change, but its easier when other people have to do it…
• There are some really hard-edged challenges where it has to work quickly, but change takes time…
• Its iterative, we are making large and small gains all the time…
geoff.huggins@gov.scot

@geoffhuggins