The Scottish Government
Riaghaltas na h-Alba

Communications **Toolkit**

A guide to support the local implementation of Health and Social Care Integration

Health and Social Care Integration

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Welcome

This toolkit contains practical resources and information to help local areas to communicate the **purpose** and **outcomes** of health and social care integration.

Why has this toolkit been produced?

By using the resources and information set out in this toolkit, in conjunction with your own messaging, local knowledge and networks, you can help to successfully communicate the opportunities, challenges and benefits of this transformational change.

How to work with this toolkit

This toolkit contains information and links to support and guide communications around health and social care integration at a national and local level.

It also provides practical information on the aims and anticipated benefits of health and social care integration which can be used to target different audience groups.

The messages and information contained in this toolkit are not intended to offer an 'official' position or to act as a substitute for local work. Rather, they are materials that you may find useful to support your own communications and which can be adapted and used locally.

Who is this toolkit for?

Anyone involved in the implementation of health and social care integration can use the resources in this toolkit to support effective engagement and communications.

Your local communications team can provide expert advice on what you need to consider for the audience that you are trying to communicate with as well as the most appropriate channels to use locally.

Who has produced this toolkit?

It has been co-produced by the Health and Social Care Integration Communications Group and published by the Scottish Government.

This toolkit will be revised and updated with new information and resources on an ongoing basis. Updated versions can be found at www.gov.scot/hsci

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At its heart, health and social care integration is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey.

Resource one
A Brief History of Integration

Resource two
Legislation Overview

About Health and Social Care Integration

The integration of health and social care is the Scottish Government's ambitious programme of reform to **improve care and support** for those who use health and social care services.

Integrating health and social care is one of the Scottish Government's top priorities. The wellbeing of the growing numbers of people in Scotland who have complex care requirements, and also the wellbeing of our system of health and social care as a whole, will benefit from better joined-up care, better anticipatory and preventative care and a greater emphasis on community-based care.

Integration is all about improving people's lives, caring for the whole person, and making sure that those working in health and social care are equipped to make best use of their collective skills and resources to improve outcomes for individuals.

Our approach to integration is focused on person-centred planning and delivery, so that people get the right care, in the right place, at the right time.

'We want those who use health and social care services to get the best care and support, based on their own personal circumstances, and which is focused on what matters most to them.'

Shona Robison, Cabinet Secretary for Health, Wellbeing and Sport

The Vision for Health and Social Care Integration

Ensuring **better care and support** for people where users of health and social care services can expect to be **listened** to, to be **involved** in deciding upon the care they receive and to be an **active participant** in how it is delivered. This will result in **better outcomes** for people, enabling them to enjoy better **health and wellbeing** within their homes and communities.

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‘Where practical, individuals with disabilities, long-term conditions, or frailty, can expect to live independently and at home or in a homely setting within their community.’

Resource four
Implementation Timeline

Resource five
Key Supporting Statistics

Key Facts

Why do we need to **integrate** health and social care?

The shape of Scottish society and the health and care needs of our communities are changing. People are living longer, healthier lives and as the needs of our society change, so too must the nature and form of our public services.

In the next **10 years**, the number of people in Scotland aged over **75** is likely to have increased by over **25%**. In the same period, it's also estimated that nearly **two-thirds** of people will have developed a long-term condition by the age of **65**.

Need	Reason
Public Service Reform	The 2011 Christie Commission Report on the Future Delivery of Public Services makes key recommendations for the Scottish Government, local government and partners to take forward a rolling programme of bottom-up, outcomes-based reviews across service areas to improve performance and reduce costs.
Anticipation and Prevention	Health and social care services and partners can work better together to ensure that the needs of those who use services are more 'anticipated'. Better use of their combined resources can help to put an emphasis on anticipatory care which could result in the prevention of unplanned admissions to hospital or long-term care which will result in individuals benefiting from an improved quality of life, maintaining independence for longer and minimising support needs. Prevention is at the heart of public service reform with integrated preventative approaches including anticipatory care, promoting physical activity and introducing technology and rehabilitation interventions to prevent or delay functional decline and disability.
Support	We are now able to prevent, detect and treat illness earlier and understand more about how long-term conditions affect people's lives. We have a better understanding of the support that people need to live their lives on their own terms. In future, local integrated networks of care and support will build stronger links with the many local voluntary services and resources that help people to stay well.

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‘Health and social care integration aims to transform the way health and social care services are provided in Scotland and drive real change that improves people’s lives.’

Resource three
Personal Outcomes and Experiences

National Health and Wellbeing Outcomes Framework

National Health and Wellbeing Outcomes

There are **nine** health and wellbeing outcomes which apply to integrated care.

The outcomes provide a national framework for measuring the impact of integrated health and social care on the health and wellbeing of individuals.

Their aim is to improve the quality and consistency of services for individuals, carers and their families, and those who work within health and social care.

All Health Boards, Local Authorities and Integration Authorities are jointly responsible and accountable for their delivery.

Integration Authorities are required to publish an annual performance report that demonstrates progress towards achieving these outcomes. These reports will need to include information about the core suite of indicators, supported by local measures and contextualising data to provide a broader picture of local performance.

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 wellbeing.

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.

How will we know if integration is working?

The **core suite of integration indicators** draw together measures that are appropriate for the whole system under integration. They have been developed in partnership with NHSScotland, COSLA and the third and independent sectors. They should be used in conjunction with the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014.

View the Health and Wellbeing Outcomes Guidance
View the Core Suite of Integration Indicators

‘Health and social care and support services will work in a coordinated way with individuals to understand what matters most in their lives, and to build support around achieving the outcomes that are important to them.’

Planning and Delivery Principles

Role of our Partner Organisations

Principles of Integration

The **principles** describe what integrated care is intended to achieve and underpin how services are **planned** and **delivered**.

Building on the priorities outlined in the 2011 Christie Commission's vision for the future of public services, the integration planning and delivery principles set out the expectation of a culture of respect and genuine engagement in the planning and delivery of person-centred, high quality integrated care.

The principles are intended to be the driving force behind the changes in culture and services required over the coming years to deliver these reforms successfully and improve outcomes.

They explain what people using services and their carers can expect from integrated services and the behaviours and priorities expected of organisations and people planning and delivering care and support.

Principles of Integration

Services will be provided in a way which:

- respects the rights of service-users;
- protects and improves the safety of service-users;
- improves the quality of the service;
- best anticipates needs and prevents them from arising; and
- makes the best use of the available facilities, people and other resources.

Services must be:

- integrated from the point of view of service-users; and
- planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care).

Services must take account of:

- the particular needs of different service-users;
- the participation by service-users in the community in which service-users live;
- the dignity of service-users;
- the particular needs of service-users in different parts of the area in which the service is being provided; and
- the particular characteristics and circumstances of different service-users.

'These principles are a single set of shared values which, taken together as a whole, span all activity relating to health and social care integration.'

View the Planning and Delivery Principles

‘There will be a better understanding of an individual’s whole needs to allow for earlier interventions and prevention before problems arise.’

Resource seven
Examples of Local Communication

Resource eight
Frequently Asked Questions and Answers

Communications Planning

Reach the **right people** with the **right messages** at the **right time**.

Taking the time to plan and construct a well-defined communication plan will enable you to successfully engage your audiences and build and maintain momentum across your communication activities, during and after the implementation phase.

Engaging your target groups

Through your own knowledge of your target audience, you may already be aware of how best to reach and communicate with these groups.

Some tips for consideration:

- Identify clear goals and the desired communication outcomes you want to achieve at the outset.
- Consider the audience you are trying to reach and define what you want the audience to do as a consequence of the communication?
- Think about whether your communications' aim is to inform or consult and whether you intend to co-produce your communications with your target audience groups?
- Explore all available routes, such as newsletters, websites, e-updates and press releases. Make sure you use the right communication channel for to achieve maximum impact.
- A face-to-face event, roadshow or workshop is also a good way to engage and focus on target audience groups. Hearing about health and social care integration from a trusted source could help to bring integration alive in the minds of your audience.
- Ensure your communications material and events are accessible, taking into account accessibility issues, particularly in view of the service-user audience.

Remember that your local communications team can provide advice on how best to target audience groups and advise on the most appropriate channels to use locally.

Ensure that all media queries and public facing communications are directed to, or worked up in conjunction with your local communication team.

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‘Locally-based services that meet individual’s needs will be organised around them, their family and their informal support networks.’

Resource nine
Glossary of Terms

Resource ten
Useful Information

Communicating with Target Groups

It is important that your various audience groups receive the **right information** at the **right time** around what integration **means for them**.

Key messages should be tailored to each target audience group that you are trying to reach. The following messages can be tailored to support local messaging.

Overarching national core messages

1 The aim of the new legislation is to improve the health and wellbeing of people who use health and care support and services in Scotland.

2 This new law will see a transformational change to the way health and social care services are provided and which will go beyond organisational redesign.

3 At its heart, health and social care integration is about the whole person and designing joined-up services around a person's circumstances and their personal outcomes, ensuring that they experience the right care and support whatever their needs, at any point in their care journey.

4 Integration can help to minimise delays in care and give people the right support at an earlier stage, involving them to better manage their condition and ensuring that they are supported to live well and as independently as possible.

Key messages for those who use care and support services

1 Individuals who use health and social care services will not need to do anything differently – they will access services the same way as they currently do.

2 Integrated care and support will be centred on the needs of the individual who can expect to be listened to, to have choice and control and be involved in making their own decisions and feel in control about their care.

3 Those who use support and services are in the best position to say what works well for them. Staff across the health and social care sectors will work with the individual to design a combined package of care and support which meets that person's desired choices and outcomes.

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Key messages for the general public

1 Any person, their family members or someone that they are caring for can expect to receive a coordinated, seamless system of care and support that recognises their individual needs and aspirations whenever they need it.

2 Depending on their previous experience of health and social care services, individuals will notice a change if they ever require similar care and support in the future.

3 Individuals with disabilities, long-term conditions or frailty can expect to receive the care and support that they require to live independently and at home or in a homely setting within their community, for as long as possible.

Key messages for those delivering services – the workforce

1 Integration is all about improving people's lives and ensuring that those working in health and social care are equipped to make best use of their collective skills and resources to improve outcomes.

2 The workforce is vital to the successful delivery of integration and can expect consistent support to any new ways of working throughout their organisation and across the sector.

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The following pages contain various resources and information to support local communication.

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Toolkit resources

Resource one

A Brief History of Integration

1999	Seventy-nine **Local Health Care Cooperatives** established across Scotland to bring health and social care practitioners together to deliver a range of primary and community health services and promote joint working with Local Authorities and the voluntary sector.
2000	Scottish Government adopts recommendations from the **Joint Futures Group**, a collection of senior figures from the NHS and Local Government. These include shared assessment procedures, information sharing, joint commissioning and joint management of services.
2002	**Community Care and Health (Scotland) Act** includes powers, but not duties, for NHS Boards and Local Authorities to work together more effectively.
2004	**NHS Reform (Scotland) Act 2004** requires Health Boards to establish one or more Community Health Partnerships (CHPs) in their local area to bridge gaps between primary and secondary healthcare, and health and social care. Between 2004 and 2006 each local area established a partnership which is a subgroup of the Health Board with strong local representation.
2010	Scottish Government launches the **Reshaping Care for Older People Programme** to prepare for a projected rise in older people and drive improvements in support and services. The programme and arrangements for the related Change Fund both require closer collaboration between Health Boards and Local Authorities and with the third and independent sectors.
2011	All major political parties include commitments to integrate health and social care in their **Scottish Parliament Election manifestos**.
2012	Scottish Government consults on its **proposals for the integration of adult health and social care**.
2013	Publication of the **Public Bodies (Joint Working) (Scotland) Bill** proposing the creation of 32 Health and Social Care Partnerships, one in each Local Authority area, to replace Community Health Partnerships.
2014	**Public Bodies (Joint Working) (Scotland) Act 2014** receives Royal Assent on **1 April 2014**.
2015	**Integration Schemes** to be submitted to Ministers for approval by **1 April 2015**.
2016	All integration arrangements as set out in the **Public Bodies (Joint Working) (Scotland) Act 2014** and in the associated Orders and Regulations must be in place by **1 April 2016**.

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Resource two

Legislation Overview

The **Public Bodies (Joint Working) (Scotland) Act 2014** provides the legislative framework for the integration of health and social care services in Scotland.

It requires the local integration of adult health and social care services, with statutory partners (Health Boards and Local Authorities) deciding locally whether to include children's health and social care services, criminal justice social work and housing support services in their integrated arrangements.

Key features of the Act:

- National outcomes for health and wellbeing will apply equally to Health Boards, Local Authorities and Integration Authorities.
- Health Boards and Local Authorities will be required to establish integrated partnership arrangements. Two models of integration are available for Health Boards and Local Authorities to choose from: delegation of functions and resources between Health Boards and Local Authorities (Lead Agency), and delegation of functions and resources by Health Boards and Local Authorities to a Body Corporate (Integrated Joint Board).
- An **integrated budget** will be established in each Integration Authority to support delivery of integrated functions, which will cover at least adult social care, adult community health care, and aspects of adult hospital care that are most amenable to service redesign in support of prevention and better outcomes.
- Each Integration Authority will establish **locality planning** arrangements at sub-partnership level, which will provide a forum for local professional leadership of service planning.
- Each Integration Authority will put in place a **strategic commissioning plan** for functions and budgets under its control. The joint strategic commissioning plan will be widely consulted upon with non-statutory partners, patient and service-user representatives, etc.
- Where the Body Corporate model is used, a **Chief Officer** must be appointed by the integrated partnership to provide a single point of management for the integrated budget and integrated service delivery. In the delegation between partners model, this single point of management falls to the Chief Executive of the Lead Agency (i.e., the partner to whom functions and resources are delegated).

An explanation of some of the terms used in this overview can be found in the Glossary of Terms.

View the Public Bodies (Joint Working) (Scotland) Act 2014

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- The detail of the partnership arrangement will be set out within an **Integration Scheme**, which will cover matters such as:
  - Engagement of stakeholders
  - Clinical and care governance arrangements
  - Workforce and organisational development
  - Data sharing
  - Financial management
  - Dispute resolution
  - Local arrangements for the Integration Joint Board
  - Local arrangements for operational delivery
  - Liability arrangements
  - Complaints handling
- The **Integration Scheme** must be submitted to Scottish Ministers for approval by 1 April 2015. Once approved, Scottish Ministers will lay an Order to establish the Integration Joint Board.
- Once established, the Integration Joint Board will:
  - appoint a Chief Officer
  - appoint a Finance Officer
  - establish a strategic planning group
- Once the Integration Joint Board and the strategic planning group are satisfied that the strategic plan and locality arrangements are fit for purpose, the Integration Joint Board notifies the Health Board and Local Authority of the date on which responsibility for integrated services and the budgets should be delegated to the Integration Joint Board. On that date, integration "goes live". All partnerships will go live at some point between 1 April 2015 and 1 April 2016. The strategic plan is signed off by the Integration Joint Board.
- The Chief Officer will have a direct line of accountability to the Chief Executives of the Health Board and the Local Authority for the operational delivery of integrated services. The Chief Officer is responsible for ensuring that service delivery improves the national outcomes, and any locally delegated responsibilities for health and wellbeing. This includes measuring, monitoring and reporting on the underpinning measures and indicators that will demonstrate progress.
- Once the resources for the integration functions are delegated to the Integration Joint Board, it will then make decisions on the use of the integrated finance. The Chief Officer carries out the decisions of the Integration Joint Board.
- The Chief Officer and the responsible financial officer of the Integration Joint Board will work with locality groups to devolve appropriate responsibility and accountability for spend. Integration Authorities will need to ensure that localities are empowered to make decisions that achieve appropriate shifts in outcomes.

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Regulations and Guidance

The Regulations, Orders and Guidance that support the **Public Bodies (Joint Working) (Scotland) Act 2014**.

Regulations and Orders

- The Public Bodies (Joint Working) (Scotland) Act 2014 (Commencement No. 1) Order 2014
- The Public Bodies (Joint Working) (Scotland) Act 2014 (Commencement No. 2) Order 2014
- The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014
- The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014
- The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc) (Scotland) Regulations 2014
- The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014
- The Public Bodies (Joint Working) (Scotland) Act 2014 (Modifications) (Scotland) Order 2014
- The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014
- The Public Bodies (Joint Working) (Integration Joint Monitoring Committees) (Scotland) Order 2014
- The Public Bodies (Joint Working) (Local Authority Officers) (Scotland) Regulations 2014
- The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014
- The Public Bodies (Joint Working) (Prescribed Days) (Scotland) Regulations 2014
- The Public Bodies (Joint Working) (Membership of Strategic Planning Group) (Scotland) Regulations 2014
- The Public Bodies (Joint Working) (Health Professionals and Social Care Professionals) (Scotland) Regulations 2014
- The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014

Guidance and Advice

- **Clinical and Care Governance Framework**
- **Core Suite of Integration Indicators**
- **Financial Assurance**
- **Financial Planning for Large Hospital Services and Hosted Services**
- **Health and Social Care Functions**
- **Health and Wellbeing Outcomes**
- **Integration Planning and Delivery Principles**
- **Model Integration Scheme**
- **Professional Guidance, Advice and Recommendations for Shadow Integration Joint Boards**
- **Strategic Commissioning Plans**

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Resource three

Personal Outcomes – Personal Experiences

The suite of National Health and Wellbeing Outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families.

The right care for me is delivered at the right time

John's mobility is restricted after his recent fall. It's important to him that he maintains his independence and that he can look after himself. John's local health and social care team visit him at home at different times of the day to check he's ok, eating well and taking his medication. All the different services are working well together and this is enabling John to stay in his own home.

My individual circumstances are considered

Graham has bipolar disorder and a heart condition. His GP referred him to a social worker specialising in mental health, and also the practice nurse who helped him understand his heart condition and how he could manage it. She signposted him to a local cardiac rehabilitation group. Through the social worker, Graham was put in touch with a peer support worker who has helped him to regain his hope for the future.

I am able to look after my own health and wellbeing

Following her diagnosis with dementia, Mrs Taylor and her family received a great deal of support from a specialist third sector organisation that the practice nurse put them in touch with. This included helping them to learn about self-management and the chance to join a peer support group in a nearby town. They found the mutual support provided by the group invaluable.

I coordinate my family's health and wellbeing

Jane cares for her husband who has MS and her frail mother who lives over 25 miles away. She has become increasingly depressed, worries constantly about her mum falling and has back pain from lifting her husband. Her GP put her in touch with the social work department. The local carers centre arranged a hoist and care workers to help shower and lift John. A community alarm, bed, chair sensor and falls detector have also been fitted in her mum's home which has lessened Jane's worry.

I get the support and resources I need to do my job well

Sharon is a Healthcare Support Worker and together with her other colleagues in health and in social care, they combine their broad range of skills and knowledge to deliver a joined-up service to those that they care for. This approach makes Sharon feel like she is not working in silo and it can avoid the scenario where the left hand doesn't know what the right is doing. She gets a great sense of satisfaction being in a team where the person being cared for receives the health and care outcomes that matter most to them.

Services and support are reliable and respond to what I say

Mr and Mrs Taylor's GP listened as they described their daily challenges with Mrs Taylor's dementia and diabetes. Mrs Taylor was no longer safe at home and they were both becoming isolated, experiencing symptoms of depression and anxiety. The GP, Dementia Specialist Nurse and an Occupational Therapist worked with the Taylors to agree the support that would enable them to stay well at home. The GP also arranged for a Diabetes Specialist Nurse to help Mr Taylor learn how to support his wife in managing her diabetes.

Support and services I use protect me from harm

Tariq has Down's syndrome, an associated heart condition and visual impairment. At aged 20, one of his biggest priorities was to leave home and live in his own flat. His mother was worried about whether he would be safe living alone. Tariq's social worker arranged for his specialist heart nurse to join one of the transition planning meetings so they could talk through the issues. With Tariq, they agreed that they would find a flat for him where support is available if he needs it, and that any minor risks were worth taking.

I am able to live independently

Since leaving school, Tariq has used a personal budget to employ a personal assistant to support him in his daily life. He has also used a small amount of this budget to pay for membership to his local swimming club, which has helped him to stay fit and meet new friends. Tariq continues to receive support from his social worker, GP and specialist heart nurse. This has helped him to self-manage his heart condition and visual impairment and to access different types of support when he needs it. He now feels confident in being able to live the life he has planned for.

I am supported to do the things that matter most to me

From infancy, Mary has had a muscle wasting condition and now requires 24/7 assistance with all aspects of her daily life to live independently at home. Mary receives financial support to employ her own personal assistants who support her to live well and to do the things she wants to. It's important to Mary that she has this choice, control and the flexibility in her own life.

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Resource four

Implementation Timeline 2014-2016

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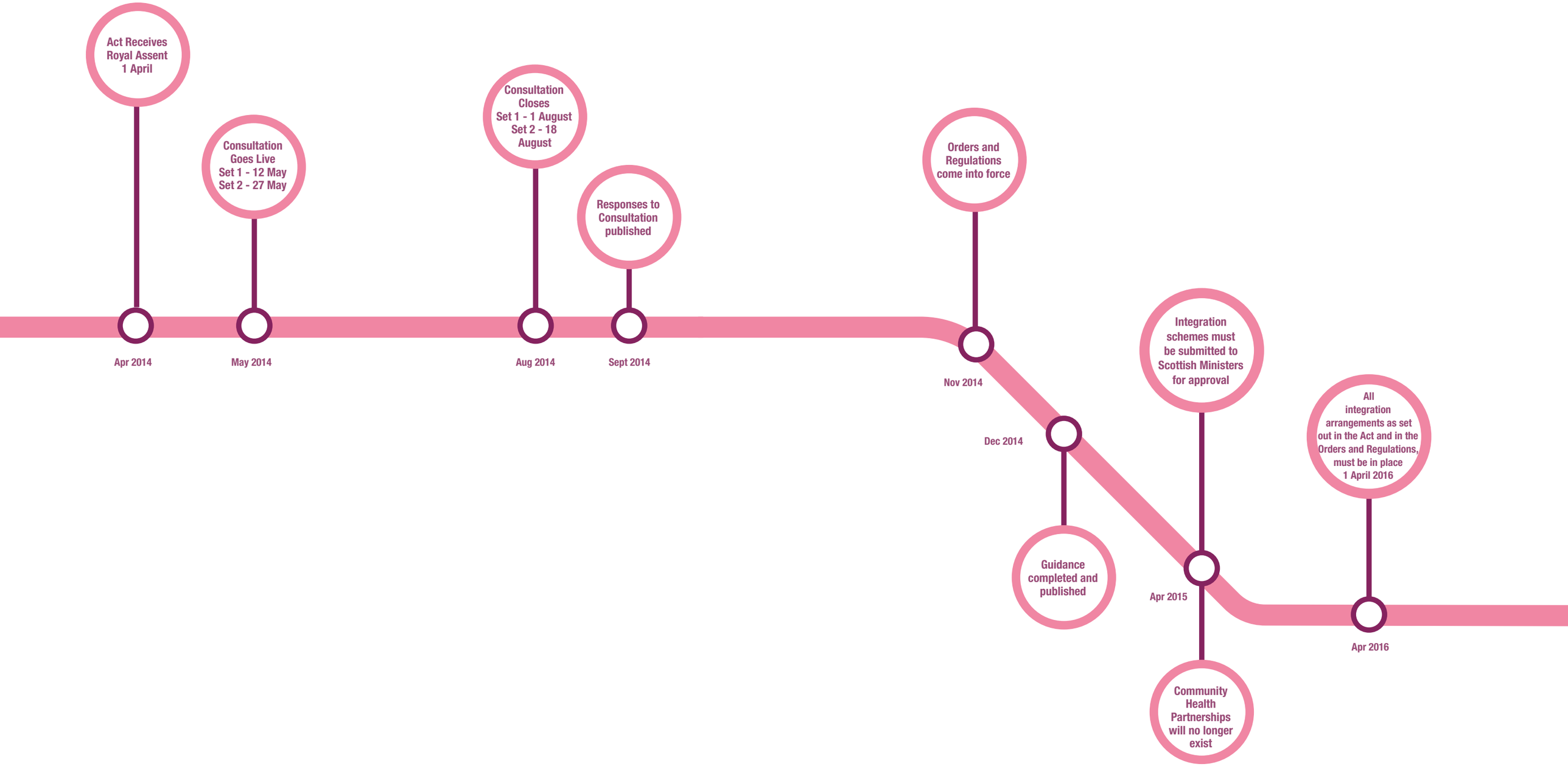

Resource five

Key Supporting Statistics

POPULATION INCREASE GENERAL REGISTER OFFICE FOR SCOTLAND

25%

In the 10 years from 2013, the number of over 75s in Scotland – who are the highest users of health and care services – will increase by over 25%.

20 YEARS

Over the next 20 years, it is estimated that demand for health and social care will increase by between 20% and 30%.

65%

By 2032, it is estimated that the number of people aged over 75 is likely to have increased by almost 65%.

DELAYED DISCHARGE ISD SCOTLAND

168,526 BED DAYS

Between October - December 2014, 168,526 bed days were lost to delayed discharge. The highest recorded for any quarter to date.

96%

Research shows that 96% of the bed days associated with delayed discharge will be under the commissioning control of Integration Authorities.

61.7%

In the financial year ending 31 March 2013[1], 50.5% (£2.33bn) of all expenditure (£4.61bn) on individuals aged 65 years and over was within a hospital setting; of which 61.7% (£1.44bn) was accounted for by an unplanned admission.

1 Information Services Division Publications

CARERS CARERS SCOTLAND

50 HOURS

There are more than 650,000[1] carers in Scotland with over 131,000 providing 50 hours or more of care each week.

178,000 CARERS

Carers are an ever changing population, with approximately 178,000 carers beginning or ending caring each year.

£18,473 PER CARER

The contribution of carers to health and social care is vital. They save the Scottish economy £10.3bn[2] each year - an average of £18,473 per carer.

1 Scottish Household Survey 2007

2 University of Leeds – Valuing Carers 2011 – Calculating the value of carers' support

LONG-TERM CONDITIONS HEALTH AND SOCIAL CARE ALLIANCE SCOTLAND

20 YEARS

Estimates suggest that the number of people with dementia is set to rise from 71,000 to 127,000 within the next 20 years.

31%

There are approximately two million people in Scotland who live with one or more long-term condition. Forty four per cent of adults reported a long-standing physical or mental condition or disability in 2013, including 31% who had a condition that limited their daily activities.

83%

In 2013, more than 425,000 people aged 75 were living with a long-term condition. By 2037 this number is expected to rise by 83% to 779,000.

THIRD SECTOR HEALTH AND SOCIAL CARE ALLIANCE SCOTLAND

10,000

The third sector in Scotland makes up half of regulated third sector organisations and groups who have social care or health as their primary area of activity. This equates to around 10,000 organisations.

3RD

The third sector in Scotland provides over a third of registered social care and in many areas of care and support.

The third sector in Scotland provides a wealth of preventative, community-based support that enables people to self-manage, remain socially connected and active/contributing and live well in their own homes and communities

PEOPLE WITH DISABILITIES INCLUSION SCOTLAND

The proportion of people in Scotland who reported a long-term activity-limiting health problem or disability in the Census was 20%, the same proportion as reported in 2001. That's over one million people.

20%

44%

An Inclusion Scotland survey (2014)[1] found that 44% of respondents said that the treatment they receive for their mental health condition is rarely or never adequate in meeting their needs and 42% said that their treatment has got worse over the last five years.

The Scottish Housing Conditions Survey shows that 62,000 households in Scotland require specially adapted baths or showers; 8,000 households require ramp access and 17,000 wheelchair users lack appropriate accessible accommodation.

17,000

1 Inclusion Scotland Survey 2014

WORKFORCE

190,000 STAFF

NHSScotland[1] employs approximately 160,000 staff who work across 14 regional NHS Boards, seven Special NHS Boards and one public health body. Social services[2] employs approximately 190,000 staff.

The largest groups in the NHSScotland workforce are nursing and midwifery, which accounts for 42.7% of all staff, administrative services account for 18.2%, support services 10.1%, and medical and dental 9.3%.

42.7%

65%

The Scottish Social Services workforce comprises: 40.8% independent (private) sector, 32.3% public sector and 26.8% third (voluntary) sector. Over 65% of the social service workforce is employed in private and third sector.

1 ISD Statistics
2 SSSC Workforce Data

Resource six

Our Partner Organisations

Our **partner organisations** and Scotland's **public bodies** have a **key role** in integration and continue to make a **significant contribution** towards ensuring the **best outcomes** for people.

The Health and Social Care Alliance Scotland (the ALLIANCE)

Our vision is for a Scotland where people who are disabled or living with long-term conditions and unpaid carers, have a strong voice and enjoy their right to good health and to live well.

Health and social care integration is not about structures – it is an opportunity to deliver on the strong policy commitments we have for health and social care that is person-centred, works with individuals and communities and that invests in supporting people to stay well.

www.alliance-scotland.org.uk

Carers Scotland

Carers Scotland is here to make life better for carers. Working as part of Carers UK we give expert advice, information and support on issues such as carers' benefits, community care and services for carers'; connect carers so no-one has to care alone; campaign together for lasting change including publishing briefings on policy changes, carry out research, promote good practice and providing training. We make sure carers' voices carry to the highest level; innovate to find new ways to reach and support carers including through technology, products, learning opportunities and apps for carers.

www.carerscotland.org

NHS National Services Scotland

NHS National Services Scotland (NSS) are the expert shared services organisation for the NHS in Scotland. Through our Information Technology, Information and Intelligence Management and Programme Management expertise, we offer integration support to Integration Authorities.

NSS is supporting a range of partnerships with:

Connecting IT – We can help to unite IT and offer a complete IT solution to complement and support local teams.

Prioritising Interventions – We can provide analytical and information governance expertise to help determine key local interventions.

Delivery Pace – NSS will make sure the right plans are in place and can also provide project resources to ensure on time, on budget delivery.

Nationally based and locally available – and with a tailored approach – NSS can support partnerships with all aspects of integration.

www.nhsnss.org/hsci

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NHS Education for Scotland

Integrated care delivery is unlikely to happen at the necessary pace and scale unless those implementing it are provided with opportunities and support to put new, integrated ways of working into practice and, where necessary, to develop additional knowledge and skills.

NHS Education for Scotland is developing and updating our range of educational resources to support staff across the health, social, third and independent sectors to prepare for and operate within the new integrated service. We are also liaising with higher education institutions and regulatory bodies to ensure they are aware of the changes they may need to make to their current approaches.

www.nes.scot.nhs.uk

Royal College of Nursing (RCN)

RCN Scotland have never been in any doubt about the radical nature of these legal and cultural reforms to integrate health and social care. In the midst of this revolution are complex relationships between real people who need care, people who offer care and people who decide on what care will be made available. Understanding, recognition and respect in all these relationships will ultimately make or break the integration project.

Nursing staff are committed to offering high quality, safe care – and they have the expertise to help shape what 'quality' looks like in this ever-more complex new world.

www.rcn.org.uk/aboutus/scotland

Care Inspectorate

The Care Inspectorate will continue to work closely with our scrutiny partners and professions regulators to support innovation as part of the integration of health and social care. Our role as a national scrutiny and improvement body will help to monitor how this is implemented and whether outcomes are being achieved. Our information gathering work will also allow us to identify, highlight and share good practice. In turn, this will enable us to share information about the quality of services across Scotland, which will provide further insights for health and social care partnerships about the care they are commissioning.

We are committed to working in partnership with the other national scrutiny and improvement bodies to assist with the integration of health and social care, so that every person is entitled to safe, high-quality, compassionate care that meets their needs and promotes their rights.

www.careinspectorate.com

Scottish Social Services Council

The work of the Scottish Social Services Council means people can count on social services being delivered by trusted, skilled and confident workers.

Integration puts outcomes for people who use services at the centre, whatever our role or part of social services we work in. We need workers who feel valued and supported to do this.

In partnership with workers and others we are modelling behaviours and ways of working that we know work already. We are supporting workers to be skilled, engaged in their work, and able to focus on what matters to people they work with.

www.sssc.uk.com

Scottish Health Council

The Scottish Health Council promotes Patient Focus and Public Involvement in NHSScotland. By ensuring that NHS Boards listen and take account of people's views, we can achieve a "mutual NHS" - where the NHS works in partnership with patients, carers and the public.

We want to see an NHS which has a person-centred approach to care, based on an understanding of patients' needs, life circumstances and experiences; and which ensures that patients, carers and the public are able to influence the planning and delivery of NHS services.

The Scottish Health Council is a committee of **Healthcare Improvement Scotland** but has a distinct identity.

www.scottishhealthcouncil.org

Joint Improvement Team

The Joint Improvement Team (JIT) is a strategic improvement partnership between the Scottish Government, NHSScotland, COSLA and the Third, Independent and Housing Sectors. JIT provides practical improvement support and challenge including knowledge exchange, innovation and improvement capacity and direct practical support to local health, housing and social care partnerships across Scotland. JIT champions the identification, development, evaluation, spread and adoption of good practice in integrated care and support.

www.jitscotland.org.uk

Quality and Efficiency Support Team (QuEST)

The Quality and Efficiency Support Team (QuEST) at the Scottish Government commissions, supports and leads a number of national programmes to support improvement in the quality, efficiency and value of healthcare within NHSScotland.

QuEST programmes work in collaboration with Health Boards, third sector organisations, others in the Scottish Government and national partnerships to research, test and implement innovative approaches to quality improvement. We champion and share our learning of successful approaches which improve quality, efficiency and value in healthcare on the web and through national events – enabling health and social care partnerships to draw on latest knowledge.

www.qihub.scot.nhs.uk/quality-and-efficiency.aspx

Scottish Care

Scottish Care is the representative body for the Independent Sector of social care provision in Scotland, encompassing private and voluntary providers of care home, care at home and housing support services.

Scottish Care is committed to supporting a quality-orientated independent sector that offers real choice and value for money. Our aim is to create an environment in which care providers can continue to deliver and develop the high quality care that communities require and deserve.

The independent sector provides approximately 85% of care home places and 50% of home care hours across Scotland.

www.scottishcare.org

Healthcare Improvement Scotland (HIS)

Healthcare Improvement Scotland are committed to collaborating with partners and are working to improve patient care and experience by:

- empowering people to have an informed voice that maximises their impact in managing their own care and shaping how services are designed and delivered
- reliably spreading and supporting implementation of best practice to improve healthcare, and
- undertaking comprehensive assessments of the quality and safety of healthcare.

We believe that by integrating our evidence, scrutiny and assurance, and quality improvement implementation support we can effectively drive the delivery of world-class care for the people of Scotland.

www.healthcareimprovementscotland.org

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Resource seven

Examples of Local Communication

These are two examples where colleagues in the Health Boards and Local Authorities are already **working together** on joined-up communications in their local areas.

NHS Grampian and Aberdeenshire Council

VISION STATEMENT

Building on a person's abilities we will deliver high quality person-centred care to enhance their independence and wellbeing in their own communities.

WHAT WE HAVE DONE SO FAR:

34 ROADSHOWS IN **17** VENUES ACROSS ABERDEENSHIRE

OVER **900** PEOPLE ATTENDED

2 EVENTS PER VENUE LASTING **1** HOUR EACH

- The Chief Officer addressed staff at each roadshow
- Staff were given a scenario and asked how they would deal with integration now and how it should be dealt with going forward
- Questions from the roadshow were used to create an FAQ document

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ROADSHOW EVALUATION:

70%

RATED THE CHIEF OFFICER'S PRESENTATION AS VERY GOOD OR EXCELLENT

63%

RATED THE WORKSHOP AS VERY GOOD OR GOOD

70%

RATED THE QUESTION AND ANSWER SESSION AS GOOD OR VERY GOOD

80%

RATED THE CHANCE TO GIVE FEEDBACK AS GOOD OR VERY GOOD

FUTURE COMMUNICATIONS:

- Podcasts
- Videos on key subjects which can be accessed at any time
- Induction pack for new employees
- Five-minute films for all stakeholders which encompasses what is at the heart of integration from the perspective of those use who services

CONTACT:

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Kate Bond, Head of Service (Customer Communication & Improvement), Aberdeenshire Council
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NHS Lanarkshire and North and South Lanarkshire Council

WHAT WE HAVE DONE SO FAR:

COMMUNICATIONS STRATEGY

- Communication colleagues in NHS Lanarkshire, North and South Lanarkshire Councils have worked closely to devise communication strategies for the respective North and South Lanarkshire Health and Social Care Partnerships (H&SCPs). Communication plans, which detail practical steps, actions and timelines for implementation, have also been developed to sit alongside these strategies.

KEY ELEMENTS OF THE STRATEGIES:

- Key messages are conveyed in plain English and in terms that all audiences can easily understand and relate to – for example, a complex policy is explained by how it affects/ benefits staff, the individual/group/general public either through case study or real life example.
- As well as fitting with vibrant internal publications, these proactive items will appeal to all forms of the local and national media, from print, television to new media to obtain optimum coverage.

INTERNAL COMMUNICATIONS

- A jargon-free comprehensive list of local Frequently Asked Questions (FAQs) on all aspects of integration is now available.
- The FAQ link is being referenced in a variety of communications, from staff briefings, the internal newsletters and with all partner agencies. It is also being used in external releases and social media.
- Newsletters have been developed for North and South Lanarkshire H&SCPs. They are produced quarterly for primarily staff and partner agencies.
- Partners outwith the Health Board and Local Authority, like the third sector, have also had the opportunity to write about 'what integration means to me' in a double page spread in the respective first editions.
- The appointment of the North and South Lanarkshire Chief Officers and, crucially, their vision, has been communicated to staff and the public through a variety of internal publications, newsletters, staff briefings and web platforms.

CONTACT:

Euan Duguid, NHS Lanarkshire at euan.duguid@lanarkshire@scot.nhs.uk.

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NHS Lanarkshire and North and South Lanarkshire Council – continued

WHAT WE HAVE DONE SO FAR:

THERE'S NO WARD LIKE HOME

- John McCluskey is 87 years old and is being supported by the Integrated Community Support Team (ICST), combining the expertise of NHS Lanarkshire and South Lanarkshire Council.
- As well as receiving local media coverage, John's story was made into a short film, – 'No Ward Like Home' – in conjunction with the Scottish Government.
- The video has been made available to the public via YouTube and has also been used at integration events across South Lanarkshire.

EVERY STEP OF THE WAY

- Integrated working, including the work of the ICST and projects in North Lanarkshire is documented in another film, 'Every Step of The Way', which charts a patient's journey from hospital discharge to full recovery thanks to partners working together.
- The film is currently used in NHS Lanarkshire staff induction and has been distributed to Local Authorities and other partners.

EVENTS

- Throughout the summer 2014, **426** people, including staff and recipients of health and social services and their carers, attended events led by South Lanarkshire H&SCP Chief Officer Harry Stevenson.
- Similar events have been held throughout North Lanarkshire's six localities with approximately **300** people attending. North Lanarkshire H&SCP Chief Officer Janice Hewitt is speaking at ongoing integration events throughout the area.

PLANNED ACTIVITIES

- Branding has been developed for each H&SCP to set out a clear and recognisable identity.
- A blog, with staff, partner and service-user participation, is being developed in conjunction with the European-led 'Smartcare' initiative which Lanarkshire health and social care partners are participating in.
- Lanarkshire has a comprehensive presence on the web platform, Living It Up, which showcases the local services and support available.
- Plans for a dedicated web platform are also set to be implemented in due course. As shadow arrangements progress, a H&SCPs holding page has been created on NHS Lanarkshire's website.

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Resource eight

Frequently Asked Questions and Answers

This list can be used to shape and tailor local and targeted frequently asked questions and answers for specific audience groups.

About the Health and Social Care Integration Act

1. What is Health and Social Care Integration and what's its principal aim?
2. What does the legislation actually mean and how will it work in practice?
3. What do these changes mean for the way health and social care services will be delivered in the future?
4. What is the structure of the Integration Authorities and what services will they include?
5. Will integration save money? If so, how will that money be re-invested?
6. How will Community Health Partnerships change under integration?
7. What will be the main differences between CHPs and Integration Authorities?
8. What are the timescales for integrating health and social care?
9. What role does the third and independent sector have in integration?
10. Will the integration of health and social care require additional investment within care settings to align standards of care with other areas?

Service-users and the General Public

1. Will integration change the way I receive care and services? Will things be better?
2. What will integrated care look like?
3. What will the impact be on services for people with multiple complex needs?
4. My Local Authority arranges for a carer to come in every day to help me. Will I now get someone different?
5. What assurances are there that the needs of other age groups will be met under integration?
6. Health and social care integration sounds great in theory but isn't the existing way of working sufficient?

Workforce

1. How will staff be supported to do things differently?
2. How will what I do on a day to day basis change?
3. Why is leadership so important?
4. Will there be any support for new ways of working under the integrated arrangements?
5. What will integration mean for my job if the service I work for is in the new Integration Authority?

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About the Health and Social Care Integration Act

1 What is health and social care integration and its principal aim?

The integration of health and social care is the Scottish Government's ambitious programme of reform to improve services for individuals who use adult health and social care services.

It will result in radical changes to how acute and community health care services, as well as social care services, are planned, funded and delivered in the future. Integration means that the expertise and resources of adult health and social care services will be combined, shared and coordinated and plans made jointly, from the perspective of the service-user.

The principal ambitions of health and social care integration are to:

- Support the improvement of the quality and consistency of services for patients, carers, service-users and their families.
- Provide seamless, joined-up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so.
- Ensure resources are used effectively and efficiently to deliver services.

2 What does the legislation actually mean and how will it work in practice?

The Public Bodies (Joint Working) (Scotland) Act 2014 was granted Royal Assent on 1 April 2014. The legislation sets out how health and social care services for adults will be integrated across Scotland. This means changes to the law which requires Health Boards and Local Authorities to integrate their health and social care services.

There are two models of integration. In the first option, the 'Body Corporate' model, the Health Board and Local Authority can delegate the responsibility for planning and resourcing service provision for adult health and social care services to an Integration Joint Board.

In the second option, the 'Lead Agency' model, the Health Board or Local Authority takes the lead responsibility for planning, resourcing and delivering integrated health and social care services. The intended result of both models is to provide seamless, joined up, quality health and social care services across Scotland.

3 What do these changes mean for the way health and social care services will be delivered in the future?

The Act enables a whole system redesign of health and social care planning and provision, around a system centred on anticipatory and preventative care. It also empowers Integration Authorities to plan across the entire pathway of care to enable the delivery of health and social care services which are seamless and joined up, from the perspective of the service-user.

Integration places a greater focus on prevention and anticipatory care in the community – GPs, social workers, district nurses, etc working together to support people in their own homes.

4 What is the structure of the Integration Authorities?

An Integration Authority is the body that is responsible for planning integrated care. It will decide which integrated services will be provided, how they will be funded and what they should look like. They will direct the NHS Board and Local Authority to deliver those services.

More information about the legislative functions that must and may be delegated by Health Boards and Local Authorities are available at:

- Prescribed functions that must be delegated by Local Authorities
- Prescribed functions that must and may be delegated by Health Boards

Health Boards and Local Authorities are currently developing their Integration Scheme which will define the services and functions of their new Integration Authority and how they will be delivered. These Integration Schemes must be submitted to Ministers for approval by 1 April 2015.

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5 Will integration save money? If so, how will that money be re-invested?

There are many inefficiencies in how we currently allocate and use health and social care resources. These inefficiencies can adversely affect outcomes for people with multiple long-term and complex conditions and are often characterised by disconnects in services provided by Health Boards and Local Authorities. Delayed discharges are a key indicator of this.

While scrutinising the legislation, the Scottish Parliament's Finance Committee noted that expenditure on health and social care services is projected to increase. This is because of demographic change – more people living for longer – and because more people are living with multiple conditions. The Act removes the barriers that cause these inefficiencies and enables Integration Authorities to maximise the value of their integrated resources in addressing demographic and locality specific challenges over the longer term.

6 How will Community Health Partnerships change under integration?

There are currently 34 Community Health Partnerships (CHPs) in Scotland, covering 14 Health Boards and 32 Local Authorities. A CHP is a part of the Health Board responsible for developing and delivering local community health services, in partnership with their Local Authority partners. After April 2015, CHPs will no longer exist and the new Integration Authorities will replace CHPs altogether.

7 What will be the main differences between CHPs and Integration Authorities?

There are three main differences between CHPs and Authorities.

- **Joint responsibility**
  Existing CHPs are sub-committees of Health Boards, albeit with strong requirements for Local Authority membership. Integration Authorities will be the joint and equal responsibility of the Health Board and the respective Local Authority.
- **Financial authority**
  Currently, CHPs have no delegated financial authority beyond managing Health Board community health budgets. Under integration, the Integration Authority will have financial authority to utilise delegated budgets from the Health Board and Local Authority. This is to achieve maximum benefit of health and wellbeing for local populations and the requirement to demonstrate value for money.
- **Power to make decisions**
  Currently, CHPs have to refer some decisions to committees within the statutory partners for approval. The new Integration Authorities will have complete authority over the decisions for the areas that have been delegated to them.

8 What are the timescales for integrating health and social care?

By 1 April 2015
Health Boards and Local Authorities must develop and submit their Integration Scheme to Scottish Government Ministers. This must include which model of integration will be used, the functions that are to be delegated and what method of calculating payments to support delivery of delegated functions will be utilised.

By 1 April 2015
Health Boards and Local Authorities must develop a consultation plan. This is to ensure service-users, carers, clinicians and care professionals are involved in the preparation, implementation and monitoring of the strategic plans designed to meet the needs of the local population.

By 1 April 2016
Integration Authorities must develop a Strategic Plan for their area which sets out how they will meet both local and the nationally agreed health and wellbeing outcomes. This will also include the development of Locality Delivery Plans.

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9 **What role does the Third and Independent Sector have in integration?**

The Scottish Government recognises the valuable role that is played by the third and independent sectors in providing good quality support to people, working in partnership with other partners.

The Act sets out that strategic planning must be developed with, and take full account of, the views of the third and independent sectors, as well as the statutory partners.

10 **Will the integration of health and social care require additional investment within care settings to align standards of care with other areas?**

All care services are required to meet the National Care Standards. Health and social care integration aims to improve the quality of services across Scotland. Disinvestment and reinvestment will be required to ensure services meet the increasing complex needs of the population.

Service-users and the General Public

1 **Will integration change the way I receive care and services? Will things be better?**

The main aim of integration is to provide a seamless response to everyone who uses adult health and social care services, putting the person at the heart of all decisions made. Integration is about understanding different professional perspectives, sharing existing expertise and coordinating resources. It's about making the delivery of health and social care better.

2 **What will integrated care look like?**

The detail on what services will look like, exactly how staff will come together and what people using services will experience, is being left to Integration Authorities to decide. It is likely that, over time, services and approaches might look quite different across Scotland as decisions are taken locally. Integrated functions will cover social care, adult community healthcare, and aspects of adult hospital care that are most amenable to service redesign in support of prevention and better outcomes.

3 **What will the impact be on services for people with multiple complex needs?**

Integrating health and social care will see services more joined up. It aims to provide seamless care and improve outcomes for people who have a range of complex support needs, and for their carers and families as well. Too often, in these circumstances, people are admitted to hospital, or to a care home, when a package of care and support in the community could deliver better outcomes for them. When this happens, the consequences are felt across the whole system, by the individual and by services, as resources are tied up inappropriately in care that is not best suited for the individual.

4 **My Local Authority arranges for a carer to come in every day to help me. Will I now get someone different?**

Services will still be provided via the Local Authority and there is no reason that this means a different carer. It will be for the Local Authority to arrange appropriate care provision in collaboration with the individual.

5 **What assurances are there that the needs of other age groups will be met under integration?**

Integration isn't just about focusing on older people. The aim of integration is to make Scotland a great place to be born, grow up in and grow old in, where people of all ages are supported to live well at home or in the community, for as much time as they can, ensuring that they have a positive experience of health and social care services when they need it.

6 **Health and social care integration sounds great in theory but isn't the existing way of working sufficient?**

While there is lots of excellent work taking place already, the existing way of working can be improved to produce a more seamless approach to meeting an individual's care needs. This will include reducing duplication of effort across a range of functions and professional boundaries that can result in delays and frustrations for people who use health and social care services. Integration can help reduce inefficiencies and ensure that we are spending the funding that we have in the most productive and efficient way by combining and directing resources appropriately.

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Workforce

1 **How will staff be supported to do things differently under integration?**

Local support networks will be put in place by Integration Authorities to ensure staff are engaged and are supported to continually improve the information, support, care and treatment they provide. The Scottish Government is supporting organisational development across a number of themes including: leadership; team building; improvement; locality planning; change management and joint strategic commissioning.

2 **Will what I do on a day to day basis change?**

It depends, some things will not change and some things will. The extent to which this is different will depend on what you currently do. Essentially, integration is about working together with your colleagues from other sectors to achieve better outcomes for people, for example sharing decisions, planning together and collaborating more.

3 **Why is leadership so important?**

We know that effective leadership influences improved outcomes for people and how services are delivered. To work effectively in an integrated way we need leaders at all levels to collaborate effectively and to drive forward change.

4 **Will there be any support for new ways of working under the integrated arrangements?**

NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) are committed to supporting new ways of working and will:

- Work with staff to build on what's already working well locally, drawing on resources and assets that already exist.
- Share their knowledge, skills and tools related to the five workforce outcomes and support staff to share their knowledge and experience.

Five workforce outcomes:

- understand, promote and achieve better outcomes for people
- engage in meaningful co-production with people and communities
- affirm professional values and identity, and to take responsibility for career long development
- demonstrate authentic and collaborative leadership behaviours
- actively engage in locality planning and service improvement
- Create opportunities for staff to further develop their skills, focused on what matters to the person, such as creating networks, making connections, building shared values and working with people and communities to produce shared solutions.

5 **What will integration mean for my job if the service I work for is in the new Integration Authority?**

There will be no change of employer as a result of the establishment of the new Integration Authority, so if you are currently employed by a Health Board or a Local Authority this will remain the case for the foreseeable future.

It is difficult at this stage to know precisely which or how roles will change in the long-term and this will become more evident as the integrated models of care develop. Where changes to ways of working are required, staff side representatives and individual post holders will be consulted. All staff are protected by their employer's human resource policies regarding such issues as redeployment and organisational change.

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Resource nine

Glossary of Terms

This glossary contains some common terms and language to be used when referring to health and social care integration.

2020 Vision	**The 2020 Vision** provides the **strategic narrative** and context for taking forward the implementation of the **Quality Strategy**, and the required actions to improve efficiency and achieve financial sustainability.
Anticipatory Care	**Anticipatory Care** can take many forms however it is expected to help reduce avoidable and unscheduled acute admissions for people with pre-existing conditions. The purpose of advanced/anticipatory care planning is to support the individual to have greater choice, and control of care preferences through communication across the support team, across agencies and across care settings.
Body Corporate Model	**The Body Corporate Model** is a model of integration where a Health Board and Local Authority both delegate the responsibility for planning and resourcing service provision for health and social care services to an Integration Joint Board, established as a separate entity.
Chief Officer	Where the body corporate model is adopted, a **Chief Officer** of the Integration Joint Board will be appointed to provide a single point of management for the integrated budget and integrated service delivery. They are accountable to the Integration Joint Board and to the Chief Executives of their Health Board and Local Authority for the delivery of integrated services.
Choice and control	**Choice and control** is about shaping services to meet people's needs, rather than allocating people to fit around services.
Co-production	**Co-production** is about combining our mutual strengths and capacities so that we can work with one another on an equal basis to achieve positive change.
Delayed Discharges	**Delayed Discharges** occur when a patient ready for discharge cannot leave hospital because the necessary care, support or accommodation is not available.

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Delegation	**Delegation** is the process used to integrate functions, by giving responsibility for health and social care functions to a single body.
Aids and Adaptations	**Aids and adaptations** can help older and disabled people to live independently in their own homes. They can reduce the risk of falls and other accidents in the home and can also reduce the need for home care or long-term admission to a care home. A wide variety of aids and equipment is available to help with daily living tasks ranging from simple adapted cutlery, to telecare alarms, specialist seating and beds. Common examples of adaptations include replacing a bath with a level access shower, or making it easier to get in and out of the home by widening doors or constructing a ramp.
Health Inequalities	**Health inequalities** is the gap which exists between the health of different population groups such as the affluent compared to poorer communities or people with different ethnic backgrounds.
HEAT Targets	The **HEAT** performance management system sets out the targets and measures against which Health Boards are publicly monitored and evaluated. HEAT is an acronym for Health Improvement, Efficiency and Governance, Access and Treatment. These are the four areas being targeted.
Independent Living	**Independent Living** means having the same freedom, choice, dignity and control as other citizens at home, at work and in the community. It does not necessarily mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.
Independent Sector	The **Independent Sector** encompasses individuals, employers, and organisations who contribute to needs assessment, design, planning, commissioning and delivery of a broad spectrum of social care services, which are wholly or partially independent of the public sector. The independent social care sector in Scotland includes care homes, care at home, housing support and day care services. The sector encompasses those traditionally referred to as the 'private' sector and the 'voluntary' sectors of care provision. It includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and not-for-profit voluntary organisations, associations and charities.
Integration	**Integration** is the combination of processes, methods and tools that facilitate integrated care.
Integrated Care	**Integrated Care** focuses on improving services in relation to access, quality, user satisfaction and efficiency. The aim is to enable better coordinated, joined-up and more continuous care, resulting in improved patient experience whilst achieving greater efficiency and value from health and social care delivery systems.
Integrated Resource Framework	The **Integrated Resource Framework** (IRF) for Health and Social Care is a framework within which Health Boards and Local Authorities can better understand the patterns of care they provide, particularly to their shared populations of people and service-users.

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Integration Authority	An **Integration Authority** is the body that is responsible for planning integrated care. It will decide which integrated services will be provided, how they will be funded and what they should look like. It can (and in many cases must) direct the Health Board and Local Authority to deliver those services. The body that acts as the Integration Authority for a particular area will be determined by reference to the model of integration used in that area.
Integration Functions	The services that Integration Authorities will be responsible for planning are described in the Act as **integration functions**. The legislation sets out which NHS and social care services must, may and cannot be delegated as part of the integration arrangements.
Integration Joint Board	Where the Body Corporate model is adopted, the NHS Board and Local Authority will create an **Integration Joint Board** made up of representatives from the Health Board, the Local Authority, the Third and Independent Sectors and those who use health and social care services. The Integration Joint Board, through its Chief Officer, will have the responsibility for the planning, resourcing and the operational oversight of integrated services within the strategic plan.
Integration Scheme	An **Integration Scheme** is the agreement made between the Health Board and the Local Authority. It sets out the make-up of the Integration Authority and how it will work. The Health Board and the Local Authority must submit their draft Integration Scheme to Scottish Ministers for approval by 1 April 2015. Integration Schemes must be reviewed by the Health Board and Local Authority at least every five years.
Intermediate Care	**Intermediate Care** services support people to improve their independence and aim to provide a range of enabling, rehabilitative and treatment services in community and residential settings. The term has been defined as a "range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living". (NSF for Older People, DOH, June 2002).
Lead Agency Model	The **Lead Agency Model** is a model of integration where the Health Board or the Local Authority takes the lead responsibility for planning, resourcing and delivering integrated adult health and social care services.
Locality Planning	**Locality Planning** is intended to keep the focus of integration on improving care in local communities. It will draw on the knowledge and experience of users of services, carers, staff and the third and independent sectors and provide the route for leadership by local clinicians and professionals from across health and social care – and, particularly, GPs – in planning service provision. Every Local Authority must define at least two localities within its boundaries for the purpose of locality planning.
Long-term Conditions	**Long-term Conditions** are conditions that last a year or longer, impact on many aspects of a person's life, and may require ongoing care and support. The definition does not relate to any one condition, care group or age category, so it covers adults and older people as well as children and those with physical and mental health issues. Common long-term conditions include epilepsy, diabetes, some mental health problems, heart disease, chronic pain, arthritis, inflammatory bowel disease, asthma and chronic obstructive pulmonary disease (COPD).

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Market Facilitation	**Market Facilitation** is a key aspect of the strategic commissioning cycle. Authorities will undertake a range of activities to promote the successful development of services to meet the needs of the local population effectively. These activities should include the development of an accurate picture of local need and markets, published as a Market Facilitation Plan.
National Care Standards	The **National Care Standards** have been published by Scottish Ministers to help people understand what to expect from a wide range of care services. They are in place to ensure that people get the right quality of care when they need it most.
National Health and Wellbeing Outcomes	The nine national **health and wellbeing outcomes** provide a national framework for measuring the effect of integrated health and social care services on the health and wellbeing of individuals.
Personalisation	**Personalisation** means starting with the individual as a person with strengths and preferences who may have a network of support and resources, which may include family and friends. Personalisation reinforces the idea that the individual is best placed to know what they need and how those needs can be best met. It means that people can be responsible for themselves and can make their own decisions about what they require, but that they should also have information and support to enable them to do so.
Person-centred	**Person-centred** is an approach to working with people which respects and values the uniqueness of the individual and puts the individual's needs and aspirations firmly at the centre of the process.
Planning and Delivery Principles	The **principles** that underpin the making of arrangements for integration, and the strategic planning of integrated services, will inform how services are planned and delivered. They explain what people using services and their carers can expect from integrated services and the behaviours and priorities expected of organisations and people planning and delivering care and support.
Quality Ambitions	The three **Quality Ambitions** of person-centred, safe and effective provide the focus for all our activity to support our aim of delivering the best quality healthcare to the people of Scotland and through this making NHSScotland a world leader in healthcare quality. They explicitly reflect the things people have told us they want and need.
Quality Strategy	The Healthcare **Quality Strategy** for Scotland is the approach and shared focus for all work to realise the 2020 Vision. It aims to deliver the highest quality healthcare to the people of Scotland to ensure that the NHS, Local Authorities and the Third Sector work together, and with patients, carers and the public, towards a shared goal of world-leading healthcare.
Reablement	**Reablement** is about giving people the opportunity and the confidence to relearn/regain some of the skills they may have lost as a result of poor health, disability/impairment or entry into hospital or residential care. As well as regaining skill, reablement supports service-users to gain new skills to help them maintain their independence.

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Self-Directed Support	**Self-directed Support** (SDS) is the new form of social care where the service-user can arrange some or all of their own support. This is instead of receiving services directly from Local Authority social work or equivalent. SDS allows people more flexibility, choice and control over their own care so that they can live more independent lives with the right support.
Self-management	**Self-management** encourages people with health and social care needs to stay well, learn about their condition and their care and support needs, and remain in control of their own health.
Shadow Integration Board	Interim local **Shadow Integration Boards** have been set up to manage transitional integration arrangements until integration goes live from April 2015.
Staff Governance (NHSScotland)	**Staff Governance** is an NHSScotland system of corporate accountability for the fair and effective management of staff. It requires that staff are: well informed; appropriately trained; involved in decisions; treated fairly and consistently; and provided with a continually improving and safe working environment.
Staff Partnership	**Staff Partnership** describes the process of engaging staff and their representatives at all levels in the early stages of the decision-making process. This enables improved and informed decision making, through achieving and maintaining a positive and stable employee relations culture and gaining commitment, ownership and consensus to decisions through joint problem solving. The emphasis is therefore placed on working collaboratively at all levels and becoming an exemplary employer, both to the benefit of staff but also to the benefit of patient care.
Strategic Commissioning	**Strategic Commissioning** is a way to describe all the activities involved in: • assessing and forecasting needs • links investment to agreed desired outcomes • planning the nature, range and quality of future services; and • working in partnership to put these in place This is the process that informs the Integration Authorities Strategic Plan.
Strategic Needs Assessment	**Strategic Needs Assessments** (SNA) analyse the health and care needs of populations to inform and guide commissioning of health, wellbeing and social care services within Local Authority areas. The main goal of a SNA is to accurately assess the health and care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities. The SNA will underpin Strategic Plans.
Strategic Plan	The **Strategic Plan** is at the heart of integration and is intended to be the means by which services are redesigned in an integrated way to improve the quality and coherence of care for people using them. Each Integration Authority must put in place a **Strategic Plan** (Strategic Commissioning Plan) for functions and budgets under its control. These will be co-produced via a strategic planning group whose members will include representatives of non-statutory partners, service-users and service-user representatives.
Supported Living	**Supported Living** is an alternative to residential care or living with family members that enables adults with disabilities to live in their own home, with the help they need to be independent. It allows people to choose where they want to live, who they want to live with and how they want to be supported.

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Third Sector	**Third Sector** organisations is a term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives. It also includes local intermediary organisations (Third Sector Interfaces), and third sector strategic intermediaries, for example Voluntary Action Scotland (who represent Scotland's 32 Third Sector Interfaces) and the Health and Social Care Alliance Scotland.
Transformational Leadership	As opposed to the management of the delivery of services, **Transformational Leadership** relates to the ability to inspire, motivate and engage. These qualities are seen as being particularly important for times when organisations are being challenged by significant external changes.

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Resource ten

Useful Information

This section contains a range of useful information and links to various guidance, legislation, reports, organisations and resources.

Guidance

Charter of Rights for People with Dementia and their Carers in Scotland

General Medical Council: Good Medical Practice

Guidance: For Public Benefit: Engaging With Scotland's Enterprising Third Sector A Guide for Public Sector Service Managers, Commissioners, and Procurement Professionals

Health and Care Professions Council: Standards of Conduct, Performance and Ethics

Integrated Care Fund

NHSScotland, Staff Governance Standard

Scottish Government: The 2020 Vision

Scottish Government: The Charter of Patients' Rights and Responsibilities

Scottish Government: The Healthcare Quality Strategy for NHSScotland

Scottish Government: Scottish Public Finance Manual (Best Value)

The United Nations Convention on the Rights of Disabled People ratified by the UK in 2009

The Nursing and Midwifery Council: The Code: Standards of conduct, performance and ethics for nurses and midwives

Three Best Practice Standards for Carer Engagement:

Legislation

Community Empowerment Bill

Information on Rights/Duties in Relation to Social Care

Public Bodies (Joint Working) (Scotland) Act 2014

Self-Directed Support Act

Scotland's National Care Standards

The Social Care (Self-directed Support) (Scotland) Act 2013

The Equality Act 2010

The Human Rights Act 1998

Reports

Commission on the Future Delivery of Public Services

Health and Social Care Alliance Scotland: Integration or Transformation

Health and Social Care Alliance Scotland: Being Human

Health and Social Care Alliance Scotland: Being Human: A Human Rights Based Approach to Health and Social Care in Scotland

Kings Fund: Integrated Care in Northern Ireland, Scotland and Wales

Kings Fund: Integrating Health and Social Care in Torbay Locality Planning Conversations Report

Many Conditions, One Life Multiple Conditions Action Plan

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Organisations

British Medical Association (BMA)
British Institute for Human Rights
Care Information Scotland
Care Inspectorate
Carers Scotland
Chartered Institute of Housing Scotland
Coalition of Care and Support Providers in Scotland (CCPS)
Convention of Scottish Local Authorities (COSLA)
Care Inspectorate
Equality and Human Rights Commission
Health and Social Care Alliance Scotland (The Alliance)
Health Rights Information Scotland
Healthcare Improvement Scotland
Improvement Service
Inclusion Scotland
Institute for Healthcare Improvement
Joint Improvement Team
Kings Fund
NHS Education for Scotland (NES)
National Institute for Health and Care Excellence
Patient Opinion Scotland
Royal College of General Practitioners (RCGP)
Royal College of Nursing (RCN)
Scottish Care
Scottish Federation of Housing Associations
Scottish Health Council
Social Work Scotland
Scottish Social Services Council (SSSC)
Scottish Community Development Centre
Senscot
Scottish Council for Voluntary Organisations (SCVO)
Voluntary Action Scotland
Voluntary Health Scotland

Resources

Discover the Third Sector
Health and Social Care Alliance Scotland: My Terms, My Condition, My Life: Living Better With Self-Management
Health and Social Care Integration: Implementation Timeline
Health and Social Care Integration: Implementation Models of Integration – Flowcharts
Inclusion Scotland: Human Rights Toolkit
Independent Living in Scotland: Co-production Toolkit
Information Services Division Data Support for Integration Authorities
Joint Improvement Team: Examples of Practice
Joint Improvement Team: Talking Points Personal Outcomes Approach: Practical Guide
Joseph Rowntree Foundation: Involving Older People: More Power to Their Elbow
Leading Better Care
MECOPP: On the Margins – An Audit Tool for Minority Ethnic Carers
NHS Health Scotland: Health Inequalities Impact Assessment
Participation Toolkit: The People Powered Health and Wellbeing
Quality Improvement Hub
Reshaping Care for Older People
RCN: Dignity Resources
Scottish Government: Resources on Public Sector Procurement
Scottish Government: Principles of Inclusive Communication
Scottish Government: Our shared vision for independent living in Scotland
Scottish Health Council: Stronger Voice
Scottish Intercollegiate Guidelines Network
Scottish National Action Plan for Human Rights
Scottish Patient Safety Programme
The Scottish Human Rights Commission: Care About Rights
Third Sector Health and Social Care Support Team
WHO, UNHCHR: The Right to Health

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