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## CONFERENCE ABSTRACT

### Health and social care platform

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**Background:** With the planned integration of Health and Social Care Services in Scotland, it was clear that there was disparate information across a range of organisations that had to be brought together to support this new journey. Information Services Division (ISD) worked with key stakeholders to set up the Health and Social Care Platform with the aim of uniting data from NHSScotland and Local Authorities. One of the key objectives was to produce a range of analyses based on expenditure and activity for each Scottish Integrated Care Partnership. This intelligence is designed to support decision making and strategic commissioning by identifying the current and future health and social care needs of their population and integrating data across care sectors.

**Description:** A number of different datasets across health and social care were used to create the analyses. A patient level costing method was developed to allow hospital costs to be attributed to individual patient level activity. The costing methodology apportions hospital site and specialty specific direct costs to individual patient records. Costed activity was aggregated and analysed in various ways for all partnerships, such as showing acute inpatient non-elective costs across different age groups. Numerous stakeholders from the partnerships were involved in testing the functionality of the Health and Social Care cost and activity outputs, and this resulted in further enhancements and improvements. To further support integration authorities in the use of these data, ISD has created an agile team 'Local Intelligence Support Team' (LIST). LIST are embedded locally within the integrated authorities and are working collaboratively to help with; (a) locality analytics (visualisation, demographics, trend analysis, forecasting, profiling, and targeting of patient/client population); (b) dataset development and information management (health and social care data linkage and integration); (c) local training and skills transfer; (d) specialist skills (public health and governance).

**Results:** Following user feedback from health and social care stakeholders, ISD developed a range of interactive dashboards using a data visualisation tool (Tableau). There are numerous dashboards presenting trend information at Scotland, region, partnership and GP practice level, and include; -

- High Resource Individuals: these are patients who are high resource users. Collectively 2% of the population in Scotland account for 50% of the hospital and GP prescribing expenditure.

- Detailed Resource and activity: expenditure and activity displayed by health board, Partnership, hospital and GP practices
- High level resources: high level overview of expenditure across health and Social Care; this is available at Scotland, region and partnership level
- Delayed Discharges: information includes number of delays, occupied bed day and estimates of the financial cost to the hospital sector associated with delayed discharges for each partnership aggregated to Scotland level

Using this information, key developments are already underway in partnerships e.g. capacity modelling, care pathway redesign, risk profiling and prevention strategies.

**Discussion:** There is growing understanding that health and social care integration delivers a challenging agenda. Sourcing and linking data are key to understanding and projecting patterns of service demand for our Partnerships. Feedback from partnerships has been very positive. The key benefit is being able to see the data in a new way and across both of the integrating care sectors. It is important to understand how clients move within and across a health and social care setting. Through the linked data it is planned to construct pathways through health and social care for individuals that should lead to a range of benefits and insights that has previously never been available. Initial pathway analysis will focus on High Resource Individuals and those individuals in their last six months of life.

**Conclusion:** Robust information delivered via interactive dashboards has been developed to assist with delivering services that are effective and person centred for different population cohorts. Partnerships now have a tool, and support, to assist with strategic decision making on how resources are invested in services. This can be used to plan for positive outcomes for service users, and more efficient and effective use of resources. ISD will continue to engage with stakeholders and users from the integrated authorities to ensure that the dashboards will continue to meet current and future needs.

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**Keywords:** health and social care integration; delayed Discharges; high resource individuals; local intelligence support team; health and social care data linkage

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