

CONFERENCE ABSTRACT

Beyond the legislation- investing in sustainable transformation

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Introduction: From April 2015, landmark legislation in Scotland established 31 new integrated health and social care organisations[1]. The Public Bodies (Joint Working) (Scotland) Act (2014) required NHS Boards and Local Authorities to establish one of two organisational models by April 2016. Each integration authority, with their health, social care and housing providers, community partners, patients, carers and service-users, developed a strategic plan and is using an integrated budget to commission the range of integrated services and community support to improve local population health. This paper discusses the critical capacity building support required to enable progress towards integrated care at scale.

Description: Each new Integration Authority oversees an integrated budget of more than 60% of the health and social care resources, including all adult social care, adult primary and community health care, and some aspects of adult hospital care. Local progress is being measured through nine health and wellbeing outcomes supported by a suite of 23 indicators that track activity, resources and care experience.

Targeted population: Local integration of adult community health and social care services with the option to include children's health and social care services, criminal justice social work and housing support.

Highlights: Capacity building to enable progress in implementing integrated care includes:

Additional local analytical capacity to inform commissioning decisions and to make progress in linking health and social care data.

Ringfenced funding of £300 million to enable investment in preventative supports and new models of anticipatory care and person centred care in the community.

Technology Enabled care programme that has enabled over 25,000 more citizens to live safely in their own home, monitor their health at home and /or access specialised services remotely.

A collaborative leadership programme and action learning to support practitioners to build new relationships and design new models of integrated care.

Community intermediate care and advanced practice models that have enabled older people to spend around 3 million more days at home than would have been expected based on previous institutional care rates.

Transferable lessons: Introducing new models of integrated care has been enabled by a new GP contract and development of enhanced interdisciplinary practice in primary care, supported by education and leadership programmes on people centred integrated care, including a new Masters programme. Progress on data sharing has been slower and a fully integrated electronic record remains elusive.

Conclusions: Implementation of integrated care at scale is a long game requiring enabling supports across all dimensions of integration. Legislation, structural and financial integration have built a strong foundation for transformation but continuing support for leadership, workforce redesign, professional and functional integration remain priorities if we are to make integration 'business as usual'.

References:

1- Hendry A, Taylor A, Mercer S and Knight P. "Improving outcomes through transformational health and social care integration: the Scottish Experience" Healthcare Quarterly 2016; 19(2): 73-79

Keywords: implementation; sustainability; leadership; workforce; education
