

Health and Social Care Integration

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.



Health and Social Care Integration

Find out more about health and social care integration at www.gov.scot/hsci

Health and Social Care Integration Timeline



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

190,000 STAFF
NHSScotland employs approximately 160,000 staff who work across 14 regional NHS Boards, seven Special NHS Boards and one public health body. Local Authority social services departments employ approximately 190,000 staff.

65%
By 2032, it is estimated that the number of people aged over 75 is likely to have increased by almost 65% compared with 2015.

100,000
In any year, 2% of the Scottish population account for 50% of hospital and prescribing resource use. The same 2% of the population account for three quarters of unscheduled bed days in Scotland - that's just over 100,000 people using three quarters of all unscheduled bed days.

Key Supporting Statistics

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.

3RD
The Scottish third sector touches the lives of people and communities across the country. It encompasses an estimated 45,000 voluntary organisations, of which around half are registered as charities.

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 the private and third sector.

Local Integration Schemes are submitted to Scottish Ministers for approval

All of the new Health and Social Care Partnerships will be fully functional

All local integration arrangements must be in place



Choices

Safe

Principles of Integration

The Principles for planning and delivering integrated Health and Social Care describe **how** integrated care should be planned and delivered. They are intended to work in tandem with the national health and wellbeing outcomes, which describe **what** integrated care is intended to achieve.

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.

View the HSCI Communications Toolkit at www.gov.scot/hsci



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.

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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).

National Health and Wellbeing Outcomes

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

View the Health and Wellbeing Outcomes Framework
<http://www.gov.scot/Publications/2015/02/9966/downloads>

‘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 HSCI blog posts at <http://blogs.scotland.gov.uk/health-and-social-care-integration/>

Digital Stories

The Lived Experience – Craig’s Story



Craig is aged 43, lives in supported accommodation and receives a tailored package of support from his local integrated health and social care team to help him live as independently as possible.

In November 2001 Craig was viciously attacked and left for dead in an underpass. He suffered from a fractured skull, spent ten months in hospital, which resulted in brain damage.

Unable to hold down a tenancy of his own, Craig became homeless. He was diagnosed with Alcohol-Related Brain Damage (ARBD) and eventually, concern for his welfare became so great that the local council won a guardianship order, and Craig was confined to a care home against his will.

Years later, with the support of an advocacy worker, Craig challenged

the guardianship and regained his autonomy. His social worker brought his case to the attention of the newly-formed ARBD service in Fife, and Craig finally found his freedom with daily support from his local integrated health and social care team. Craig’s story clearly demonstrates what is possible when an integrated team with responsibility for supporting an individual to articulate and pursue a set of personalised health and wellbeing outcomes can achieve.

View Craig’s story at: <https://vimeo.com/125063522>



Outcomes Support Independence



Alcohol-Related Brain Damage (ARBD) Service

The ARBD service provides assessment, case management and support to those with ARBD in the community. Once admitted to the service, the team works collaboratively with colleagues from a variety of different disciplines including Community Mental Health, Psychiatry, Occupational Therapy, Addiction Services, Social Work and the Voluntary Sector to establish a tailored package of support to assist patients to live as independently as possible.

View more digital stories at:
<https://vimeo.com/hsci>

