

Integrating Health and Social Care in Scotland: Fit for Purpose 2016 and beyond

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March 2016

Building blocks for integration

1) A guiding principle:

“ . . . effective services must be designed with and for people and communities – not delivered ‘top down’ for administrative convenience”

The Christie Commission Report
Commission on the future delivery of public services, June 2011

2) Legislation:

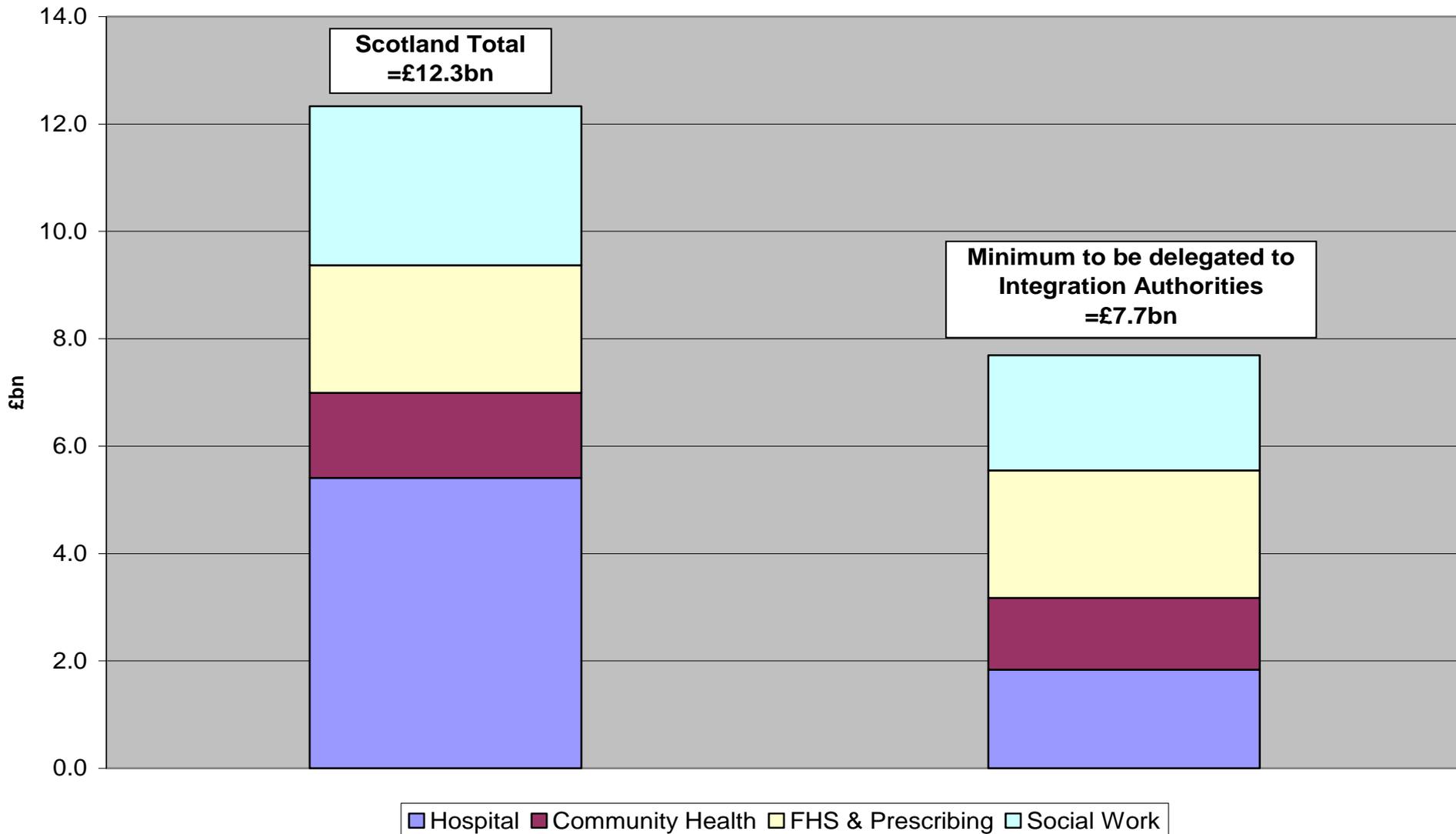
– The Public Bodies (Joint Working) (Scotland) Act 2014

3) A single commissioner and budget for health and social care

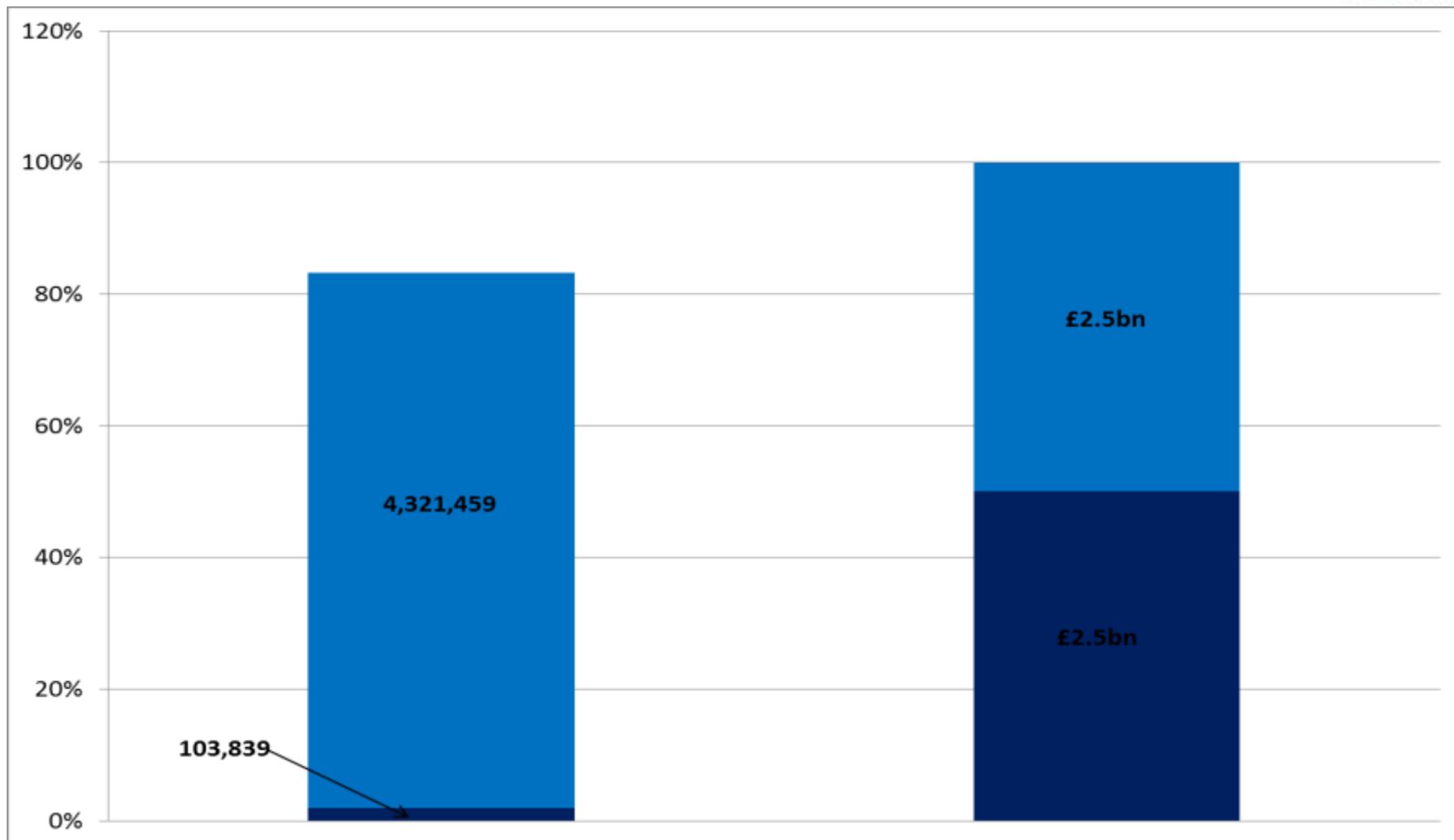
INTEGRATION UPDATE

- All 31 Integration Schemes have been approved by the Cabinet Secretary, and all Health and Social Care Partnerships will be fully operational from 1 April 2016.
- Strategic Plans are nearing completion.

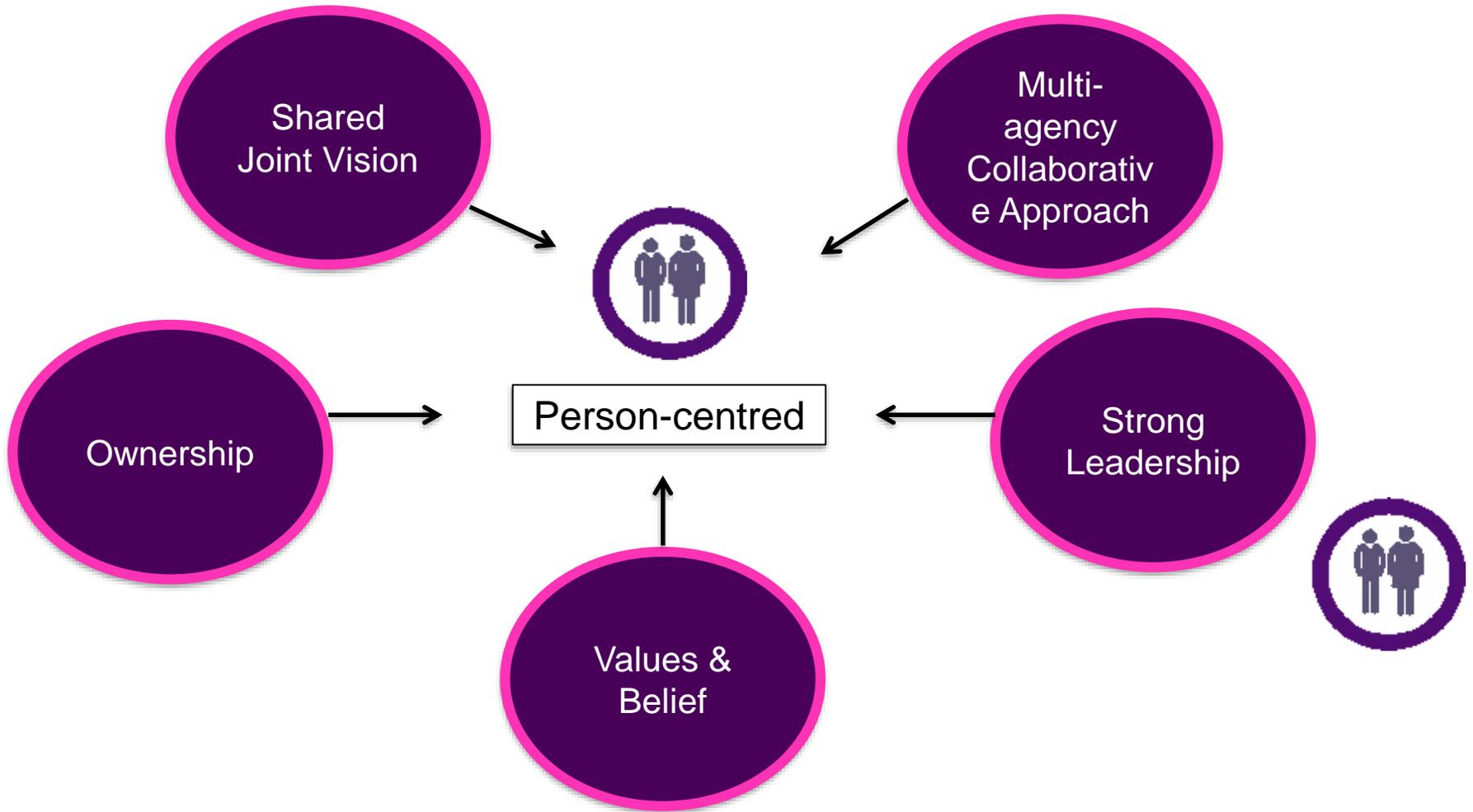
Integrated Resources: approximate scale



High resource individuals



LOCALITY ARRANGEMENTS



THE ROLE OF THE THIRD SECTOR



“The role of TSI is regarded as essential to the aim of strategic commissioning ... TSI is the lead in supporting, promoting, developing and advocating for the third sector in health and social care integration”

POTENTIAL OF SOCIAL ENTERPRISE HEALTH AND SOCIAL CARE

- A Distinctive Role
- Already very active keeping people connected within communities.
- Flexible; agile; creative ; outcome focused
- Key role in addressing inequality

TRANSFORMATIONAL CHANGE RECALIBRATING RELATIONSHIPS

‘the outcomes that people talk about are staying at home (or a homely setting), connected to family and friends and doing the things that make them feel like a person’

‘some people clearly require significant health and social care but often people are looking for a little help or support to get by and who find the system perplexing, think we talk a different language and are tied up in rules and processes’

Health and Social Care Integration



Supporting people to live well and independently at home or
in a homely setting in their community for as long as possible

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