National and Local Policy Context

This document highlights the main documents nationally and locally which are important "drivers" and influence and shape our Moray Strategic Plan.

Health and Social care partnership working/integration has been in place for a number of years as outlined in table A at the ends of this appendix. Both national and local policy and strategies have, therefore, been developed in recent years within this context.

A wide range of national and local strategies and policies highlight important drivers for our Strategic Commissioning Plan for Integration.

These have also shaped and influenced local strategies. Recurring themes within these documents include:

- *Improve outcomes and quality of care for individuals*
- *Local integrated teams providing safe and holistic care*
- *Needs are anticipated and where possible prevented*
- *A flexible use of people, places and resources*

The main national and local strategies or policy documents are described below:

NATIONAL CONTEXT:

Integration of Adult Health and Social Care 2013

This is the Scottish Government's programme of reform for health and social care. Integration aims to ensure that health and social care provision is joined-up and seamless, especially for people with long term conditions.

It sets out a framework within which NHS Boards and local authorities will work with partners in the third and independent sectors and patients, service users, carers and families, to integrate adult health and social care service planning and service provision.

The key messages are:

- Establish integrated health and social care partnerships
- Joint Integrated Boards replace Community Health Partnerships
- Partnerships are accountable for delivering national outcomes
- Integrate adult health and social care budgets

- Strengthened role of clinicians, professionals and Third Sector in locality planning and delivery of services
- Joint responsibility to develop, deliver, monitor and evaluate joint commissioning strategies
- More resources targeted at community services and less/same targeted at institutional care

The Act was preceded by the **Public Bodies (Joint Working) (Scotland) Bill (2013**). Its main message was to "improve the wellbeing of recipients" and that care

- Is integrated from the point of view of the recipients
- Takes account of the needs of individual recipients
- Takes account of the needs of recipients in different parts of the area in which services are provided
- Is planned and led locally in a way which engages with the community
- Best anticipates needs and prevents them arising
- Makes best use of available facilities, people and resources.

Christie Commission (Public Services (Christie) Commission (2011)

The Christie Commission was commissioned to develop recommendations for the future delivery of public services.

The starting point was a belief that Scotland's public services are in need of reform to meet unprecedented challenges. These challenges appear in terms of intense pressure on budgets, increasing demographic and social pressures and a huge increase in the demand for public services.

The priorities identified included:

- Effective services must be designed with and for people and communities
- Maximise scarce resources by utilising all available resources from the public, private and third sectors, individuals, groups and communities

- Work closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance, and build resilience
- Concentrate efforts on delivering integrated services that deliver results
- Prioritise preventative measures to reduce demand and lessen inequalities
- Introducing consistent data-gathering and performance comparators, to improve services
- Drive reform across all public services based on outcomes, improved performance and cost reduction
- Implement better long-term strategic planning

Specific recommendations included:

- All public service bodies focus on improving outcomes.
- Embed community participation in the design and delivery of services
- Develop joined-up services, backed by funding arrangements requiring integrated provision
- Implement new inter-agency training to reduce silo mentalities, drive forward service integration and build a common public service ethos
- Apply commissioning and procurement standards consistently and transparently

Reshaping Care for Older People (2011 - 2021)

In light of the demographic projections within Scotland, “Reshaping Care for Older People” details a 10 year programme for change between 2011 - 2021. It aims to improve services for older people by shifting care towards anticipatory care and prevention.

It sets out the vision that “older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting”.This programme defined NHS improvement areas and the delivery of HEAT targets and Community Care Outcomes.

The focus of the plan is:

- Whole system transformation
- Shifting the location of care from institution to community
- Creating care that is preventative, anticipatory and coordinated
- Supporting at home delivery of care with people

In addition the Framework **"Maximising Recovery and Promoting Independence: Intermediate Care's Contribution to Reshaping Care"** outlines a range of intermediate care functions which focus on prevention, rehabilitation, enablement and recovery.

The Change Fund and Integrated Care Fund 2015 were established as a catalyst to reshape care and to support the shift to a preventative care approach.

2020 Vision (Healthcare) and The Healthcare Quality Standards Strategy NHS Scotland (2010)

The Healthcare Quality Standards Strategy identified quality ambitions to support the delivery of person centred, safe and effective care and emphasises the need to support people to manage their own conditions as far as possible.

The strategy detailed 3 quality ambitions:

- Beneficial partnerships between patients, families and those delivering care which respects individual needs and values, demonstrates compassion, continuity, clear communication and shared decision-making.
- There will be no avoidable injury or harm to people from healthcare they receive and an appropriate clean and safe environment will be provided
- The most appropriate treatments, interventions, support and services will be provided at the right time for everyone who will benefit and wasteful or harmful variations will be eradicated.

Further work was also outlined in the Healthcare Quality Standard on Clinical Governance and Risk Management.

The 2020 Vision augmented this and sets out the Scottish Government's strategic vision for achieving sustainable quality in the delivery of healthcare services.

The Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Treatment is provided in a community setting or day case treatment as the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

The 2020 Vision specifies 12 areas for improvement, one of which is Integrated Care.

Personalisation and Social Care (Self Directed Support) Act 2013

2010 saw the publication of "Self Directed Support: A National Strategy for Scotland" which sought to advance the personalisation agenda aimed at maximising independence. The key principles of choice and control are to be achieved through jointly allocating resources through a "co-production" approach.

The 2013 Act provides a further step change in that the individual can act as commissioner of their own support with the aim of the individual having greater choice and control over services they use.

Community Planning and Community Care Single Outcome Agreements (SOA) 2012

The key messages were around:

- Promoting early intervention and preventative approaches
- Working to reduce outcome inequalities
- Develop effective community planning at the core of public services
- Partnership working

The Single Outcome Agreement (SOA) required local authorities to report to central government on progress towards meeting 15 national outcomes and local indicators.

National outcomes were:

- Improved health
- Improved well being
- Improved social inclusion
- Improved independence and responsibility

Other key priorities were:

- Safer and stronger communities
- Health inequalities and physical activity
- Improving outcomes for older people
- Economic growth
- Employment
- Early years

Wider Social Case Legislative Framework

The Social Work Scotland Act (1968) – duty to assess

Regulation of Care Act (2001)

Local Government Scotland Act (2003)

Additional legislation also exists in specific areas such as Carers; People with disabilities; Mental health care and treatment; Adults with Incapacity; Adult support and protection and Housing.

The Housing (Scotland) Act 2011 states the housing sector role as:

- Providing information and advice on housing options
- Facilitating or directly providing fit for purpose housing, that gives people choice and a sustainable home environment
- Providing low level preventative services
- Building capacity in local communities
- Strategic housing planning – contributing to shaping the market

"Gaun Yersel! The Self Management Strategy for Long Term Conditions in Scotland" and "Many Conditions One Life" 2014

The Self Management Strategy document focused on anticipatory care planning, multi-disciplinary preventative care and the adoption of an asset based approach to support people with long term health conditions to better manage their health and well being.

In addition the **National Multimorbidity Acton Plan 2014** is key in setting out requirements for:

- Helping people have control over their conditions
- Supporting people to achieve their personal outcomes
- Integrating care and build community assets to promote independence, wellbeing and resilience
- Building enabled and skilled workforce
- Delivering coordinated and integrated care pathways

Local actions may therefore include:

- Adopting the House of Care GP consultation model
- Spreading personal outcomes approaches

- Designing holistic GP and out patient appointments for people with multiple conditions
- Scaling up anticipatory care planning
- Rolling out pharmaceutical care planning and review
- Identifying support workers/"navigators" to help simplify access to local community support
- Scale up digital information and remote consultations
- Enhance generalist skills in specialist care and enhance specialist expertise in the community workforce
- Build local capacity in terms of predicting and managing multi morbidity

The "**My Health and Care Pathway"** also accompanies this work.

"Many Conditions, One Life" is a supporting Action Plan published in 2014 to improve care and support for people living with multiple conditions in Scotland. It describes ten actions we must take in each GP practice, community team and in every community in Scotland so that:

- All adults with multiple conditions are supported to live well and experience seamless care from the right person when they need it and where they want it.
- In addition it highlights the desire for Scotland to further enhance its reputation as a world leader in research and innovation in Integrated Care and multiple conditions.

Community Hospital Strategy Refresh (2012)

In 2012, the Scottish Government published the "Community Hospital Strategy Refresh". It reflects on how current strategic priorities should influence the vision for community hospitals. It highlights a number of good practice examples and action points, including:

- Ensuring that people who utilise community hospitals are the centre of care pathways

- Provision for the development of the workforce in community hospitals
- Identifying how community hospitals can be developed to better provide for local communities

The strategy refresh work is being taken forward by the Community Hospital Improvement Network hosted by NHS National Education for Scotland.

The Network has undertaken a number of activities to gather information and action plans which introduces an improvement programme focusing on key priorities for 2013-15 which include:

- Telemedicine Implementation and Spread
- Data Collection Enhancement
- Dementia Service Improvement

Delivering Quality in Primary Care – National Action Plan

Goals include:

- Improving access for patients
- Implementing patient safety programmes
- Ensuring effective partnerships
- Improving communication between primary and secondary care

Scotland's National Dementia Strategy (2010)

The aim of the strategy is to deliver world class dementia care and treatment in Scotland by ensuring that people with dementia and their families are supported to live well with dementia. Two key change areas are;

- Excellent support and information to people with dementia and their carers post diagnosis
- Improved responses to people with dementia in the general hospital settings, including alternatives to admission and better discharge planning.

Caring Together: The Carers Strategy for Scotland 2010 – 2015

Acknowledges the vital contribution carers make to health and social care systems. Included in the actions is a need for training for carers to enable them to remain able to continue in their role. Intermediate Care has the potential to support carers by reducing the number and length of hospital admissions and providing a range of services which can respond to and avert a crisis.

Palliative Care and End of Life Care June 2015

An engagement document was issued in June as a Scottish Government commitment to develop a national strategic framework for palliative care and end of life care by the end of 2015.

This will provide support to improve and deliver high quality palliative and end of life care for all ages and all clinical conditions. It will also link to the narrative of the 2020 Vision.

LOCAL CONTEXT:

A number of local Moray strategies are available and have been designed in response to the appropriate national strategies or plans outlined above.

The strategic priorities within these strategies are summarised below:

Older People Strategy ("Living Longer, Living Better") 2013-2023

Strategic Priorities:

- Independent living at home
- Positive health and wellbeing
- Involvement within local communities
- Feeling safe and secure
- Choice & control
- Reducing isolation

- Improved housing options
- Support for carers

Telehealthcare Strategy – completed 2014 – currently no live document

Strategic Priorities:

- Mainstream technology
- Support safe living at home
- Develop more Telehealthcare solutions
- Integration with health, social care and housing
- Equitable services
- Integrate technology solutions in terms of preventative services
- Continuing education and training plans and evaluation about technology capabilities
- Continued development of telecare and other technology
- Ensure alarm monitoring services meet the demands
- Establish robust responder services
- Increase choice

Dementia Strategy 2013 – 2016

Strategic Priorities:

- Awareness raising/Publicity/reduce stigma
- Healthy living in terms of risk reduction
- Information about services and support
- Support early diagnosis
- Support GP diagnosis
- Provide post diagnostic support
- Staff training – health and social care
- Increase home carer expertise
- Dementia friendly building design
- Build community capacity

- Support carers
- Improve end of life care
- Improve interventions for those with complex care needs
- Increased technology/telecare/telehealth solutions

Carers Strategy ("Caring Together") currently under review

Previous strategic Priorities:

- Identifying carers - Support unpaid carers to identify themselves as a carer
- Health & Wellbeing - Support carers to look after their own health and wellbeing
- Information - Delivery of consistent info to unpaid carers
- A Voice - Involve carers at strategic level/service design
- Respite/Short Breaks - Access to appropriate respite that meets their needs
- Training - Carers have relevant skills and knowledge to be confident in caring role
- Employment - Supported to seek employment

Moray Autism Strategy 2014 – 2024

Strategic Priorities:

- Partners work together (local authority, NHS and partners) to develop services
- Clear diagnosis process
- People with autism and families understand the condition
- People with autism and families feel supported
- Wider community supports people with autism
- Wider community knows about and understands the condition
- People with autism are supported to make full use of the opportunities and services available

Learning Disability Strategy ("Our lives, Our Way") 2013 – 2023

Strategic Priorities:

- Choice & control
- Independent living
- Opportunities to be more involved in local communities
- A range of housing opportunities
- Make the most of health and well being
- Range of employment, training and learning opportunities
- Feel safe and secure
- Support to meet additional needs
- Staff have the right understanding, skills and training
- Support family carers

Drug & Alcohol Strategy 2015 – 2025

Strategic Priorities:

- Increase availability of health promoting info on alcohol and drugs
- Improved physical and mental wellbeing amongst service users
- Increase alcohol brief intervention
- Reduce hospital admissions/access for people with alcohol and drug related diagnosis
- Reduce drug & alcohol mortality
- Reduce number of young people misusing drug/alcohol
- Improve life chances which reduce an individual's likelihood of developing problematic drug/alcohol use in future
- Increase consumption of alcohol within safe limits
- Individuals are improving their health and wellbeing and recovery
- Increase on % of individuals accessing services reported making progress in recovery
- Increase in family members of those with substance misuse issues offered interventions
- Increase involvement of service users/families in service planning/design
- Supporting family resilience/protecting children
- Reduction in alcohol/drug related offending etc

- Decrease in drug misuse/dealing in their neighbourhood
- Reduction in availability of drugs
- Improved safeguarding re availability of alcohol
- Improved community safety
- Reduced stigma in recovery
- Meeting waiting time targets
- Improved integrated pathways
- Improved quality of services

Mental Health & Well Being Strategy (& Action Plan) 2015 – 2025

currently out to consultation

Strategic Priorities:

- Promoting & sustaining good mental health and well being
- Improve the quality of life of those experiencing mental health problems via a strong recovery orientated mental health system
- Develop strengthen and maintain supporting relationships
- Increase social inclusion and decrease inequality, stigma and discrimination
- Increase financial security, maximise employment/employability opportunities and increase access to housing
- Reduce suicide, suicidal behaviour and self harm
- Support a professional workforce which includes robust staff training
- Embed the principles and values of recovery in policy and practice
- Provide a greater focus and commitment to recovery and principles within local policy and service planning, commissioning and change areas such as self directed support and health and social care integration
- Address the challenges of operating within a remote and rural context to service delivery and the engagement of communities and individuals
- Take a more strategic approach to recovery policy and practice that is planned, joined up and coordinated
- Ensure that professionals roles in mental health services are more closely aligned with recovery principles and practice

- Provide a greater emphasis upon recovery focused continuous improvement and service development that is informed by a clear evidence base
- Shift the power from services to people by giving people greater choice and control
- Provide a greater emphasis upon the role of carers and supporters in recovery.

Physical & Sensory Disability Strategy 2015 – 2025 under consultation

Priorities:

- Healthier living
- Independent living
- Inclusion and positive contribution in community
- Information, communication and advocacy
- Supporting people with disabilities to improve their economic wellbeing
- Carers
- Improve leadership, training and development in the workforce

Existing work streams/programmes

There are also a number of existing work streams/programmes of work to meet national action plans. These include:

- Modernising Primary Care
- Focus on Dementia
- Unscheduled Care
- Reshaping Care for Older People
- Self Directed Support
- Technology Enabled Care
- Older People in Acute Care
- Patient Safety Programme
- National Action Plan for Multi-morbidities
- Keep Well Extension Programme

Table A – A History of Health & Social Care Integration in Scotland

History of Integration in Scotland (Source Audit Scotland)
1999: Local Health Care Cooperatives established – bringing together GPs and other primary healthcare professionals in an effort to increase partnership working between NHS, social or and voluntary sector.
2002: Community Care and Health Scotland Act – introduces powers but not duties for NHs Boards and councils to work together more effectively
2004: NHS Reform Scotland Act: Requires health boards to establish CHPs – replacing LHCCs. This was an attempt to bridge the gaps between community based care, such as GPs and secondary healthcare, such as hospital services, and between health and social care.
2005: Building a Health service Fit for the Future: National Framework for Service Change. This set out a new approach for the NHS that focused on preventative healthcare, with a key role for CHPs in shifting the balance of care from acute hospitals to community settings.
2007: Better Health, Better Care, sets out the Scottish Governments 5 year action plan giving NHS lead responsibility for working with partners to move care out of hospitals and into the community.
2010: Reshaping Care for Older People Programme launched by the Scottish Government. Introduced the Change Fund to encourage closer collaboration between NHS Boards, councils and the voluntary sector.
2014: Public Bodies (Joint working) Scotland Act introduced a statutory duty for NHS boards and councils to integrate the planning and delivery of health and social care services.
2016: All integration arrangements set out in the 2014 Act must be in place by 1 April 2016.