# HEALTH AND CARE CO-ORDINATION

## Aim

1.1 This paper and presentations aim to illustrate a need to consider redesigning local health and care services in order to ensure the most vulnerable people receive the right care in the right place at the right time.

1.2 We are looking to design a service that is wrapped around individual need.

## Background

2.1 Over the next 20 years the numbers of 85 year olds in the UK will more than double meaning many more of us with multiple, long-term health conditions. Our current health and social care system won't cope. Fundamentally it is the same system as when the NHS was set up, designed to treat episodes of illness one at a time.

2.2 Multi-morbidity is the norm in Scottish patients aged over 50 and the prevalence is rising. Currently over 2 million people in Scotland have a long-term condition and they are the principle driver for both chronic and urgent care and support.

2.3 Vulnerable people like Sam are being let down. The care plan that resulted for Sam was a consequence of poor communication and a lack of integration between the range of health and care services. It was preceded by a number of avoidable health crises and a cycle of hospital admissions and readmissions due to a lack of co-ordination between his health and care services in the community.

2.4 We now need to change the way we provide care for people like Sam. Their care needs to be more *joined-up and coordinated*. This means that a persons' journey through the system is made as seamless as possible.

2.5 For example,

- barriers between all aspects of health and social care should be removed so they work seamlessly;
- gaps and duplication in assessment and care planning must be addressed; and,
- people are encouraged to take more control of their own health and care, from staying well to supporting themselves to manage their own needs.

2.6 Our local services should be designed to prevent people from being admitted to hospital inappropriately. When a hospital admission is necessary, we need the right resources in the hospital and the community to help people to leave hospital as soon as they are able.

2.7 Current resources should be pooled across health and social care in order to build the multi-professional teams to better *co-ordinate care* and create systems to allow information to be easily shared.

2.8 Put simply, we as local leaders in health and social care services, working alongside our Voluntary sector colleagues, must create a shared vision that describes what good integrated care looks like, centred on the needs of people like Sam and their carers and *co-ordinated* to ensure the best outcomes are achieved.

**Summary**

3.1 Services are under pressure due to an increasingly aging population with more complex health and care needs. This will continue over the coming years and will result in an increased demand for health and care services throughout the region.

3.2 Addressing this challenge will require an innovative and joined-up approach with health and care professionals working together to deliver more *co-ordinated* and consistent user centred services.

3.3 We intend to provide a model of care that provides a single point of contact for the planning and delivery of care to those most vulnerable.

**Recommendation**

The Health & Social Care Integration Shadow Board is asked to **consider and support** the approach set out in the presentation and report.

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| **Policy/Strategy Implications** | Hospital admissions match with the 9 strategic outcomes. |
| **Consultation** | Through the strategic planning process. |
| **Risk Assessment** | Will be taken forward as part of the service development. |
| **Compliance with requirements on Equality and Diversity** | Considered as part of the strategic plan. |
| **Resource/Staffing Implications** | Will become clear as the project develops. |

**Approved by**

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