



EUROCITIES Social Innovation Lab

26-27 March 2019, Glasgow

Co-learning workshop 5 - Tuesday, 26 March 10.00 - 12.30

Venue: *Grand Central Hotel, 99 Gordon Street, Glasgow*



Workshop 5: Integrating services for better accessibility by users

Case study: **Glasgow's model of integrated social care and healthcare services**

The co-learning workshops at the Social Innovation Lab in Glasgow will offer participants an opportunity to learn from and capitalise on the lessons learned from recent pilots of innovative approaches to social challenges in cities. Each workshop will examine in depth one case study of urban social innovation. Following the presentation of the case study, participants will discuss the lessons learned and how to apply them to other urban contexts.

Workshop 5 will discuss Glasgow's innovative approach to reforming its service delivery by integrating the social care and healthcare services at local level.

Objectives

- Learn from the experience and lessons from Glasgow's reform of integrating care services
- Identify success factors that can help the transferability, scalability or replication of the innovative approach to other urban contexts
- Discuss challenges and obstacles in the implementation process and how to overcome them

Format

The format will be interactive with a strong focus on collaborative learning. The workshop will examine in depth one case study of urban social innovation. Following the presentation of the case study, participants will discuss the lessons learned and how to apply them to other urban contexts, such as in their own cities.

Structure of the workshop

10.00 - 10.20	Welcome and introduction to the workshop
10.20 - 10.50	Presentation of Glasgow's case study of urban social innovation
10.50 - 11.00	Individual reflection
11.00 - 11.15	World café round 1 - participants split into 3 groups to discuss 3 questions.
11.15 - 11.30	World café round 2 - participants swap table to discuss other question
11.30 - 11.45	World café round 3 - participants swap table to discuss other question
11.45 - 12.00	Sharing lessons learned in workshop plenary
12.00 - 12.25	Actions to transfer - individual reflection and plenary discussion
12.25 - 12.30	Next steps and closing of the workshop

Expected outcomes

- One **case study** of an urban social innovation on integrating care services at local level
- Mapping of **factors** that cities could use to transfer and adapt the innovation to their city
- A list of **possible actions** that some cities could take to transfer and adapt the innovation

Questions for reflection

1. What can you learn from this case study of urban social innovation? What is the added value of this innovative approach?
2. What worked well and why? (identifying success factors)
3. What didn't work so well and why? (challenges/obstacles met in the process)
4. Which elements can be transferred to your city? (transferability factors)
5. Would you consider transferring (parts of) this innovative approach to your city?

CASE STUDY

City: Glasgow

Title of the city initiative: integration of health and social care services

Topic: integration of services

Short description: Transforming the way integrated services are delivered to, support older people to remain in their homes for as long as they can, lead healthy lives, and be supported as far as possible within community settings.

Year of implementation: 2016

Current situation: Ongoing evaluation, review and innovation

Link to webpage: <https://glasgowcity.hscp.scot/about-us>

The challenge: How can Glasgow and other cities continue to shift the '*balance of care*'?

The number of people aged 75 and over in Scotland is projected to increase by 23% between 2010 and 2020, and by 82% between 2010 and 2035. In the same 25-year period, the number of people aged 60 - 74 is projected to increase by 27%. In 2010, 23% of the population was aged 60 and over. By 2035, this is likely to have increased to 30%.

The National Records of Scotland [forecasts that Glasgow's population](#) will grow by 7% over the next 25 years, a net increase of 44,000 people. The major feature of the age-related projections is that Glasgow's population - in line with the rest of Scotland - is predicted to become older. It is forecasted that while the city's population under the age of 50 will reduce (from 69% in 2016 to 64% in 2041), Glasgow's population over 50 years of age is set to rise (from 31% in 2016 to 36% in 2041). This equates to an overall increase in the over 50 population of 46,000 people. The population of the city that is aged 65-74 and 75+ is predicted to increase by 34% and 55%, respectively over the next 25 years.

The most recent statistics reveal that the birth rate in Scotland in the last three months of the year has fallen to its lowest level since records began. The National Records of Scotland (NRS) recently released the figures from 1 October to 31 December 2018. A total of 12,580 births were registered - the lowest fourth quarterly figure since 1855. It was the second lowest figure since records began - only beaten by 2002, when 12,374 births were recorded in the first quarter of the year. There has been a downward trend since 2008.

There is no single reason for the fall in the number of births, but possible causes may include the postponement of childbearing until older ages, often meaning that women will have fewer children; and economic uncertainty influencing decisions around childbearing, particularly given that the recent fall coincided with the financial crash a decade ago.

This is made more urgent by Glasgow having an elderly population of over 65-year old of 15% and rising. Whilst the population is ageing, health outcomes are improving at a lower rate, this is due to Glasgow having a higher morbidity rate than the rest of Scotland. People may be living longer, but their health and well-being is not improving at the same pace.

Scotland has a longstanding policy of supporting people to remain at home independently for as long as possible, rather than in care homes or hospitals. Emergency admissions to hospital by older people cost £1.4 billion nationally each year, and, without change, are expected to grow. The benefits of providing the right care, support and housing at the right time are considerable by reducing the costs and trauma of unplanned hospital admissions.

Previous experiences

The way in which health and social care services are planned and delivered across Scotland has changed due to the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) (the 'Act'). Prior to this act being introduced, the experience of joint working and collaboration between health and social care authorities in Scotland was patchy. Integrated working, while encouraged and supported nationally, was essentially reliant on local authorities and health boards building effective relationships and agreeing strategic plans for the services they managed e.g. older people, mental health etc. To achieve whole system transformational change and deliver improved outcomes for service users, a more radical approach was needed, and that culminated in this 2014 act.

The solution

Through the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) (the 'Act'), local authorities and health boards are required by law to work together to plan and deliver adult community health and social care services, including services for older people. This new way of working is sometimes referred to as 'Health and Social Care Integration'. At its heart, integration is about ensuring that those who use community health and social care services get the right care and support whatever their needs, at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care.

We want to push boundaries, using innovative new approaches to supporting people's health and social care needs and achieving truly integrated services. We take a person-based, human-rights approach that places equalities at the absolute forefront of our thinking when considering making changes to service provision.

Within Glasgow, [Glasgow City Council](#) and [NHS Greater Glasgow and Clyde](#) have integrated the planning and delivery of all community health and social care services, including services for children, adults, older people, along with homelessness and criminal justice services. The integrated planning and delivery is led and directed by the [Glasgow City Integration Joint Board](#), with the Council and Health Board delivering services under the banner of the '[Glasgow City Health and Social Care Partnership](#).' The Glasgow City Integration Joint Board (IJB) is committed to ensuring that the people in Glasgow will get the services they need at the right time, in the right place and from the right person.

Expected impact

In Glasgow, our vision for community health and social care services is to support people to flourish, work in partnership with people and organisations to transform our services for the better and engage with communities to improve health and wellbeing.

We want to improve outcomes and reduce inequalities by providing easily accessible, relevant, effective and efficient services in local communities where possible and with a focus on anticipatory care, prevention and early intervention.

We want to achieve the best possible outcomes for people, service users and carers. We believe that services should be person-centred and enabling, evidence-based and acknowledge risk. We want residents to feel empowered to not only access health and social care services but to participate fully in the planning, review and re-design of our services.

Service users and carers will see improvements in the quality and continuity of care and smoother transitions between services and partner agencies. These improvements require planning and co-ordination. By efficiently deploying multi-professional and multi-agency resources, integrated and co-ordinated care systems, we will be better able to deliver the improvements we strive for: faster access, effective treatment and care, respect for people's preferences, support for self-care and the involvement of family and carers.

The Health & Social Care Partnership through the Glasgow City Integrated Joint Board governance is tasked with achieving the following (national) outcomes:

- people are able to look after and improve their own health and wellbeing and live in good health for longer;
- people, including those with disabilities or long-term conditions, are able to live, as far as possible, independently and at home or in a homely setting in their community;
- people who use health and social care services have positive experiences of those services, and have their dignity respected;
- health and social care services are centred on helping to maintain or improve the quality of life of people who use those services;
- health and social care services contribute to reducing health inequalities;
- people who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing;
- people using health and social care services are safe from harm;
- people who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide;
- resources are used effectively and efficiently in the provision of health and social care services.

A new 3-year strategic plan 'Glasgow City Integration Joint Board's Strategic Plan for Health and Social Care 2019 - 2022' is being considered: [Flourishing Communities, Healthier Lives](#)

Key actors involved

The Integrated Joint Board is made up of non-executives from the NHS Board, councilors from Glasgow City Council and representatives from the independent care sector, the voluntary sector, medical and nursing representatives, staff and users and carers.

The key actors involved in this transformation of services and integrating health and social care delivery are principally NHS staff working in the partnership (e.g. nursing, health visiting, allied health professionals, GPs, consultants and others), social workers (e.g. staff in residential and day care, home care). Other key actors include voluntary organisations, users, carers and other agencies such as housing, hospitals and public health.

The partnership involves 7,800 social workers (Glasgow City Council) and health workers (NHS Greater Glasgow and Clyde). It is led by an **Integrated Executive and Senior Management Team** and it **provides services through the three localities of North East, North West and South**. Directly provided residential and day care are also delivered through health and social care providers. **Each locality lead is also responsible for strategic portfolio** e.g. North East - Children's Services; South - Older People's Services; and North West - Adult Services. **Some services cover the wider NHS Greater Glasgow and Clyde Health Board area** (for example, sexual health services).

Key activities

The Council and Health Board deliver services under the banner of the '*Glasgow City Health and Social Care Partnership*'. Health and Social Care Integration requires ensuring that real service transformation takes place. We operate in a transparent manner to principles that underpin the ethos of good conduct in public life. These are *selflessness, integrity, objectivity, accountability, openness and honesty*.

Glasgow is taking forward integrated health and social care not only through the re-design of services but also through new capital spending. For example, the new expanded Health and Care Centre Hub in North East Glasgow will be much more than a simple replacement of the existing facility; it will give local people access to state-of-the-art health and care services in a facility fit for the 21st century and all under one roof. Planning for the £45 million project is scheduled to begin in 2019 with the building completed by 2023. The Hub will offer a wide range of health and care services for the East End and the wider North East.

After consulting communities and patients, the following services will be included in the Hub:

- doctors (GPs) and pharmacy
- specialist children's services (CAMHS and community paediatrics)
- rehabilitation and enablement services
- district nursing
- health visiting and school nursing
- social work children and family teams
- older people's mental health services
- learning disability services
- Sandyford East sexual health services
- primary care mental health services and psychotherapy services
- health and social work alcohol and drugs services
- health improvement services
- acute hospital services (especially outpatient clinics, such as chronic pain clinics, older people services, speech and language therapy and physiotherapy)
- city wide health and social care learning and development hub
- community and third sector use of meeting rooms, such as a recovery café and space for mental health peer support groups.

Implementation process

The main challenges to integration are the different organisational cultures that exist in both organisations and the continuing financial climate in the public sector in the UK. Work to overcome cultural differences has focused in developing a single unifying vision, purpose and values that underpins our approach to integration, and developing an integrated management structure with key leaders in the organisation with a responsibility to manage both health and social care. The financial climate has meant that the IJB has had to take a fundamental look at how it delivers services to the people of Glasgow. Transformation programmes have been developed across all care groups that focus on meeting needs in new ways while delivering financial stability going forward. An example of this work is the [transformation programme for older people](#) approved by the IJB in 2017.

Results and impact

IJBs are duty bound to publish annual reports showing progress towards the national integration outcomes and key targets and indicators. Glasgow's [latest report](#) shows significant progress in:

- reducing delayed discharges from hospital;
- more people being supported to live at home;
- more older people with anticipatory care plans;
- more carers being supported in their caring role;
- the delivery of new residential and day care facilities for older people.

Glasgow City Health and Social Care Partnership staff have recently won an award in a ceremony dedicated to how technology is used to improve health in Scotland. The second Holyrood Digital Health and Care Awards took place in Edinburgh on 20 February 2019. The awards aimed to recognise the achievements of those individuals and teams working in the health and social care sector whose creativity and innovation continues to put Scotland at the forefront of the digital revolution in healthcare and improves the life chances and quality of patients across the country. The NHS Greater Glasgow and Clyde Computerised CBT Team, hosted by the Partnership, won in the Accessing Mental Health Care category.

Testimonials

Case Study 1 - Computerised Cognitive Behaviour Therapy (cCBT)

An evidence-based programme for people with mild to moderate anxiety and/or depression. Anyone over the age of 16 can be referred to the programme by their GP and is given an activation code to start within a week of the referral being received. There are 8 sessions focusing on CBT techniques for managing symptoms of anxiety and depression.

A participant said: *“Most people these days are good with computers, and I honestly think that the cCBT tool is fantastic. I would not have done CBT if I'd had to wait months for a face-to-face consultation, but having done cCBT over the last few months, I've become so much happier and more content in myself.”*

Case Study 2 - Housing First

Service user is 43 years old and was born in Glasgow. He has a long history of homelessness, never had his own tenancy, has slept rough, sofa surfed and been in several homeless accommodation units, hospitals and rehabs. He is excited about getting a tenancy through the Housing First project. He said: *“this is the first time in a long while I can say I have had a good night's sleep and had not had to worry about anything happening to me.”*

You can view an animation of the Housing First journey [here](#).

Financing

The annual budget for the IJB is in the region of £1.1billion, which is made up of funding from the NHS Board and Glasgow City Council. Details of the IJB's budget for 2017/18 are also shown in the annual report: <https://glasgowcity.hscp.scot/annual-performance-reports>

Follow-up

Health and social care integration is a national requirement under the 2014 act. Different partnerships have approached the legislation in different ways with the result that different partnerships nationally manage different services but all, at their core, manage services for adults and older people. Partnerships work together at a national level to share best practice and learn from different approaches to the challenges they face.

Contact details

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Additional information

https://hscscotland.scot/?gclid=EAlaIqobChMI2Me3gfmL4QIV7bvtCh0AzAafEAAYASAAEgLWyPD_BwE



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<http://ec.europa.eu/social/easi>