2014/15 has seen many significant developments, not least the passing of the Public Bodies (Joint Working) (Scotland) Act 2014 and the significant work in local areas to establish the new Integrated Authorities. This has built on the strong partnership approach evident in recent years with Reshaping Care for Older People (RCOP) and the many excellent examples of integrated working to support improved outcomes which have been around for much longer.

The Joint Improvement Team (JIT) cut its teeth on supporting improved partnership working and 10 years on it is good to see that this is now embedded in legislation with outcomes driving the ambitions.

Throughout this report you will see great examples of partnership working, progress and good practice in obtaining outcomes that keep people independent, connected and at home for as long as possible.

It has been a very busy year for JIT at home and abroad. The Joint Improvement Partnership Board continues to provide strong cross sectoral leadership and a guiding coalition to facilitate our collective efforts in supporting improved outcomes and transformative change. The co-production conference told it’s own story of how far we have collectively come over past four years in beginning to understand and start to embed this approach across our health and care services and with our local communities, – but also a message about a journey still to travel. We should keep our aspirations lofty and aim high – knowing we still have much to achieve. The Change Fund four years on has demonstrated what can be achieved – small shoots focusing on preventative approaches and community solutions as well as some real transformative developments with health and care services. Building on the previous national Telecare Development Programme – 2014/15 saw the establishment of the Technology Enabled Care Programme and £30 million for next three years. JIT has continued to focus on some of the on-going challenges for some partnerships such as delayed discharge but recognising the wider aspects and opportunities for new integrated authorities to engage with range of stakeholders towards sustainable solutions.

JIT has continued to promote opportunities for shared learning and knowledge exchange through the Improvement Network and associated events, We have hosted many visits from European partners and further a field and also been invited to participate in a number of key conferences elsewhere in UK, and internationally. We have lots to share and lots to learn from others.
Person Centred Outcomes

This year saw the publication of the first ever National Outcomes for Health and Wellbeing in Scotland. These place Personal Outcomes at the heart of health and social care integration, a significant milestone in the Personal Outcomes journey to which JIT has been central since 2007.

Further to this, JIT supported the development and publication of Guidelines for Recording Outcomes in Support Planning and Review - the next step in achieving meaningful and measurable data about personal outcomes in local systems. Continuing to build on the strong Personal Outcomes Partnership (POP) approach previously started with People Powered Health and Wellbeing and Thistle, a range of activity has supported project development across networks over the year.

Another 500+ practitioners from NHS, social work, third and independent providers have worked together in groups at local level to develop their Personal Outcomes Approach practice – facilitated by Personal Outcomes Partnership team members.

Co-production and Community Capacity Building

JIT, Scottish Co-production Network and the ALLIANCE along with Governance International worked in partnership to produce a suite of materials entitled ‘Co-production – how we make a difference together’.

Designed to help spread understanding and the practice of co-production, it gives examples of the different ways in which co-production approaches can be used and crucially draws together both the principles and the practicalities of co-production.

This mixed medium resource includes an interview with the former Permanent Secretary to the Scottish Government, a policy overview and case studies of Co-production in Scotland along with introductions to the People Powered Health and Wellbeing programme and the Co-production Star toolkit.

This resource is available on the Scottish Co-production Network website www.coproductionscotland.org.uk.
Co-production conference
The 4th annual co-production conference brought together over 220 people to talk about how we make co-production work. The day focussed on learning and sharing but with a creative emphasis on looking to the future. The key messages from the conference were:

We need to build a movement and record success
“Genuine voices must be heard; telling our own stories as a citizen is important.”

We must share power
“Hand power over to communities, before you decide what to do.”

Take risks
“Don’t be scared of the unknown; it’s truly co-production if no prior outcomes are set.”

It’s about structures, and moving beyond services
“We need to change structures and processes to allow co-production to happen - structures are rigid, processes are set and task orientated.”

We need to be in it for the long term
“We need time – not too short, not too long.”

You can read the full report and record of the speaker workshops and poetry here on www.coproductionscotland.org.uk

European and International Engagement on Co-production
The Scottish Co-production Network has shared the learning with European partners, and has hosted practitioners and policy-makers from Denmark to share information about Scotland’s approach to co-production and how we are supporting learning and practice.

JIT has also helped to raise the profile of Scotland’s work to embed co-production on the international stage, delivering workshops at two major international conferences:

• ‘Community is the answer’ – The International Association of Community Development Conference in Glasgow, June 2014
• ‘15th International Conference on Integrated Care’ – The International Foundation on Integrated Care Conference in Edinburgh, March 2015
Decisive Shift To Prevention

Continuing the work on the shift to prevention, JIT identified key priorities for helping more people to stay connected and well at home. JIT stepped up activity to spread good practice, learning and sharing, and in particular, much progress was made on key activity to support people and partnerships to improve pathways using new technology and tools to improve care pathways and delayed discharge waiting times.

Digital Technology and Technology Enabled Care

JIT launched the Technology-Enabled Care (TEC) Programme setting out a commitment to enable greater choice and control in health, care and wellbeing services for an additional 300,000 people by March 2016, enabling more of our citizens to remain at home and in their communities.

In partnership with the ALLIANCE and Scottish Centre for Telehealth and Telecare, JIT published Digital Technology for Health and Wellbeing - Giving You Choice and Control. This guide aimed to spread and scale examples of good practice aimed at

• Supporting individuals in their own home
• Supporting people living with multiple conditions and unpaid carers
• Connecting communities

As well as supporting the expansion of Telehealth and Telecare, a key area of focus for JIT has been embedding its use into service planning and delivery.

Funding for 2015/2016 will be targeted at partnerships and organisations which can evidence their ability to scale up building on tried and tested approaches.
European and International Engagement on Telehealth and Telecare

A strong knowledge exchange strand runs through this work, with many European countries interested in Scotland’s approach to embedding telehealth and telecare at scale. Delegations from across Europe including Scandinavia, Spain, Italy, Holland and Norway visited to see the progress in Scotland first-hand.

The Cabinet Secretary in partnership with the European Commission also hosted sessions in Scotland House, Brussels to take Scotland’s extensive experience in this area to the heart of European learning.

Delayed Discharge Support and Challenge

During 2014/15 JIT continued to offer a range of support to help partnerships improve discharge pathways, deliver better outcomes for people and reduce bed days associated with delays. The supports are set out in the Home First resource, which has links to good practice guidance and actions that can improve care outcomes across the whole pathway – from home to hospital and back.

JIT established the cross sector Discharge Task Force in August 2014. This meets two monthly and was instrumental in securing support for the new indicator: ‘The proportion of adults discharged within 72 hours of their ready for discharge date’.

Work is underway with the Information Services Division and eHealth to refresh the delayed discharge recording guidance and test potential for existing electronic systems to replace EDISON, which currently records and shares information on patients who have been delayed, the care setting in which they are delayed and the main reason for the delay.

JIT developed a discharge flow tool to support partnerships to stream discharges and is supporting and sharing learning from Glasgow City’s 72 hours pathway that incorporates step down intermediate care beds.
The integration of health and social care has been widely acknowledged as one of the biggest changes to the design and delivery of services, and JIT has been instrumental in supporting individuals and organisations through real transformative change.

As partnerships have stepped up the pace of their work to compile their Strategic Commissioning (SC) Plans and related structures, the JIT’s SC team has established support programmes of varying depth and complexity with a number of partnerships. Responding to initial queries and challenges in different areas, JIT has adapted an approach in each case to best support the local agenda as it has emerged, whilst retaining a clear focus upon the process and principles that are most likely to deliver better outcomes.

Key Outcomes Include:

- Development of e-learning product with NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) based upon the highly successful SC Course developed and delivered by the JIT and the Institute of Public Care (IPC)
- Flexible yet robust approach to supporting work by partnerships to establish their Strategic Planning Groups (SPG) and production of SC Plans, localities and locality arrangements
- Practical facilitation of partnership initiatives in using Public Social Partnership (PSP) principles and approach to secure more personalised care and support services
- Instigation and development of multi sector dialogue on cross cutting policy agendas – procurement, SC, Self Directed Support (SDS) and integration
- Detailed involvement in national work to better understand the impact of SDS Option 2 on SC and securing of care and support
- On-going work with children’s and adults SG policy divisions to promote and support the use of a SC approach.

Learning and sharing

The JIT Intermediate Care Community of Practice provides peer support and shared learning through regular learning events, WebEx and a knowledge portal for good practice examples. During 2014/15 learning opportunities included:

- Falls prevention and pathways conference – over 200 delegates participated
- Workshop on alternatives to admission at Unscheduled Care conference
- Intermediate Care / Delayed discharge focus woven through TEC programme
- Local roadshows on understanding Adults With Incapacity procedures and choice guidance
- Managing risk and complexity learning resource for community hospitals
- Living Well in Localities Roadshows

JIT is developing a housing brokerage model to connect Registered Social Landlords and hospital discharge hubs in a number of demonstrator partnerships.

10% reduction in rate of 75+ emergency beddays

10% fewer older people conveyed to hospital after a fall (non-injured)
Change fund spend on Carer support

From year two of the Change Fund, partnerships were asked to ensure that a significant proportion of their investment was targeted towards improving support for carers. The national commitment was to invest at least 20% of the Change Fund for this purpose.

Partnerships identified and reported on Change Fund direct spend on support for carers or for carer organisations; and on indirect spend where a Change Fund initiative would benefit the carer as well as the older person.

Over the three years during which this investment in support for carers was tracked, around 9% of the Change Fund was invested in direct support for carers and a further 29% deployed on indirect supports. The total investment in support for carers represents 39% of the Change Fund.

This illustrates a commitment to prevention through support for carers’ health and wellbeing and constitutes a decisive move to improve the carer journey.

<table>
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<tr>
<th>Carer support percentage of spend</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
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<tr>
<td>Carer direct spend</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Carer indirect spend</td>
<td>27%</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>Carer overall spend</td>
<td>36%</td>
<td>39%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Working together to prevent falls for health and wellbeing

The Joint Improvement Team brought together over 180 delegates and presenters from health and social care, the third, housing and independent sectors in Perth for a day of sharing and learning about falls prevention and management.

The day focused on opportunities for joint working to prevent falls and improve the lives of older people and their families.

On the day, delegates to pause and think what ‘falls’ meant to them, producing a range of responses, including fear, embarrassment and anxiety.

With the publication of ‘The Prevention and Management of Falls in the Community – A Framework for Action for Scotland 2014/16’, the day created an opportunity to focus on the important contribution of the care sector to falls prevention and management, as part of an integrated approach.

The full programme for the day can be viewed [here](#).
JIT’s particular focus on ensuring a joined up approach across partnerships to take forward the ambitions of Scottish Government’s 2020 Vision that older people will be able to live longer at home or in a homely setting, drives its programme of activity across Place, Home and Community.

Supporting the Focus on Dementia Programme (previously NDCIP) JIT has worked in partnership with key stakeholders over the last year to -

• Increase the number of people being diagnosed with dementia
• Improve the delivery of the Post Diagnostic HEAT target
• Improve the care and support of individuals with dementia in acute hospitals
• Ensure appropriate links between delivery partners across community and acute care sectors
• Test Alzheimer Scotland’s 8 Pillar Model of support
• Use data to drive improvement.

Involving people with dementia and carers in all aspects of the work is central to the way in which Focus on Dementia and JIT work to support integrated authorities, often providing bespoke advice and improvement support and includes resources such as the Essential 5 Quality Criteria Bundle.

Further to this in the Alzheimer Scotland test sites for the 8 Pillar Model of Support, a measurement framework has been co-produced with national partners, who now submit data monthly to demonstrate improvements.

In May 2014, 450 people participated in three ‘Living Well in Localities’ Roadshows in Glasgow, Dundee and Edinburgh.

Objectives of the events were: Learn with, and from, other partnerships implementing new models of integrated care and support for people with complex and multiple conditions

• Understand the support that can help you build capacity and capability for change
• Consider and shape the developing national guidance on localities
• Plan your next steps in your integration journey to better outcomes

Delegates were asked to reflect on what would help them to live well in their own locality. Responses ranged from information, community and choice to belonging, resilience and signposting.

The 5 point strategic plan, which focused on elements including reducing inequalities, engaging communities and prevention, was supported by 95% of those who attended.

Delegates concluded that localities are the space where relationships between professionals and the local community change lives – where outcomes are improved with local people.

This is supported by local involvement of JIT leads, offering practical support and advice, as well as contributing to the organisation and management of a series of practical learning sessions for all test sites to share knowledge and learning throughout the period of testing.
Housing

The Scottish Government has recognised housing as a crucial component of health and social care integration, and in recognition of this, JIT has delivered a number of events in order to share learning and promote best practice throughout the sector.

One such event entitled Adapting for Change kicked off a national programme of work which focused on transforming adaptation services across Scotland. As part of this work, 5 test sites were recruited, with each area widening their scope and ambitions in order to encompass dementia friendly adaptations and Technology Enabled Care. The test sites are in Aberdeen, Borders, Falkirk, Fife and Lochaber, each of which will work in partnership with people in the community and focus on a person centred, outcomes based approach.

Housing links with local authorities have been strengthened through JIT’s recruitment of a number of housing experts whose role has been to deepen local understanding amongst housing organisations of health and social care integration, and support local engagement. There has been a particular focus on strategic planning with important changes to housing planning guidance. New initiatives are also being tested around the housing contribution including step up/step down options, and rapid review process for cases coded as housing delays.

To read more about the different housing news, events and briefings, please click here or visit www.jitscotland.org.uk/action-area/housing.

Improving Practice and Performance

The integration of health and social care offers a once in a generation opportunity for a radical shift in the pace and scale of transformational change. Since its inception, JIT has driven the work with partnerships to share good practice and improve performance.

In order to understand how best to support future activity, JIT commissioned an independent review of its work.

The independent review undertaken by Professor Bob Hudson of Durham University reflected a consistent view that JIT has been an invaluable support throughout the integration process thus far. The review asked people who had worked with JIT about the impact that this work has had, and a number of respondents made it clear that their role in supporting transformation has led to great improvements.

Professor Hudson concluded that the JIT model comprised of three distinct improvement domains: People, Context and Complexity. This unique JIT framework provides in his view a valuable tool for reflecting on how to embed the whole system approach of JIT across partnerships and the improvement agenda.

“People in local partnerships value service improvement support in general and the JIT model in particular”
Professor Bob Hudson.

“We have had a long relationship with JIT. It has focussed on partnerships and the blocks towards integration, conversations about culture across health and social work. It has given us powerful tools for how we do business.”

“We’re lacking capacity and staff in the face of the biggest transformational agenda in our lifetime. To have someone who can give us pointers in a constructive way, that’s absolutely invaluable.”
Indicator of Relative Need (IoRN)

The Indicator of Relative Need has become a standard tool for measuring how a person’s functional characteristics change during rehabilitation. During 2014/15 the initiative to redesign the community version of the IoRN led by JIT with practice experts from NHS and social work was tested in real life by a range of teams across Scotland involved in intermediate care and re-ablement. This revised IoRN allows more sensitive measurement of need.

The JIT has also supported the development of an IoRN for hospitals – an important initiative led by NHS Lothian. The idea is that the tool can be used to describe the functional needs of hospital inpatients. This complementary development is especially interesting nationally because of the opportunities of moving towards a ‘family’ of IoRN tools used to show how a person’s functional characteristics change across their whole care pathway.

Supporting The Third Sector

JIT has continued to work with partners across the third sector to effectively engage with Reshaping Care for Older People and develop their role in the ‘shadow’ year for health and social care integration. This includes supporting the ‘Enhancing the Role of the Third Sector’ team at the ALLIANCE, which transitioned into the Third Sector Health and Social Care Integration Support Team.

Building Capabilities

JIT has continued to develop and expand a variety of methods to connect and engage partnerships and wider stakeholders.

Website

This year has seen a major upgrade to the JIT website (www.jitscotland.org.uk) with efforts to improve the user interface. It continues to be the main source of information and at this time, a year-end review is taking place with a website user group. Visitor numbers to the site have increased by 5% and initial feedback from users has been positive.

Social Media

JIT has used Twitter to enthusiastically engage with its wide range of followers now reaching 2,539. This has proved to be an increasingly powerful tool to reach out to a wide range of partners. Indeed JIT’s Twitter feed following has almost doubled in the last year.

In addition to Twitter JIT has recently become active on Yammer. This facilitates both individual and group networking. Groups include ‘Self-directed Support, Personal Outcomes, JIT Action Group Members and Health and Social Care Integration.’
Digital Stories

Digital stories continue to be a key resource, available through the JIT website. They bring to life evidence of good practice across Scotland and play a key part in learning and sharing knowledge. The site currently hosts 274 examples covering all action areas from Shetland to the Scottish Borders.

Webinars

The online event programme continued to be popular with JIT stakeholders. WebEx sessions were a popular way of spreading good practice, and covered a range of subjects, from ‘Scotland’s House of Care’ - an approach to support people with long term conditions, to ‘Meal Makers’ which encourages people to cook an extra portion for neighbours who are less likely to cook for themselves.

There were 194 log-ins or ‘huddles’ - up 47% on last year. 71% of respondents rated their session either ‘good’ or ‘very good’. 30,219 travel miles were saved, avoiding travel costs of over £12,000. Moreover, avoiding staff travel time saved £24,175.

JIT e-Bulletin and JIT Newsletter

JIT continues its online outreach through a monthly E-bulletin and quarterly newsletter. Over the year outreach has trebled with over 1,500 people now receiving these publications.

Sharing and Learning

Sharing and learning highlights included a major ‘Integrating for Better Outcomes event’ at Heriot Watt University, which attracted 180 people, as well as a multimorbidity conference in Glasgow. JIT embarked on its first major remote event, broadcasting by video conference to over 140 delegates at 11 venues across Scotland. Feedback from delegates indicated that they found this to be a useful tool in connecting and sharing.
Where To Next?

As I hope this report demonstrates much has been achieved by JIT in supporting health, housing and social care partners to improve care and support for the people of Scotland. In doing so JIT has been at the forefront of cross sector innovation and improvement, of which we are rightly proud. However we recognise that supporting new Integration Authorities and their partners to deliver on all our aspirations for improved outcomes will require us to build on this work to date.

In March 2015 the Cabinet Secretary for Health, Wellbeing and Sport announced that there will be a new integrated improvement resource to be hosted by Healthcare Improvement Scotland (HIS), that will bring together the improvement aspects of JIT, HIS and the Quality, Efficiency and Support Team (QUEST). This will harness and build on the unique and common capacities, capabilities and experience of the three organisations and facilitate easy access to range of improvement support. The new improvement resource will continue to develop our collaboration with other key improvement partners and stakeholders. Proposals for the role, function and scope of the new resource are currently in development and we are confident that there will be a strong JIT legacy going forward.

At the time of going to press a transition plan is underway and further updates will be available on progress and developments via our website.

Margaret Whoriskey
Director, Joint Improvement Team
JIT is a strategic improvement partnership between the Scottish Government, NHS Scotland, CoSLA, the Third Sector, the Independent Sector, and the Housing Sector.

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