Perth and Kinross
Health and Social Care
Partnership

A Rough Guide to Health and Social Care Integration in Perth and Kinross

Welcome

Health and social care is changing. From April 2016 your local care services have been provided through the Perth and Kinross Health and Social Care Partnership, made up of representatives from Perth & Kinross Council, NHS Tayside and other community partners.

Our aim is to improve things for people who need the support of health and social care at the same time. We want to ensure that people will receive the seamless support they need to live active, healthy and independent lives in their own homes for as long as possible.

In Perth and Kinross, we recognise that people who are ill, vulnerable or have disabilities, often need support from a number of services to enable then to live as independently as possible and to prevent unnecessary stays in hospital or in residential care.

Our challenge is to deliver services with communities in new ways, as demands on our services increase.

This booklet provides an overview of the Partnership, our aims and how you can get involved.

Robert Packham
Chief Officer, Perth and Kinross Health and Social Care Partnership

Councillor Crawford Reid
Chair, Integration Joint Board

Why we need to change

We need to change the way we deliver care to meet the needs of our growing elderly population and people living with long-term conditions.

The number of people in the area aged 75+ is projected to double over the next 15 years, from 14,406 to 27,250. Those aged 85+ are projected to more than double from 4,027 to 10,651 by 2037.

It's good news that people are living longer and the vast majority of older people live healthily at home. We know, however, that the need for support from care services increases with age. The challenge for services and communities will be to ensure that people are able to lead healthy, fulfilling lives at home for as long as possible.

We are also seeing a growth in the numbers of people who need dementia care services and services for people with learning disabilities.

You have told us that current systems are too complicated: you want to see them joined up, with clear information about who to contact. People also want to see services delivered closer to their homes, and for people using services, their families and carers to be involved in getting the right care.

What we want to change

When someone leaves hospital, we want to make sure that they have the support they need to help them get back to their former levels of health and independence, with less need for ongoing care or a re-admission to hospital.

If someone is well enough to leave hospital, we want to make sure they can get home as soon as possible by getting any support they need in place quickly.

We want to give people the information and support they need to manage their own health and comfort effectively, so that they can stay independent and living in their own homes for as long as possible. We need to build strong, compassionate communities which offer support and companionship.

We want everyone to have the best chance of being healthy, whatever their address, age, gender or background.

How we will do it?

Working together in local areas will make it easier for people to find the services they need. Our services are organised around three local areas:

- *North Perthshire*
- *South Perthshire and Kinross*
- *Perth City*

We will work with communities GP practices, community pharmacy, dentistry, charities, official health and social care services.
We will address the care needs of communities as well as individuals.

We plan to take action earlier, to keep people well rather than reacting after something happens.

Services will be designed to be flexible, giving people more power over choosing the care they want and managing it themselves.

We will spend resources wisely, where we know they will get results.

This may mean reviewing our services to ensure the correct support and care for people is provided at the right place, at the right time.

Interested?

Find us on Facebook: /YourCommunityPK

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Website: www.yourcommunitypk.org

The Partnership is overseen by Perth and Kinross Integration Joint Board (IJB). IJB meetings and minutes are public and can be viewed at www.pkc.gov.uk/integration

Case study: *one patient's story*

One Perthshire patient started getting support from the Enhanced Community Support Team after she began suffering with dizzy turns and falling at home.

Following a GP assessment, a programme was set up, which included regular visits from district nurses and carers from the rapid response team. Staff from the reablement team then provided support to allow her to recover at home, something which was very important to her.

She said, *"If I had been put in hospital, I would not be the way I am now. It is not in my nature to be lying dormant, doing nothing, I have always been a busy bee. I need to be active. My plan is to stay at home as long as that's possible."*

Carers visited at breakfast and at night time and the occupational therapist and physiotherapist provided support including railings on her stairs and grab rails and a seat in her shower.

The patient added, *"I thought there was great communication between all the carers and professionals that supported me. They obviously got on well together and worked all as one team."*

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