



The Scottish  
Government  
Riaghaltas na h-Alba

# Guidance on the Principles for Planning and Delivering Integrated Health and Social Care

---



## Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the principles which will underpin integrated health and social care. These principles describe —**how**” integrated care should be planned and delivered. They are intended to work in tandem with the national health and wellbeing outcomes, which describe —**what**” integrated care is intended to achieve. Building on the priorities outlined in the Christie Commission’s vision for the future of public services, the integration principles set out the expectation of a culture of respect, parity of esteem and genuine engagement in the planning and delivery of person-centred, high quality integrated care.

The principles are intended to be the driving force behind the changes in culture and services required over the coming years to deliver these reforms successfully and improve outcomes. They explain what people using services and their carers can expect from integrated services. They explain the behaviours and priorities expected of organisations and people planning and delivering care and support.

The principles appear in two places in the Act: Section 4 sets out the integration planning principles; Section 31 sets out the integration delivery principles. The wording of the two sections is, to all intents and purposes, the same. This guidance treats the principles as a single set of shared values which, taken together as a whole, will span every activity relating to integrated health and social care.

Who must have regard to these principles?

- NHS Boards and Local Authorities, when drawing up their integration scheme
- Integration Authorities, when preparing their strategic plan
- Any organisation which carries out an integration function (i.e. delivers a service commissioned under the strategic plan)
- Healthcare Improvement Scotland and the Care Inspectorate, in carrying out scrutiny and improvement functions relating to integrated care

This guidance is split into two sections. First there is an explanation of each short principle in the Act as it relates to people using services. Second, there are a number of challenge question set out for partners, to help them evaluate how well they are embedding the principles in all their activities. This is accompanied by links to resources to help implement the principles in day to day work.

## **Integration planning and delivery principles**

The integration planning and delivery principles are—

- (a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,
- (b) that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible—
  - (i) is integrated from the point of view of service-users,
  - (ii) takes account of the particular needs of different service-users,
  - (iii) takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
  - (iv) takes account of the particular characteristics and circumstances of different service-users,
  - (v) respects the rights of service-users,
  - (vi) takes account of the dignity of service-users,
  - (vii) takes account of the participation by service-users in the community in which service-users live,
  - (viii) protects and improves the safety of service-users,
  - (ix) improves the quality of the service,
  - (x) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),
  - (xi) best anticipates needs and prevents them arising, and
  - (xii) makes the best use of the available facilities, people and other resources.

## **What do the integration principles mean?**

The Act sets out the principles for planning and delivering integrated care in the formal language needed in legislation. This section is intended to bring those statements to life by offering a narrative on what someone accessing integrated care and support can expect each principle to mean for them in their day to day experience of services. The explanations have been developed in partnership with organisations representing people using services and their carers, those delivering services in the public, third and independent sectors and those supporting and scrutinising services.

### **1. Is integrated from the point of view of service-users**

People access and require care and support in all sorts of ways and no-one should be disadvantaged because of where and why they enter the health and social care system. A person should experience seamless care, which consists of the right care and support whatever their needs, at any point in their care journey.

Trust, transparency and respect between professions, organisations and people accessing services are essential to making this principle real.

People's health and wellbeing and the support they need will change over time. Many people live with conditions that change day-to-day, some that will progress over time and some that are difficult to predict. The circumstances of people's lives change too. This means health and care services need to be able to respond flexibly.

People may need to be supported to make decisions, in order to be in control and manage their health and wellbeing. This means teams need to have the time and skills to work with people, listen to their views and support them to make choices. Independent advocacy services should be available to people who require them. People will need accessible information, to be made aware of the options available to them and may also require communication support. This will help them to have conversations with those providing and delivering services that are focused on the outcomes that matter to them.

People should not have to tell their stories repeatedly. With a person's consent, information about them should be shared across organisations and professions in a proportionate, secure and sensitive way.

Once decisions have been made, people should be confident that staff have the powers, resources and relationships they need to ensure integrated care and support is provided. This should happen regardless of which professions or organisations are involved in delivering this.

## **2. Takes account of the particular needs of different service-users**

No two people are the same and the outcomes that matter will often be different for different people. Very rarely will a 'one-size-fits-all' approach deliver effective, person-centred care and support.

People themselves are best placed to know what matters to them, what their circumstances are, what supports they have already and what barriers they face. People using services and health and social care staff need time to work together to identify a person's desired outcomes and make choices about support that will best help meet these. Both people accessing services and those providing and delivering services may require support to make informed and creative choices about how needs can be met.

Many people will have a range of supports through family, friends and the wider community that help them manage and improve their health and wellbeing. People, their carers and those providing and delivering services need to work together to design services which focus on autonomy and empowerment, and which complement rather than replace existing supports. Where people do not have these social supports, health and social care staff should have the time and knowledge to help people to develop them.

People's needs, and the capacity of their existing networks to provide support, will also change over time. Services must be flexible and allow ongoing dialogue between staff, people using services and unpaid carers. In these discussions it is important that staff are sensitive to the information people want to share. People accessing services need to be clear about why particular questions are being asked and about any impact the answers they give may have on their support.

## **3. Takes account of the particular needs of service-users in different part of the area in which the service is being provided**

Health and social care services must be designed around the needs of the people who use them. This means listening to, and working with, communities so that health and social care services respond to their particular circumstances.

Participation of local people in the planning, development and delivery of health and social care services will bring this principle to life. This means planning processes need to be accessible and inclusive and reach people whose voices may not normally be heard. Third sector organisations are often well placed to help with this.

By working with communities, all integrated service planning, development and delivery should reflect the distinctive needs, demography and assets of different geographical communities within the partnership area. The circumstances of communities will change over time and planning will need to consider likely changes in the population. It should also involve people who may not currently access services, but who will in the future.

Appropriate decision making and control of resources will need to be delegated to the most local level to help shape services that are responsive to local needs. This may require development investment in very local capacity and resources.

The strategic needs assessment that will help to direct a partnership's investment decisions through a robust strategic plan will need to reflect the distinctive needs of different communities rather than simply combine data at partnership level.

Given the different asset bases of diverse communities, and the need to address health inequalities, partnerships will need to consider how they will allocate resources in ways that will enable their communities to achieve equitable outcomes.

#### **4. Takes account of the particular characteristics and circumstances of different service-users**

A person's health and wellbeing cannot be separated from the rest of their life. They should be viewed as a whole person, taking into account not just their condition, impairment or needs, but the full reality of their lives. A person's health and wellbeing can significantly impact on their wider lives, for example on their family or employment. Equally, their individual circumstances, such as where they live, can affect their health and wellbeing and their ability to achieve their desired outcomes or access services and support.

People need to be supported by care and support staff that listen to them and take time to understand their circumstances. This includes the things that help them to stay well, as well as barriers to good health and wellbeing, and to accessing care and support. This requires individual staff, and service planners, to respond to the impact of a whole range of characteristics and circumstances and such as poverty, disability, age, rurality, culture, family issues, sexual orientation, language and gender.

Staff and service planners should work with people to design services that are accessible, culturally appropriate and that support equality of access and outcomes for all. This principle encompasses equalities duties, but also goes beyond these and requires health and social care systems to proactively support improvements in health and wellbeing across all parts of the population.

#### **5. Respects the rights of service-users**

People can expect to experience integrated care and support services that are underpinned by a Human Rights Based Approach, in which:

- People's rights are respected, protected and fulfilled
- Providers of care clearly inform people of their rights and entitlements
- People are supported to be fully involved in decisions that affect them
- Providers of care and support respect, protect and fulfil people's rights and are accountable for doing this
- People do not experience discrimination in any form
- People are clear about how they can seek redress if they believe their rights are being infringed or denied

A Human Rights Based Approach is about more than meeting legal requirements. The PANEL and FAIR tools are ways to make sure services are built on a clear foundation of human rights (see Resources).

## **6. Takes account of the dignity of service-users**

People know they are being treated with dignity when they can feel in control, valued, confident, comfortable and able to make their own decisions. Every person has a right, in accordance with The Universal Declaration of Human Rights, to have their dignity upheld and preserved.

People using services should expect that the requirements of their culture are acknowledged and respected, that they are able to express themselves openly, that their privacy and confidentiality are upheld, and that their views and choices are listened to, valued and appropriately acted upon.

Everyone has equal worth and all services must be planned and delivered to promote dignity. At times, when a person is vulnerable or when their capacity is limited, they may need others to help ensure their dignity is upheld. Limitations in resources should never compromise a person's dignity.

## **7. Takes account of the participation by service-users in the community in which service-users live**

For many people, taking part in their community and having strong social connections helps them to stay well. People who use health and social care services are not simply recipients of care and support. Most are, or would like to be, active citizens who contribute to their communities and engage in their own networks, interests and activities. Many people who use services also provide health and social care support to family and friends, for example through unpaid caring or peer support.

Some people will need health and social care support to enable them to participate or to become involved in social or community life. For many people the outcomes they hope to achieve will ultimately be about being able to participate. This might influence the choices they make about the type of support they access.

Services should support people's participation, especially where they face barriers, and help increase it if that is what the person wants. There may be situations in which people's contact with services makes that more difficult, for example where a homecare service does not offer flexibility in when they visit, potentially inhibiting a person's social interaction. Organisations providing care and support need to work with people to make sure they are able to maintain their social connections and supports.

Active support and opportunities for people to participate in health and social care services will also help build the skills and confidence needed to enjoy their full citizenship rights as equal members of their community.

## **8. Protects and improves the safety of service users**

Everyone balances safety and risk all the time as part of daily life. When people are accessing health and social care services there are often complicated questions of how to make sure they are as safe as they should be, whilst also enabling them to choose to take risks in order to live the life they want.

Often there will be no right answer to questions around balancing risk and the best decisions will be made through respectful discussion between individuals (and often their families or carers) and those who provide and deliver care and support services. These discussions must support people to understand and take responsibility for risk for themselves, whilst also recognising that health and social care professionals and organisations have duties of care that they must meet. Open debate can result in creative, shared solutions to manage risk and improve safety.

There may be specific occasions where organisations are legally obliged to take action to provide protection but this should be done within a principle of least restriction.

Everyone should expect the care and support they access to be safe every single time they come into contact with services. People should feel confident that organisations are making the best decisions to ensure the delivery of the service itself does not compromise safety, for example on issues such as how hospitals are cleaned, how workers are trained, or whether staff are ready to respond quickly in a crisis.

Listening to people who use services and to staff is an important way to make sure services are safe. Everyone must know how to raise concerns about safety, and be assured that these concerns will be listened to and acted upon swiftly.

## **9. Improves the quality of the service**

People want to feel confident that they are accessing high quality care and support. Their experiences should be at the heart of assessing, monitoring and improving the quality of services.

People will know that care and support is of high quality, and that services are continually trying to improve, if they experience:

- Care and support that has a positive impact on their health and wellbeing and on their ability to achieve their desired outcomes
- Services that are designed with and around the people who use them
- Staff who communicate clearly and listen to their experiences, aspirations and preferences, working with them to support choice and decision making
- Staff who are compassionate, sensitive and respectful in every contact
- Staff who have time to provide care and support
- Environments that are clean, safe and accessible
- Care and support that is delivered at the time it's needed and in the appropriate place
- Continuity in the staff involved in their care and support



- Staff who are supported to keep their learning and knowledge up-to-date and are committed to understanding best practice and reflecting on their actions
- Organisations that actively encourage feedback, listen to and act on comments, ideas and complaints appropriately, and
- Care and support that clearly demonstrates it lives up to national standards and guidelines

People should expect that organisations monitor and improve the quality of the care they plan and deliver effectively and that scrutiny bodies provide robust checks and balances to this, as well as ongoing support for improvements.

When people are accessing care and support they must be assured that the organisation delivering the service is enabled, through the commissioning process, to provide high quality care which is continually improving.

**10. Is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)**

People must be enabled and encouraged to participate and share control, at all levels, in the planning, development, delivery and improvement of care and support. Their expertise and experiences should be at the heart of shaping local priorities, service planning and investment.

Individually and collectively people using services, carers and staff may require support to develop new skills to be involved in ways that suit them and to effectively shape and lead services. They may also need opportunities to participate in different formats, and at different times and places, in order to get involved meaningfully. People need to be confident that their engagement will make a difference and that they are genuine partners.

People who use services and their carers are often best placed to describe what support or services would make their lives better and equally what does not work, or has not worked in the past. Equally, the workforce in the statutory, third and independent sectors has experience and knowledge of the local landscape and of the challenges faced in delivering services and support.

People at the frontline – whether accessing or delivering care and support – should drive change. They should experience a culture within organisations and planning structures that empowers them to take a lead. They should be involved at all stages and have the opportunity to help shape how engagement can best happen.

Proactive efforts must be made to involve people who face the greatest barriers to being heard and who currently experience the poorest outcomes. If this does not happen there is a risk that inequalities will be maintained or made worse.

## **11. Best anticipate needs and prevents them arising**

People should have access to support that helps them to stay well, manage their health and wellbeing and remain as active and independent as possible. This could include social support for people who are at risk of loneliness, peer support to help people manage long term conditions, and complex clinical support at home to avoid someone needing to go to hospital.

Planners will need to work with communities to think creatively about the future and make sure the right support and services are in place for local people. The third sector organisations, in particular, are well placed to inform and shape services that prevent poor health and wellbeing, as they have a wealth of experience both in representing communities and in providing care and support.

This principle means a radical change in the types of support and services that will be provided. These will be far more focused on helping people avoid or delay health problems or circumstances that impact negatively on their lives. Some people experience much poorer health than others and this is often linked to their wider circumstances, for example poverty, housing issues or employment. People who experience health inequalities will need additional support and investment.

Helping people stay well and planning for future needs requires good conversations between individuals (and often families and carers) and health and social care staff. This will include discussing people's circumstances, concerns, aspirations and potential risks to their health and wellbeing (for example a condition that is likely to deteriorate or fluctuate) and putting in place plans to meet their future needs.

People will often need a range of supports, including from community or third sector organisations, and health and social care staff should have the knowledge and ability to signpost or refer on.

## **12. Make the best use of available facilities, people and other resources**

People should have access to the right support and services, at the right time and in the right place. For some people this may mean a reduction in the number of individuals involved in their care and support, or accessing a range of services in a co-ordinated or co-located environment. It should also mean people not being admitted to hospital when this may not be the best option for them, or having underlying issues addressed so that higher levels of support are not needed.

People can often benefit from services that share facilities. This makes access easier as well as saving money that can be spent on other support and services.

People in local areas will need to work together to make sure they know about all the resources that are available to them, including the assets that individuals and communities themselves contribute. This will help enable good planning that makes best use of all the resources that can support health and wellbeing and avoids gaps or overlaps in provision.

This principle underpins better outcomes for individuals and communities, as well as, best value for public money.

## Challenge questions and resources

This section is intended to provide a series of questions for partnerships and health and social care providers to challenge their own effectiveness in integrating the planning and delivery principles into their work. These questions have been developed by partners, including scrutiny organisations, with the aim of providing a direct link to external integrated scrutiny and improvement activity. We have included links to just a few resources that may help you as you develop and assess your work. This is not a comprehensive list. Though these resources are grouped under the most relevant section, many of these resources support the implementation of most, if not all, of the principles together.

Principle(s)	What do we want to know? (challenge questions)	Useful resources
<b>1: Is integrated from the point of view of service-users</b>	<ul style="list-style-type: none"> <li>• How have you reduced complexity for people who use support and services so that they share their stories once?</li> <li>• How have you ensured this information is shared effectively and appropriately between those who need to use it?</li> <li>• How well can you evidence a seamless access to care and support regardless of point of entry?</li> <li>• How can you evidence increased choice and control for people in managing their health and wellbeing?</li> <li>• How have you changed your practices to evidence that peoples' views are listened to and they are supported in making decisions?</li> </ul>	<p><a href="#">Scottish Government: The 2020 Vision</a></p> <p><a href="#">The Social Care (Self-directed Support) (Scotland) Act 2013</a></p> <p><a href="#">Self Directed Support Values and Principles Statement</a></p> <p><a href="#">Resources for Caldicott Guardians (including the revised principles 2013)</a></p>
<p><b>2: Takes account of the particular needs of different service users</b></p> <p><b>4:Takes account of the particular characteristics and circumstances of different service users</b></p>	<ul style="list-style-type: none"> <li>• How can you demonstrate that you are applying this principle to all groups, particularly those at greater risk of experiencing poorer health and wellbeing (for example, older people, people with poor mental health, disabled people)?</li> <li>• What supports do people already have?</li> <li>• How can you evidence you have reduced barriers?</li> <li>• How have you allocated time to enable all staff to work together with people who use support and services to achieve their outcomes?</li> </ul>	<p><a href="#">Joint Improvement Team: Talking Points</a></p> <p><a href="#">Personal Outcomes Approach: Practical Guide</a></p> <p><a href="#">NHS Health Scotland: Health Inequalities Impact Assessment - An approach to fair and effective policy making: Guidance, tools and templates</a></p> <p><a href="#">Equality and Human Rights Commission</a></p> <p><a href="#">Scottish Health Council: Stronger Voice Five Good Communication Standards</a></p>

<p><b>10: Is planned and led locally in a way which is engaged with the community (including in particular service users, those who look after service users and those who are involved in the provision of health or social care)</b></p>	<ul style="list-style-type: none"> <li>• How are practitioners building on supports that are already in place with families and carers?</li> <li>• Have you taken into account the different assets, needs and circumstances of people who use support and services to achieve the best possible outcomes?</li> <li>• In what ways are staff working effectively and sensitively with people with diverse characteristics, from a diverse range of backgrounds and circumstances?</li> <li>• How can you demonstrate that you are using a range of tools and approaches that meet the diverse needs of people using services and maximise their participation?</li> <li>• How do you ensure that support and services are effective in helping to improve people's lives and the outcomes that matter to them?</li> <li>• How are you supporting frontline staff to free up time and develop skills to engage meaningfully in the planning and delivery of integrated care?</li> </ul>	<p><b>The Scottish Health Council</b> has local offices across Scotland which are able to provide advice and support on participation approaches. It has also produced a <a href="#">Participation Toolkit</a> which can be accessed at <a href="#">The ALLIANCE People Powered Health and Wellbeing</a></p> <p><a href="#">Scottish Government, Principles of Inclusive Communication</a></p> <p><a href="#">IRISS, Coalition of Carers in Scotland and Scottish Government: Equal and expert: 3 best practice standards for carer engagement:</a></p> <p><a href="#">MECOPP: On the Margins - An audit tool for Minority Ethnic Carers</a></p> <p><a href="#">NHSScotland, Staff Governance Standard</a></p> <p><a href="#">Inclusion Scotland</a></p>
<p><b>3:Takes account of the particular needs of service users in different part of the area in which the service is being provided</b></p> <p><b>7:Takes account of the participation by service-users in the community in which service users live</b></p>	<ul style="list-style-type: none"> <li>• How have different locality and community needs been identified and how have these differed in practice?</li> <li>• How are you supporting community development activity in your area to enable local people to engage meaningfully in the planning and delivery of integrated care?</li> <li>• How have local people and community leaders been involved in shaping future care provision?</li> <li>• How are existing community assets factored in to local decision making?</li> <li>• How do support and services help enable people to participate and exercise their full citizenship rights as members of their community?</li> </ul>	<p><a href="#">Joseph Rowntree Foundation: Involving Older People: more power to their elbow</a></p> <p><a href="#">Community Development/ALLIANCE Scotland: Principles of Community Development Practice</a></p> <p><a href="#">Independent Living in Scotland: Co-production Toolkit</a></p>

<p><b>5: Respects the rights of service users</b></p>	<ul style="list-style-type: none"> <li>• In what ways have you demonstrated that you are applying PANEL principles across design commissioning and delivery of services?</li> <li>• In what ways do you promote and support awareness of peoples' understanding of their rights?</li> <li>• What training and support have staff had in ensuring a consistent approach to rights based practice?</li> <li>• In what ways have you used impact assessments to promote people's rights and address health inequalities?</li> </ul>	<p><a href="#"><u>The Scottish Human Rights Commission: Care About Rights</u></a> (including the <a href="#"><u>PANEL</u></a> and <a href="#"><u>FAIR</u></a> approaches)</p> <p><a href="#"><u>Scottish National Action Plan for Human Rights</u></a></p> <p><a href="#"><u>ALLIANCE Scotland: Being Human: A Human Rights Based Approach to Health and Social Care in Scotland</u></a></p> <p><a href="#"><u>Scottish Government: The Charter of Patients Rights and Responsibilities</u></a></p> <p><a href="#"><u>Information on rights / duties in relation to social care</u></a></p> <p><a href="#"><u>Charter of Rights for People with Dementia and their Carers in Scotland</u></a></p> <p><a href="#"><u>Inclusion Scotland: Human Rights Toolkit</u></a></p> <p><a href="#"><u>The Human Rights Act 1998</u></a></p> <p><a href="#"><u>The United Nations Convention on the Rights of Disabled People ratified by the UK in 2009</u></a></p> <p><a href="#"><u>WHO, UNHCHR: The right to health</u></a></p> <p><a href="#"><u>The Equality Act 2010</u></a></p> <p><a href="#"><u>Equality and Human Rights Commission</u></a></p> <p><a href="#"><u>Health Rights Information Scotland</u></a></p> <p><a href="#"><u>British Institute for Human Rights</u></a></p>
---	--	--

<p><b>6: Takes account of the dignity of service users</b></p>	<ul style="list-style-type: none"> <li>• What practice guidelines are already in place to ensure people are treated with dignity and respect?</li> <li>• How are these guidelines monitored and reviewed?</li> <li>• What improvements have there been to services to ensure dignity and rights are respected?</li> </ul>	<p><a href="#">RCN: Dignity Resources</a></p>
<p><b>8: Protects and improves the safety and well-being of service users</b></p>	<ul style="list-style-type: none"> <li>• Are there clear guidelines and education programmes in place for staff to ensure a consistent approach to safety and risk that also allow for local professional judgement?</li> <li>• How is this monitored, discussed and continually improved to achieve the best possible outcomes?</li> <li>• How are people who use support and services supported to make the right choices for them in relation to health and well-being?</li> <li>• How can staff, people who use support and services and carers easily raise concerns about the safety of services in your area so immediate action can be taken?</li> <li>• Do actions taken to address safety concerns raised in your area demonstrate a prompt and appropriate response each and every time?</li> </ul>	<p><a href="#">The Nursing and Midwifery Council: The Code: Standards of conduct, performance and ethics for nurses and midwives</a></p> <p><a href="#">Health and Care Professions Council: Standards of Conduct, Performance and Ethics</a></p> <p><a href="#">Scottish Social Services Council: Codes of Practice for Scottish Social Service Workers and Employers</a></p> <p><a href="#">General Medical Council: Good Medical Practice</a></p> <p><a href="#">Scotland's National Care Standards</a></p> <p><a href="#">Scottish Intercollegiate Guidelines Network</a></p> <p><a href="#">National Institute for Health and Care Excellence</a></p> <p><a href="#">Scottish Patient Safety Programme</a></p> <p><a href="#">Patient Opinion Scotland</a></p>

<p><b>9: Improves the quality of the service</b></p>	<ul style="list-style-type: none"> <li>• Is your current quality improvement strategy leading to genuine improvements for people who use support and services?</li> <li>• How do you involve people who use support and services and families/carers in assessing and improving quality?</li> <li>• How do you ensure that the services you commission and/or deliver are providing appropriate education, training and supervision to staff to improve care quality?</li> <li>• Are you assured that staff in your area are clear about lines of professional accountability for care, whichever sector they work in?</li> <li>• How are you assured that the services you commission and /or deliver have appropriate numbers of staff and skill mix to provide quality care?</li> <li>• How does your approach to joint delivery of health and social care improve outcomes and add greater value for people who use support and services?</li> <li>• How do you ensure that the nature of high quality care in your service area is easily understood by staff, people who use support and services and their families/carers?</li> <li>• How do you currently measure the quality of this care to maximise its effectiveness?</li> <li>• How do you ensure you have access to all available, relevant intelligence and use this to inform decisions and planning?</li> <li>• Can you demonstrate that feedback and complaints are being used actively to make improvements to the quality of care?</li> <li>• Do you support staff to make improvements to the care they provide by always giving feedback on the outcome of feedback, complaints, scrutiny activity and other performance assessments?</li> <li>• How does your commissioning and procurement practice support all providers to deliver Best Value?</li> </ul>	<p>Improvement support is available from a number of different sources:</p> <p><a href="#"><u>Joint Improvement Team Improvement Service</u></a>  <a href="#"><u>Care Inspectorate</u></a>  <a href="#"><u>Healthcare Improvement Scotland</u></a>  <a href="#"><u>Quality Improvement Hub</u></a>  <a href="#"><u>Institute for Healthcare Improvement</u></a>  <a href="#"><u>Scottish Government: The Healthcare Quality Strategy for NHSScotland</u></a>  <a href="#"><u>Nursing and Midwifery Workforce and Workload Planning</u></a>  <a href="#"><u>Leading Better Care</u></a></p>
--	--	--

<p><b>11: Best anticipate needs and prevents them arising</b></p> <p><b>12: Make the best use of available facilities, people and other resources</b></p>	<ul style="list-style-type: none"> <li>• What community supports are available to enable active and independent living?</li> <li>• How does your service proactively inform anticipatory care planning?</li> <li>• How are you involved in, and how can you evidence, reducing health inequalities?</li> <li>• How do you ensure the earliest possible intervention?</li> <li>• How have you ensured that people in local areas know about the resources and assets available to them?</li> <li>• How can you evidence the positive benefits of shared resources within developments in your service or local area?</li> <li>• What processes do you have in place to help identify unmet need in your area?</li> </ul>	<p><a href="#"><u>Scottish Government: Our shared vision for independent living in Scotland</u></a></p> <p><a href="#"><u>Information Services Division data support for integration authorities</u></a></p> <p><a href="#"><u>NHS Health Scotland: Health Inequalities Impact Assessments FAQs</u></a></p> <p><a href="#"><u>Guidance: For Public Benefit: Engaging With Scotland's Enterprising Third Sector A Guide for Public Sector Service Managers, Commissioners, and Procurement Professionals</u></a></p> <p><a href="#"><u>Scottish Government: Scottish Public Finance Manual (Best Value)</u></a></p> <p><a href="#"><u>Scottish Government resources on public sector procurement</u></a></p>
---	---	---





**The Scottish  
Government**  
Riaghaltas na h-Alba

© Crown copyright 2015



This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](http://nationalarchives.gov.uk/doc/open-government-licence/version/3) or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at [www.scotland.gov.uk](http://www.scotland.gov.uk)

Any enquiries regarding this publication should be sent to us at  
The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

ISBN: 978-1-78544-738-9 (web only)

Published by The Scottish Government, October 2015

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS57852 (10/15)