Geoff Huggins

Director of Health and Social Care Integration

Scottish Government

April 2017

Challenge

Higher public expectations of the health and care system as more people live longer and into very old age, with an increasing prevalence of illness, particularly chronic conditions, supported by new medicines and technologies, which together with inflation make healthcare less financially sustainable each year.

And not just a sustainability challenge, a quality challenge.

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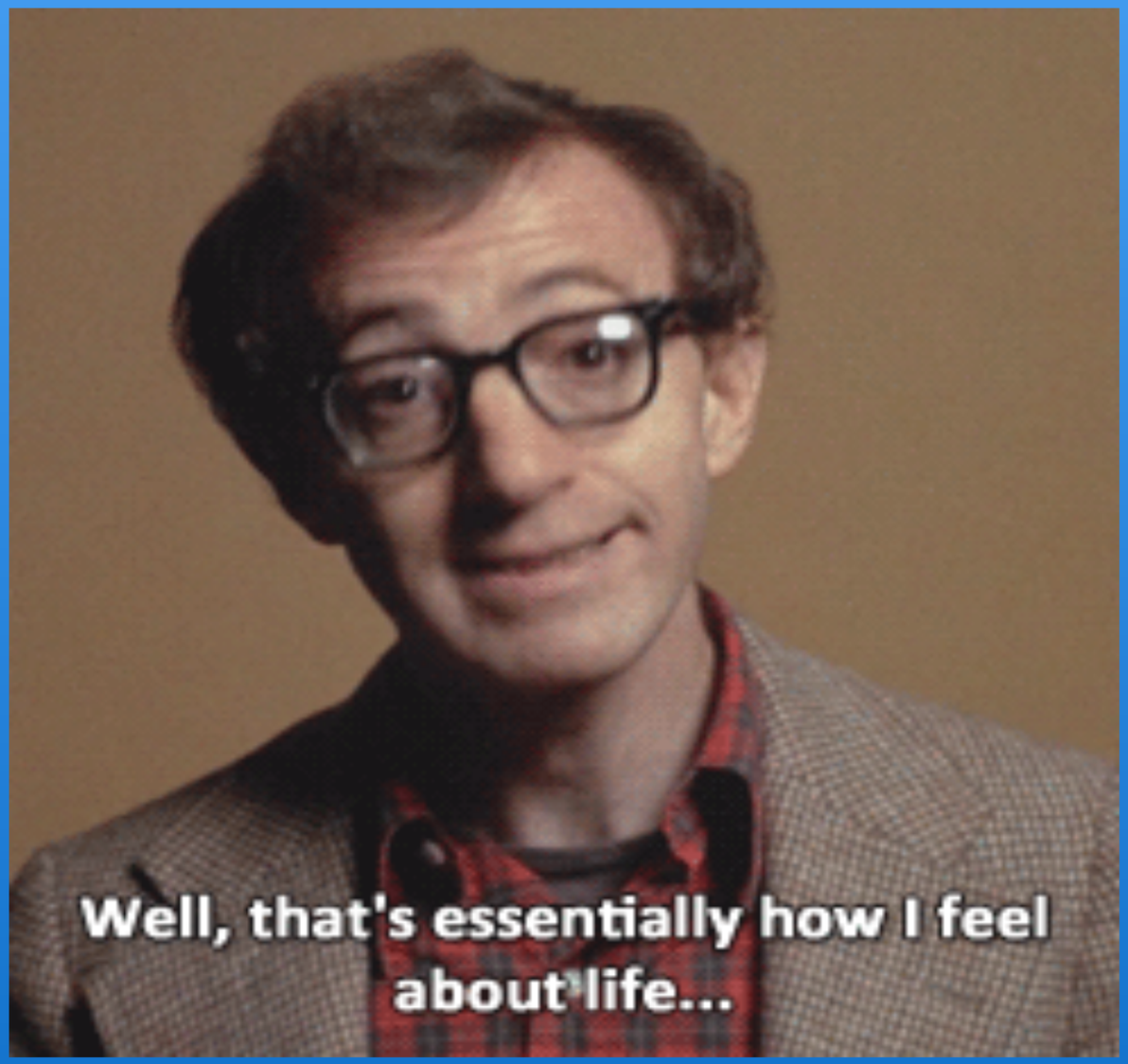
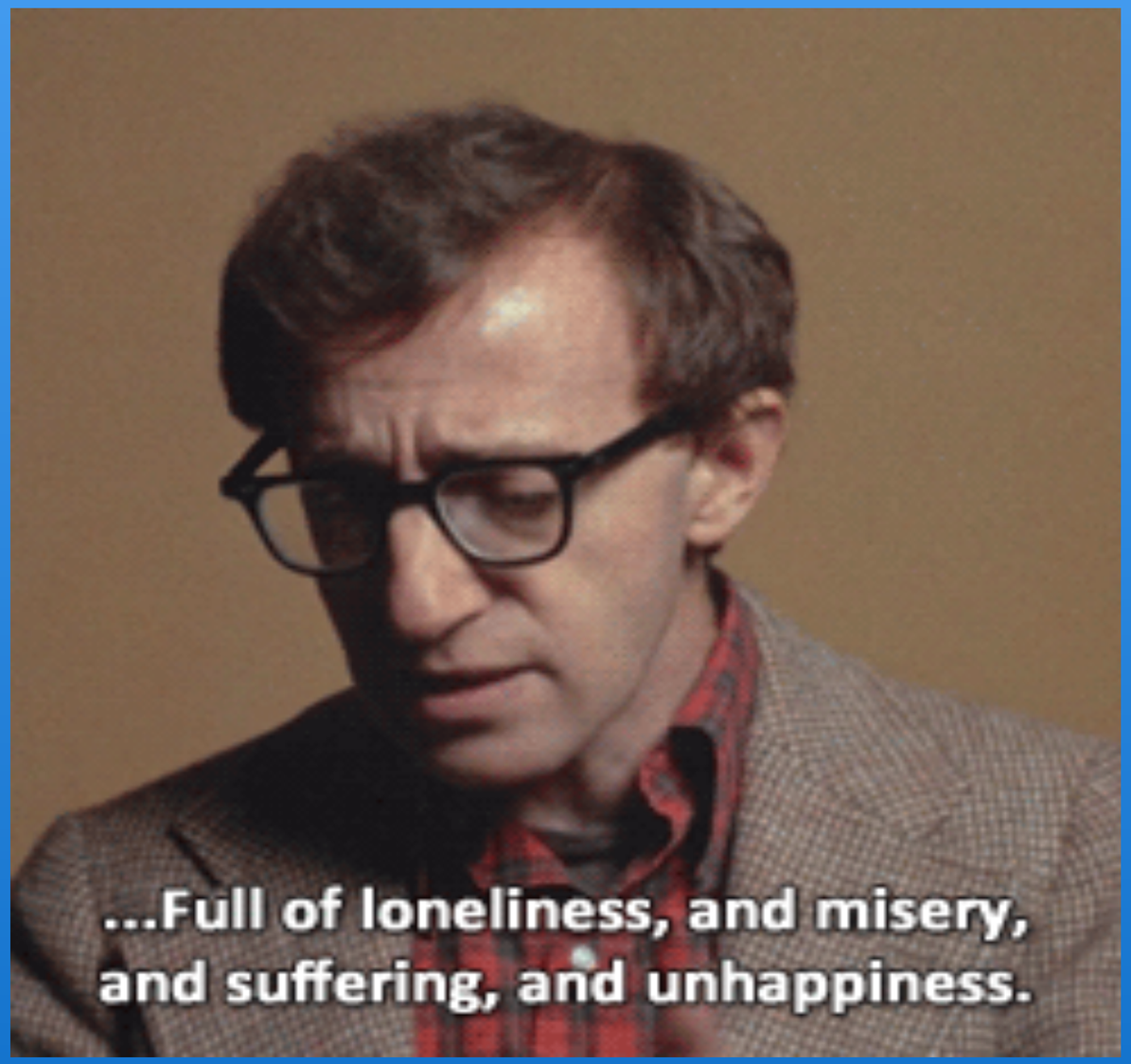

Well, that's essentially how I feel
about life...


...Full of loneliness, and misery,
and suffering, and unhappiness.

The nature and scale of the challenges facing our NHS - in particular the challenge of an ageing population - mean that additional money alone will not equip it properly for the future.

To be blunt, if all we do is fund our NHS to deliver more of the same, it will not cope with the pressures it faces.

To really protect our NHS, we need to do more than just give it extra money - we need to use that money to deliver fundamental reform and change the way our NHS delivers care.

John Swinney, DFM
Budget Speech, 12/15

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we know the problems and we have solutions

- **problem =** unsustainable, unaffordable model of care, delivering an unsatisfactory quality of care
- **solution =** need more activity in the community, less in hospital
- for unscheduled care that means preventing admissions by managing chronic conditions better in the community
- for elective and specialist it means reworking clinical pathways to improve quality and efficiency
- across the system it means action to reduce demand, including through effective health improvement activity

but, having the solution is not enough to produce change

- consensus on the need for change
- financial unsustainability of the current model
- dissatisfaction with quality, particularly access

all = not enough

- plans, strategies **also = not enough**

we need a new approach

Health and Social Care Integration

The Scottish Government
Riaghaltas na h-Alba

Supporting people to live well and independently at home or in a homely setting in their community for as long as possible

- www.scotland.gov.uk/HSCI
- follow us on twitter @scotgovIRC

There's no ward like home

The Scottish Government

Joint Futures programme 2000

Community Care and Health (Scotland) Act 2002

NHS Reform (Scotland) Act 2004

Community Health Partnerships 2006

Reshaping Care for Older People 2011

Change Fund 2012

“Let me be clear about the objectives of this programme of reform. We want to ensure that adult health and social care services are firmly integrated around the needs of individuals, their carers and other family members; that the providers of those services are held to account jointly and effectively for improved delivery; that services are underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve rather than the needs of the organisations through which they are delivered; and that those arrangements are characterised by strong and consistent clinical and professional leadership.”

Nicola Sturgeon, MSP, Deputy First Minister and Cabinet Secretary for Health and Wellbeing, December 2011

let's break that down

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Key Ingredients

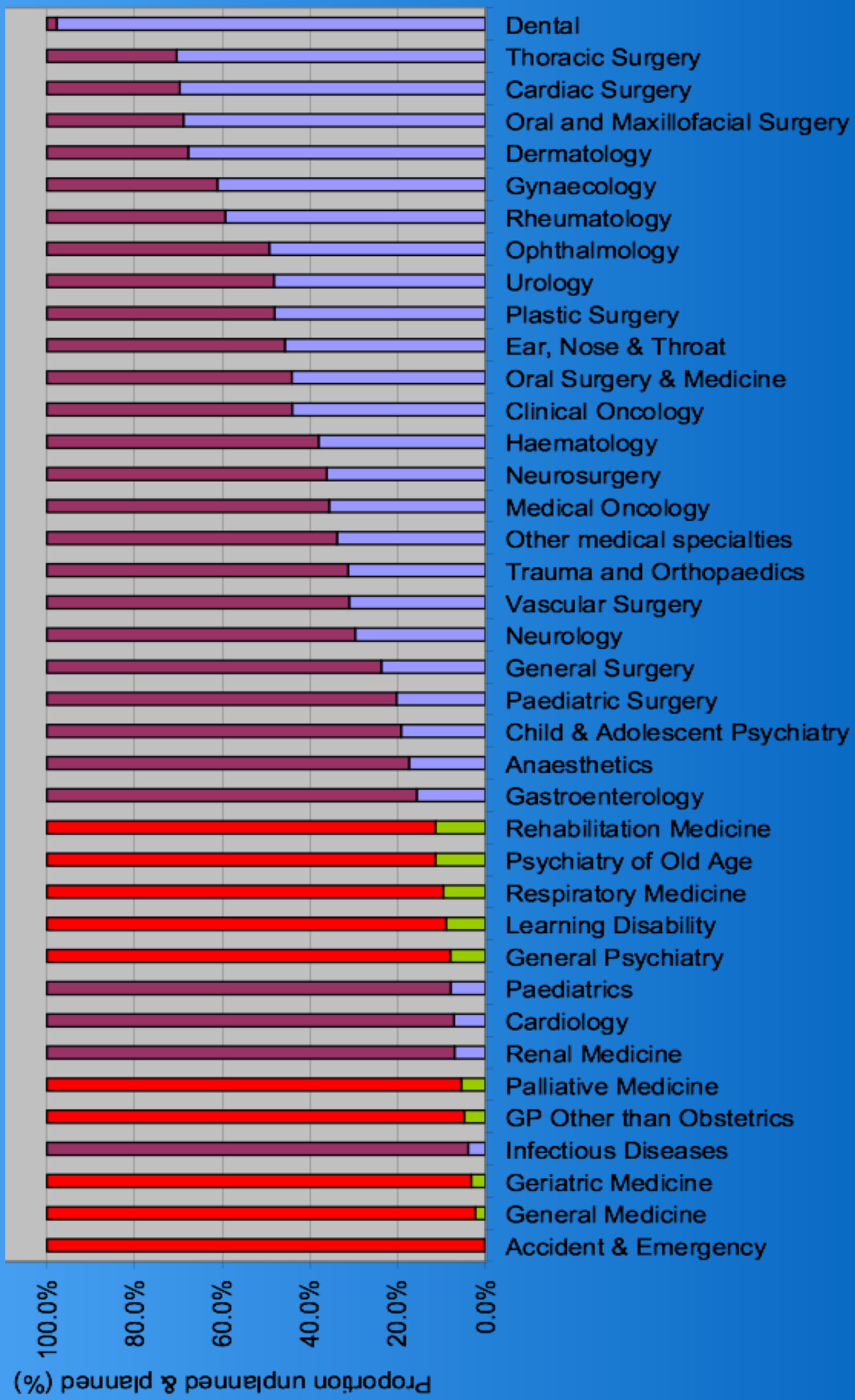
Nationally agreed outcomes, supported by indicators

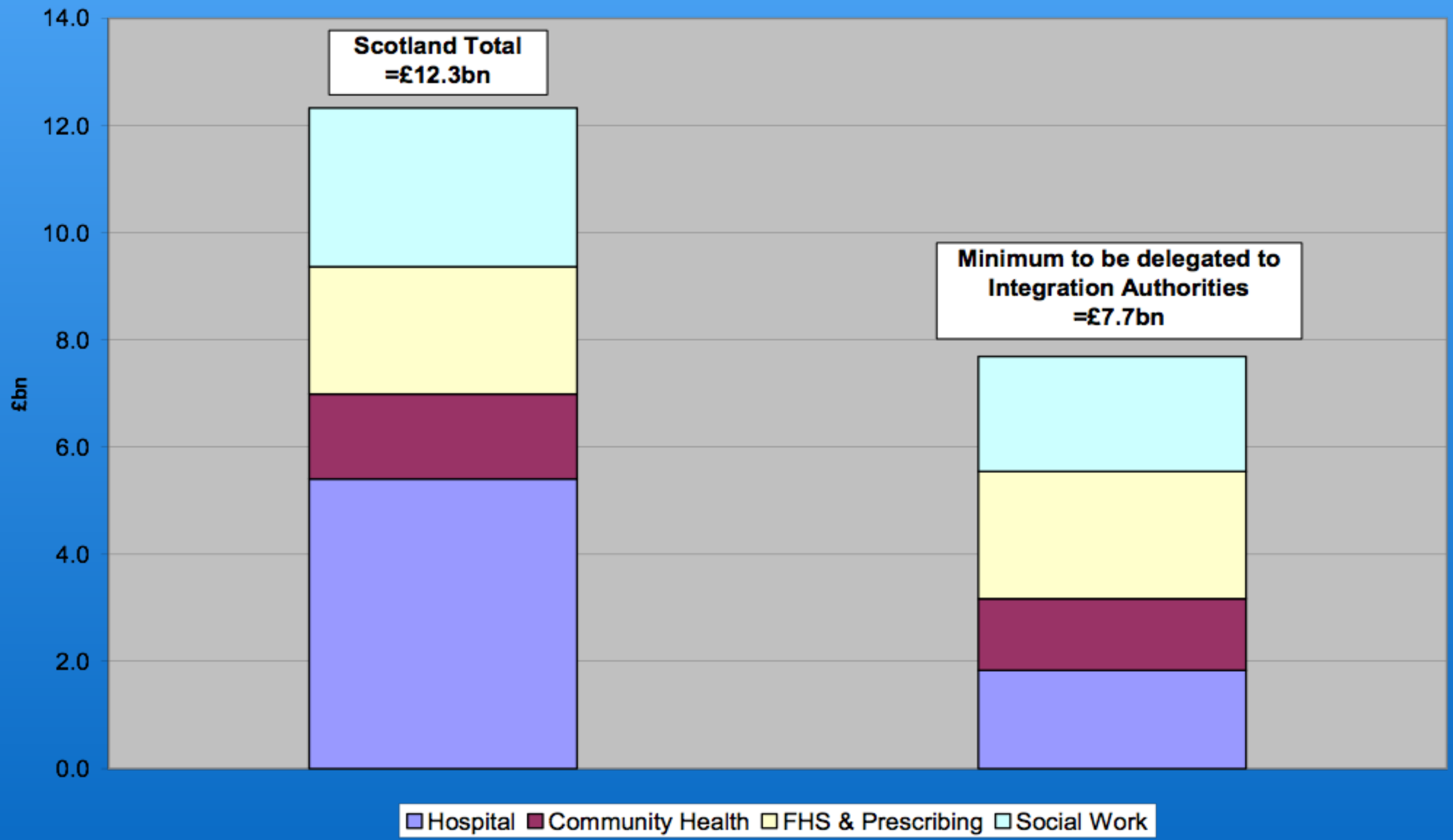
Primary, community and social care together with those aspects of hospital care linked to unplanned admissions

New accountable boards that plan and commission services, with a focus on localities

Single budget for health and care

Operational integration of services


Dental
Thoracic Surgery
Cardiac Surgery
Oral and Maxillofacial Surgery
Dermatology
Gynaecology
Rheumatology
Ophthalmology
Urology
Plastic Surgery
Ear, Nose & Throat
Oral Surgery & Medicine
Clinical Oncology
Haematology
Neurosurgery
Medical Oncology
Other medical specialties
Trauma and Orthopaedics
Vascular Surgery
Neurology
General Surgery
Paediatric Surgery
Child & Adolescent Psychiatry
Anaesthetics
Gastroenterology
Rehabilitation Medicine
Psychiatry of Old Age
Respiratory Medicine
Learning Disability
General Psychiatry
Paediatrics
Cardiology
Renal Medicine
Palliative Medicine
GP Other than Obstetrics
Infectious Diseases
Geriatric Medicine
General Medicine
Accident & Emergency
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Proportion unplanned & planned (%)


14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
£bn
Scotland Total
=£12.3bn
Minimum to be delegated to
Integration Authorities
=£7.7bn
Hospital
Community Health
FHS & Prescribing
Social Work

Key dates

Consultation – May – October 2012

Bill introduced to Parliament – May 2013

Bill passed – unanimously – February 2014

Royal Assent – April 2014

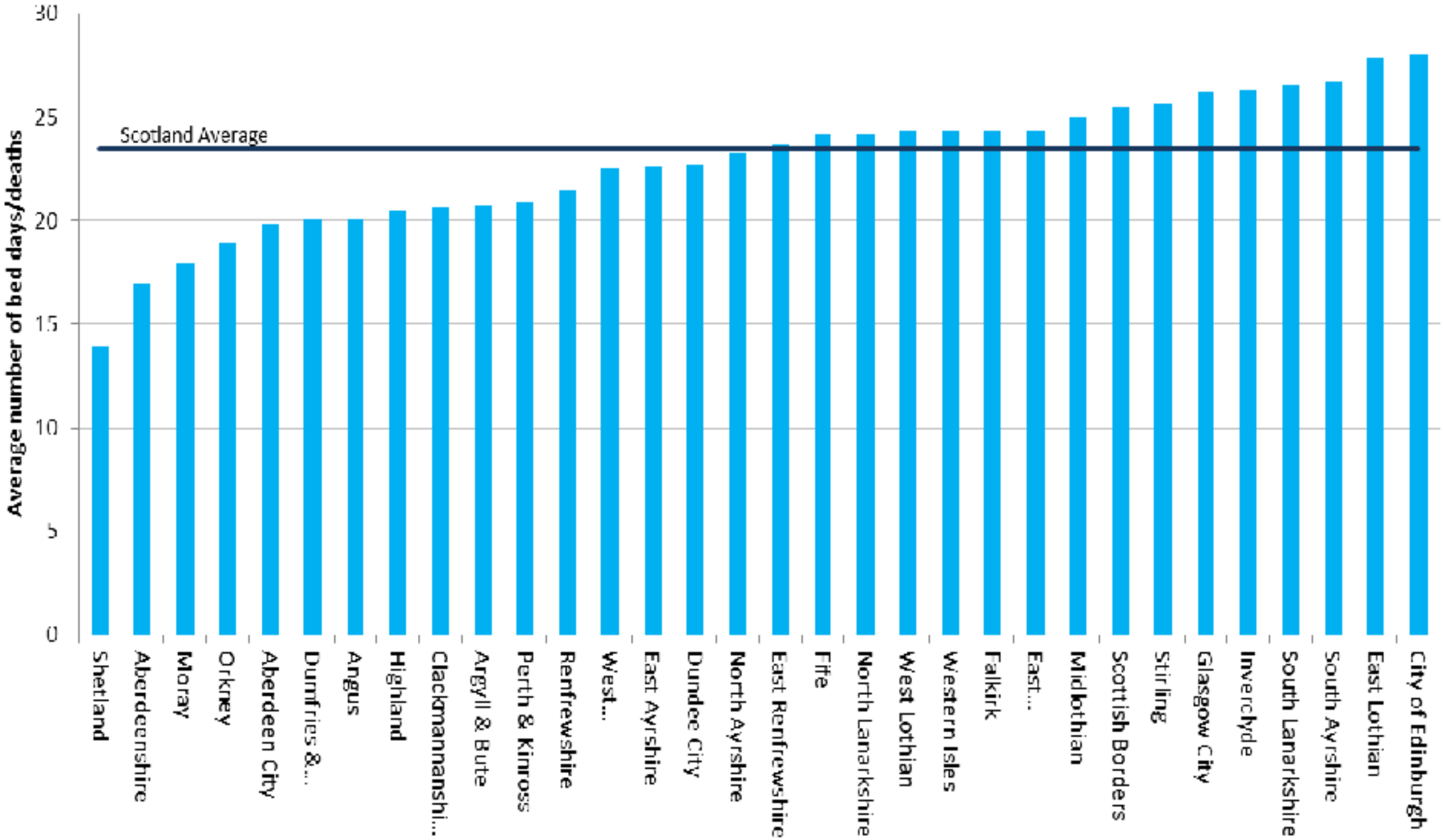
Secondary legislation complete – December 2014

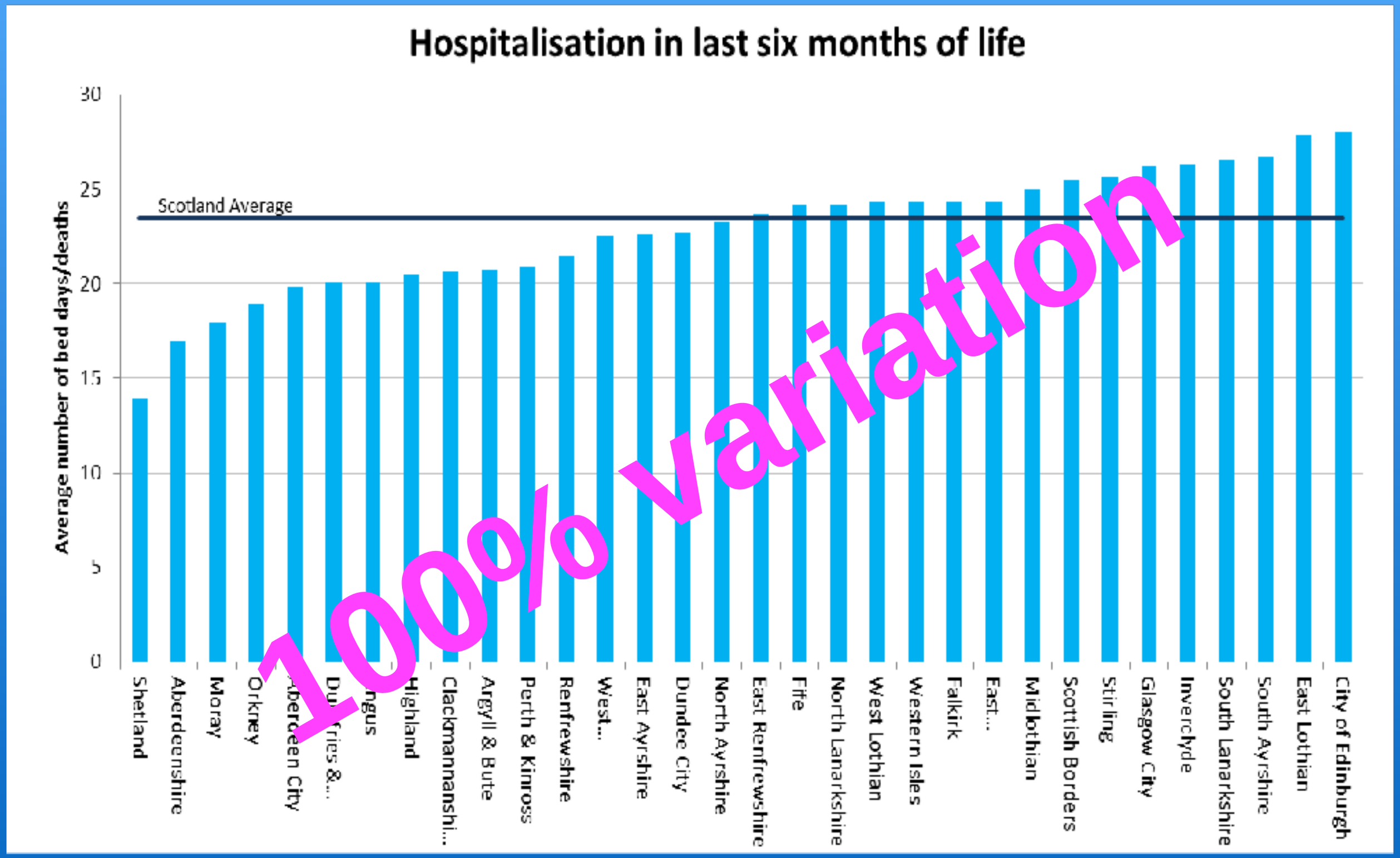
First Integration Schemes approved – February 2015

First partnerships go live – April 2015

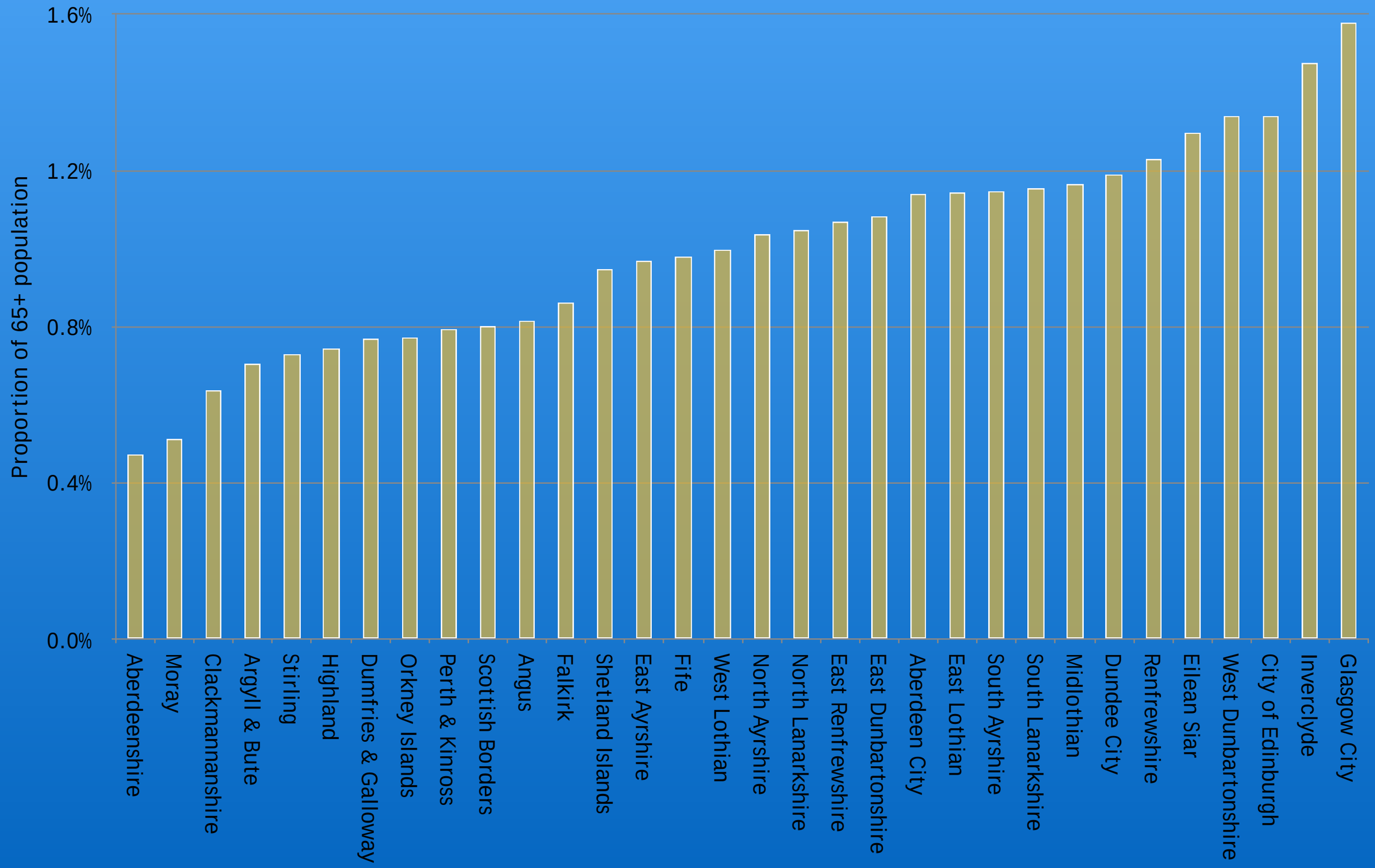
All partnerships in place – April 2016

Hospitalisation in last six months of life




Hospitalisation in last six months of life
Average number of bed days/deaths
30
25
20
15
10
5
0
Scotland Average
Shetland
Aberdeenshire
Moray
Orkney
Aberdeen City
Dumfries &...
Angus
Highland
Clackmannanshi...
Argyll & Bute
Perth & Kinross
Renfrewshire
West...
East Ayrshire
Dundee City
North Ayrshire
East Renfrewshire
Fife
North Lanarkshire
West Lothian
Western Isles
Falkirk
East...
Midlothian
Scottish Borders
Stirling
Glasgow City
Inverclyde
South Lanarkshire
South Ayrshire
East Lothian
City of Edinburgh
100% variation

Rate of Hospitalisation - over 65s



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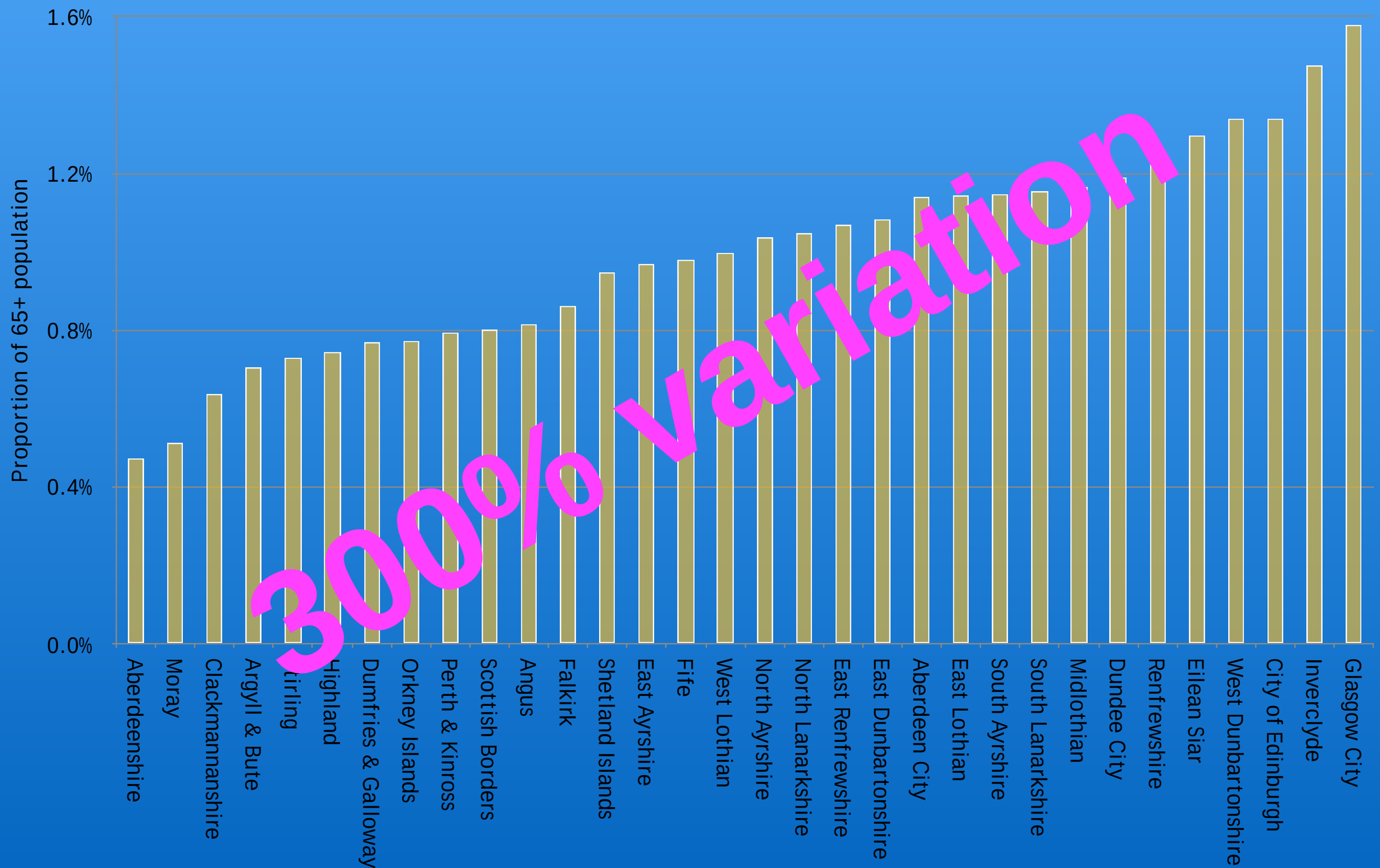
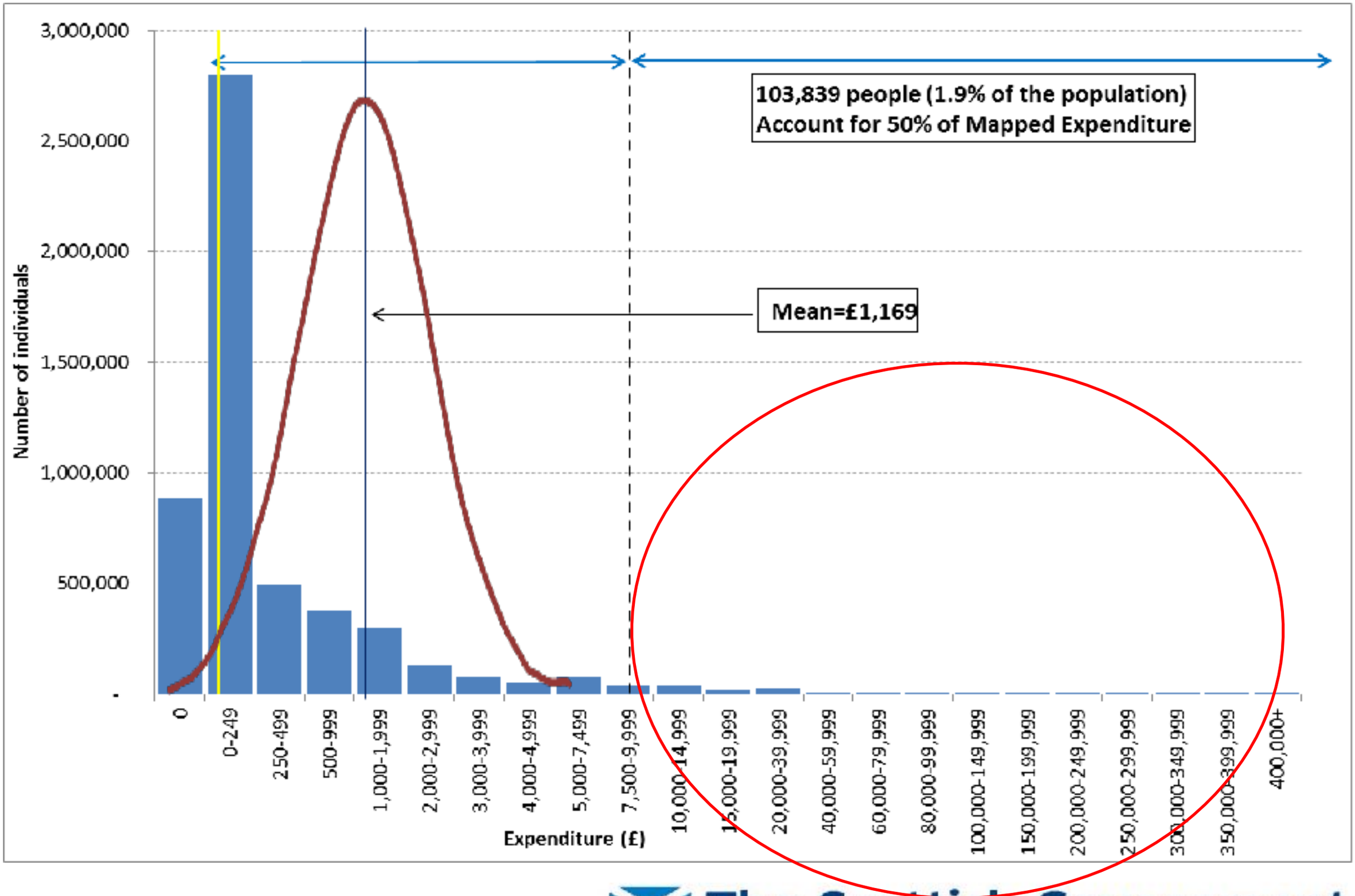
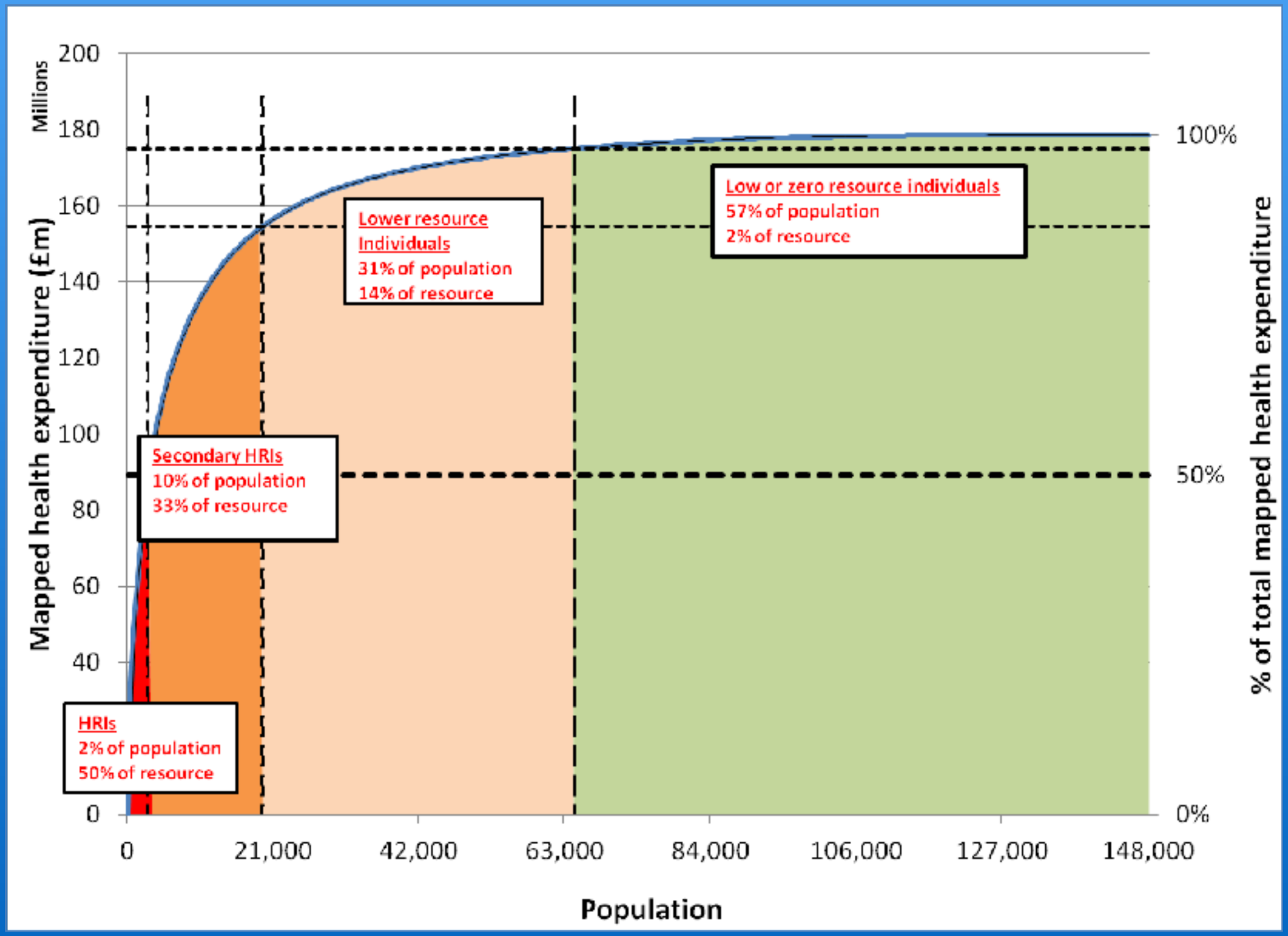


Distribution of Mapped Expenditure

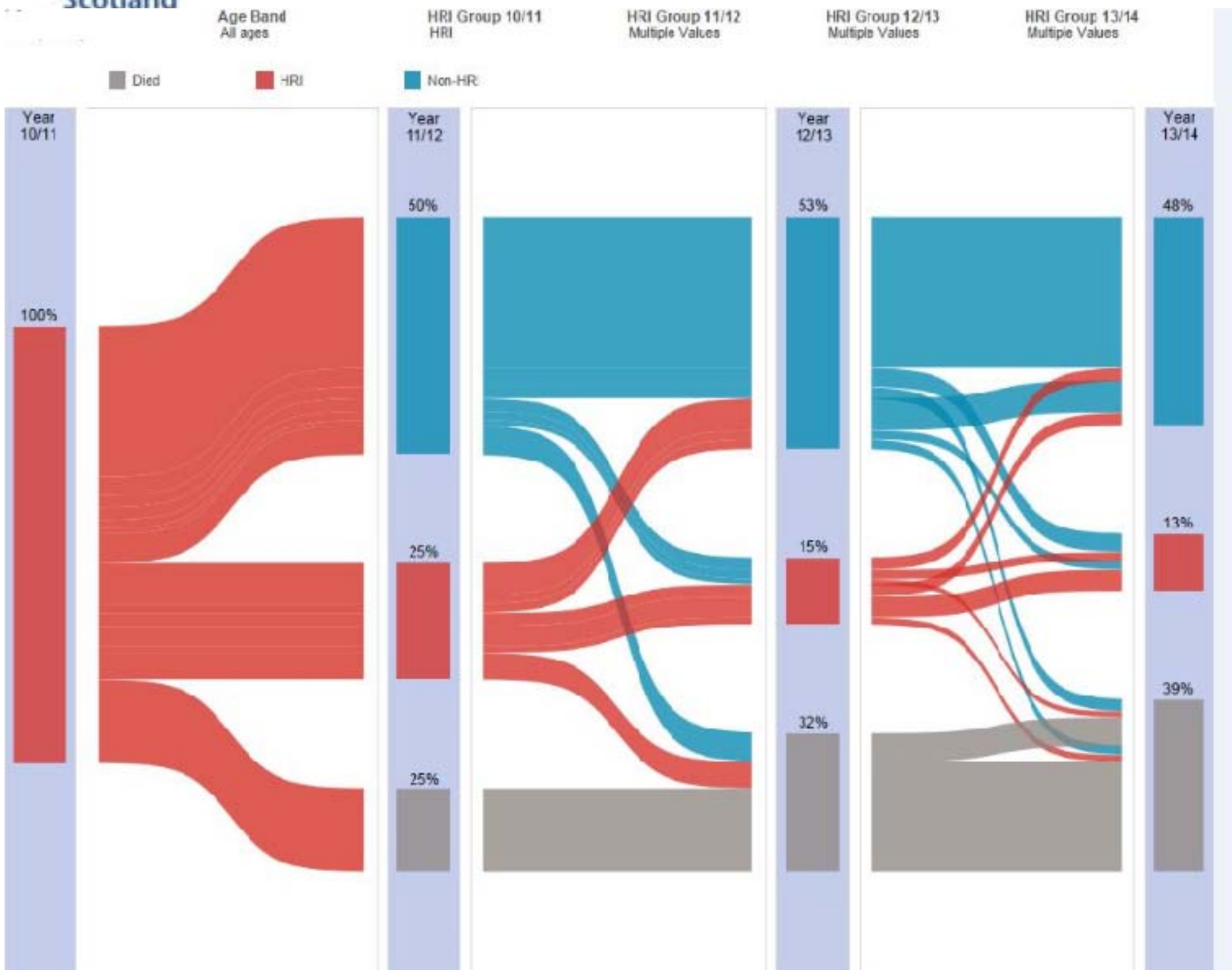


The Scottish Government

High Resource Individuals



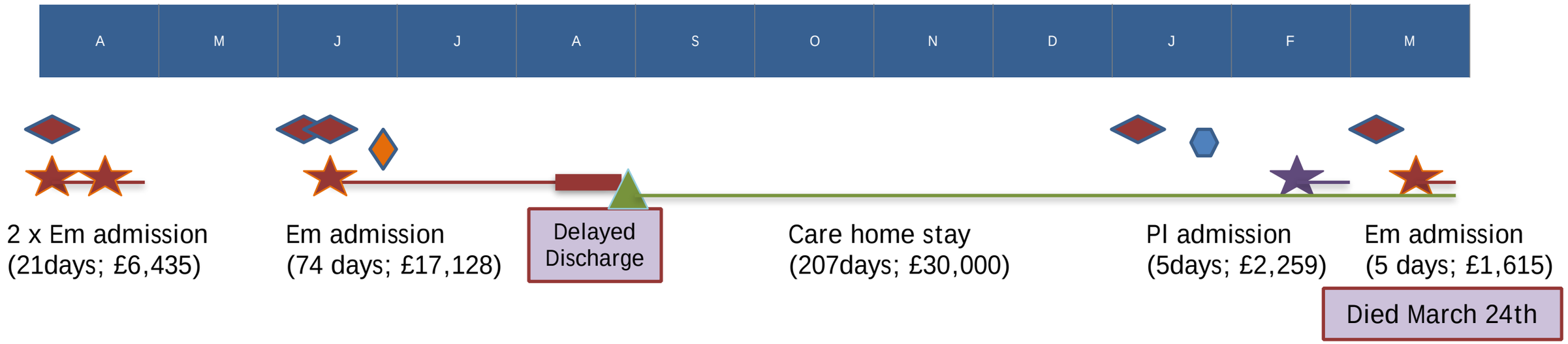
HRI Turnover (Scotland)

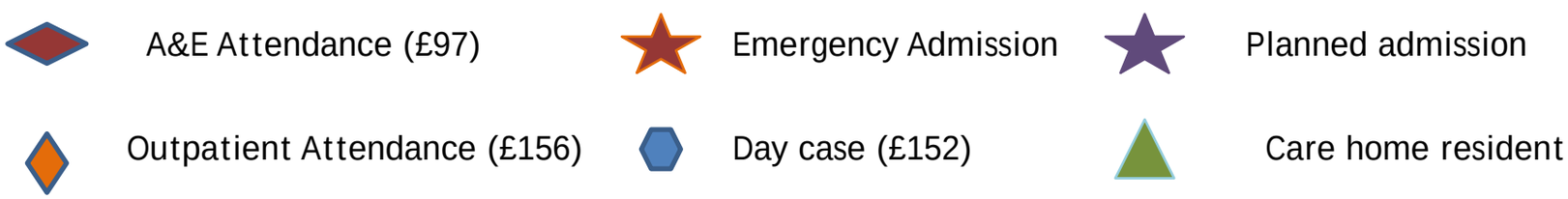


Key Points

- A quarter of HRIs die each year
- A quarter are multi-year individuals
- New entrants each year

Pathway for Mr Smith





Glasgow City HSCP
Health and Social Care Partnership

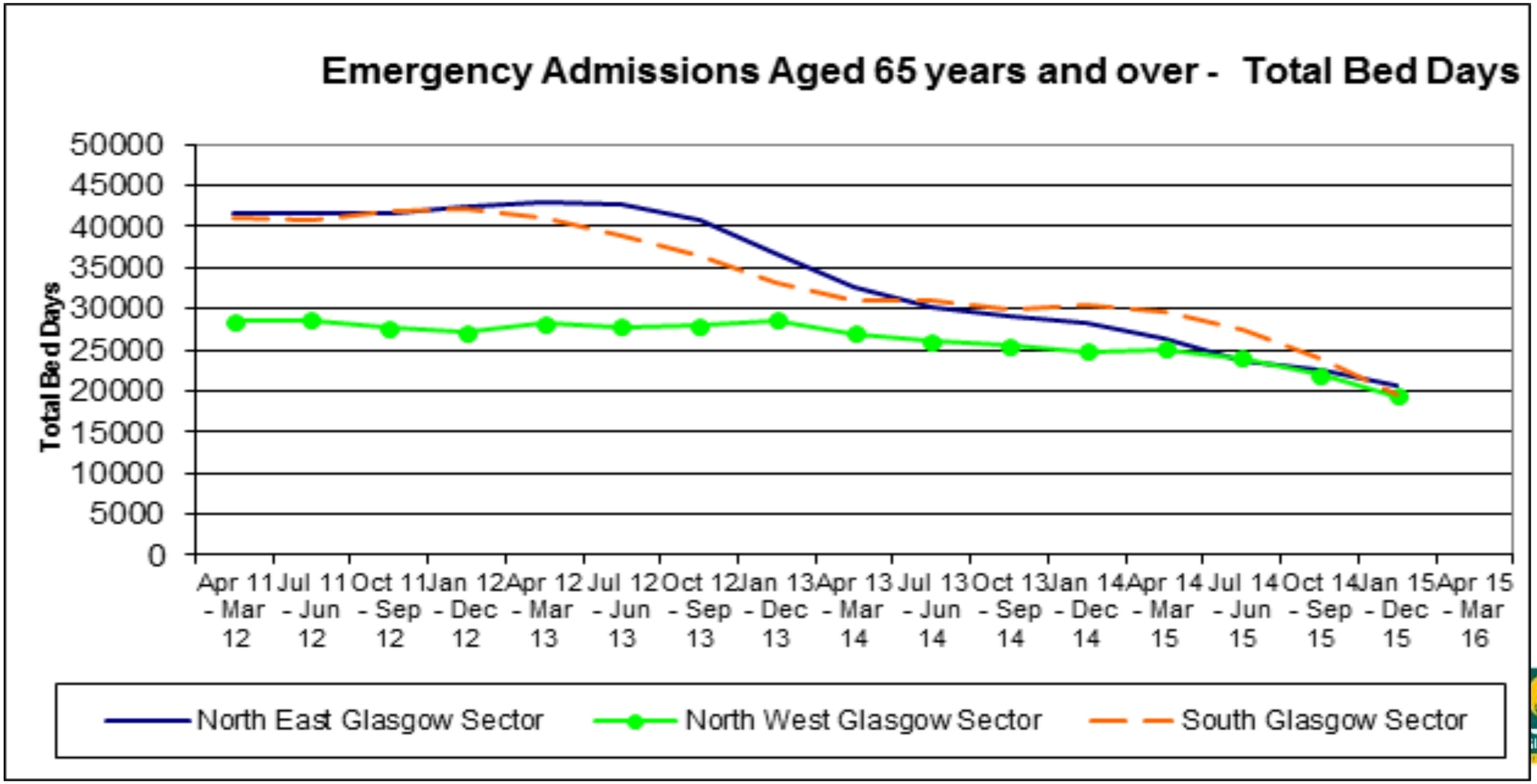
Strategic Planning – Unscheduled Care

- To affect change of scale required (NCS, CSS etc.) whole system approach needed across entire patient pathway
- Benefit is care delivered at right time & in right location
- IJBs well placed to deliver whole system UC plan across primary care, community, and acute
- Our aim is three year plan 2017-2020 with three elements:
  - our programme to support people in the community, prevent admissions etc.;
  - our programme to improve discharge; and,
  - our priorities for improvements in acute services

NHS Greater Glasgow and Clyde
Glasgow

Glasgow City HSCP
Health and Social Care Partnership

Emergency admissions



Glasgow City HSCP Health and Social Care Partnership

HSCP change programme

- Enhanced primary care & community services e.g. direct access hubs, community orientated primary care programme, new GMS contract
- Prevention & early intervention e.g. anticipatory care planning, community respiratory service, supported living programme, falls strategy
- Care group based plans e.g. neighbourhood teams, new model for complex care, dementia strategy, adult mental health unscheduled care programme, Glasgow fast rack palliative care service

NHS Greater Glasgow and Clyde

Glasgow

Glasgow City HSCP
Health and Social Care Partnership

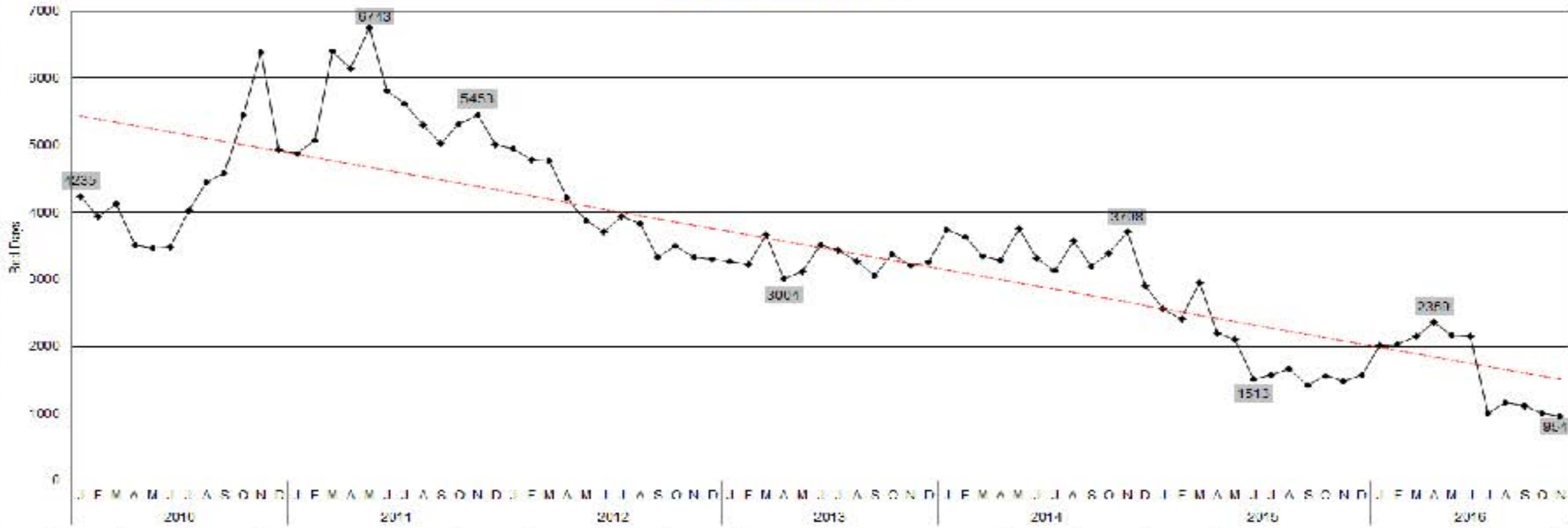
HSCP discharge programme

- Integrated approach to admission avoidance and delayed discharge
- Dedicate resource aligned to GRI and QEUH supporting front door
- Integrated hospital discharge process
- Improved early referral process
- Improved performance management for AWI patients
- Development of intermediate care step up / step down model
- Improving end of life care

NHS Greater Glasgow and Clyde
Glasgow

Glasgow City HSCP

Total Acute Bed Days Lost - Glasgow City HSCP Patients Aged 65+
January 2010 - November 2016



NHS Greater Glasgow and Clyde

Glasgow

Glasgow City HSCP Health and Social Care Partnership

HSCP commissioning priorities

- Enabling acute care to be focused on patients with acute needs:
  - Reviewing data on potentially avoidable admissions
  - Re-direction from A&E of patients who should be seen in primary care
  - Alternatives to admission:
    - GP access to clinical advice
    - GP direct access to diagnostics
    - Next day outpatient appointments
    - Day of care audit follow up with QEUH and GRI
- Supporting implementation of GG&C UC Improvement Prog e.g. reducing variation in length of stay, improving time of discharge
- Consultant geriatrician community sessions

NHS Greater Glasgow and Clyde

Glasgow

ways of working

Developing approaches that work with complex systems

Use of data and improvement methodologies

National direction and support + local implementation (…ultimately, all change takes place locally…)

not a strategy, not a policy, about local decisions and redesign

direct engagement with all partnerships based on challenge and support

creating local capacity for change supported by improvement science

using linked data to have a clear understanding of what is going on at the local system level

outcomes based approach

national outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities.
6. 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.
7. People who use health and social care services are safe from harm.
8. 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.
9. Resources are used effectively and efficiently in the provision of health and social care services.

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sorry about the font size

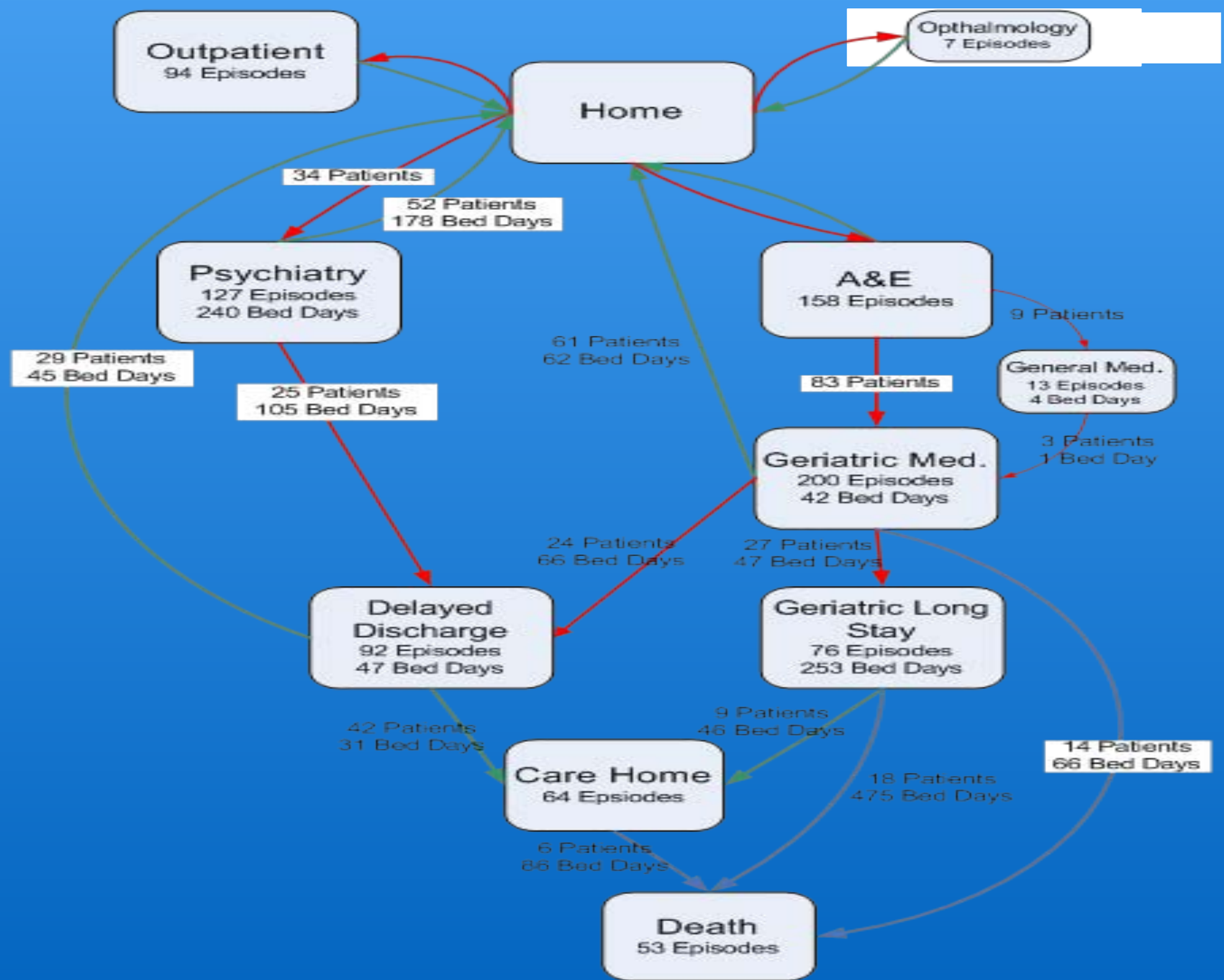
Guiding principle:

“. . . effective services must be designed with and for people and communities – not delivered ‘top down’ for administrative convenience”

The Christie Commission Report
Commission on the future delivery of public services, June 2011

data!
YAHOO!
MOVIES

Map Pathways-Process Mining

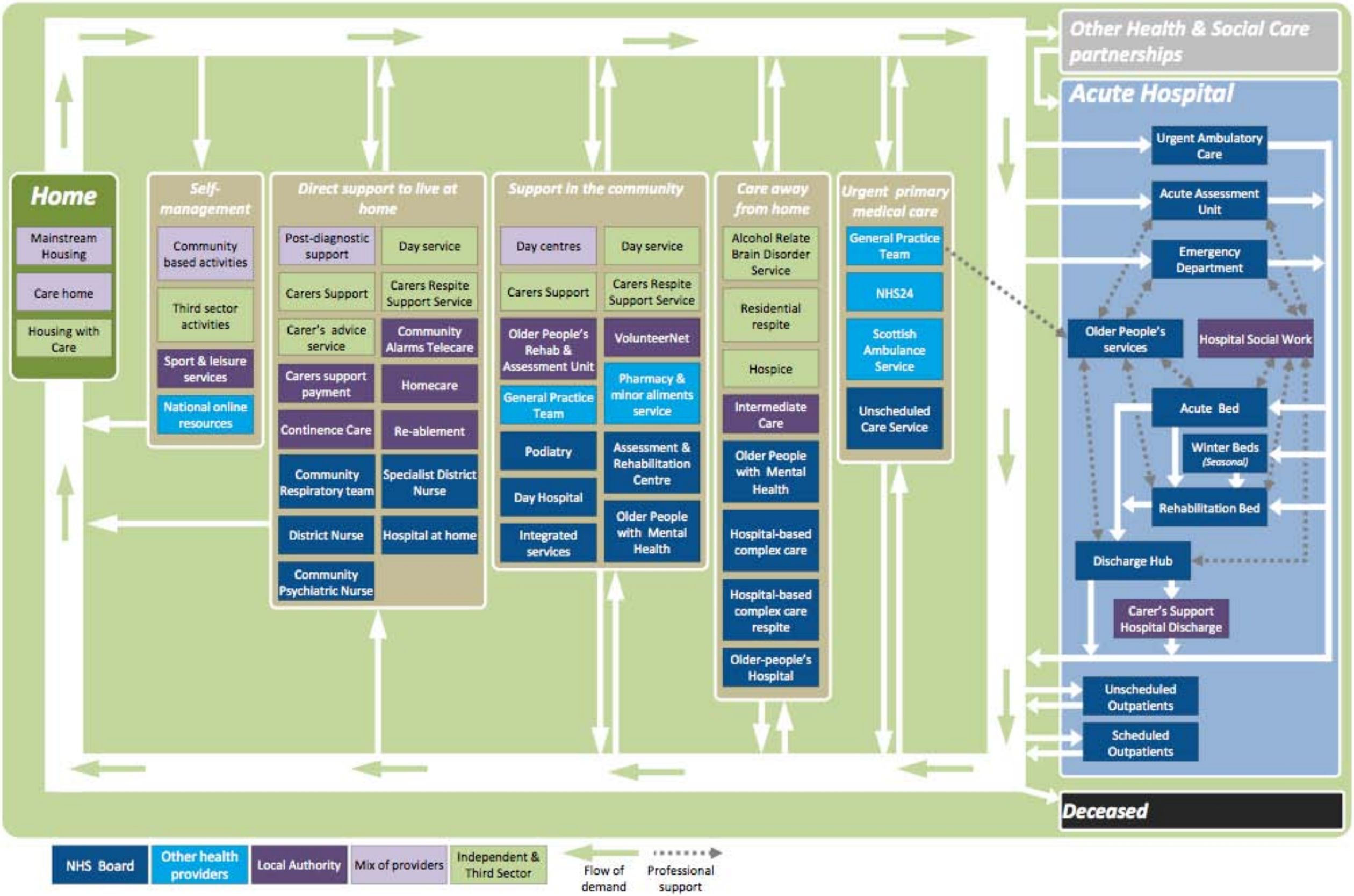


Partnership's Heath and Social Care System for Older People

Created by Healthcare Improvement Scotland in conjuncture with [Local authority] council, NHS [NHS Board] and the [Partnership name] Health and Social Care Partnership.

MONTH YYYY, v0.0 Whole system high-level view

Healthcare Improvement Scotland



so progress, but just the start of the process…

Reflections

- Its about the outcomes, but people often want to talk about the process…
- Its about behaviours…
- Everyone wants change, but its easier when other people have to do it…
- There are some really hard-edged challenges where it has to work quickly, but change takes time…
- Its iterative, we are making large and small gains all the time…

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