

PERTH & KNROSS INTEGRATION JOINT BOARD

1 JULY 2016

TRANSFORMATION PROGRAMME: HEALTH CARE SERVICES (2016-2019: PHASE 1)

Report by Chief Officer

PURPOSE OF REPORT

This report updates the IJB with progress in developing the Transformation for Health Care Services which support financial sustainability.

1. SITUATION AND BACKGROUND

Scotland's National Clinical Strategy sets out ideas on how NHS Scotland needs to change to ensure health and social care services are fit for the future. It looks at an approach that will guide the way services across Scotland develop over the next 10–15 years.

The National Clinical Strategy sets out the case for:

- planning and delivering Integrated primary care services, like GP practices and community hospitals, around the needs of local communities
- restructuring how our hospitals can best serve the people of Scotland
- making sure the care provided in NHS Scotland is the right care for an individual, that it works, and that it is sustainable
- changing the way the NHS works through new technology.

The transformation programme evolving in Perth & Kinross across Health and Social Care and key third sector partners recognises the challenges we face on a day to day basis which include the demographic pressures, staff recruitment and retention especially in remote and rural areas such as Highland Perthshire and the need to work in a more Integrated way at GP Cluster and Locality level.

The National Clinical Strategy lays out the challenges and opportunities our health and care systems face and in doing so informs the future we all want including the culture and values that will underpin how we will collaborate and work together to provide greater value, performance and sustainability. This is a case for change that we recognise locally and as Shona Robison has already quoted:

'Maintaining the status quo in health and social care is not an option. And we need to start discussing and planning for change now.' Shona Robison, June 2015

2. ASSESSMENT

Perth & Kinross Health & Social Care Partnership are beginning to build a Transformation Programme that will support the case for change that has been laid out in the Clinical Strategy for Scotland and in the Strategic Plan for Perth and Kinross. It recognises the challenges quoted in the Clinical Strategy as Summarised below.

THE CHALLENGES FOR SCOTLAND

Our population is growing older, and some older people will need increasing amounts of health and social care. More people are living with long-term conditions such as diabetes, high blood pressure, cancer and dementia, each of which requires ongoing treatment and care. And we still have a high level of health inequality – a person living in the most socially deprived community in Scotland can expect to live at least 10 years less than someone living in a well-off area. All of this means that demand for health and care services will increase over the next 15–20 years. That demand will have to be met within the resources – financial and human – So the Strategy has been developed to set out how we can change our services to meet the demand and ensure we get the best possible value from the resources invested in the NHS.

Our Workforce Challenges

The biggest asset we have in the health service is our workforce. However demands on the health service are increasing and given the demographics of our workforce, the availability deficits especially in some medical disciplines and the unaffordability of recruiting increased numbers, means that the existing way in which services are delivered cannot be sustained for much longer. This shortfall is further compounded by difficulties in recruitment resulting from unfilled trainee posts in some major specialities (Acute medicine, Emergency Medicine, General Practice, Core Psychiatry) and the need for more staff to take career breaks or work part-time. When you add to this the additional problem with recruitment to all specialities and professions engendered by the geography and relative isolation of working in the remote and rural parts of Scotland, you can begin to understand why our services are under greater pressure.

WHAT IS GOING TO CHANGE?

We're going to change the main focus of the NHS from hospitals to primary/ community care

Primary care teams, which include doctors, nurses and a whole array of other professionals like physiotherapists, occupational therapists, dieticians and others, will be strengthened. These teams will work even closer together, often alongside colleagues in social care services and voluntary organisations. Their main aim is to support people with health and social care problems to stay in their own communities, help them to learn to manage their conditions and, whenever possible, reduce the chances of them having to be admitted to hospital. This will mean that some services traditionally supplied in hospitals will be provided in community settings.

The shift to primary and community care is already happening. The integration of health and social care is gathering pace, with health and social care staff working together in teams to meet people's needs. GPs are dealing with more complex cases and professionals like nurses and pharmacists are learning new skills and taking on new responsibilities. In addition, better IT systems are being introduced to primary care to improve the quality of care and give patients greater access to services and information.

Perth & Kinross Transformation Programme

Perth & Kinross recognise the need to deliver a sustainable system of Health Care in the face of the most challenging financial climate and environment. To do this there will be a need to shift the current emphasis on acute and episodic care towards prevention, self care and Integration and well co-ordinated care to cope with an aging population

and increased prevalence of chronic diseases. Direct resources will need to be redirected to the patients with greatest need and redress the 'inverse care law' by which those who need the most care often receive the least.

To do this a major transformation programme is being developed to improve our systems, delivery of care and support the change in cultures and behaviours required in order to deliver on the key Strategic themes described below.

The Transformation Programme will need to be based on the triple aim approach which considers change using 3 main aims: improving the experience of care, improving the health of the population and reducing per capita costs of healthcare. A logical, describable and consistent approach is being developed to plan, design and deliver on our transformation programmes.

The Programme will span decisions around minor and major change and small improvement cycle efforts. We recognise that the Programme will be fluid in a changing environment and will require partnership buy in.

Perth & Kinross Transformation Programme for Healthcare

Workstream 1

Prevention/Early Intervention/Person Centred Care

Enhanced Community Support
Transforming AHP Services
Transforming District Nursing

Workstream 2

Working with Communities

Communication, Participation and Engagement
Locality Leadership and Development Networks

Workstream 3

Reducing Inequalities and Promoting Healthy Living

FHS Prescribing – Pain Pathway
Primary Care Development
Health Inequalities

Workstream 4

Making Best Use of Resources

Capacity and Flow Whole Systems Pathway
Review of Rehabilitation Inpatient Beds
Review of Older People Community Mental Health Service
Locality Workforce Plans

3. CONCLUSIONS AND RECOMMENDATIONS

Perth & Kinross Health Care has a proven track record in transforming services. To ensure we continue to lead the way nationally and in the context of the complex challenges we face, we must improve and transform the way we do business. This report updates the IJB on Phase 1 of the Transformation Programme.

This work will support the future sound management of the IJB. The report seeks authority to undertake far reaching and radical redesign to sustain services into the future. The IJB is asked to support the planning phase which will lead to the transformation of services.

The Board is asked to:

Agree that maintaining the status quo is not an option and that the building of our transformation programme is essential.

Develop a framework for participation and engagement with local communities around the future vision of services.

Review of inpatient spend and plan to shift the balance of care closer to natural communities.

Acknowledge the draft transformation and savings plan completed to date and which is included in the Financial Assurance Update Report – Appendix 2.