AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date: 8 November 2016**
Report By:	**Brian Moore** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership (HSCP)**	**Report No: IJB/57/2016/HW**
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Subject:	**ACCOUNTS COMMISSION REPORT: CHANGING MODELS OF HEALTH AND SOCIAL CARE**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board on the Inverclyde position in respect of the key recommendations from the Accounts Commission Report: Changing Models of Health and Social Care.

2.0 SUMMARY

2.1 In March 2016 the Accounts Commission published its report, Changing Models of Health and Social Care. The report considers the pressures facing health and social care delivery, and highlights the need for transformational changes in approach, in order to effect a meaningful shift in where and how care and support are delivered.

2.2 The Accounts Commission report highlights some key recommendations for the Scottish Government, the Information Services Division, and NHS Boards and Councils.

3.0 RECOMMENDATION

3.1 That the Integration Joint Board notes Inverclyde's progress in respect of the recommendations and approves the proposed actions to support delivery of the improvements set out in the report.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 In March 2016 the Accounts Commission published its report, Changing Models of Health and Social Care. The report considers the pressures facing health and social care delivery, and highlights the need for transformational changes in approach, in order to effect a meaningful shift in where and how care and support are delivered.

4.2 The audit considered the national policy assumption that integration of health and social care will fundamentally change the way services are delivered. The audit report notes that set-up and governance requirements mean that the new integration authorities will not be in a position to make a major impact during 2016/17. It highlights that the outcomes-focused performance regime needs to be fully in place before partnerships will be able to evidence how they are making a difference to the lives of people who use health and social care services.

4.3 The audit report discusses some of the pressures facing services, including a projected increase in the number of older people in Scotland by 2030 (a 48% increase in the over 75s and a 64% increase in the over 85s). With older people being the highest users of health and social care services, there is a need to re-think what support can and should be delivered. In particular, the report asserts the need to increase ***healthy*** life expectancy so that gains in longevity can be enjoyed in good health and meaningful activity.

4.4 Emergency and multiple hospital admissions are considered, and it is noted that these are increasing in respect of older people. The costs associated with this activity are not sustainable under the current models of care, provision and finance. Key predictions relating to demand can be summarised thus:

Index of Activity	**2013**	**Predicted 2030**	**Percentage Increase**
GP Consultations	16.3 million	18.2 million	12%
Practice Nurse Consultations	8.05 million	9.5million	18%
Homecare Clients	61,000	81,000	33%
Homecare Clients Receiving 10+ Per Week	20,500	26,800	31%
Long-stay Care Home Residents	35,000	47,000	35%
Acute Emergency Bed Days from Patients with 3+ Admissions	1.02 million	1.28 million	26%
Emergency Bed Days	3.9 million	5 million	28%
Acute Emergency Admissions	553,000	640,000	16%
Acute Day Cases	452,000	514,000	14%
New Outpatient Appointments	1.6 million	1.8 million	9%

4.5 Clearly such increases will not be sustainable in the context of ever-reducing resources. On that basis the audit reflected on the key Scottish Government policy intentions relating to the 2020 vision for health and care. Some of the main principles of the policy, particularly in relation to shifting more care and support into communities, are highlighted as:

- Focusing on prevention, anticipation, supported self-management and person-centred care;
- Expanding primary care, particularly general practice;
- Providing day-case treatment as the norm when hospital treatment is required and the intervention cannot be provided in a community setting;
- Ensuring that people get back to their home as soon as appropriate, with minimal risk of re-admission;
- Improving the flow of patients through hospital, reducing the number of people attending A & E, and improving services at weekends and out of hours;
- Improving care for people with multiple and chronic conditions;
- Reducing health inequalities by targeting resources at deprivation;
- Planning the workforce to ensure the right people, in the right numbers in the right jobs;
- Integrating adult health and social care.

4.6 The report recognises that implementing this vision by 2020 is ambitious, and highlights a number of recommendations to support the acceleration of transformational change.

5.0 KEY RECOMMENDATIONS OF THE REPORT

5.1 This section highlights the key recommendations from the report, along with a summary of the current Inverclyde position where relevant.

5.1.1 The Scottish Government should provide a clear framework by the end of 2016 of how it expects NHS Boards, Councils and IJBs to achieve the 2020 Vision. This should include the longer-term changes required to skills, jobs roles and responsibilities within the health and social care workforce.

The Public Bodies (Joint Working) (Scotland) Act 2014 lays out some of the components of such a framework. This legislation also specifies a requirement for local workforce plans, which supports a creative and flexible approach. In Inverclyde we are maximising the opportunities of this flexibility by developing a People plan that includes the entire local health and social care workforce, including the third and independent sectors, volunteers and carers..

5.1.2 The Scottish Government should estimate the investment required to implement the 2020 Vision and the National Clinical Strategy.

Officers support this recommendation. To achieve transformational change there is often a need for a degree of "double running". To ask integration authorities to deliver such change within existing or reduced resources runs the risk of thwarting creative approaches for fear that if new approaches <u>replace</u> current practice and then do not work as anticipated, this might result in a gap in provision, with associated clinical or care risks.

5.1.3 The Scottish Government should ensure that long-term planning identifies and addresses the risks to implementing the 2020 Vision and the National Clinical Strategy, including the barriers to shifting resources from hospitals to communities; the complex governance arrangements relating to IJBs; and the building pressures in general practice.

There is a need to have a clear mechanism in place that enables a shift of resources from hospitals to communities. The acute sector within NHS Greater Glasgow and Clyde is currently running with a recurring and growing financial deficit, so any reduction in demand is likely to be used to offset the deficit rather than being invested in community services. With regard to IJB governance arrangements, these remain complex however officers are

optimistic that the local buy-in to the spirit of the legislation will help us to keep our focus on outcomes, transformational change and continuous improvement. The more recent Audit Scotland report, Social Work in Scotland (September 2016) helps to clarify some of the governance issues. The final point of this recommendation focuses on the building pressures in general practice and the need to make the GP role more attractive to future recruits into the role. Inverclyde is one of the test areas for New Ways, a Scottish Government programme to undertake tests of change and ultimately inform the new GP contract.

5.1.4 The Scottish Government should ensure that learning from new care models across Scotland and from other countries is shared effectively, to help increase the pace of change. This should include timescales and costs of new models; evaluation of impact and outcomes; funding models and key success factors.

This would be helpful in assisting partnerships to consider their options, however there is a risk that if such models were imposed nationally, they could have differing rates of effectiveness depending on local circumstances, issues and baselines. One of the key principles of the integration legislation is that priorities and services should be shaped as locally as possible. While learning from other areas should be considered by all partnerships, one size will not fit all, and therefore should not be imposed.

5.1.5 The Scottish Government should reduce the barriers that prevent IJBs from implementing longer-term plans, including longer-term funding to develop new and sustainable care models; mechanisms for shifting resources, including money and staff, from hospital to community settings; being clearer about the appropriate balance of care between acute and community; taking a lead on increasing public awareness about why services need to change, and addressing the gap in robust cost information.

All of the components of this recommendation would support more effective longer-term planning. However, if the Scottish Government is to take these forward, it would be appropriate to include IJBs, Health Boards and Councils in discussions about how they should be implemented.

5.1.6 The Information Services Division (ISD) should ensure it shares and facilitates learning across Scotland about approaches to analysing data and intelligence, such as using data to better understand the needs of local populations.

ISD is already implementing this recommendation through the Local Intelligence Support Team (LIST). Each HSCP was provided with 0.5 WTE data analyst to be based locally. Our allocated analyst led the development of our Strategic Needs Assessment for adult services and is currently working on a companion needs assessment in relation to children's services. The analytics support around other workstreams, along with the connections to wider data and analytics sources has been extremely helpful in shaping ur strategic planning. So much so that we have increased the local capacity to 1.0 WTE.

5.1.7 NHS Boards and Councils should work with IJBs to carry out a shared analysis of local needs.

As references at 5.1.6, this work has been undertaken in Inverclyde.

5.1.8 NHS Boards and Councils should work with IJBs to ensure new ways of working, moving away from short-term, small scale approaches towards a longer-term strategic approach. They should do this by making the necessary changes to funding and the workforce, making best use of local data and intelligence, and ensuring that they properly implement and evaluate the new models.

Our Strategic Plan aims to set out the longer-term direction of travel, and is supported by a suite of sub-plans within its document wallet. Uncertainties around funding and the lack of harmonisation between Council and NHS budgeting cycles remains an issue that might require direction from the Scottish Government. Our plans use data from the Strategic Needs Assessment, however there remains a tension between the need to evaluate based on service user outcomes, and trying to break down long-held traditions of evaluating based on system processes and outputs.

5.1.9 NHS Boards and Councils should work with IJBs to ensure that when implementing new models of care, they identify appropriate performance measures from the outset and track costs, savings and outcomes.

Implementation of this recommendation is crucial to gaining genuine measures of success. However, the tension highlighted at 5.1.8 remains an obstacle to shifting to a truly outcome-focused approach in our endeavours.

6.0 PROPOSALS

6.1 As can be seen from the evidence above, most of the recommendations are directed at the Scottish Government. Some of these are already being implemented while others need a sharper focus if they are to be taken forward in a way that supports the aims of the IJB and the policy intentions of the integration legislation.

6.2 This report demonstrates that the Accounts Commission recognises that IJBs and HSCPs are implementing some of the most important policies for many years, in a context of some ambiguity as to how certain aspects of the policies will be realised.

6.3 It is therefore proposed that the Integration Joint Board notes this position, recognising that we have made good progress locally, despite the need to bring greater clarity through the implementation of the audit recommendations.

7.0 IMPLICATIONS

Finance

7.1 There are no financial implications in respect of this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 There are no legal implications in respect of this report.

Human Resources

7.3 There are no human resources implications in respect of this report.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or Strategy. Therefore, no Equality Impact Assessment is required

7.4.1 **How does this report address our Equality Outcomes.**

This report aims to clarify the recommendations of the audit of changing models of health and social care, which in turn could support the implementation of our Strategic Plan. One of the key drivers of our Plan is to tackle inequalities.

7.4.1.1 **People, including individuals from the protected characteristic groups, can access HSCP services.**

The audit emphasises the needs of older people and promotes an approach to addressing those needs that improves the outcomes of older people rather than restricting their access to services and support.

7.4.1.2 **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

The content of this report does not directly contribute to this equality outcome.

7.4.1.3 **People with protected characteristics feel safe within their communities.**

The content of this report does not directly contribute to this equality outcome.

7.4.1.4 **People with protected characteristics feel included in the planning and developing of services.**

We take an inclusive approach to our service planning, and the audit report implicitly endorses this through the active promotion of the use of local intelligence.

7.4.1.5 **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.**

The content of this report does not directly contribute to this equality outcome, although in implementing the workforce recommendations there will be opportunities to undertake development work with staff to ensure that staff understand the needs of people with different protected characteristics and that they promote diversity in the work that they do.

7.4.1.6 **Opportunities to support Learning Disability service users experiencing gender**

based violence are maximised.
The content of this report does not directly contribute to this equality outcome.

7.4.1.7 **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

The content of this report does not directly contribute to this equality outcome.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.5 There are no clinical or care governance issues within this report.

7.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

This report allows us to assess our progress in implementing the integration legislation, and helps to identify some of the barriers and issues that still need to be resolved so that we can start to properly plan for and report on delivery of the National Wellbeing Outcomes.

7.6.1 **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

The policy intentions of the integration legislation support self-management through the development of personalised outcomes. Through full implementation of the Act, we will be able support the shift in emphasis towards outcomes and away from systems and processes. The report highlights some of the issues that need to be resolved so that this can be achieved.

7.6.2 **People, including those with disabilities or 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.**

Through full implementation of the legislation, we will foster an ethos of supporting independence to deliver longer healthy life expectancy.

7.6.3 **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

The content of this report does not directly contribute to this outcome.

7.6.4 **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

Through full implementation of the legislation, we will foster an ethos of supporting independence, which will maintain or improve quality of life.

7.6.5 **Health and social care services contribute to reducing health inequalities.**

One of the key priorities of our Strategic Plan is to reduce health inequalities. Through tackling some of the barriers to full implementation, progress on delivering the Plan will be actively driven.

7.6.6 **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

The content of this report does not directly contribute to this outcome.

7.6.7 **People using health and social care services are safe from harm.**

The content of this report does not directly contribute to this outcome.

7.6.8 **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.**

The recommendations relating to workforce development support the outcome of staff feeling engaged and fulfilled.

8.0 CONSULTATION

8.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP.

9.0 LIST OF BACKGROUND PAPERS

9.1 Changing Models of Health and Social Care: Accounts Commission (March 2016).