



## **Finance Committee**

### **Prevention**

#### **Submission from NHS Lothian**

#### **Response**

NHS Lothian's response to the questions posed by the Finance Committee relating to progress towards reforming Scotland's public services and delivering a decisive shift toward prevention is outlined below.

#### **Why has the progress of reform proposed by the Christie Commission been so slow?**

The broad aim of community planning is to improve outcomes for the people and communities by ensuring that public services work in a more integrated and effective way. The establishment of four Health and Social Care Partnerships in Edinburgh, East Lothian, West Lothian and Midlothian will support the further development of relationships between the Health and Social Care Partnerships and Community Planning Partnerships (CPP) to ensure a clear synergy and shared objectives enhanced by integrated working.

The Health and Social Care Partnerships will have a key role and in delivering specific Single Outcome Agreement results and therefore will be expected to establish robust arrangements with the CCPs and their thematic groups.

Planning for the establishment of health and social care partnerships in Lothian began in 2012. The Public Bodies (Joint Working) (Scotland) Act was granted royal assent on 1 April 2014. Schemes of Establishment for the Lothian Health and Social Care Partnerships in Lothian were approved by the Scottish Government in April 2015. Integration Joint Boards (IJBs) in each of the Lothian partnerships had their inaugural meetings in late summer / early autumn 2015.

The Lothian Health and Social Care Partnerships have undertaken a needs assessment associated with the localities within each partnership. These

needs assessments have been used to inform the development of the partnerships strategic plans which are subject to a period of public consultation within partnership localities. The partnership strategic plans outline priorities relating to many of the Christie Commission recommendations such as:

- Working closely with individuals and communities to understand their needs, maximise talents and resources, support self reliance and build resilience
- Design of effective services designed with and for people and communities.
- Maximising the use of resources
- Prioritising preventative measures to reduce demand and lessen inequalities
- Deliver integrated services that deliver results

**What are the main barriers to change and how do we address them in order to accelerate the rate of progress?**

The Scottish Government's Public Service reform agenda is based upon the 'Four Pillars' of Reform – Place, Prevention, Performance and People. This agenda proposes a new relationship between citizens and public services in which communities and individuals are empowered to take a real stake in the planning and delivery of public services in a way which best meets local need and priorities. NHS Lothian and the Lothian Health and Social Care Partnerships intend that the health and care needs of each locality will be the major driver for shaping the way in which services and resources are planned and delivered, working with local stakeholders and communities ensuring continued and active consultation and engagement through the partnership localities.

NHS Lothian is represented and contributes at different levels within each Community Planning Partnership (CCP) but has recognised support and commitment to community planning can be improved and has taken steps to address this.

A crucial link between NHS Lothian and the CCPs are the Joint Directors of Health and Social Care in each Local Authority area. In September 2014, NHS Lothian reviewed executive director representation on the CPPs as outlined below, these executive leads are also supported by a senior manager.

CPP	NHS Lothian Executive Representative
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Edinburgh	Chief Executive
East Lothian	Director of Finance
Midlothian	Director of Strategic Planning, Performance and Information
West Lothian	Director of Public Health

The Joint Directors of Health and Social Care also attend the CPP.

In January 2015, the NHS Lothian Director of Strategic Planning, Performance and Information and the Director for Midlothian Health and Social Care co-hosted a multiagency workshop to explore how to strengthen NHS Lothian's engagement in community planning. The main themes that emerged from this event were:

- NHS Lothian has committed well to the thematic groups of the CPPs but attendance at the CPP has been mixed and it is sometimes felt by other partners that senior NHS staff attend these meetings because they have to be there rather than they want to be there.
- There is some concern the focus on integration of health and social care will distract senior NHS staff away from the wider remit of the Community Planning Partnership.
- There was a consensus that NHS Lothian should be actively involved in the CPP post-integration. There is a risk that the IJBs will lead to NHS Lothian becoming less involved in the CPPs because the strategic planning of the NHS services the CPP will be most interested in influencing will be led by the IJB. But the IJB will not have a strategic responsibility for children's services. Also, because NHS Lothian will continue to employ staff and be responsible for the operational delivery of most health services for these two reasons it is important that NHS Lothian is actively involved in community planning
- All partner agencies need to avoid the risk that their input is restricted to attending meetings and not contributing with meaning or commitment and not sustaining that commitment. For CPPs to work they need agencies to commit for the long term and engage in the issues of CPP.
- CPP core business should be prevention and activity that spans more than one partner. The public sector financial situation has led to organisations prioritising financial balance ahead of investment in preventative activity. The CPP needs to counter this tendency and partners need to hold each other to account on preventative activity.

NHS Lothian will work internally and with partner organisations in the CPPs to respond to these themes. There is an opportunity for improving NHS Lothian's commitment to community planning which will be led by NHS Lothian working within the CPPs.

### **How do we ensure that the necessary culture change and greater levels of integration takes place?**

Partnerships should support the development of a culture of staff from all sectors working together as part of a whole, joined-up system. The move towards more joint services will require staff from different organisations learning to work together and support must be provided to ensure these changes are successful.

Cultural change will need to be supported through organisational development and increasing emphasis on supporting self-management and self-directed support, however this will require all staff to embrace a philosophy of working in genuine partnership with service users, patients and carers.

Good progress has been made in enabling staff to become more outcome focused in providing care packages and this shift toward a more personalised approach is reflected in the delivery of health services.

NHS Lothian's Strategic Plan, Our Health, Our Care, Our Future 2015 – 2024 outlines our personalised approach to working with individuals through the House of Care which provides a framework to facilitate delivery of the four principles of person-centeredness: affording dignity, respect and compassion; being enabling; offering personalised care and support; offering coordinated care and support



Since October 2014, a Lothian House of Care collaboration has been formed with a multi-sectorial core group (health, social care and third sector). Working closely with the Quality Improvement Department, the core group are

identifying sites and services interested in early adoption of the House of Care approach. Initially the sites will be general practices, with patients who would benefit from the House of Care approach being identified by the primary care team. The approach would then be facilitated by providing access to a range of development tools, training, and resources for both patients and professionals. Improvement methodology will allow ongoing learning from these initial sites and facilitate spread and sustainability.

To ensure a consistent message, it is proposed that the person centred care programme for Health and Social Care be integrated into the Lothian House of Care Collaboration as its key aims are aligned with the national Person Centred Health and Care Collaborative.

In addition to the above, through the process of integration of health and social care the Scottish Government made monies available to support the organisational development that would be required. Localised programmes of support were created but pan Lothian work was also undertaken to ensure that there was cross IJB development at the same time as it is important the four Lothian partnerships with NHS Lothian develop a culture of true joint working. Part of which is cultural and behavioural change.

### **How do we create a culture of innovation?**

By using our greatest asset, the staff of NHS Lothian to identify new ways of undertaking the tasks that they and their colleagues perform on a daily basis in order to improve the outcomes for patients and their families. As part of this approach, encouraging staff to continually ask:

“What did I do today that could be done differently tomorrow more effectively and with a better experience for patients, myself and my colleagues.”

This will be supported by an organisational structure and innovation methodology that enables staff to share and then progress their proposed innovative solutions.

In addition to this NHS Lothian will also be active in encouraging and supporting patients, their families, GPs, our other statutory authority partners, the third sector, academia and locally positioned industry partners to also come forward with innovative solutions they would like considered.

One approach NHS Lothian will be taking to achieve this, will be the launch of its two way interactive innovation website, through which challenges that currently exist to the effective, safe and efficient provision of healthcare

services will be posted as opportunities for stakeholders to engage with us in developing innovative solutions to overcome these.

### **What opportunities does digital technology provide in reforming the delivery of public services towards prevention?**

Digital technology provides an exciting opportunity to create cost effective and safe platforms through which to engage with citizens in providing them with easily accessible information about healthcare conditions, the lifestyle changes and choices they require to adopt to avoid preventable ill health and combined with that the tools that allow them to record the changes they are taking for remote assessment and review by health and social care professionals.

An example of this is the current innovation call that is out to public services and digital industry partners to submit bids for collaborations to develop accessible digital tools to better inform people with Type 1 diabetes about their condition, and with that how they can then go on to better self-manage their condition.

Whilst not everyone can readily or easily access digital technology, the freeing up of public service resource from having to support those that can adopt and maximise the benefits from digital technology, can then be better targeted to those who either need some support to become “digital natives”, or to enhance traditional non-digital approaches that will still best serve these individuals particular needs.

### **How should community planning be developed to support service integration and the focus on prevention?**

There is much work already underway within NHS Lothian and the health and social care partnerships and the development of more localised needs assessments and strategic plans will ensure that this is addressed right down to neighbourhood level. These plans are already being discussed within the CPP forums to ensure that there is an alignment of thinking and in the formalisation of plans. This includes work from childhood through the ‘Getting it Right for Every Child’ agenda through to end of life care and with a focus on safety and quality.

There is still work to do on the ‘prevention’ agenda but again the alignment of planning and strategic plans should be a better way of all stakeholders supporting one agenda rather than what might appear to be at times, competing agendas.

**What lessons can we learn from other countries in delivering a preventative approach?**

NHS Lothian has commenced a quality improvement programme working with a number of strategic partners, one of whom is Intermountain Healthcare in Utah, Salt Lake City in the USA. This programme is looking at how we improve patient safety and quality whilst driving efficiency and productivity. These principles can be transferable to the prevention agenda. We are ensuring that our work involves the four Lothian health and social care partnerships as we look at all life stages and whole pathways of care. We are initially focusing on three pathways around day chemotherapy care; stroke and psychological therapies and these programmes will commence in January 2016.

**What are the implications for the provision of public services if the decisive shift to prevention does not take place?**

There needs to be a gradual shift. Such an agenda cannot be delivered at scale quickly. There therefore needs to be a plan which is driven by individuals, neighbourhoods and localities and driven upwards whilst support for change and national policy level absolutely needs to complement this approach.

Much work is already in place in relation to early years and the best start in life, whilst also working with adults around better management of their long term conditions in order that they can be reversed or progression slowed down and to ensure more years of healthier health than some might currently experience.

This agenda needs to be well aligned with CPP's and in particular our schools and universities as education is a key element of success in this agenda.