

**OFFICE OF CHIEF
EXECUTIVE**

Summerfield House
2 Eday Road
Aberdeen
AB15 6RE



Lewis Macdonald
Convener, Health and Sport Committee
Health and Sport Committee
T3.40
The Scottish Parliament
Edinburgh
EH99 1SP

Date: 30th January 2020
Our Ref: 191219 AC MSP/kl
Your Ref:
Enquiries to:
Extension:
Direct Line:
Email:

Dear Mr Macdonald,

Lewis

Thank you for your letter, dated 19th December 2019, following our attendance at the Health and Sport Committee on the 17th December 2019. All of the team who attended the Committee found the experience to be very positive and enjoyed our collective opportunity to share our progress in terms of both the challenges and successes.

You have asked for some further information on the type of things we are doing to share our very positive experiences of integration from across the North East. Firstly, I would say that we are all very proud of the approach that we have taken and I believe that we are trying to share this at both strategic and operational levels. I have listed, as appendix 1, some examples of the activity we have been doing to share our progress and approach. Whilst I hope that this shows our aim to support and engage others we appreciate that these are all fairly traditional mechanisms and would always be very happy to support other activities if your Committee feels we could do more.

In terms of preventative spend then the thrust of the detail I will present is drawn from an extremely comprehensive exercise but it was undertaken some while ago (it reflects the 2013/14 financial year) which was the build-up and shadow periods prior to the formal inception of the IJBs. We have not re-examined this particular question in such a comprehensive method more recently and your questioning has prompted us to undertake some further work. The Moray IJB has committed, within their new Strategic Plan, to increase preventative spend, year-on-year, for the next ten years. As part of this they will develop a methodology for recording this which all parts of the North East will learn from. Despite this data reflecting intelligence from a few years ago I feel it is still worth sharing some of the key messages with you and I have shared the summary document in Appendix 2.

If you have any further questions or would like us to expand on anything then please let me know and we would be very happy to provide your Committee with all that we can.

Yours sincerely

Dr Adam Coldwells
Deputy Chief Executive, NHS Grampian

Continued...

Appendix 1 – Examples of activities from the North East to share our approach to integration

Strategic Level – aiming to share the leadership requirements

Opening plenary presentation (alongside Malcolm Wright and Sally Loudon) to the NHS Scotland Event 2019 showcasing integration in Aberdeenshire and the relationship between NHS Grampian, Aberdeenshire Council and the Integration Joint Board. The presentation was given by Amanda Croft (CEO NHSG), Jim Savege (CEO Aberdeenshire Council) and Adam Coldwells (Chief Officer, Aberdeenshire IJB).

The NHS Confederation hosted a 'four nations' event in late 2019 seeking to explore integration within the four different UK nations. Jim Savege and Adam Coldwells did a joint presentation on behalf of the Scotland approach. Scottish Government were represented at this event and introduced our presentation, explaining the legislative framework.

Sandra McLeod (nee Ross), the Chief Officer in Aberdeen City, gave the plenary presentation on the financial model for Large Hospital set-aside budgeting that we have developed within the North East to the National Health Finance Managers conference in 2019 which had a focus on integration of health and social care.

Pam Dudek, the Chief Officer in Moray, was a plenary presenter at the Health and Social Care Scotland Conference in December 2019 providing influence and demonstration of what can be achieved through integration.

In terms of more subtle leadership within the wider National framework the Chief Officers from the North East have been instrumental in Health and Social Care Scotland – the national coming together of all of the health and social care partnerships. All three Chief Officers are very active members of the network and contribute to the working sub-groups which develop national approaches to various issues. From its inception we have had the CO from City (when it was Judith Proctor) and Adam Coldwells on the Executive Committee of this National body. More recently Pam Dudek has joined the Executive (when Judith left for Edinburgh) and Angie Wood has now also joined the executive group (replacing Adam Coldwells). The Executive group has just four members and so you will appreciate the influence that we are striving to create across the country.

The wider membership of the Senior Teams in the three Health and Social Care Partnerships are also very active within their national groups, especially amongst the Chief Finance Officer cohort and also the Chief Social Work Officer Cohort (further membership within the Executive group). This wider membership and active engagement in National fora is further illustrated through our Chairs and Vice-Chairs who are active players nationally.

The three Chief Officers have been active members in various Government-led Groups aiming to influence the direction of travel ensuring that a cohesive and integrated approach is taken.

Operational Delivery Level – sharing good practice in delivery
Aberdeenshire H&SCP has developed the Virtual Community Ward. A simple model which draws together the multi-disciplinary team on a daily basis to enable dynamic support to be given to those most vulnerable and likely to be admitted to hospital at that point in time. A number of staff have presented this model and its success at various conferences over the past 18 months. As a consequence of this we have had a number of visitors to the

Continued...

area to see it in action. The visitors have come from other Scottish H&SCP as well as people from North Yorkshire.

The Moray team has developed a model of extra care housing which has been very successful at supporting vulnerable members of their community. They have shared this at conference.

The Aberdeen City team has made tremendous progress with delivering self-managing teams and neighbourhood models of care. They have presented these developments at various national and international conferences and have also published in peer-reviewed journals.

Through the Health and Care Scotland group all three H&SCPs have shared examples of good integrated practice in written form, as part of a sharing good practice across the country.

Through the Government offices a model for good integrated care has been developed. The lead author visited us on a number of occasions and we provided, on a face to face basis, reflections, feedback and comment on the emerging model, which I believe reflects much of what we have been doing in the North East.

Continued...

APPENDIX 2 – PREVENTATIVE SPEND

Determination of Preventative Spend across NHS Grampian 2013/14

The total preventative spend across NHSG at 31/3/14 is calculated to be **£38.9m** or **4.2%** of the total spend for the year 2013/14.

Summary Table Preventative Spend by Sector

Sector	Sector prev. spend £K	Grampian wide prev. spend £K	Total Identified Preventative Spend
Aberdeen City	8570	7268	15,838
Aberdeenshire	8194	7268	15,462
Moray	3501	3634	7,135
Total	20,265	18,170	38,435*

* This is a rounded total; the exact calculated figure on the master copy spreadsheet is £38,977,969

Key Messages

- Early in 2014, a decision was taken to determine the level of preventative spend across NHS Grampian. This work has now been completed. The result provides a baseline of preventative spend for the organisation with details of the services and activities involved.
- As a partner of three Community Planning Partnerships (CPPs), NHS Grampian is required to demonstrate its commitment to development of a prevention plan for each CPP and to demonstrate an increasing shift in resources to prevention, over time, from mainstream allocations. As a first step towards this, the baseline, spend on preventative activity across NHS Grampian has been determined for the year 2013/14.
- The prevention definition of the OECD System of Health Accounts (2011) was used to identify the preventative activity. Prevention and public health is a single preventive class with the emphasis on the primary purpose of promoting health or preventing disease.
- The preventative spend for each sector has been calculated by taking identified sector spend plus a proportion of Grampian wide preventative spend using a 40:40:20 split.
- The process has facilitated a "conversation" across the entire organisation about prevention and preventative spend.
- Spend on screening, a key preventative element, is calculated as £5203K. This amount is included within the Grampian total.
- Further detail on the nature of the preventative spend is available including the agreed percentage preventative spend for each service identified.
- It was difficult for staff to estimate the proportion of preventative activity within a mainstream service and difficult to then convert that into a percentage of preventative spend. The result is therefore only an estimation of preventative spend. There are some anomalies, principally within nursing and allied health professions, where the same service in different sectors has judged it differently.
- Many of the services indicated that preventative activity is happening routinely as part of normal service delivery. In some cases the preventative activity was considered to be too small to be able to be identified. Many expressed a desire to increase this activity but felt unable to do so with current staffing and budget constraints.
- Prevention, within CPP guidance 2012¹, is defined as "Actions which prevent problems and ease future demand on services by intervening early, thereby delivering better outcomes and value for

Continued...

money". The preventative activity of NHS Grampian by this definition will be a subset of the identified total.

- Recent CP guidance (Sept, 2013)², describes how CPPs "*will draw on the totality and breadth of resource in order to improve local outcomes*". Partners are required to "*share budget, investment and resource planning information through the CPP.*" Importantly, the agreement acknowledges that "*although benefits will be realised through agreed shifts in financial budgets, it is the deployment and use of partners' wider resources such as staff and other assets where maximum benefit is likely to be secured*". Partners are encouraged to consider assets in the broadest sense. This highlights the importance of NHS Grampian participating in the Community Planning process by considering its breadth of resources as well as budget.

References

1. Scottish Government and COSLA (2012) Single Outcome Agreement, Guidance to Community Planning Partnerships www.scotland.gov.uk/Resource/0040/00409273.doc
2. Communication to CPPs (September 2013) *NCPG 5/2 Annex A: Agreement on Joint Working on Community Planning and Resourcing*, within papers for NCPG mtg 10/10/13)
<http://www.scotland.gov.uk/Topics/Government/PublicServiceReform/CP/communityplanningreview>

