DEVELOPING THE REGIONAL DISCUSSION DOCUMENT

KEY MESSAGES

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Putting the Individual at the Heart of What We Do: Proposals for Transforming Care Together for the West of Scotland
The national Health & Social Care Delivery Plan identified a requirement for regional delivery plans to be developed to support its overall implementation.

Each region has developed their approach
- Different starting points
- Different balance of challenges in regions
- Different priorities

Many similarities
- Case for change
- All are committed to partnership working, engaging and involving across different organisation
- All recognise different levels of planning and delivery need to be considered
- Similar activities - different areas of focus
The West of Scotland:

- Has a population of circa 2.7m, covering a wide geographic area of 8,777 square miles; and consisting of urban, rural and island communities.

- Has most of the most deprived council areas in Scotland in terms of their summary Scottish Index of Multiple Deprivation.

- Population growth rates will be highest for the over 65’s over the course of the next 20 years.

- Has experienced a recent rise in age/sex standardised death rates - reflecting increases in the rates of circulatory disease, cancer, gastrointestinal disease, alcohol consumption, and dementia/Alzheimer’s (albeit to differing extents in different areas).

- Complex landscape - multiple partners 5 Territorial Boards, 15 IJBs, 16LAs plus national boards
Understanding the populations use of services

End of life, frailty, high complex conditions and mental health represent 11% of population but 80% of bed days

West of Scotland, 2016/17
### COMMON PURPOSE

- **Our population is changing and so are their care needs and expectations.**

- **We need to better enable people to improve their health and wellbeing.**

- **Hospital is not always the best place for care.**

- **We want to provide the best possible care.**

- **We need to support our staff to work more effectively.**

- **Many of our buildings are not fit-for-purpose.**

- **New opportunities are afforded by technological innovations.**

- **We need to make the best possible use of available health and social care funding.**

- **We will design our care around the specific needs of individuals and different segments of our population rather than around existing organisations and services.**

- **We will proactively engage people to have better lifestyles, develop independence and self-care.**

- **Design and deliver care services me around population segments that are closer to home, particularly those that require joined-up care.**

- **We will design our future hospital services around the new and expanded local services, with different levels of service provided in different hospitals.**

- **Develop regional workforce strategy, which includes addressing key gaps and the ability to flex across region.**

- **Create regional estates strategy that makes best use of existing estates to support out-of-hospital and hospital care models and determines investment needed.**

- **We will make better use of the technology we have already invested in and make more investments in technology that allow us to improve care and reduce the cost of the care services.**

- **Develop comprehensive regional plan that addresses drivers of financial pressure (incl. balance of care, productivity, workforce, back-office, estates).**

*West of Scotland Connecting Beyond Boundaries*
The West of Scotland regional health and social care workforce is the largest in Scotland, employing 176,741 people as at December 2017.

Meeting the needs of our communities requires our organisations to have the “right” workforce in terms of skills, competency, availability, adaptability and affordability – and of our developing, motivating and valuing them.

Key workforce issues include:

1. A trend towards an increasingly ageing workforce – with many individuals approaching and opting for retirement.
2. Vacancy rates – and the lag time in training qualified staff for new posts and new roles.
3. New policy requirements – e.g. new Safe Staffing Legislation.
4. Potential mismatch between the teaching and training provided by Universities and Colleges and the more dynamic and adaptive staff roles required to meet emerging and future needs.
We are developing a Strategic Resource Framework (SRF) to gain a more detailed understanding of the scale of the challenges facing the health and care system across the West of Scotland in terms of activity, beds, workforce and finances.

1. The total health expenditure across the region in 2016/17 was just over £6.5billion.
2. Gross expenditure on social care services across the West of Scotland in 2016/17 was just over £2.1bn.
3. An underlying recurrent financial position of the regional health system in deficit.

The estate is an important resource and enabler in the delivery of a ‘Quality’ health & care service for Scotland and as such must be planned carefully in order to meet this ambition both for now and the future.
Key areas - Facilities and Infrastructure Position in the West of Scotland

• Circa 50% (600,000sq.m) of modern estate
  – Queen Elizabeth University Hospital and Royal Hospital for Children
  – Forth Valley Royal Hospital
  – Stobhill and Victoria ACHs in Glasgow
  – 2 PFIs/ PPP facilities - Hairmyres, Wishaw in Lanarkshire
  – New Dumfries Hospital
  – Golden Jubilee Hospital
Facilities and Infrastructure Position in West of Scotland

• Challenge or opportunity?
  – £1bn - £2.5bn investment required
  – Investment strategy combining replacement, refurbishment and rationalisation likely to offer most effective and affordable solution

• Health and Care Facilities and requirements
• Medical Equipment and technology investments
• Offer new opportunities to consider different infrastructure to support future services

• Regional Infrastructure plan required
Regional Design

A Regional Design and Discussion Document has been developed in support of the *National Health and Social Care Delivery Plan* and the *National Clinical Strategy*.

In line with the Chief Medical Officer’s Report *Practising Realistic Medicine*, it affirms a commitment to:

- Build a personalised approach to care.
- Embrace shared decision-making.
- Reduce unnecessary variation in practice and outcomes.
- Reduce harm and waste.
- Manage risk better.
- Become improvers and innovators.
The West of Scotland approach to regional planning recognises:

- The strategic planning and decision-making responsibilities of Health Boards and Integration Joint Boards as defined in statute.

- That the requirement and responsibility to appropriately engage with stakeholders – including local communities and staff - will continue to be discharged by Health Boards, Health & Social Care Partnerships (in conjunction with their Local Authorities) and Integration Joint Boards.

- The obligations and commitment of all of those organisations to the Equality Act (including the new Fairer Scotland duty) and the Carers Act.

- The demands on all parts of the health and care system, as well as emerging new ways of working and opportunities for staff across a variety of agendas – e.g. the new General Medical Services (GP) Contract; the new Mental Health Strategy; and the new Digital Health & Care Strategy.
Our Vision

We will ensure that wherever you live in the West of Scotland that you are in control of your wellbeing and care, by respecting your wishes and empowering you to live independently.

You will:
- Be at the heart of decisions that affect you.
- Be empowered.
- Receive safe and high quality care.
- Receive care in the most appropriate place for you.
- Experience compassionate care no matter where you live.

Our Approach

Our priority is that the people of the West of Scotland will get the care they need in the right place, at the right time, every time.

We will collectively do this through:
- Informed self-care and self-management.
- Supportive and connected communities.
- Integrated health and care.
- Networked clinical services.

Our Goal

- To build a personalised approach to care.
- To embrace shared decision-making.
- To reduce unnecessary variation in practice and outcomes.
- To reduce harm and waste.
- To manage risk better.
- To become improvers and innovators.
We have created a **Model of Care** that places the individual at its heart, delivered by services across multiple settings and supported by enablers.
We will empower individuals and staff to provide care as close to home as reasonably possible, with service delivery spanning traditional boundaries.
Proposed Shared Framework for Integrated Care

- Shared Decision Making
  - Empowering self care & self management
  - Access to expert opinion & timely access to diagnostics

- Personalised Approach to Care
  - Suitable living environment, meaningful activity & social integration
  - Co-ordinated care & support planning with MDTs

- Harm & Waste Reduced
  - Transferring care, recovery & reablement
  - Rapid Response

- Unnecessary Variation Reduced
  - Integrated care in or close to the home
  - Single point of access

- Good Risk Management

- Improvement & Innovation

Empowered Individual
Proposed Stratified Models

• Will consider how many of each type can be provided given constraints

• Need to define the broad service model for each

• Overlaps with Shared Integrated Care Framework

*Includes Acute Hospitals (emergency departments)

Urgent and Emergency Care

- Regional Hospital (Major Trauma Centre)
- Acute Hospital with Trauma Unit
- Local Hospital*
- Out of Hours
- Community Based Urgent Care (includes NHS24)

Planned Care

Regional Specialist Services:
Centralised high complexity low volume services extending to National and Regional Services.

Complex Inpatient Services:
Medium to high complexity services requiring extended inpatient stay or access to critical care.

Local Hospital Services:
Low to medium complexity services requiring access to day case and/or short stay beds but no access to critical care. Includes ambulatory care.

Community Services:
Low complexity care which can be provided in community settings.
### Example of Proposed Regional Model in Practice

<table>
<thead>
<tr>
<th><strong>Cancer Centre</strong></th>
<th><strong>Cancer Units</strong></th>
<th><strong>Outreach</strong></th>
<th><strong>Community</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pop. 2.5 mil 1 for WoS</td>
<td>Pop. 300,000 – 600,000 4/5 for WoS</td>
<td>Pop. 150,000 – 300,000 10-15 for WoS</td>
<td></td>
</tr>
<tr>
<td>- Complex treatments</td>
<td>- Multidisciplinary teams (consultant and NMP)</td>
<td>- Nurse led service</td>
<td></td>
</tr>
<tr>
<td>- Treatment for rare cancers</td>
<td>- Treatment for main tumour types and some less common cancers</td>
<td>- Simple short infusions</td>
<td>- Dispensing of selected oral SACT</td>
</tr>
<tr>
<td>- Chemoradiotherapy</td>
<td>- Long infusions (&gt; 4 hours)</td>
<td>- Subcutaneous treatments</td>
<td>- Primary care shared care</td>
</tr>
<tr>
<td>- Phase 1 and 2 clinical trials</td>
<td>- Phase 3 clinical trials</td>
<td>- Supportive medicines (e.g. bisphosphonates)</td>
<td>- Delivery of supportive medicines</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>- Community staff delivery</td>
</tr>
</tbody>
</table>
Local Hospitals

- We should not expect all hospitals to offer the same services – but quality of outcomes must be consistent wherever a service is provided.
- The services provided must objectively reflect both local demand and total regional demand.
- The services provided must adhere to evidenced pathways to ensure consistently safe and effective care.
- Must be sustainable having responsibly assessed necessary staff/skills availability, and effective use of resources to maximise outcomes for individuals, carers and families.

Networked services for specific acute specialties

- Networks of clinicians – shared responsibility across hospital sites and Health Board boundaries.
- Fewer in-patient centres, but local access maintained including by strengthening interface with and role of primary care.
- Optimise capacity and so address service pressures (particularly staffing and rotas).
- Standardise clinical pathways and reduce variation in clinical practice, and so improving outcomes for low volume procedures.
Developing a transformational and “whole systems” proposition to improving health and care with and for our population

- Proactively engage and support people to have better lifestyles, develop independence and self-care.

- Organise care services around population segments that are closer to home, particularly those services that require joined-up care.

- Design our future hospital services around the new and expanded services in the community and within people’s homes, with different levels of service provided in a networked hospital system.
Developing a transformational and “whole systems” proposition to improving health and care with and for our population

- Design networked clinical services across hospitals to make best use of specialist staff and enhance quality of care.

- Develop competency-based roles within and across services that optimize and value the expertise of our multi-disciplinary workforce.

- Make best use of our estates to support out-of-hospital and hospital care models.

- Make better use of the technology that allows us to improve care and make best use of the “public pound”.

We will do this by working with and across our stakeholders (including local communities) and with the support of Scottish Government – to deliver an improved health and care system in the West of Scotland that fosters independence and is sustainable - providing care to and with individuals (and their carers) that is safe, effective, equitable and proportionate to their needs.
Focus in 2018/19

The development and delivery of a Regional Plan is ongoing and iterative.

- Further defining the overarching model and refining the *regional strategic direction* across its key developmental workstreams – this requires development of the stratified model and the development of networked services
- Developing and delivering detailed service workstreams
- Developing the enabling workstreams
- Developing engagement and involvement to support regional planning
Focus for 2018/19

Developing and delivering detailed service plans

Existing regional workstreams

• WoS trauma centre and network
• ophthalmology approaches and service proposals
• urology network approach focusing on cancer, female and reconstructive services
• Vascular surgery model
• Regional cancer plan – SACT delivery plan

New regional workstreams

• Head and Neck Service Review – ENT and OMFS
• New interventional cardiology and cardiothoracic surgery strategy for the region
• Interventional Radiology
• Laboratories
• Cancer Surgery pathways
• Mental Health / CAMHS

Considering effective use of resources; building on realistic medicine; driving standards of care and consistency of approaches across the region
Focus for 2018/19

Developing the enabling workstreams:

- Workforce
- Strategic Resource Framework
- Capital and Estates
- Digital
- Organisational Development
- Communication
- Engagement and Involvement
Capital and Estates workstream in 2018/19

Where are we now?

✓ Regional Estate Infrastructure strategy to support the west

Where do we want to be?

How do we want to get there?

Need to understand the potential size and shape of the future service provision

? High level approach to provide an indicative position initially

? Detailed pathway work around critical specialties

? Detailed work around what is in a ‘local hospital’ and are they all the same
Where do we want to be?

Plan is to develop scenarios for future development

3 future scenarios identified

– Do Nothing scenario

– Responding to Population change scenario

– Responding to Services Transformation Scenario
How do we want to get there? – ‘Understanding the art of the possible'
Next Steps

Building on the model and current estates work

➢ Opportunities and challenges to be addressed in the existing estate

➢ Shape and size of hospital provision
  ➢ Configurations and adjacencies
  ➢ Stratified and networked model

➢ Size and shape of the community provision - understanding the impact of current plans

➢ Informed by
  ➢ Workforce provision
  ➢ ££ - capital and revenue
  ➢ Expected efficiency and productivity/ Target operating models
  ➢ Expectation of digital impact
  ➢ Geographical options
Next Steps

Determining the model and potential capital plan

- Capacity planning requirements
- Information and benchmarking
- Future scenarios - opportunities and challenges
- Impact on and of service model /planning
- Challenges of public engagement and involvement
  - Handling and authorising environment