EMBARGOED UNTIL DATE OF MEETING

Greater Glasgow NHS Board

NHS Board Meeting

21st February, 2006 **Board Paper No. 06/01**

Report of the Chief Executive

Delivering for Health – White Paper

Recommendation:

The Board is asked to:

1) Receive this White Paper from the Scottish Executive setting out national policy for the NHS which reapplies its founding principles and seeks to shift the balance of care, focusing on tackling the causes of ill health and providing care which is quicker, more personal and closer to home;

2) Discuss the steps in taking forward the plans for implementation.

3) Note that further updates will come to the Board as the various strands of implementation are developed.

1. CONTEXT

1.1 In 2005, Professor David Kerr published a report entitled *Building a health service fit for the future: a national service framework for service change in the NHS in Scotland*. This national framework assessed the changing needs for health care in Scotland. It concluded that there needs to be a shift towards preventative medicine, towards more continuous care in the community, with targeting of resources and anticipatory care to reach out to those at greatest risk. By strengthening local services; with more support for self-care; more intensive care management for individuals with serious long term conditions; and with more capacity for long term diagnosis and treatment, it is possible to reduce the rising trend of unscheduled hospital admissions.

1.2 "Delivering for Health" applies the findings of Professor Kerr's report in a national context. It sets out a programme of action, reducing reliance on episodic, acute care in hospitals for treating illness, moving towards a system which emphasises a wider effort on improving health and well being.
It describes the main actions that will be taken within current spending plans to implement the Kerr report.

1.3 The Minister and the Chief Executive of NHS Scotland are now putting in place the detailed arrangements for implementing "Delivering for Health". The Health Department letter (HDL) which sets out the implementation arrangements will be issued shortly. Part of the approach to implementation will involve a Director from the Health Department working with a Board Chief Executive to lead the development of the more detailed implementation plan for each of the main strands within the paper.

1.4 The purpose of this paper is, therefore, twofold: it summarises the main objectives within "Delivering for Health" and then points up the early priorities for action which affect NHS Greater Glasgow.

2. SUMMARY OF THE OBJECTIVES WITHIN THE WHITE PAPER

2.1 The key actions set out in the White Paper are to:

- Reduce the health gap;
- Enable people with long term conditions to live healthy lives;
- Establish new health and social care services in communities;
- Accelerate improvements in mental health services;
- Build on recent progress on waiting times;
- Ensure that wherever people need care, their medical history is available to the service provider;
- Streamline unscheduled hospital care;
- Separate planned from unscheduled care;
- Remove bottlenecks in diagnostic services;
- Apply a systematic approach to decisions regarding the concentration of specialist services;
- Strengthen health care in remote and rural areas;
- Decide where national specialist services such as neurosurgery and neuroscience and tertiary paediatric services should be provided.

3. THE FUTURE MODEL OF HEALTH CARE – MAKING IMPROVEMENT HAPPEN

3.1 The White Paper sets out where the NHS is now and summarises progress to date in five particular areas:

- Health improvement, meeting the requirements of *Improving Health in Scotland – the Challenge,* published in 2003;
- Reducing deaths from killer diseases with reference to improvements in Coronary Heart Disease, stroke and cancer and the formation of Managed Clinical Networks (MCNs) which has enabled the redesign of services, a rise in standards and an improvement in outcomes;
- Shorter waiting times, with a reduction of inpatient waiting times to 6 months by December 2005 and stringent targets ahead to reach 18 weeks by end 2007;
- Redesigning services around the needs of patients which will underpin, in particular, meeting the new waiting times. This work will build on many successes already achieved by frontline staff redesigning and improving the services they provide. There will be a focus on the spread of good practice and promotion of a culture of innovation and redesign;
- Improving patients' experiences of health care, gauging views through ongoing patient satisfaction surveys.

3.2 The future model of care is set out in the table below:

Current View	Evolving Model of Care
Geared towards acute conditions	Geared towards long term conditions
Hospital centred	Embedded in communities
Doctor dependent	Team based
Episodic care	Continuous care
Disjointed care	Integrated care
Reactive care	Preventative care
Patient as passive recipient	Patient as partner
Self care infrequent	Self care encouraged and facilitated
Carers undervalued	Carers supported as partners
Low tech	High tech

3.3 To deliver the model of care, the White Paper sets out the need to:

- strengthen services in local communities;
- adopt more proactive approaches to care for people with long term conditions;
- enable the NHS to play a full part in promoting good health through community planning;
- promote a more productive approach to specialist care in major hospitals;
- shift the balance of care through Community Health Partnerships (CHPs).

3.4 There are four big priorities for investment and reform to shape the NHS in this way:

- The NHS as local as possible;
- Systematic support for people with long term conditions;
- Reducing the inequalities gap;
- Actively managing hospital admissions.

3.5 The White Paper sets out in some detail how each of these four priorities will be progressed.

3.5.1 The NHS as local as possible

This involves shifting the balance of care to community and primary care based services, and a greater role for community pharmacy. Community Health Partnerships (CHPs) will drive the shift in the balance of care and will need to identify specific and measurable service improvements, according to local needs. Joint working with local authority services will continue to be promoted. Professional roles will be extended and practitioners with a specialist interest developed.

3.5.2 Systematic support for people with long term conditions

With the growth in the numbers of people with long term conditions, this priority area will focus on population wide prevention, risk prediction, intensive co-ordinated management and improving self management. In 2006, a Scottish Long Term Conditions Alliance will be established to support self management. The creation of a self assessment tool kit for CHPs is being supported for each CHP to recognise whether it is delivering good, safe and responsive services for people with long-term conditions as locally as possible. The use of the toolkit will be mandatory for CHPs. Guidance will be produced later in the year on the implementation of NHS carer information strategies to support work in relation to recognising the role of unpaid carers as key partners and providers of care.

3.5.3 Reducing the inequalities gap

In addressing this priority area, the Executive will build on work already underway in addressing health inequalities. There is a need for a sustained effort to promote good health and good health care, and to target resources at areas of greatest need. This will call on additional service activities to promote and support good health in the most disadvantaged communities and for lessons learnt to be translated elsewhere. There is a need to target and enhance primary care services in deprived areas. CHPs will be placed at the centre of work on tackling health inequalities.

3.5.4 Actively managing hospital conditions

Building on the successes in reducing waiting times, five changes will be implemented that will raise the performance of all NHS Boards to the standard of the best as follows:

- Treat day surgery as the norm for planned procedures;
- Improve referral and diagnostic pathways;
- Actively manage admissions to hospital;
- Actively manage discharge and length of stay;
- Actively manage follow up.

4. AN INTEGRATED NHS FOR THE WHOLE OF SCOTLAND

4.1 Integration of services will be promoted to achieve the objectives of high quality services and better productivity. Service co-location will support the aim of integration but much more important are the development of a culture and the creation of working practices that enable co-operation and team work.

4.2 Central to integration is the development of the eHealth Strategy for the application of information and communications technology, built around an Electronic Health Record. A comprehensive policy is seen as essential to achieve the shift away from reactive, crisis management, acute oriented care towards anticipatory, preventative and continuous care. The challenges of delivering the eHealth strategy are acknowledged with effort split into two streams. The first stream will address the short to medium term.

The second will consist of the planning and implementation of the Electronic Health Record, with procurement commencing in 2007 and subsequently only developments that are consistent with and support the migration to a single record will be authorised. The budget will increase almost threefold from £35.3m in 2005/06 to £100.3m in 2007/08. A second element of stream 2 will be the establishment of a Scottish Centre for telehealth which will provide practical support to NHS Boards in a number of areas.

4.3 Promoting integration also requires a clear understanding of the way different services interact, especially in the way resources – hospital facilities and health care professionals – have to be mobilised to meet distinctive needs. In realising this, the White Paper:

- addresses the challenges of managing unscheduled care (including emergency) care and elective (planned) care;
- outlines opportunities for reshaping specialist services in hospitals, applying them to specific patient groups such as those who access rural health services, mental health services, children's health services and neurological services;
- outlines plans to link service redesign with workforce planning as it develops in line with the *National Workforce Planning Framework* in August 2005.

4.4 In addressing the challenges of managing planned and unplanned care in hospitals, the intention is to deliver care that is quicker, safer and more reliable whether the patient requires planned or emergency care. Developments in Glasgow are cited as positive examples including the two Ambulatory Care Hospitals and the renewal of the Southern General Hospital. **The Scottish Executive will require NHS Boards to** :

- **Plan all subsequent hospitals developments to be consistent with these models;**
- **Organise existing services to promote the separation of unscheduled and planned care;**
- **Work together on a regional basis, and with the Scottish Ambulance service, to ensure effective networks of hospital care are in place.**

4.5 A range of other measures is set out in the paper which includes the following:

- A national tariff will be introduced for hospital procedures to increase transparency in how the NHS uses its money.
- There will be an increased relationship with the independent sector.
- Diagnostics will be a key part of in-patient, outpatient, primary care and emergency care pathways with steps to be taken to redesign diagnostic services.
- Guidance will be produced by the SEHD by summer 2006 on MCNs aimed at strengthening their authority and increasing their influence over the way in which resources are allocated to services.
- There will also be a focus on NHS transport particularly on inter-hospital transfers.

4.6 Hospital services: as specialised as necessary

The White Paper endorses the *National Service Framework for Change* as the basis for NHS Boards to take future decisions on the reconfiguration of specialist health care services. It focuses also on rural health services including community health care, out of hours services and rural general hospitals.

A Group will be established that includes NHS Education for Scotland, the Scottish Medical Royal Colleges, NHS Boards and other partners to address issues relating to remote and rural areas, and will also develop a proposal for a virtual School of Rural Health Care by the end of 2006.

4.7 Mental health is confirmed as one of three national clinical priorities. Building on progress since the policy context was established in 1997, a national Delivery Plan will be published by end of 2006. There will be a focus across the pathway of services, focusing on population health, primary care, community services and general and specialist services.

4.8 In child health services, the high level vision for children already agreed, will be taken forward, with a focus on delivering improvements in child health, children and young people's mental health, specialised acute services for children and on maternity services.

4.9 The National Framework team chose neurosurgery to help focus its consideration of the way in which highly specialised services should be designed in future. An options appraisal indicated that Scotland should move from its current configuration of four neurological centres towards a single centre for neurological intervention for adults and children, as part of a service model that would provide local outpatient and rehabilitation services as well as pre- and post-operative care and diagnosis. The SEHD will establish a national implementation team to take forward the work.

4.10 Service Change and the NHS Workforce

Underpinning the changes is the need for an appropriate workforce. Regional Workforce plans are to be produced by January 2006, with Board Workforce plans by April 2006 and a national Workforce plan by December 2006. The aim is to ensure NHSScotland is maximising the efficiency and effectiveness of its use of the workforce. It allows assessment of the numbers of staff required for the future, the type of staff required, how they will work differently and the changes in education, training and regulation needed.

5. MAKING IT HAPPEN

5.1 The detailed implementation arrangements summarised at paragraph 1.3 of this paper will be set out in the forthcoming Health Department letter. In taking forward the White Paper, there will be a focus on delivery overseen by the new Delivery Group through implementation of the local delivery plans which NHS Boards will use to demonstrate how they will deliver key targets for all their patients within the resources available. The Delivery Group will monitor implementation of the full set of commitments in *Delivering for Health* and will publish progress reports.

5.2 In addition, there is recognition of the need to create a culture and climate for change that focuses on the greater involvement of patients in the NHS and that the interests of patients are paramount in the redesign of services. Local engagement of patients and members of the public is important in explaining the impact of service changes for populations. Greater involvement in shaping future services is required.

6. WHAT DOES IT MEAN FOR NHS GREATER GLASGOW?

6.1 Greater Glasgow NHS Board embraces the direction of travel set out in the White Paper. Significant work is already underway to ensure the changes recommended are taken forward.

From April 2006, single system working will be in place, with six Community Health and Care Partnerships and two CHPs established across greater Glasgow, an Acute Operational Division and Mental Health Partnership.

An acute strategy was agreed by the Scottish Executive in 2002, and work is progressing to deliver the acute strategy on time and within budget.

6.2 There are three main strands of work which are urgent priorities in the coming months. These are:

- The work on unscheduled care which is being taken forward Regionally.
- The implementation of two Prevention 2010 priorities within Glasgow CHCPs.
- The pattern of some highly specialist tertiary children's hospital services.

6.2.1 The Regional Work on Unscheduled Care

The West of Scotland Regional Planning Group has established a short-life Working Group to look in depth at the future arrangements for unscheduled care across the five NHS Boards. This is an urgent piece of work given the current and recent consultation exercises on clinical services strategies in Lanarkshire and Ayrshire and Arran. The timescale for completing the range of planning scenarios currently under development is April, 2006.

6.2.2 The implementation of two Prevention 2010 priorities within Glasgow CHCPs

The Minister for Health and Community Care has decided that Greater Glasgow should host two of the five pilot schemes which are being funded under the Prevention 2010 programme. It has already been determined that these schemes will be taken forward in the East and North CHCPs within the City of Glasgow. A formal plan has been submitted for each of the two schemes to the Scottish Executive Health Department. The programmes will focus on the most deprived general practice populations within each of the two localities: the additional resources made available will enable primary care teams to spend more time in assessing the needs of individuals who currently present while creating capacity also to ensure more contact with others who do not currently regularly attend general practice. It is expected that agreement about both schemes will be concluded with the Health Department within the next month.

6.2.3 Specialist Tertiary Children's Hospital Services

"Delivering for Health" picked up from Professor David Kerr's work a small number of highly specialist tertiary children's services on which some further service modelling is required in order to determine the best sustainable future pattern of care. It is understood that a National Task Group will be established shortly which is charged with making recommendations to the Minister on this set of services. The timing pressure in respect of Greater Glasgow's interest is tied to our need urgently to be able to develop with confidence the brief for the new Children's Hospital. Colleagues within the Health Department have already been alerted to the importance of ensuring that decisions about these specialist services form an early part of the work programme for the National Task Group.

7. NEXT STEPS

7.1 Further update papers will come to the Board in the coming months as the detailed plans for implementation become clearer following the issue of the forthcoming HDL.

Tom Divers
16th February, 2006