Breakout session: Quality Planning

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Overview of Content

• Quality Planning and the QMS framework
• Incorporating evidence, data and service user experience into effective quality planning
• Approaches to quality planning / strategic planning, including;
  ➢ Complexity
  ➢ Interconnected System’s Mapping
  ➢ Horizon thinking

• What does ‘good’ look like?
• Theoretical Framework.
CONTEXT
How this relates to QMS and the Framework

High-level Quality Management System Framework (working draft 2)
Quality Planning (*understand your priorities for improvement and design appropriate interventions*)

Understand need and assets from the customer or population perspective, the gap with what you provide and hence the priorities for improvement/redesign

Understand the contributory factors of issues feeding from quality control

Set clear priorities and goals for improvement with a focus on those issues which will have the biggest impact

- Develop a clear theory of change which aligns with outcomes
- Choose the appropriate method/s for the nature of the improvement challenge
- Design new systems / models of care / processes and change packages using evidence and technology as appropriate
- Allocate resources for the improvement work
- Clarify roles, responsibilities and leadership
Creating the conditions for change

High level vision and priority areas for redesign and continuous improvement (strategic planning)

Innovation
New ways of delivering services including new interventions, new services, new types of multidisciplinary teams

Process Improvement

Making the difficult choices about where to focus resources and improvement attention
Doing the right thing – rethinking what we do and how we do it
Doing things right – ensuring reliable, effective and efficient clinical and care processes
APPROACH
Strategic commissioning is about planning and delivering services and support for people in a new way. It includes identifying population-level needs (including those of communities and individuals) to inform how resources are used across health and care systems.
Strategic Planning: Connecting the dots

• Needs understood

• Demands recognised

• Both understood in context of key policy drivers

• Resources are pooled together and designed to meet future needs
Strategic Planning: Changes in approach

Individual subject matter expert developed in isolation in a ‘darkened room’ ‘in a cupboard’

People working in the same field/service/team get together to plan in isolation from wider system
Connecting the dots: Systems Thinking

- Awareness of bigger picture
- Bring cohesiveness and alignment
- Identifies potential challenges and opportunities
- Help plan for unintended consequences in wider system

In real world, assets are of different scale, scope & complexities. This diversity can be challenging to understand but there are great opportunities in collaborative approaches.
Challenge / support needs of HSCP’s

Audit Scotland Recommendations

- QI Leadership
- Aligned Strategic Planning
- Improving community involvement
- Funding new ways of working
- Governance and accountability
Quality planning resources

“To support health and social care systems, through provision of strategic planning advice, guidance and coaching, to: understand their high impact opportunities for redesign; design, prototype and implement new pathways and models of care; and, evaluate the impact of those new pathways and models of care to identify further development necessary to achieve strategic objectives”

Resources

- Portfolio Lead
- 2x Strategic Planning Advisors
- Improvement Advisor
- Senior Service Designer
- Senior Project Officer

Outcomes

- Health and social care organisations understand population-level need, and plan and deliver services for people in new ways which ensure better outcomes
- Health and social care strategic plans are developed in line with national guidelines and best practice
- Resources are used effectively and efficiently in the provision of health and social care
VISUALISING COMPLEXITY
Working in systems - flow
Aims and principles - ISM

Aims
- Interconnected

Relationships

Principles
- Interconnected System Mapping

Balance
VISUALISING COMPLEXITY
Orkney Island’s Heath and Care System

Created by Healthcare Improvement Scotland in conjuncture with Orkney Islands Council, NHS Orkney and Orkney Health and Care Partnership
Final version, November 2017. Whole system high-level view, with grouped services where appropriate, and activity/workforce information

Balfour Hospital
Emergency Care

Balfour Hospital
Elective Treatment

Home

Self-manage
Direct support delivered within the home
Support delivered within the community
Care away from home
Urgent primary care

Households: 10,146, 33% 1-person
Care Homes: 98 (4) beds for elderly (disabled)
Supported Housing for elderly: 44
Supported Housing for disabled: 7
Off-Island Placements
Adoption & residential care

NHS Orkney
Other health providers
Orkney council
Mix of providers
Independent & Third Sector

Flow of demand
Adult’s services
Children’s services

Deceased

Orkney council
Other health providers
NHS Orkney

Orkney Health and Care System

Par
Partnership
Final version, November 2017. Whole system high-level view, with grouped services where appropriate, and activity/workforce information.
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Needs Assessment: “Elderly single-person occupants expected to rise”.

Needs Assessment: “Orkney has fewer care home bed places for 65+ population compared to Scotland”. This is “24 in 1,000. However, Orkney also has the 2nd highest care home admission age, at 84 years (median), which indicates people remain in their own homes longer than in other HSCPs. In Orkney 1 in 4 ch. residents are male, and 3 in 4 are female. The median LoS is 1.4 years.

Supported (Extra Care) Housing for older people includes Braeburn Court (13 flats), Kalisgarth (7 flats), and Sunnybrae (24 tenancies). Supported Housing for disabled people is provided by Glaitness (7 flats), and other facilities, e.g. Scottish Autism.
The most common prescriptions are for treating stomach acid, e.g., Omeprazole and Gaviscon. ISD reports that Orkney Islands had the lowest rate of prescriptions for hypnotics in FY16/17 (compared to all other health boards). Hypnotics are primarily used to treat anxiety and insomnia. O.I. also has the lowest rate of drugs prescribed for dementia.

Three fitness centres (Kirkwall, Stromness, and Dounby), five pools, and several Healthy Living Centres are operated by the council.

Clubs include: Junior sailing, sports, youth, film, drama, cadets, scouts, brownies, Teens+, Sunday club.
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- Off-Island Placements
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Self-manage

- Community Pharmacy: ~1k items/day
- MAS: ~2,000 patients
- NHS Inform (online)
- NHS24: 6 – 10 calls daily
- Sport & leisure facilities
- Healthy Living Centres
- Physical Care, e.g. MS Therapy Centre
- Recreational & Social Events
- Clubs & Associations
- Active Schools Programmes

Direct support delivered within the home

- District Nurse: 34.2 WTEs
- Community Midwifery
- Alarm: 490 clients
- Home Care: 204 clients
- All Age Disability Team
- Carer’s Support e.g. Crossroads
- Adaptations to Homes: 927
- Health Visitors: 9.4 WTEs
- Family Support Team: 2.8 WTE
- Home Start Orkney
- Crossroads Young Carers

Support delivered within the community

- GPs & NPs: Telemedicine
- Community Midwifery
- Telecare: 200 clients
- Direct Payment 90 clients
- Assessment & Care Manage: 7.6 WTE SWs
- Home Help e.g. Age Concern
- THAW: 400+ households helped
- School Nurses: 2.2 WTEs
- Social Work: 40 children
- Home Help e.g. Age Concern

Care away from home

- MH Nurse: 10.2 WTEs
- District Nurse: 34.2 WTEs
- MH Nurse: 10.2 WTEs
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Urgent primary care

- Urgent primary care

Support delivered within the community

- Support delivered within the community

Balfour Hospital

Emergency Care

- Balfour Hospital

Balfour Hospital

Elective Treatment

- Balfour Hospital

Flow of demand

- Flow of demand

Adult’s services

Children’s services

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Orkney Island’s Health and Care System

Similar to Shetland, Orkney home care is 100% provided by the local authority, whereas in mainland Scotland more home care is provided by the private sector than by the LA. Orkney has the added challenge of having a population that is widely distributed over the mainland and islands.

Needs Assessment: “Direct Payments increased substantially over the last 10 years”. In fact, direct payment clients increased by 50% between 2014 and 2015. Orkney Islands currently has the highest rate of d.p. clients per population than any other HSCP, having ~4 in 1,000 d.p. clients, versus 1.4 in 1,000 (median).

Needs Assessment: “Fuel poverty is a significant issue”. More than 63% of households are considered fuel poor, and half of these are in extreme fuel poverty. 85% of people in fuel poverty are pensioners, who make up less than half of THAW clientele. Last year THAW took £260k in grant money and made energy efficiency improvements worth £600k.

Trained volunteers befriend struggling families and offer practical and emotional support.
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Flow of demand

Home

Care away from home

Urgent primary care

Balfour Hospital

Emergency Care

Balfour Hospital

Elective Treatment

Deceased

NHS Orkney

Mix of providers

Independent & Third Sector

NHS Orkney

Orkney council

Other health providers

Orkney council

Mix of providers
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Sport & leisure facilities
Healthy Living Centres
Physical Care, e.g. MS Therapy Centre
Recreational & Social Events
Clubs & Associations
Active Schools Programmes

Day care centres are part of the Glaithness and Kalisgarth facilities. These are supported by 3rd sector organisations which fundraise and volunteer.

Support delivered within the community

GPs, NPs AHPs 40.7 WTE
Day Care Centres
Carer’s Support e.g. Crossroads
Assessment & Care Manage: 7.6 WTE SWs
Orkney Talking News
Home Care: 204 clients
Direct Payment 90 clients
All Age Disability Team
Carer’s Support e.g. Crossroads
Orkney District Nurses
Adaptations to Homes: 927
Home Help e.g. Age Concern
ThAW: 400+ households helped
Health Visitors: 9.4 WTEs
School Nurses: 2.2 WTEs
Family Support Team: 2.8 WTE
Crossroads Young Carers
Home Start Orkney

Support delivered within the community

Mental Health Team (CMHT)
Disability Day Services
Mental Health Support: Blide Trust
Transport
Samaritans of Orkney: ~500 calls/year
Shopping & Social Activities
Legal, Financial, & Care Advice
Lunch Clubs, e.g. Haey Hope Club
Childcare Resource Centre
CAMHS, incl. OT 1.74 WTE
Physio Therapy 1.6 WTE
Support & Counselling

Includes OHAC’s Lifestyles facility – for people with physical, learning, and sensory disability. Also outreach services, a pilot project in woodwork, and short-breaks services.

Includes Haey Hope Club, Hamnavoe Carers, and Orkney Disability Forum.

Includes: Autism support, social workers, Down’s Syndrome support, Family mediation, youth counselling, and play therapy.

Balfour Hospital Emergency Care

Balfour Hospital Elective Treatment

Flow of demand

Adult’s services
Children’s services

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- Orkney Talking News
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- Children’s services
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Care away from home
- Mental Health Support: Blide Trust
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Emergency Care
- HDU: 2 beds 82% occ. rate
- Acute: 19 beds 105% occ. rate
- Rehab: 16 beds 90% occ. rate
- Cancer: 4 beds 76% occ. rate
- Respite: 13 mixed beds
- Step Up-Down PILOT
- Short-breaks service
- Foster care: 28 children 2015
- Kinship care
- Off-Island Placements
- Aurrda House: 5 short-breaks

Urgent primary care
- Adult’s services
- Children’s services

Flow of demand
- NHS Orkney
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Deceased
Orkney Island’s Health and Care System

Balfour Hospital

Emergency Care

Deceased

Home

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Care away from home

- GPs, NPs AHPs 40.7 WTE
- Mental Health Team (CMHT)
- Respite Day
- Day Care
- Social Day
- Samaritans of Orkney: ~500 calls/year
- Shopping & Social Activities
- Children’s Services
- Speech Therapy
- Physio Therapy 1.6 WTE
- Support & Counselling

Flow of demand

NHS Orkney
- Other health providers
- Orkney council
- Mix of providers
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Other health providers

- Acute ward had month-to-month occupancy rates +100% in all months except May-16. The maximum occupancy rate was in March-16.

Balfour Hospital

Active Schools Programmes

Clubs & Associations

Community Pharmacy: ~11k items/day

Physical Care, e.g. MS Therapy Centre

Active Schools Programmes

Clubs & Associations

Career’s Support e.g. Crossroads

Adaptations to Homes: 927

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Home Start Orkney

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Version 0.8, Updated November 2017. Whole system high-level view, with grouped services where appropriate, and activity/workforce information

Balfour Hospital
Emergency Care

Balfour Hospital
Elective Treatment

Deceased
Orkney Island’s Heath and Care System

NHS24 had ~3k calls in FY15/16, of which 96% were made OOHs. Peak calls were in January (~10/day), November was quietest month (~6/day). The most common age group to use NHS24 was the under 20s, whilst OOHs PC was used mostly by people aged 80+. Mid-aged adults are more likely to self-present at A&E than call NHS24, this is reflected in the A&E data provided by Orkney’s local analyst.
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Balfour Hospital
Emergency Care
- A&E (Orkney residents): ~100 attendances/wk
- Acute: 4 – 5 emergency IP admissions/day
- Assess & Rehab: 6280 bed days in 2016
- Air Ambulance: 381 callouts in 2016
- Transfer to other HB: ~1 in 60 non-elective patients

Balfour Hospital
Elective Treatment
- Maternity Unit: 4 beds, 56% average annual occupancy rate
- Day Surgery
- Outpatient (local & visiting services)
- Macmillan Unit: 4 beds

Flow of demand
Adult’s services
Children’s services

Deceased
5.7k A&E attendances in FY16/17, of which 90% were Orkney residents. 33% of these were made by people aged 65+. The rate of A&E attendances per head was 2 in 10 for <65, and 3 in 10 for people aged 65+.

2 in 3 attendances for under 65s were self-referrals and more than 90% of these resulted in discharge. For older people, GP is the most common source of referral, and 64% of these resulted in hospital admission.

Of A&E attendances following 999 calls, 2 in 3 resulted in a hospital admission.

Self-referrals were the least likely to result in a hospital admission, having an admission rate of less than 10%.
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**Balfour Hospital**
**Emergency Care**
- A&E (Orkney residents): ~100 attendances/wk
- Acute: 4 – 5 emergency IP admissions/day
- Assess & Rehab: 6280 bed days in 2016
- Transfer to other HB: ~1 in 60 non-elective patients

**Balfour Hospital**
**Elective Treatment**
- Maternity Unit: £646k
- Day Surgery
- Outpatient (local & visiting services)
- Macmillan Unit: 4 beds

**Support delivered within the  community**
- GPs, NPs, & AHPs: £6.8m
- Day Care Centres: £1.2m
- Crossroads Carer’s Support: £53m
- CMHT: £1.25m
- Disablity Day Services: £469k
- Blind: Trust: £121k (mental health)
- Shopping & Social Activities
- Speech Therapy: £161k
- Physio Therapy

**Direct support delivered within the home**
- Community Nurse: £1.4m
- Community Midwifery
- Alarm: £158
- Home Care: £2.9m
- All Age Disability Team: £290k
- Carer’s Support e.g. Crossroads
- Adaptations to Homes: £49k
- Health Visitors: £387k
- Family Support Team: £103k
- Home Start Orkney
- Crossroads Young Carers
- GPs & NPs: Telemedicine
- MH Nurse: £42k
- Telecare: £71k
- Direct Payment: £1m
- Assessment & Care Manage: £114k
- Home Help e.g. Age Concern
- School Nurses: £95k
- Social Work: £502k
- Support & Counselling

**Care away from home**
- HDU
- Acute
- NHS24
- Cancer
- Respite
- Rapid-Response Team (PILOT)
- Step Up-Down PILOT: £21k
- short-breaks service
- Foster care: £500k
- Off-Island: £296k
- Aurrida House: £564k

**Urgent primary care**

**Flow of demand**

**Home**
- Households: 10,146, 33% 1-person
- Care Homes: £5m (elderly) £1m (disabled)
- Supported Housing for elderly: £1.2m
- Supported Housing for disabled: £2.5m
- Off-Island Placements: £402k
- Adoption: £24k

**Other health providers**

**Orkney council**

**Independent & Third Sector**

**NHS Orkney**

**Flow of demand**

**Children’s services**

**Adult’s services**

**Self-manage**
- Community Pharmacy: £10k
- MAS
- NHS Inform (online)
- NHS24
- Sport & leisure facilities
- Healthy Living Centres
- Physical Care: MS Therapy Centre £2.5k
- Recreational & Social Events
- Clubs & Associations
- Active Schools Programmes
Quality planning
DEVELOPING ROBUST INTELLIGENCE
Service Redesign

1. Open up the problem space
   Understand the people using and working with the service and their experiences. Build a picture of the context that the service lives in.

2. Make sense of what we learned
   As a team, clarify what you’ve found and what it means. Agree what action is needed from the insights gathered.

3. Explore potential solutions
   Use the insight from the previous stages to make and test solutions, change something and try again.

4. Make it happen
   Deliver a service that meets the needs of the people using and working with it.
Systems data at pathway level

Day of Care Audit Data Analysis

- Analysed day of care audit data across 13 wards in six community hospitals
- Developed understanding of whether patients could be cared for in a more appropriate setting and reasons for delayed discharge

Systems Data Analysis

- Used NHS hospital and A&E activity data in order provide insights into the profile of current service users
- Identified individual patient flows in and out of the health and social care system (including community hospitals)
Systems data at pathway level

Service User and Carer Research
- Supported HSCP to capture service user and carer experiences using a coproduction approach
- Developed understanding of perceptions of community hospitals, what users and carers like/don’t like about being a patient in a community hospital and where people would prefer to receive care

Staff Engagement
- HSCP ensured that staff were bought-in to the service redesign process
- Delivered a staff engagement workshops using service design methodology to begin to define the new model(s) of care
DEVELOPING A TRANSFORMATION STRATEGY
Understand the current system

- Performance
- Demographics
- Inequalities
- Resources
- The health and care system
- The service user’s journey through the system
Improvement opportunities – ‘How Might We’

Integration delivery principles

Current initiatives and opportunities they present

Identify what’s good and what could be better in the current journey, from the service user’s perspective
What will the future look like?

Three Horizons

Six Steps for Adult Health and Social Care (John Bolton model)

How would that look here? What would be our measures of success
WHAT DOES ‘GOOD’ LOOK LIKE?
Theoretical Framework for Good Strategic Planning

**CREATING THE CONDITIONS**
- Partnership and Co-Production
- Vision and Values
- Breadth of Focus
- Capacity
- Leadership

**ANALYSE**
- Breadth of Data
- Needs Assessment
- Supply
- Interpret

**PLAN**
- Gap Analysis
- Option Generation
- Option appraisal
- Service Design

**DELIVER**
- Market / Provider Relationships and Development
- Capacity Building
- Service Redesign and Improvement

**REVIEW**
- Strategic Outcomes
- Strategy and Marketing
- Share Learning
Partnership and co-production

**Good Strategic Planning:**

- **Engages** with public, service users, workforce, providers from all sectors, professional groups and politicians as partners in planning, decision making and service delivery.
- Makes best use of **existing local user, carer and advocacy groups** and national representative bodies.
- Has clear and accountable **joint governance structures** encompassing all partners at all levels.
- Openly anticipates areas of **conflict**.
Discussion - two way sharing of learning

• Reflections on what you’ve heard
• Lessons from your own work in this area
• How might you apply this in your own organisation?
• What can we learn from you?
Keep in touch

Twitter: @online_his
Email: comments.his@nhs.net
Web: healthcareimprovementscotland.org
Blog: blog.healthcareimprovementscotland.org