

East Lothian Health and Social Care Partnership

First consultation draft of a Joint Strategic Plan for East Lothian



Legislative changes

- Public Bodies (Joint Working) (Scotland) Act 2014
- Regulations laid
- East Lothian aiming for establishment of Integration Authority in 2015.

When established, the new East Lothian Health and Social Care Partnership will be required by legislation to develop a Joint Strategic Plan for the services and functions delegated to it.

The HSCP will become the statutory organisation responsible for planning health and social care services for adult residents of East Lothian from establishment in 2015.

This presentation sets out:

The process of developing the draft Strategic Plan

The (draft) vision and aims for the HSCP

Our (draft) key objectives

Our (draft) key priority areas

Where we (hope we) will be in 2016/17

Next Steps

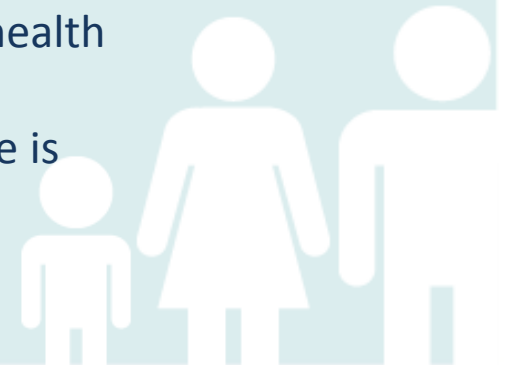
The Strategic Plan is...

- Required by legislation
- The “blueprint” for how the HSCP will shape and deliver services to meet national health and wellbeing outcomes for which it is accountable and shift the balance of care
- The overarching strategic document for all services in scope
- Divided into a minimum of two localities for this purpose, with the arrangements for each locality set out separately
- Required to deliver within a finite and challenging financial context.



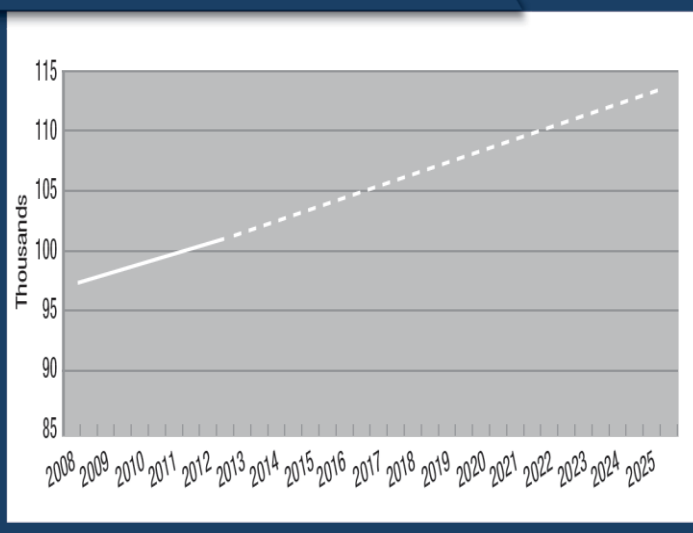
Scope...

- The regulations set out which health and social care functions must be delegated.
- The “must” list is limited to services provided to people over the age of 18.
- Must include adult social care, adult primary and community health care and “aspects of adult hospital care that offer the best opportunities for service redesign”.
- Other services including children’s health and social care, criminal justice and housing can also be included if there is local agreement to do so.



The case for change

East Lothian Population in 2008-2025



People with long term health conditions account for

–70% of health and care spend

–80% of GP appointments

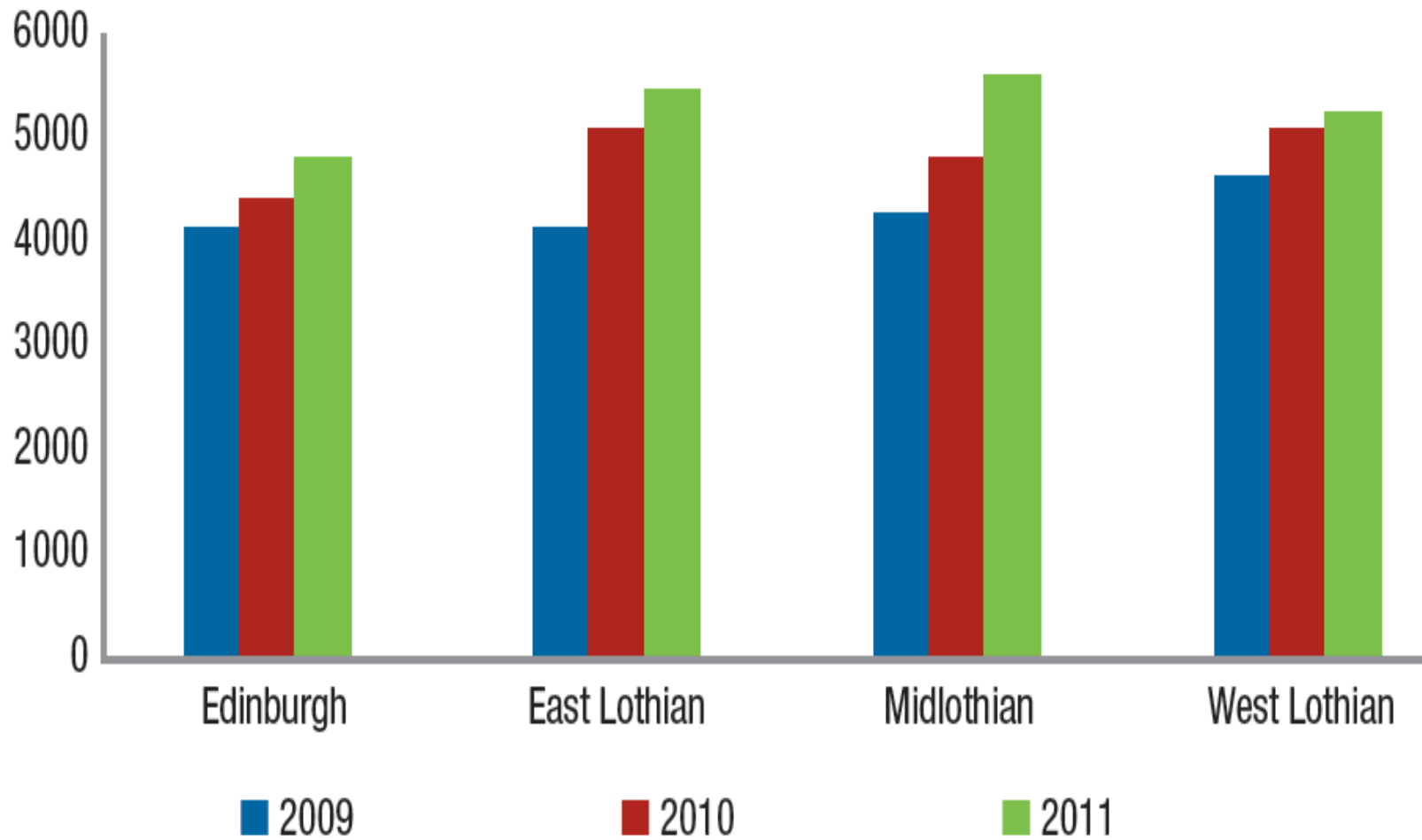
–60% of outpatients and A&E attendances

–70% of emergency admissions

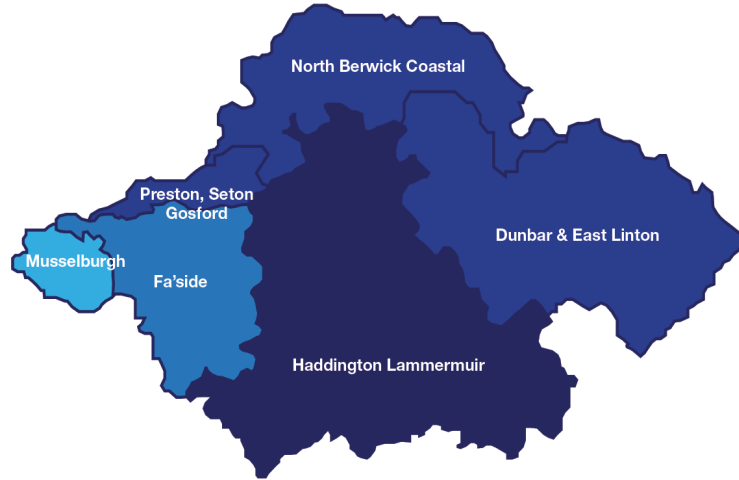
–80% of all prescribed medicines

–Long term conditions also shape elements of home care, equipment and housing support, carer support issues and long term institutional care needs.

Unscheduled Admissions-Rates per 10,000 population (85 yrs +) 2009-2011



East Lothian Male Life Expectancy in 2011 by Locality



Male Life Expectancy in 2011

■ Between 76 and 77 ■ Between 77 and 78 ■ Between 78 and 79 ■ Between 79 and 80

East Lothian Female Life Expectancy in 2011 by Locality



Female Life Expectancy in 2011

■ Between 80 and 81 ■ Between 81 and 82 ■ Between 82 and 83

East Lothian 2012 Locality Population by Deprivation Code

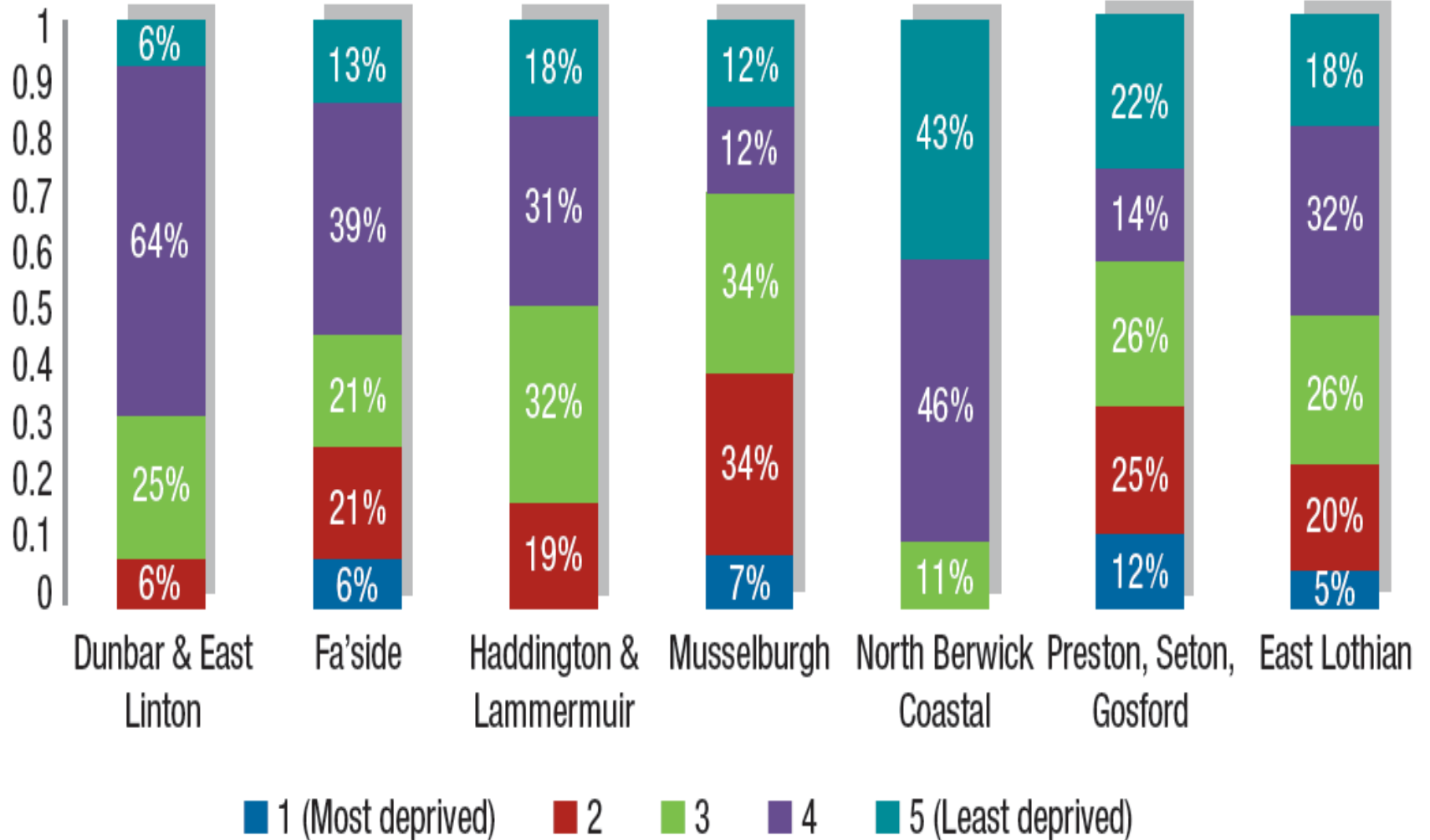
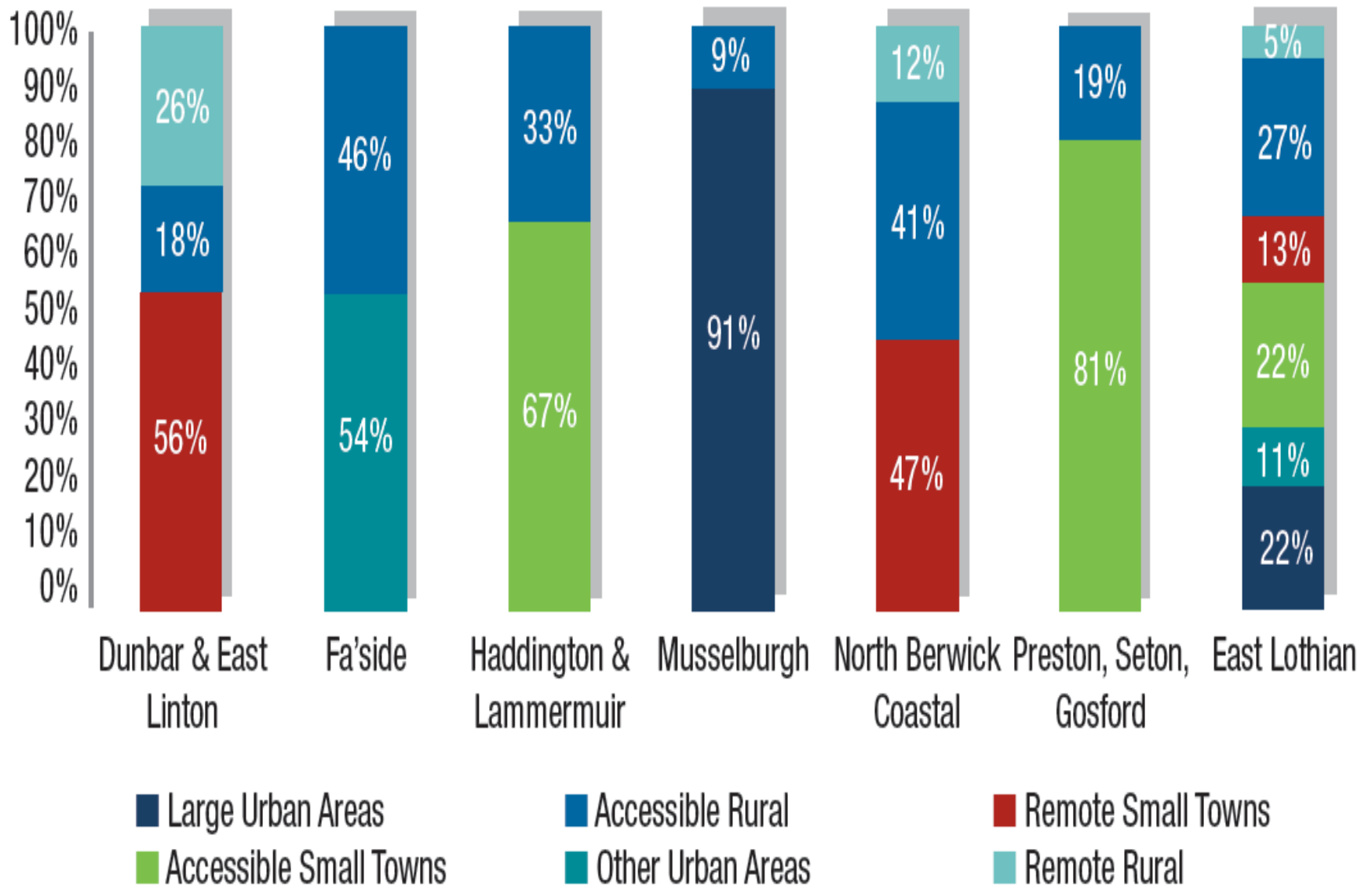
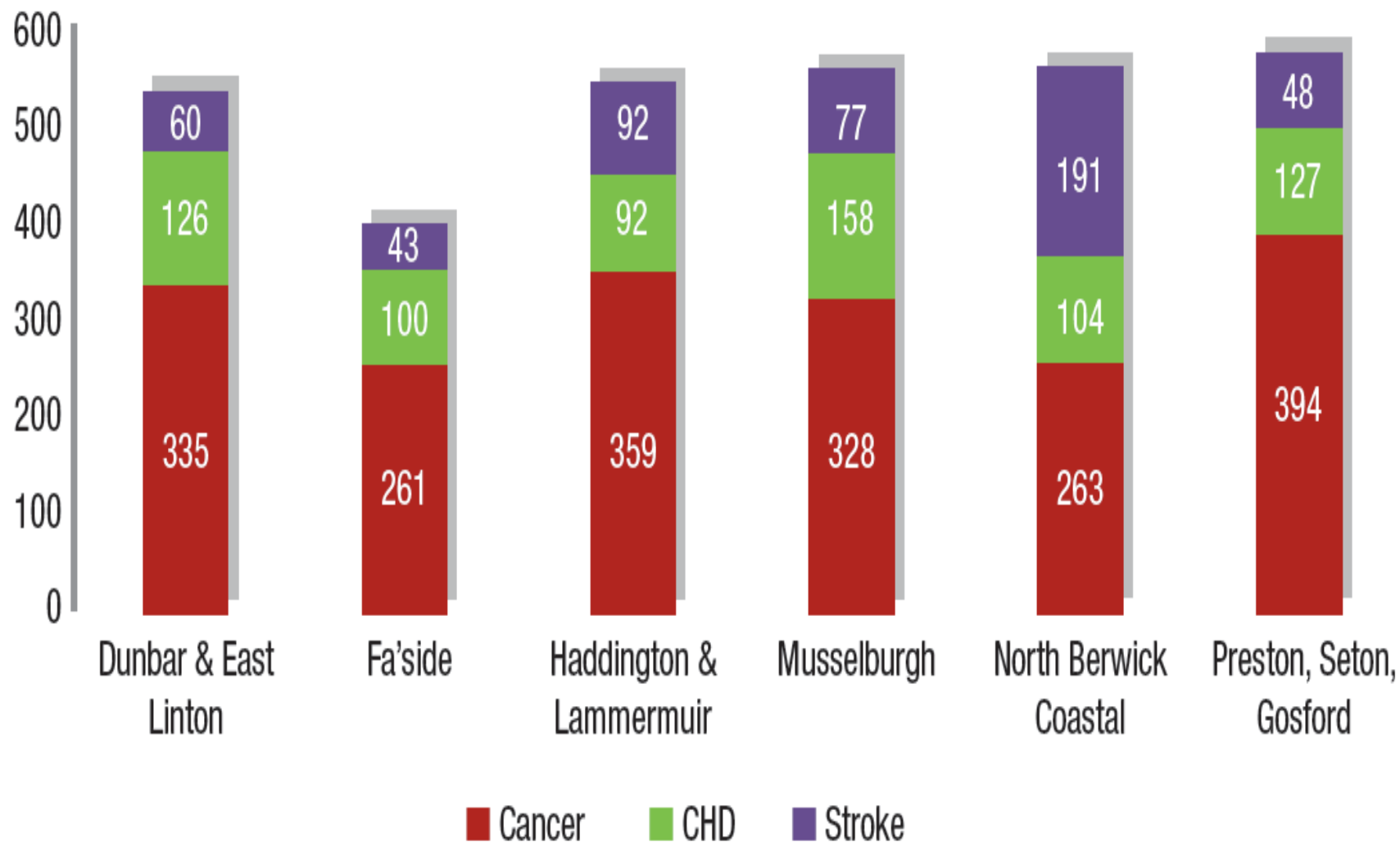


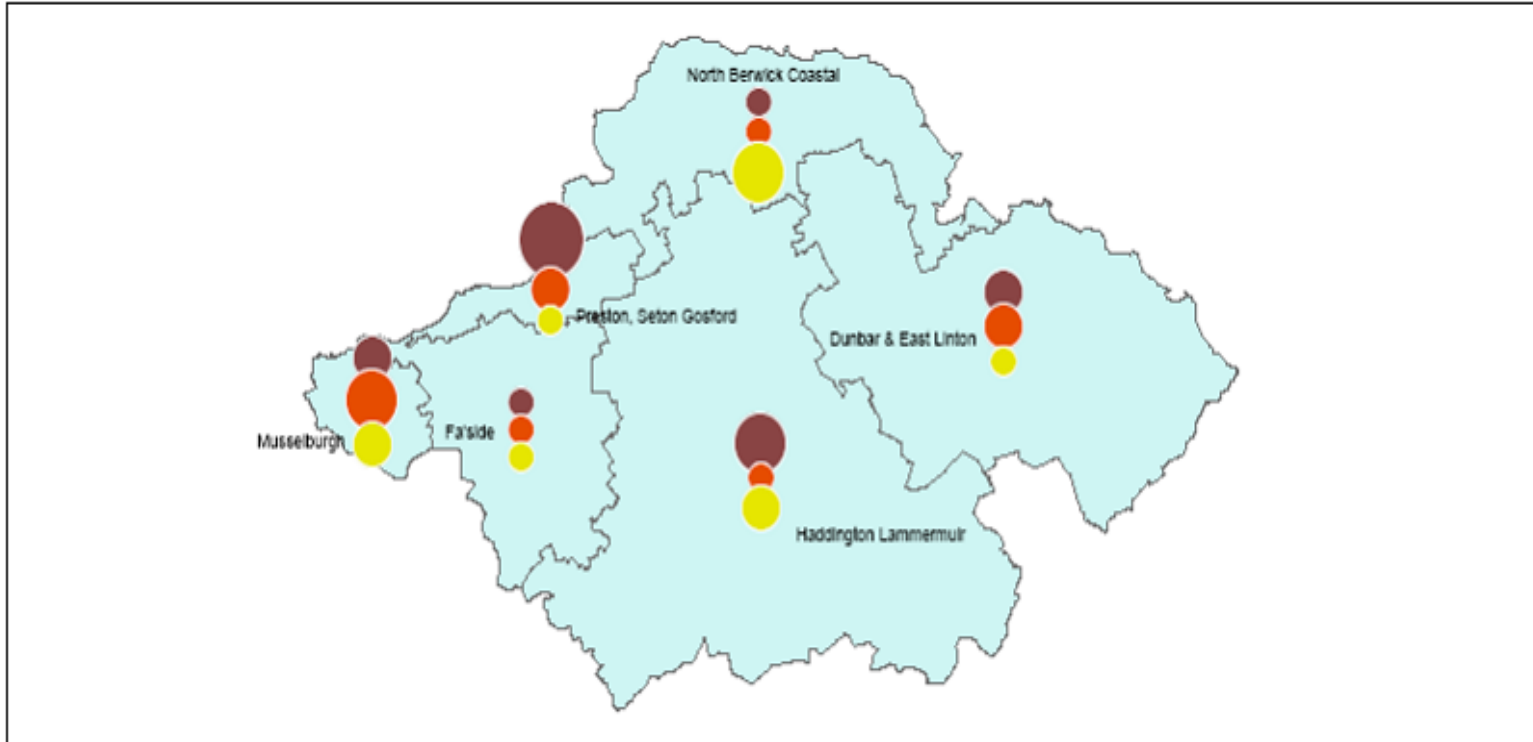
Table 1: East Lothian 2012 Locality Population by Urban/Rural



Death rates per 100,000 by main cause in East Lothian, 2013/14, by Locality



East Lothian 2013 Cause of Death Crude Rates by Locality (rate per 100,000)



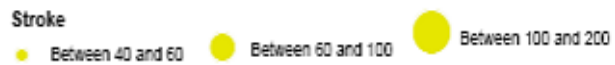
Cancer



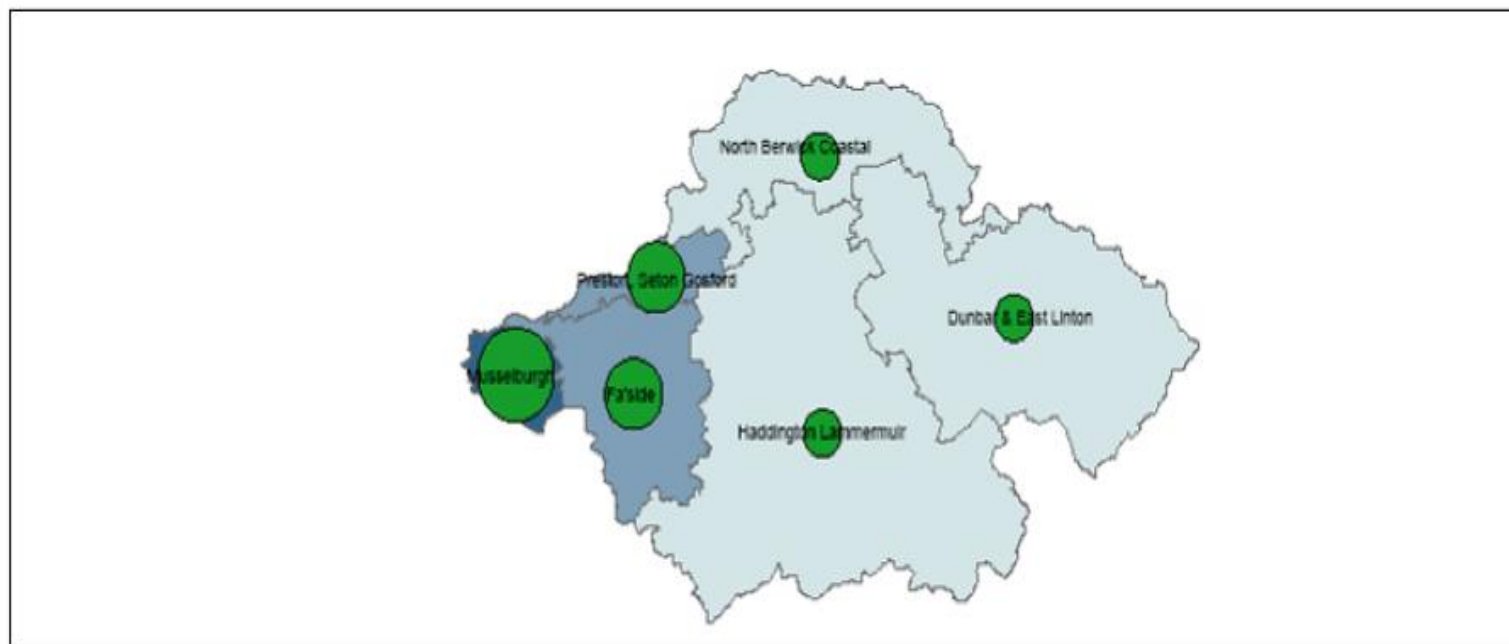
CHD



Stroke



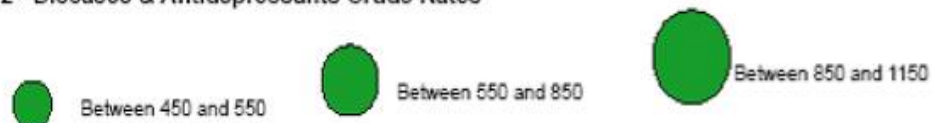
East Lothian Multimorbidity Crude Rates by Locality (rate per 100,000)



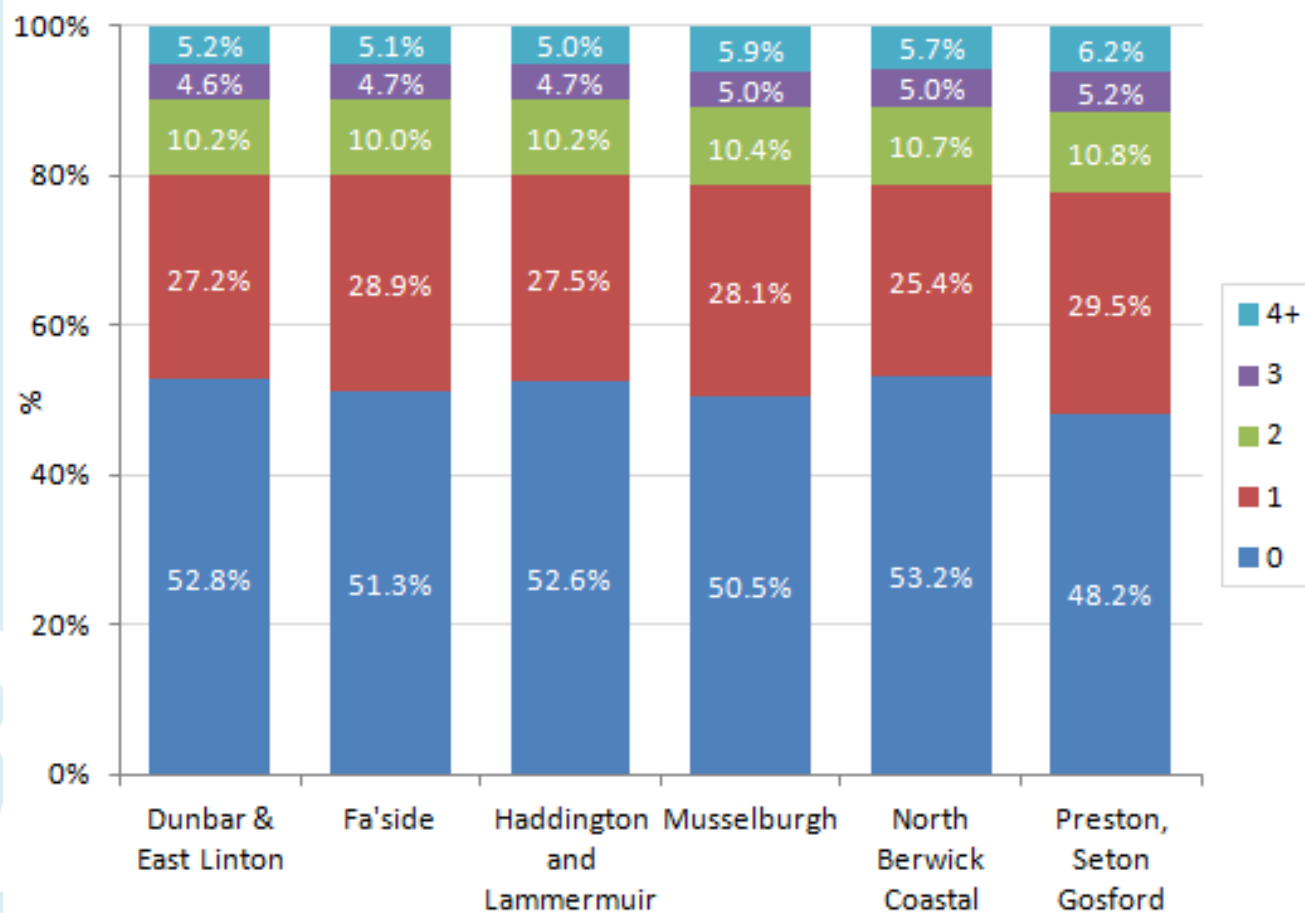
2+ Diseases Crude Rates



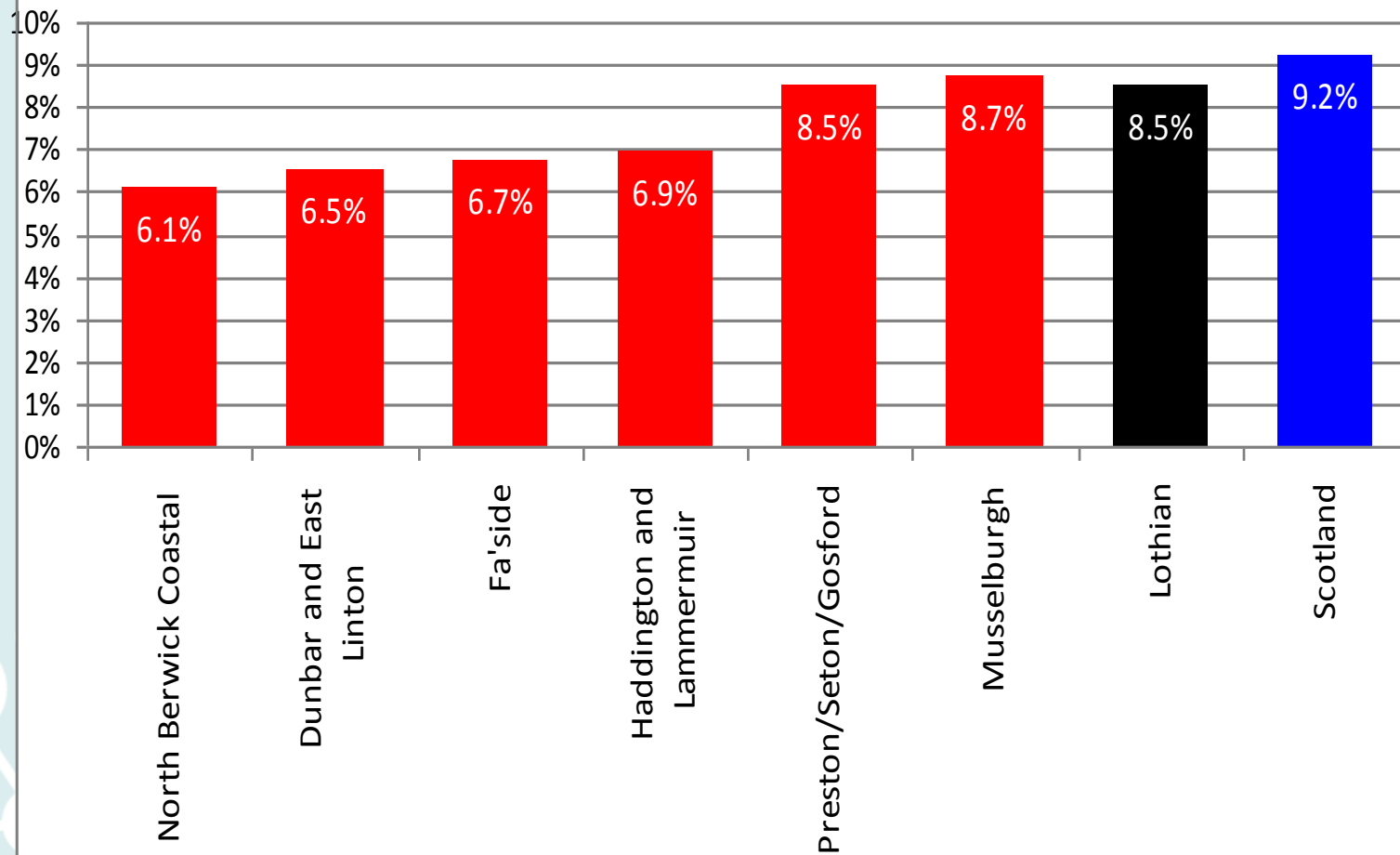
2+ Diseases & Antidepressants Crude Rates



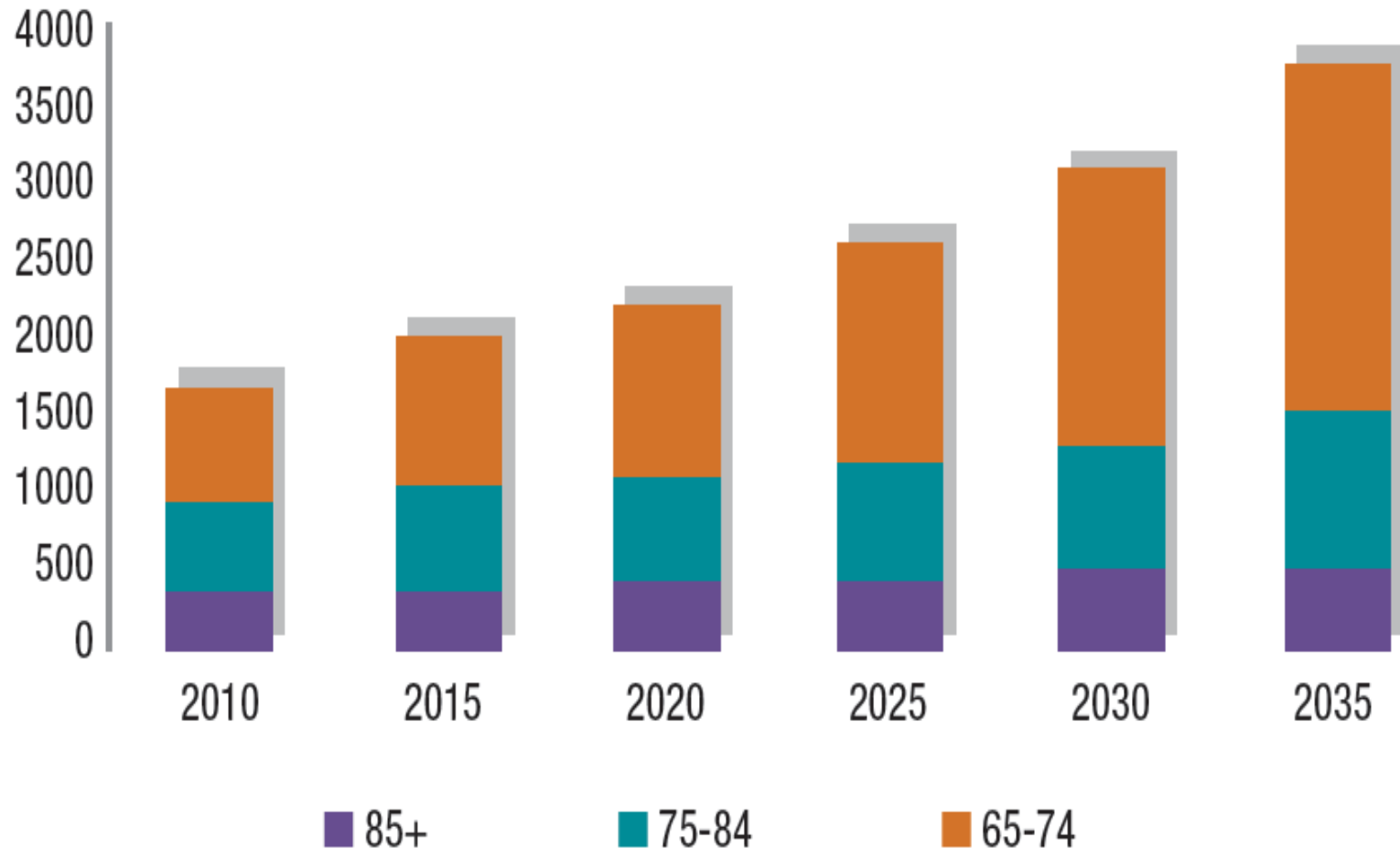
Percentage of people in East Lothian sub partnerships with co-morbidities, 2013/14



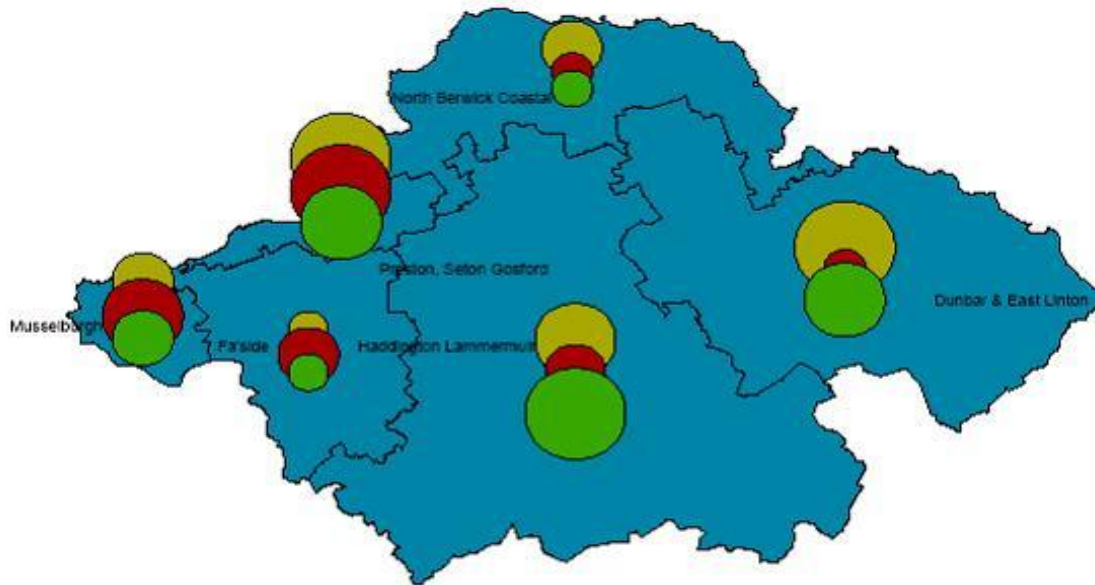
Percentage of last 6 months of life spent in hospital, by East Lothian Locality, 2013/14



Projected numbers of people with dementia in East Lothian 2010-2035



East Lothian Localities by Elective Inpatient, Non-elective Inpatient and Day Cases Crude Rates for Admissions in the Financial Year 2013/14 per 10,000 population



Elective Inpatients



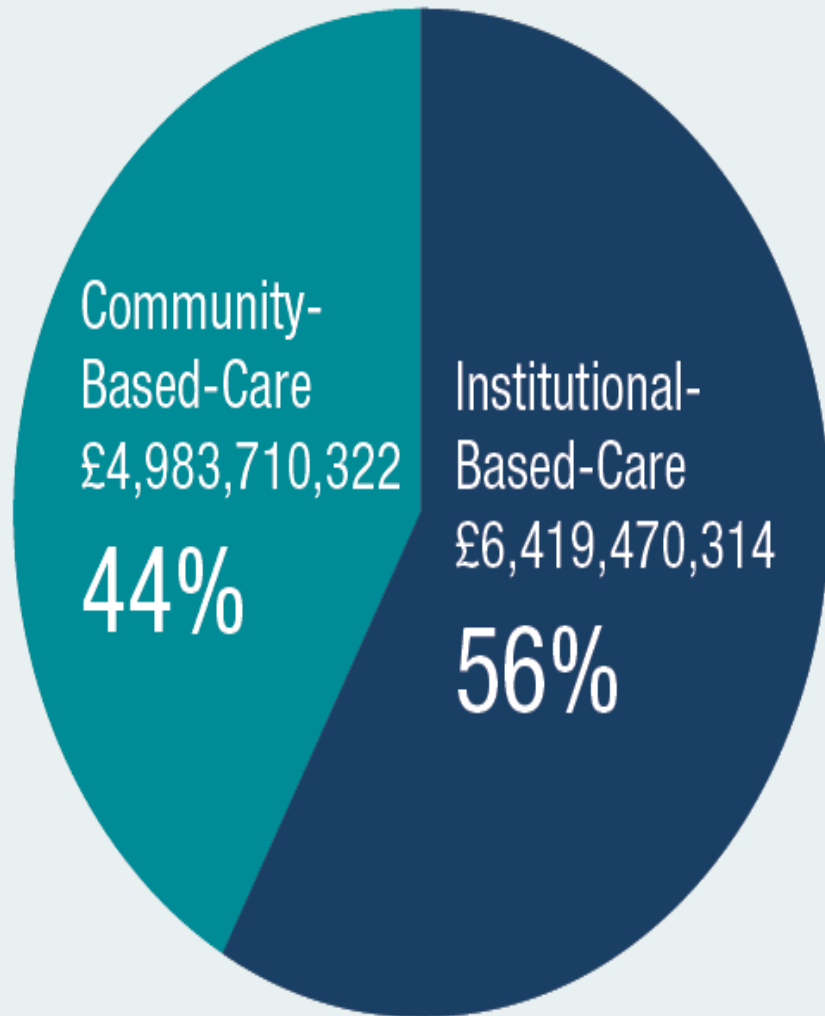
Non-Elective Inpatients



Day Cases



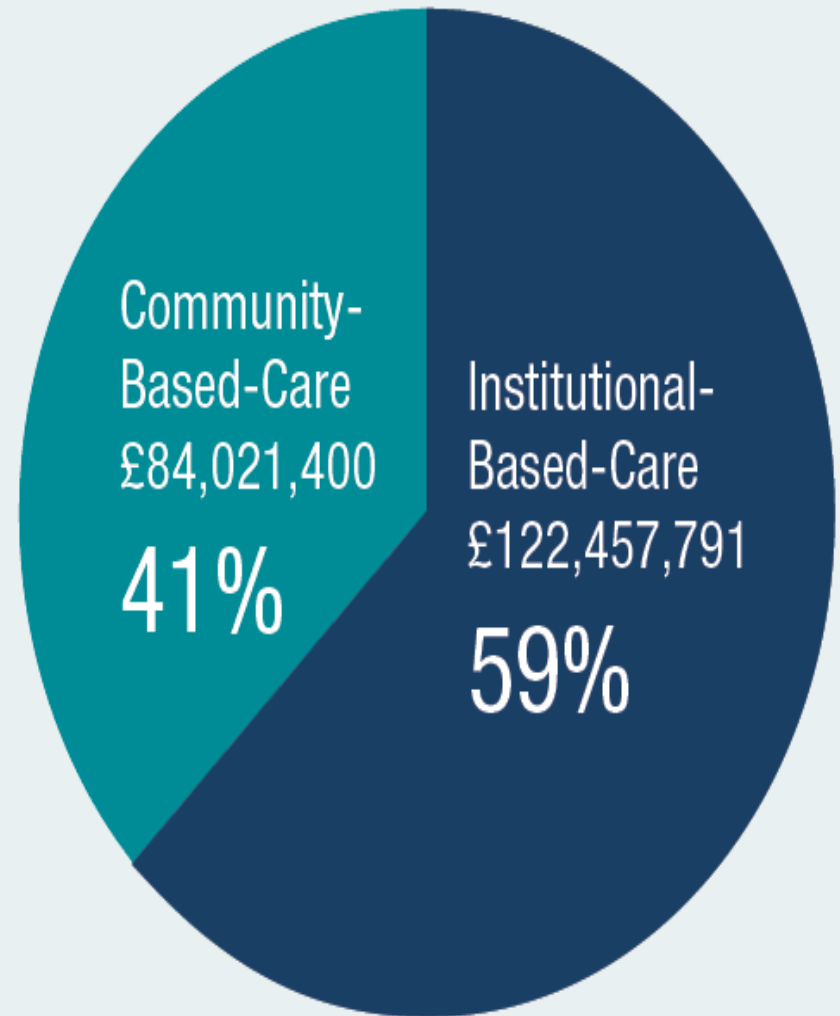
Scotland (all ages)



TOTAL

Health & Social Care = £11,403,180,636

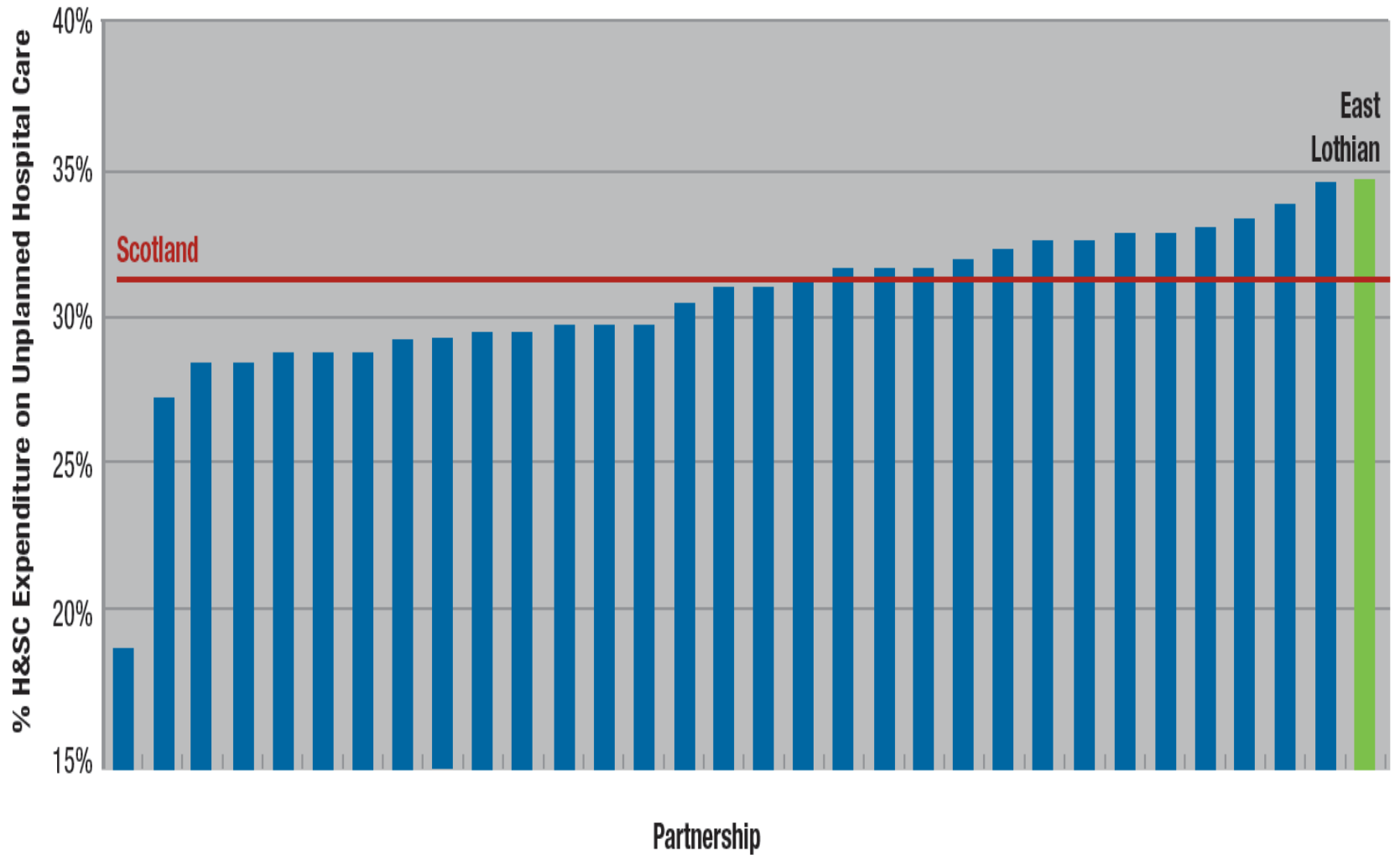
East Lothian (all ages)



TOTAL

Health & Social Care = £206,479,191

Unscheduled Care Resource Consumption; 65+; 2012/13



National health and wellbeing outcomes

- People are able to look after and improve their own health and wellbeing and live in good health for longer
- People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services contribute to reducing health inequalities



National health and wellbeing outcomes

People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

People who use health and social care services are safe from harm

People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

Resources are used effectively in the provision of health and social care services, without waste

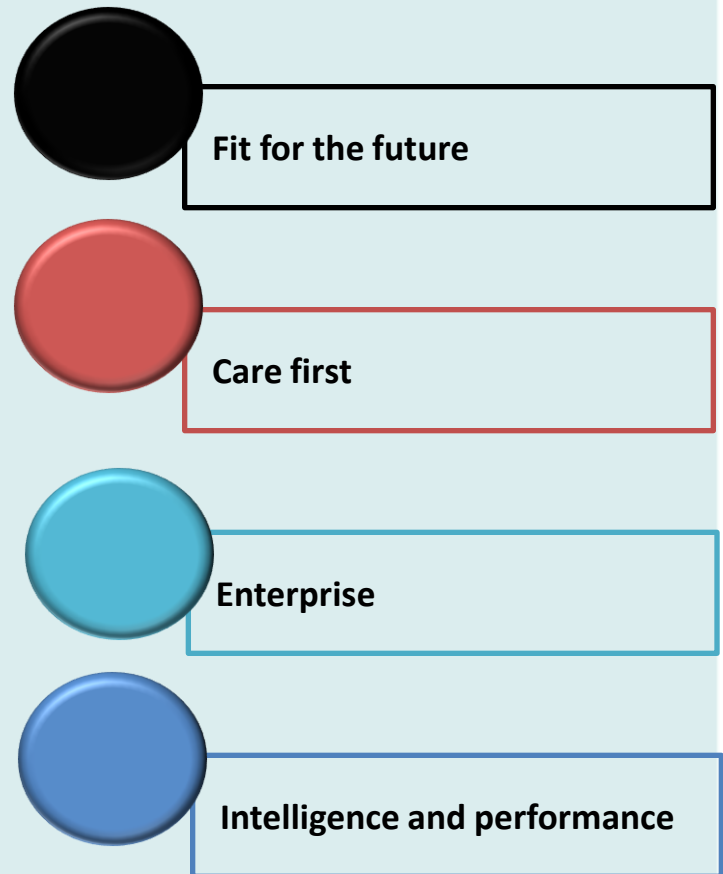


And the (draft) Strategic Objectives

Our (draft) joint Strategic Plan has eight objectives aligned to national health and wellbeing outcomes:

- Making universal services more accessible and developing communities
- Improving prevention and early intervention
- Reducing unscheduled / institutional care
- Providing care closer to home
- Delivering services within an integrated care model
- Enabling people to have more choice and control
- Improving efficiency and effectiveness
- Addressing health inequalities

Consultation draft proposes four delivery programmes



In summary our joint health and social care strategic plan will help us to deliver...

A whole-system service model which expands community-based health and social care, and improves the connections between all care providers

A proactive set of community-based services which are targeted at those who are at risk of escalating needs, and which will help to keep people out of hospital, independent and improves outcomes

A reactive set of community-based services which will be responsive for those people whose needs rapidly escalate, preventing inappropriate time in hospital and improved community-based rehabilitation and reablement

Shift and expansion of services which will bring high quality care and expertise closer to home

Strengthened relationships and governance

Questions

- Does this draft plan address the most important issues for East Lothian?
- Have we missed anything that is really significant? If so, what?
- We are planning to look at services in 2 localities within East Lothian. Do you agree with this approach?



Consultation contacts

The consultation on this draft plan will be available on East Lothian Council consultation hub at

<https://eastlothianconsultations.co.uk/>

and NHS Lothian Consultation zone at

<http://www.nhslothian.scot.nhs.uk/OurOrganisation/Consultations/Pages/default.aspx>

email to :

consultations@eastlothian.gov.uk

