Making the connections, making the difference

NSS Health & Social Care

NSS Health and Social Care Platform & Local Intelligence Support Team

Bespoke analysis
Building on local capability

Dynamic collaborative approach
Secure data collection

Localised intelligence at your finger tips

Health and Social Care (Data Integration and Intelligence) Platform
Scottish Government funded initiatives

Support Integration Authorities with Strategic Planning by;

- Providing data and analytical support
- Help to evaluate services, through providing evidence for change
- Help to transform data into evidence for action
Platform Developments

- Refresh of HRI and Delayed Discharge workbooks (Nov 2015)
- High Resource Individuals LTC Dashboard (release Dec 2015)
- End of Life Dashboard (release Dec 2015)
- HRI Turnover dashboard (release Jan 2016)
- LTC Dashboard – planned release first quarter 2016
- Mapping of Third Sector Services – planned release first quarter 2016
- A&E detailed Dashboard (activity & cost) – planned release first quarter 2016
- Locality based Mapping – in development
Health and Social Care Platform

Other Developments

- Pathways
- Social Care
- Community Health Activity
- Intermediate Care
- Hospital at Home
- Housing and Homelessness

- National Health and Wellbeing Outcomes and Indicators
Information Governance

Additional Source Data

Geographical Boundaries

- Health Board
- Partnership
- GP Practice
- Localities
- Datazone
- Postcode

Current Challenges

Information Governance

- Locally
- Nationally

What are we doing to overcome these challenges
Local Intelligence Support Team

Supporting wider public service initiatives

Identifying specific needs in relation to local priorities

NSS staff on the ground

Complementary to existing local intelligence expertise/partners

Endorsed by Local partners, exceeding expectations
Local Intelligence Support Team

- Pathfinder sites

- Implementation began in April 2015

- Majority of the funding is from the Scottish Government

- Funded to provide approximate average of 0.5 resource (mainly analytical) per Partnership

- We are also funded via NSS to work with Local Authorities and with Community Planning Partnerships

- Focus to date has been on H&SC Partnerships
LIST – staffing

LIST - resource (mean wte) - 2015-16

NSS Local Intelligence Support Team
Better Data. Better Lives
Local Intelligence Support Team

Objectives

- Resources based locally
- Provide additional capacity and capability
- Work alongside existing analytical teams in LA and NHS
- Access to NSS specialist skills
- Share skills, knowledge and expertise
Local Intelligence Support Team

- By October 2015 working in 25 Partnerships
- Scoping discussions and recruitment to the others is being finalised
- Only 1 Partnership has not taken up the offer of support
- We are also working in 3 Local Authorities
- Working with other organisations who are involved in H&SC
## Example Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>County/Region</th>
<th>Description</th>
<th>Responsible Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran HSCPs</td>
<td>Providing new insights into unscheduled care pathways; including hospital, care home and home care capacity; leading to planned annual reduction of &gt;3000 hospital bed days</td>
<td>Glasgow City Council</td>
<td>Improving quality and linking local data, using LIST and PHI skills, to identify individuals entitled to benefits but not claiming them</td>
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<tr>
<td>Forth Valley HSCPs</td>
<td>Improving Community District Nursing data systems; expected efficiencies, supporting Releasing Time To Care to increase nurses’ time spent with patients</td>
<td>North Lanarkshire Council</td>
<td>Corporate Address Gazetteer – better data quality and methods, and improved services and efficiencies; best practice model expanded to other services</td>
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<tr>
<td>Borders HSCP</td>
<td>Local funding of additional resource, reflecting positive feedback over the past year, e.g. on work to support the Strategic Commissioning Plan</td>
<td>Scottish Fire &amp; Rescue Service</td>
<td>Small area data for risk-profiles – helping SFRS target areas with preventable admissions (e.g. falls, alcohol-related, cardiac arrests)</td>
</tr>
<tr>
<td>Angus HSCP</td>
<td>Presenting information at public events to over 300 participants, to expand local involvement in decision-making on community priorities</td>
<td>Renfrewshire CPP</td>
<td>Exploring how to enhance CPP work with poorest communities, working in conjunction with What Works Scotland</td>
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<tr>
<td>Western Isles HSCP / CPP</td>
<td>Funding local member of staff to work with both the HSCP and CPP, via honorary contract, to combine local knowledge with LIST skills and networks</td>
<td>North Lanarkshire HSCP</td>
<td>Health &amp; Homelessness Project – novel linkage of national health and local housing data; to plan services for homeless people and tackle inequalities</td>
</tr>
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Local Intelligence Support Team

Examples of our work
Perth and Kinross H&SC Partnership

Using Data to Support Strategic Decision Making
Demographics

NSS Local Intelligence Support Team
Better Data. Better Lives
Health Data (IRF)

Asthma LTC marker
Atrial Fibrillation LTC marker
Alzheimers LTC marker
Cancer LTC marker
Arthritis Arthrosis LTC marker
Parkinsons LTC marker
Chronic Liver Disease LTC marker
Multiple Sclerosis LTC marker

CVD LTC marker
COPD LTC marker
Dementia LTC marker
Diabetes LTC marker
CHD LTC marker
Heart Failure LTC marker
Renal Failure LTC marker
Epilepsy LTC marker

Acute or mental health record with substance misuse mentioned within one of the diagnosis positions within the financial year
Defined as a high resource individual within the local authority & financial year
Had an acute record with a fall listed in one of the six diagnosis positions within the financial year
Had a Inpatient admission on the same day as an A&E attendance within the financial year

Number of dispensed items within the financial year from BNF Chapter 1 - Gastro-intestinal system
Number of dispensed items within the financial year from BNF Chapter 2 - Cardiovascular system
Number of dispensed items within the financial year from BNF Chapter 3 - Respiratory system
Number of dispensed items within the financial year from BNF Chapter 4 - Central nervous system
Number of dispensed items within the financial year from BNF Chapter 5 - Infections
Number of dispensed items within the financial year from BNF Chapter 6 - Endocrine system

NSS Local Intelligence Support Team
Better Data. Better Lives
Costed Social Care Data

- Access team
- Community Mental Health
- Community Alarm
- Drugs and Alcohol Cost
- Hospital Discharge
- Learning Disabilities
- Occupational Therapy
- Adult Care Management
- Reablement
- Care at Home
- Care Home
- Rapid Response
- Crisis Admissions
- Short Breaks
Why are we doing all this?

- Identifying good and bad practice
- Targeted interventions
- Improving the balance of care
- Feeds into the performance framework for Health and Social Care
- Feeds into Perth and Kinross’s Strategic Plan
The Role of Information Management within LIST

Themina Mohammed
Principal Information Development Manager
Information Management underpins the work of LIST

1. ISD has a wealth of expertise in information management
2. Partnerships are at early stages of understanding the potential wider uses of the wealth of data that are available to them.
3. LIST are providing Analytical expertise to Partnerships.
4. Having good quality data is the foundation of quality outputs
5. By applying our Information/data Management skills and experience:
   I. We will enhance the quality of outputs/processes.
   II. Identifying and address gaps in the data (quality).
   III. Share best practices.
Case Studies

• Dundee City
• North Ayrshire
• Perth & Kinross
Dundee City Council
Social Work Database Management System

K2

Dundee City Council Social Work Database Management System

Social work inputs
Demographic data feeding into all records.

Outputs via s/w Crystal

Section 1 – Demographics
Section 2 – Care Plan
Section 3 – Self Directed Support
Section 4 – Reablement/IoRN
Section 5 – Home Care & Housing Support
Section 6 – Meals Service
Section 7 – Community Alarms & Telecare
Section 8 – Care Homes
Section 9 – Day Care Services
Section 10 – Respite

HSCDIIP
Information
Social Care
Partnership

Learning Disabilities Statutory Return

Manual processes to collect from various sources; validate and code data to submit as aggregate return to the SG.

- number of data sources
  - system
  - manual
  - internal
  - external
- QA
THIRD SECTOR DATA:
“Threading the Needle Programme”

to support health and social care commissioners in four health and social care partnership areas to use third sector evidence to commission outcomes for health and social care. The programme is run by Evaluation Support Scotland (ESS) and funded by the Scottish Government.

robust data on an individual basis and in terms of the way it’s stored and managed in relation to unpaid Carers (all ages – young and adult) and minority communities hub which supports minority ethnic individuals specifically.
Scottish Borders

Julie Kidd
Principal Information Analyst, LIST

Supporting Scottish Borders Health and Social Care Partnership
Scottish Borders

- Supporting the development of:-
  - 1st (April 2015) and 2nd (October 2015) consultation versions of the Strategic Plan
  - Joint Strategic Needs Assessment and “Facts and Statistics” document underpinning the above
  - Now editor-in-chief for final version of the Plan.
Scottish Borders

Example of information – sourced via PHI – that is featured as a key statistic in the Strategic Plan

**PROJECTED POTENTIAL INCREASE IN NUMBERS OF DEMENTIA CASES IN THE BORDERS**

- **Number of people on dementia registers of Scottish Borders GP practices**
- **Estimated total number of people with dementia in Scottish Borders**

Scottish Borders – Locality Profiling

In its early stages but profiles to date include data from PHI, particularly:

- Attendance rates at Borders General Hospital A&E by datazone and locality (Eildon has the highest rate);
- Emergency hospital admission rates (Eildon has the highest rate overall out of all the five “Area Forum” localities).
Scottish Borders

To see more of the results of our work, go to [www.scotborders.gov.uk/integration](http://www.scotborders.gov.uk/integration)

Formal consultation on the Strategic Plan ends on 11th December.
Calum MacDonald – Principal Information Analyst

Argyll & Bute HSCP
Clackmannanshire & Stirling HSCP
Falkirk HSCP

Calum.macdonald@nhs.net/ 07866948296
Joint Strategic Needs Assessment

• Part of legislative requirement to inform strategic planning process

• Wide ranging document looking at demographics, life circumstances, lifestyle/risk factors, Population Health and service provision

• Aims to draw out key areas for partnerships to consider for strategic plan
High Resource Individuals

2% of Population account for 50% of cost

Further Analysis requested:

Gain a greater understanding of this cohort of individuals
Pathways of HRIs
Are HRIs known to social work? If not could this reduce impact on Health Services?
Work with clinicians to review some of the highest cost users.
Local Intelligence Support Team

Aghimien Iyayi-Igbinovia
Principle Information Analyst
East Dunbartonshire, Orkney and Glasgow City Council
East Dunbartonshire HSCP

Joint Strategic Needs Assessment (JSNA)
• Supporting the development and production of the JSNA to feed into the Strategic plan
• Robust, detailed, comprehensive analysis/projection of health and social care measures from various validated sources, and third sector analysis where available
• Data analysed at locality level (also presented in a separate ‘fact and stats’ document)
• Highlight areas where there are data gaps and opportunity for development going forward
• High level of engagement with health and social care staff, local service users and Strategic plan steering group

High Resource Individual (HRI)
• A cost methodology – which identifies individuals whose total health cost for the year account for 50% of cumulative health and social care expenditure (Hospital and GP prescribing)
• To understand individuals responsible for utilising particularly high levels of resource by service area/specialty e.g mental health

Delayed discharge
• To examine why the HSCP has a different pattern of delayed discharge from similar areas; group of individual(s) or conditions that consistently associated with delays
• To project bed days saved if there is reduction in delayed discharge