**HFMA Conference address, October 2017**

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**‘Grasping the nettle for change – the place of Integration’**

Thank you for inviting me to come and talk to you about the absolute necessity for us all to grasp the nettle for change in health and social care provision in Scotland, and to give you a perspective of where the integration of health and social care is in that context.

I don’t intend to go into any detail on the context, you will all be fully appraised of the scale of challenge that we all face.

I have a couple of slides for you, and I mean just a couple.

I want to begin with the Glasgow City IJB’s vision statement.

I don’t really expect an integrated workforce of nearly 9000 employees to remember the statement word for word, especially when I’m unable to.

I have though a not unreasonable expectation that people in our system do remember just one word from each of the three sentences, and if they do that, they’ll get the gist of the vision.

But the vision is something that needs to be owned by all of the stakeholders in the integration arena within Glasgow.

The HSCP isn’t just about one big bit of the Health Board (what used to be the CHP) and one big bit of the Council coming together in one entity.

It’s much more than that.

The key word is Partnership, and so the HSCP includes all other stakeholders involved in the planning, delivery, receipt and experience of health and social care at every level.

It is a fundamentally different way of doing business, it is in effect a social movement rather than merely a legislative and structural change.

If you were to find yourself in any of the HSCP services for any reason, you’ll increasingly see staff from both organisations, and certainly the senior leadership officers, wearing a branded lanyard or the HSCP badge on their existing lanyard.

That’s because I’ve asked and encouraged them to do so.

I can’t require staff to do so, it is a personal choice thing, but the reason that I’ve encouraged this is that I want the workforce to have a visible reminder every day they come to work that while they might be a clinician or social work professional with a particular discipline, and will be employed by either the Health Board or Council, when they’re at work, they’re expected to work in an integrated way in an integrated system.

It really is a social movement.

So back to the vision and my three words.

Firstly, the word ‘flourish’.

It’s a really powerful word, and in my view is the essence of what actually all of us in this room and everyone engaged in public service should be about, enabling the citizens of their respective community, in my case Glasgow, to flourish.

As public servants it should be the thing that gets us out of bed in the mornings.

The second word is ‘transform’.

This is the essence of what the integration of health and social care is about, it is why we are doing integration, to transform the planning, delivery, receipt and experience of health and social care. No other reason for the existence of HSCPs.

And the third word is ‘community’, which is a conscious acknowledgement that the public sector, the NHS and Local Government in particular isn’t the be all and end all of life for our citizens and that in actual fact we must be more engaging and sharing of the power that has historically tended to be vested and retained within Health Boards and Councils.

But let me return to the word ‘transform’ which has as many of you will probably feel come to be expressed generally as ‘transformational change’ this and ‘transformational change’ that.

But does anyone really know what ‘transformational change’ actually is, or is it something that kind of sounds good and trips off the tongue perhaps a bit too easily?

My own view is that transformational change isn’t a thing.

Rather it is something that will look and feel like a hundred and one different things in every council area across the country.

I like visual metaphors when I do talks and presentations so I’m going to show you a clip now of what I think transformational change looks and feels like.

*Show clip*

It’s a bit too obvious at one level, but let me play it to you again without the sound and describe to you what I think is involved in transformational change.

This young man had a vision…..and a plan, sparse on detail as it was…..and to deliver his plan, he went to extraordinary lengths……..worked incredibly hard using the tools available to him…….was really quite innovative………and when he delivered on the plan…….he made people’s head turn! And underpinning all of that was the fact that he was courageous, there was lots of ambiguity, the end product wasn’t perfect, and there was therefore considerable risk.

Now think about those areas of work that you are involved in which is being described where you are, as being ‘transformational change’.

Is there a vision and a plan, are people going to extraordinary lengths, working incredibly hard and being innovative.

Will it make people’s heads turn?

Is there courage, ambiguity, imperfection and risk involved?

If there isn’t I would contend that it may not be as transforming as you think, it might actually just be uniforming, and I know that is a made up word, but I think you’ll get the meaning.

Transforming means change on a grand scale, and when there is change on a grand scale, it brings to mind for me Kubler Ross’s Change Curve which I’m sure you’re all familiar with.

But just to recap, when change occurs, the theory goes that we all experience

Shock or denial

Frustration, which can manifest itself in blame of others

Bargaining, where attempts are made to find another way

Depression perhaps when those attempts prove fruitless

Acceptance, from where we’re able to move on.

A question for you to think about: where do you think you, your department, your organisation, and/or other organisations that you know are engaged in the delivery of health and social care, are on this curve?

Speaking as the Chair of the national network of Chief Officers, my view is that pretty much most of the system, outside of IJBs and leadership teams working to those IJBs, are somewhere in Frustration and Bargaining.

Some may actually still be in denial!

And as long as individuals, groups, organisations or systems are in any of the stages other than acceptance, they are a bit of block to moving forward, unless of course they were never inclined towards integration in the first place, and that does exist, and I describe such folk simply as naysayers.

Integration is in place to deliberately perturb the system because the existing system of health and social care was failing citizens and would never have got itself into a position of being able to cope with future demographics and public funding pressures.

Being someone who is here to perturb, it allows me and all other Chief Officers to challenge the established system and pose questions of that system in order to move towards achieving that aim of a health and social care system that assists people to flourish.

It allows me to reflect why it is that on the one hand across our addictions services we are training the families of the most chaotic intravenous drug users enable them to administer a life-saving, controlled drug called Naloxone to those chaotic drug users, whilst on the other hand, every year for nearly three months, the system is spending a fortune on a trained and well paid workforce to administer a flu jab?

To reflect why it is that we can train relatively young children to self-administer insulin by injection when they are diagnosed with type 1 Diabetes, but we have to admit older people to hospital in order to receive IV antibiotics.

And while I’m on the subject of Diabetes, to reflect why it is that District Nurses are being used to administer insulin by injection to older patients following a hospital stay when they have administered the insulin themselves all their lives.

I appreciate that these situations are all apples and pears situations, but interestingly the overwhelming reaction I get whenever I raise these kinds of reflections is not so much ‘that’s really interesting, we need to look into that urgently, there may be something in that’.

It’s more usually ‘but clinicians will get sued’, or ‘there’s an established clinical basis why that situation needs to be in place’.

Courage, ambiguity, imperfection, risk? I’ll leave you to decide which of the above type of response is more transforming and which is uniforming.

And it’s not that I’m proposing that in each of those three examples, the practice at one end of the continuum should move to the other end completely, but I do think we should be asking why and what can we do about that?

I can’t be here and not touch on the thorny subject of the ‘set aside’ budget.

In my mind, this is the key opportunity of the perturbing that integration is meant to deliver on.

It is where the majority of the scope is created that will facilitate a shifting of the balance of care from institutional services to community based support.

I don’t believe it was included in the legislation as some kind of a ‘sop’ to any part of the new order system in order to persuade people that there is something meaningful to work with.

Integration has been described unequivocally as the biggest change to the provision of health care since 1948, it is established in legislation and needs to be driven forward.

So we need to stop side-stepping the set aside issue one way or another.

My contention therefore is that if we’re serious about grasping the nettle, the way forward is to see the set aside budgets as real and able to be worked with and planned for by IJBs.

Great work is being done across Scotland by Integration Authorities already as stressed by Audit Scotland just yesterday with delayed discharges and hospital death rates down, and delivering the only one in the eight priority targets in recovery treatment for people with addictions issues.

We certainly need to be more vocal about our achievements.

But I want to give you one example of grasping the nettle to leave you with.

Within ten months of being active, Glasgow City IJB was courageous enough, in a situation of much ambiguity, to take the decision to progress the development of the UK’s first Safe Drug Consumption Facility.

Ponder this, would either the Health Board or the Council by themselves have been able to take that decision any time soon?

I’m certain that they would not.

More of this is needed across the health and care environment led by Integration Authorities in Scotland.

The nettle is there to be grasped.

Thank you