AGENDA ITEM NO. 10

REPORT NO. IJB 26/18

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 18 APRIL 2018

THE ANGUS CARE MODEL - PROGRESS REPORT

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report provides an update to the Integration Joint Board (IJB) (Report No. IJB 9/18) on the current position in relation to the implementation of the Angus Care Model which aims to facilitate a more integrated and innovative approach to service provision for people in need of care and support.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) notes the progress made in the implementation of the Angus Care Model;

(ii) acknowledges the work underway to raise awareness and communication of the Angus Care Model.

2. BACKGROUND

The IJB approved the developments outlined in Report No. IJB 9/18 and endorsement of the recommendations below:-

(i) to note the progress made in the development of the Angus Care Model;

(ii) to approve the proposed future arrangement for local authority care home provision;

(iii) to approve the exploration with the independent sector care home market of a new delivery model providing a peripatetic nursing model for all care homes;

(iv) to approve the procurement of a minimum of three intermediate beds in the North East Locality;

(v) to approve the reduction in inpatient beds, and that following consideration of the feedback from public conversations agreed that the preferred option was Variation 2 as outlined in Appendix 3 to the Report;

(vi) to approve the proposals for the new arrangements for Care and Treatment Services across Angus, and the siting of Care and Treatment Centres within Arbroath Infirmary and Whitehills Health and Community Care Centre, and a network of Care and Treatment Services throughout other localities; and

(vii) to approve the associated indicative financial plans.

3. CURRENT POSITION

3.1 Communication, Participation and Engagement

Following the last IJB report we have held a further four 'Continuing the Conversation' events across our four localities during March 2018. The events were attended by 91 people from Forfar, Carnoustie, Arbroath and Brechin.

Similar to previous events the majority of attendees found the events helpful and informative. They also told us that they had been given sufficient opportunity to comment and offer their opinion. People were asked to select from a range of words to best describe how they felt about the information available at the events. The majority of people told us that they felt encouraged, interested, hopeful and reassured about how we are developing the Angus Care Model.

We are aware of our responsibility to ensure we inform all stakeholders of any significant service changes and the need for clear communication. Regular staff briefings have been issued and meetings have been held with specific staff groups.

3.2 Inpatient care

3.2.1 Medicine for the Elderly and Stroke Rehabilitation

Angus Health and Social Care Partnership (AHSCP) provided advance notice of the planned withdrawal of inpatient care from Montrose Royal Infirmary (MRI) from week commencing 19 March 2018. The last patient was discharged from MRI on 21 March 2018.

Following the withdrawal of inpatient care from MRI, there continues to be capacity within our remaining inpatient bed facilities within Medicine for the Elderly wards.

To date, we are not aware of any issues in relation to lack of capacity in the community to support the needs of people in the Montrose area.

On 12 February 2018, agreement was reached by NHS Tayside Directors for Medicine for the Elderly and Stroke Rehabilitation to move from A Block at Stracathro Hospital to the Mulberry Unit within the Susan Carnegie Centre at Stracathro.

Discussions are underway to enable the move to take place. As minor upgrades are required due to the change of usage, we are unable to confirm the date when this will take place.

Further discussions are required to confirm the date for a reduction of beds within Clova and Isla Units at Whitehills Health and Community Care Centre.

There has been an average of 27 unoccupied Medicine for the Elderly beds across Angus during the period 3 January to 30 March 2018.

3.2.2 Older People's Mental Health

From 19 February 2018:

- Capacity has been reduced in Prosen Unit, Whitehills Health and Community Care Centre, Forfar (dementia admission and assessment) from 15 to 10 beds.
- Capacity has been reduced in Rowan Unit, Susan Carnegie Centre, Stracathro Hospital, (functional admission and assessment) from 15 to 13 beds.
- The number of beds within Willow Unit, Susan Carnegie Centre, Stracathro Hospital (dementia admission and assessment) remains at 12.

3.3. Help to Live at Home Programme

The Help to Live at Home Programme is now in its final phase, with the changes to care at home services largely delivered.

Phase Two of the Internal Efficiency workstream aimed to redesign the care at home services directly provided for older people directly through the AHSCP. This service redesign focused mainly on the provision of preventative and response services, with personal care services only being directly provided on a short-term basis to individuals in crisis or transition. This was a change from the original programme plan to retain a small proportion (20%) of personal care provided internally. Long-term personal care is now almost entirely commissioned through private and voluntary care providers (over 90%), and there is a planned programme of reduction and transfer from internal to external service delivery.

The Enablement and Response Teams (ERT) commenced on 27 November 2017. During the winter period the service was under considerable pressure to enable people to return home from hospital and the teams in the south localities struggled to deliver the capacity expected due to difficulties transferring long-term personal care services to external providers. This was exacerbated by one external care provider giving notice that they could not continue to deliver services. This situation has since improved and an early review of the service has developed an action plan to ensure the service is delivered as designed.

A tender to contract Self Directed Support Option 3 to a small number of care providers has progressed, with three providers having been identified for older people's care services in each of the four localities. This will enable the Partnership to work more closely with these organisations, including improved prioritisation of care.

The contracts for other care groups have not yet been finalised as there has been a challenge to the selection process. It is expected that this situation will be resolved by the end of April 2018.

A separate report will be submitted once the contract situation is finalised.

3.4 Enhanced Community Support

Enhanced Community Support (ECS) continues to work effectively across the South and North East Localities.

Posts are currently being advertised for implementing ECS in the North West and staff are already starting to set up the Multidisciplinary Team Meetings and link across a variety of agencies. The implementation of this will be incremental as staff are recruited.

3.5 Care homes

Three beds have been commissioned in Fordmill Care Home in Montrose which are dedicated to intermediate care. The model will focus predominately on step up care, providing short term support for individuals where hospital care would not be appropriate. Step up care uses an enablement approach which supports people to remain as independent as possible and encourages people to return home. The management of these beds has been agreed in partnership with local GPs and other clinicians.

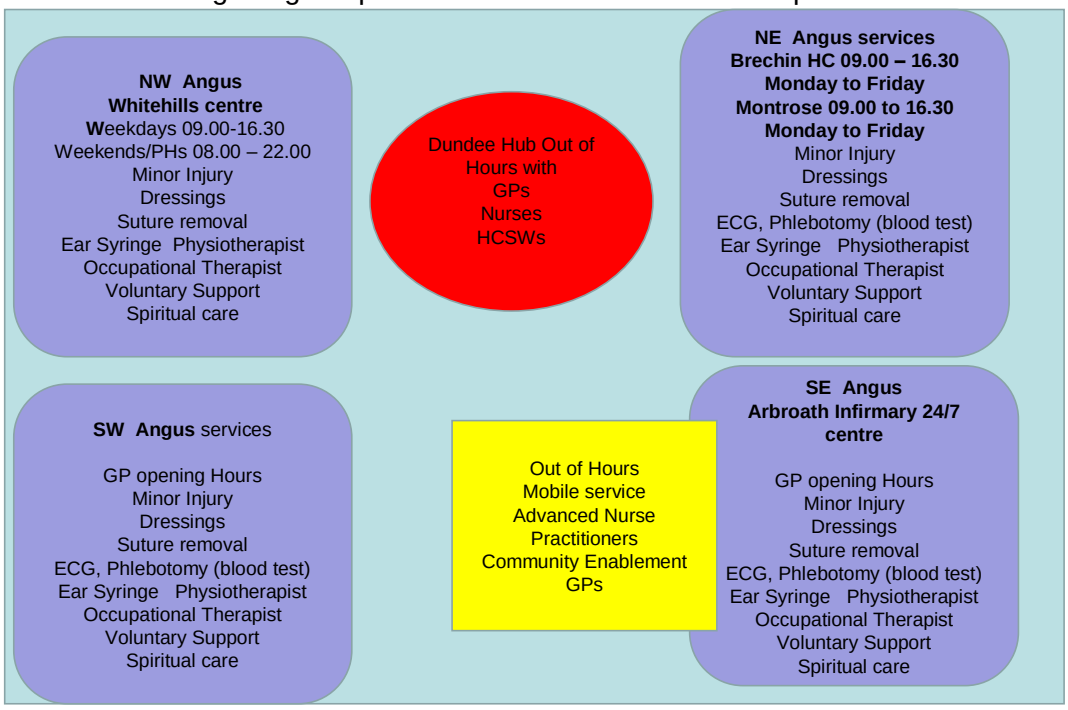
A clear referral pathway has been developed to support GPs in identifying appropriate candidates for step up care. There has been one admission to date. Over the coming months, intermediate care will be subject to a long term commissioning arrangement following full assessment of the potential of the model and longer term demand clarified.

3.6 Community Care and Treatment Services

Following our Continuing Conversation events and response to local concerns, the Project Team has reviewed the previous care models presented at the IJB in January 2018. Significant progress has been made and in view of this, there is no longer a need to progress with the first stage originally proposed of having two units in Angus providing minor injury services. This has moved the project into the final phase of developing four Care and Treatment Services in Angus, with a 24/7 Centre. This allows the further development of Care and Treatment Services in Angus to progress whilst the new GP contract is implemented over the next 2-3 years. The model to date is as follows:

- Brechin Health Centre will continue to provide Minor Injury / Illness services including dressings and other planned procedures from 09.00 to 16.30 hours, Monday to Friday working within the Health Centre to maximise the available resources.
- Montrose Links Health Centre will continue to provide Minor Injury / Illness services, including dressings and other planned procedures from 09.00 to 16.30 hours, Monday to Friday, within the Health Centre to maximise the available resources.
- Whitehills Health and Community Care Centre will remain open from 09.00 until 16.30 Monday to Friday and 08.00 until 22.00 hours on weekends and Public Holidays, enabling patients from Montrose or Brechin to access the services at weekends.
- Arbroath Infirmary will continue to be open 24 hours 7 days per week for all Angus patients to access services overnight for minor injury and for minor illness through NHS 24 working alongside the Out of Hours GPs.

The future vision
Treatment and Care Services / Centres
Integrating GP practice and MIIU services development



4. VISIT FROM AUDIT SCOTLAND

Audit Scotland will commence a second audit to assess progress with Health and Social Care Integration. The audit will include a focus on how integration is changing the way services are planned and designed around the needs of local communities.

The team from Audit Scotland are interested to learn more about the progress being made in relation to the Angus Care Model and will visit Angus in May 2018.

5. NEXT STEPS

We are in the process of developing an information pack. This will provide specific locality information and give people a better understanding of the Angus Care Model. In addition, we will use a range of media communication to raise awareness of what this means in relation to health and social care service provision across the whole of Angus.

6. FINANCIAL IMPLICATIONS

Costs are being determined to transfer Medicine for the Elderly and Stroke Rehabilitation Services from A Block at Stracathro Hospital to Mulberry Unit within Susan Carnegie Centre. Susan Carnegie Centre is a Private Finance Initiative (PFI) site and as a result there are implications for matters such as change of use and change to the building fabric, services and infrastructure. The installation of such work will most likely incur additional costs due to the method of delivery via the Facilities Company. Likewise any ongoing maintenance and repair, as well as replacement, as a result of any associated lifecycle programme, will again incur additional costs.

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6 April 2018