



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 26 AUGUST 2020
STRATEGIC PLANNING PROGRESS UPDATE
REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER

ABSTRACT

This strategic planning update report provides information about progress in a range of change programmes included in the Improvement and Change Programme and the Angus Care Model.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board: -

- (i) notes the content of this strategic planning update
- (ii) requests a progress report at the December 2020 IJB meeting

2. BACKGROUND

As well as specific reports on particular change programmes (for example the Learning Disability Improvement Action Plan), the author has periodically submitted an overall progress report so that the IJB can be quickly appraised of developments in a range of change programmes, including where there are overarching or connecting themes and interfaces. It will be recalled that the development of the Improvement and Change Programme and the Angus Care Model were intended to promote a coordinated and structured approach to service improvement and change management work which included professional operational, financial, HR, procurement, stakeholder engagement, legal and communications elements.

This progress report should be seen in the context of the impact of the COVID 19 pandemic. In essence, progress against planned timescales has been delayed by around four months because of the demands on officers to prioritise COVID 19 work and the redeployment of staff to this end. The retirement of the Programme Manager, who led on many of the programmes described below and acted as consultant on others, has also had an impact.

In July 2020, it has been possible to recommence some change work, to regroup and refocus on objectives, but the demands of the pandemic on project management capacity remain high. In addition, the ability to deliver on the savings elements of these programmes has been adversely affected and will be delayed in consequence. The long term effect of Covid on some services, in particular the residential care home sector, is being given active consideration as part of our Recovery work. It is recognised that Covid 19 may directly impact on our market facilitation plan longer term and that revisions may be necessary to facets of the Strategic Plan.

3. CURRENT POSITION

3.1 Residential Care Home Review

Work on the general refurbishment of Seaton Grove has been delayed by COVID 19 but has recommenced. An increase in building costs (COVID-related) is anticipated, and slippage against timescales is a further consequence.

The Mental Health unit development has been similarly affected but is beginning to make progress again. A start date of November for building work is still felt to be feasible. New furniture and an improved call system will increase the projected costs. Efforts are being made to identify a suitable project manager. The costed bed model is still being finalised but will be approximately four beds for community mental health; 1 bed for purchase by neighbouring Partnerships; 1 bed for community mental health over 65's; and 1 bed for the physical disability service.

The work on internal efficiencies has also been delayed, but with the target originally scheduled for delivery in 2021/22 it is still expected this can be delivered. Consideration is being given to the future catering arrangements and the potential for efficiencies.

The provision of nursing in care homes has progressed to the stage of a future options appraisal. The review noted that some nurses are not being deployed in the most efficient manner in care homes. The potential for a peripatetic nursing service for care homes, part of the Angus Care Model, has been shared with the independent sector, the Scottish Government and the Care Inspectorate. While there may be some delay with steps in this project, with the original savings target scheduled for delivery in 2021/22, it is still expected that this can be delivered.

The residential care home sector has changed as a result of the pandemic, and its future resilience is less certain. Current use is down by around 130 beds from the norm of around 1,000. It is difficult to predict how long this reduction in demand will continue beyond the end of the pandemic. A number of possible future scenarios are being examined strategically in order to plan ahead and measure risk. This scenario planning, along with mitigation options, will be considered in a future report to the IJB. It is possible that a future market facilitation review will lead to changes in local plans.

IIC commissioned beds. The contract with Fordmill for 3 IIC beds in North Angus has been extended to 31/12/20. Uptake has remained, on average, at 2 beds. It is possible that the Partnership will seek to vary the contract to 2 beds and divert the remaining resource to strengthen the Enablement and Response Team. The provision of 6 beds in Cairnie Lodge, Arbroath is also under review as the contract ends in January 2021.

3.2 Care at Home

Demand for care at home has increased during the pandemic, mainly because of displaced demand from the residential sector. The average allocation of weekly personal care hours before the pandemic was 10,300; during the pandemic it has risen as high as 10,850 hours. It has been possible to meet the increased demand, but this has significant cost implications well in excess of planned demographic growth.

There has been some discussion about whether to move to the Scotland Excel national framework but this approach is not favoured as it appears to offer no tangible benefit over our Angus Fair Cost of Care (FCC) and some marked disadvantages, not the least of which would be disruption for providers (hence, probably, their lack of support for moving to the national framework). Approval has been secured by Procurement to extend the FCC for one year while a review of the Procurement Strategy takes place. It will be proposed to Angus Council that the contract is extended in line with the Framework Agreement to 31 March 2022. This will allow ongoing support from HAS Technology for full implementation of the system.

CM, an electronic care monitoring system, is being used by Angus Health and Social Care Partnership's Enablement and Response Teams and implementation is ongoing with SDS Option 3 external providers. A condition of the Framework Agreement for SDS Option 3 Care at Home Services is that the providers will adopt CM2000. Some input is still required from HAS Technology. Although the Partnership has agreed to cover some of the providers' costs

in relation to the implementation it is the intention that when the Framework Agreements ends on 31 March 2022 that providers will begin to pay these costs direct to HAS Technology.

The move to broader adoption of these systems was part of the Partnerships improvement plans. There had already been a delay in this implementation prior to COVID-19.

Early discussion is also planned with 3-4 Option 2 providers to gauge their interest in using CM.

3.3 Supported Housing

The support and care model in St Drostan's Provost Johnson Road is progressing following the completion of the review. The financial elements of the model are being further worked through i.e. unit costs, "fit" with SDS budget, the financial value of in-house personal care, and the element of subsidisation required for the in-house care element. There had already been a delay in this implementation pre COVID-19 due to difficulties resolving some of the complexities described. Further details will be reported to the IJB in due course.

3.4 Care Management Review

Although the IT element of this Review has actually accelerated as a result of COVID 19 (for example, the provision of IT equipment for staff working at home) the rest of the Review is "on hold" pending the appointment of a new Senior Planning Officer.

3.5 Carers Act Implementation

This was reported at the IJB in June 2020. Current work is primarily on the financial impact of the "waiving of charges" to carers for replacement care with consequent impacts on the overall financial plan for the Carers Act. A draft policy will be considered by the Carers Group in September 2020. The financial impact of the policy is currently being assessed in detail. Once this is complete, the policy will be taken to Angus Council for approval and to the IJB for information since the charging element is not a delegated function.

3.6 Learning Disability Improvement Action Plan

This reported at the June 2020 IJB and will report again at the October IJB following the evaluation of the recent engagement activity. It is also noted that Learning Disability will now be a specific workstream in NHST's Mental Health Strategic Review. The author and the Service Leader for Disabilities will attend.

It was noted in the previous IJB report that there had been a delay in this programme work related to COVID-19.

3.7 Physical Disability Improvement Action Plan

This reported at the June 2020 IJB and will report again at the October IJB. Attempts are still being made to identify a suitable project lead for this area of work. While there may be some delay with steps in this project, with the original savings target scheduled for delivery in 2021/22 it is still expected this can be delivered.

3.8 Day Care

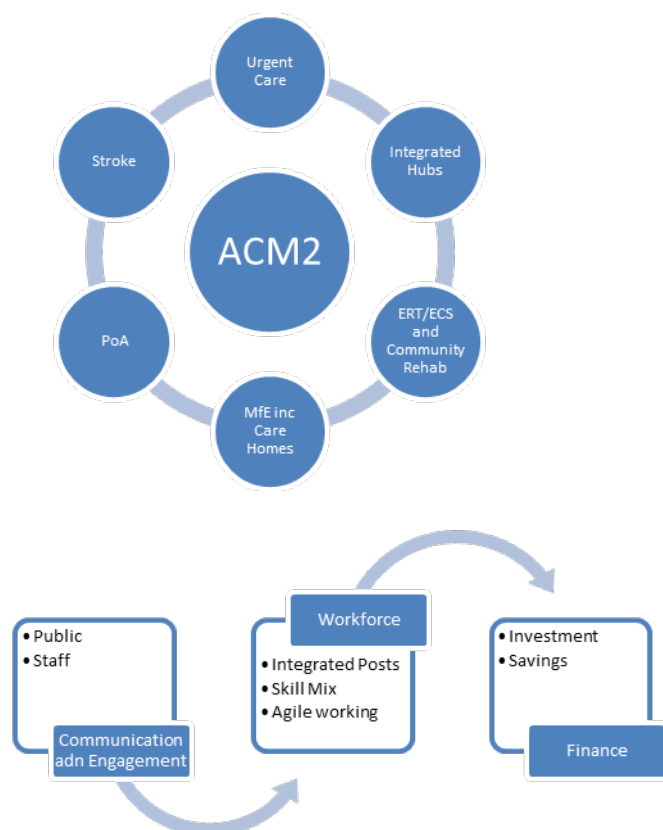
Part 2 of the day care review is focussing on possible new models of delivery, the range and types of service which should be available, the geographical spread of facilities and a revised finance model. This work is ongoing.

Day Care Centres across Scotland remain closed until Scottish Government permission is given to re-open.

3.9 Angus Care Model

The Angus Care Model discussions were resurrected on the 11th June 2020 after being stood down due to the ongoing COVID-19 pandemic. The aim of this was to revisit the previous objective of the Angus Care Model plans and what may have changed as a result of the pandemic, ensuring the aspirations for the future in line with Angus HSCP Strategic Plan.

The following key areas of work and associated leads were identified at the meeting.



There is a desire to join up the work from the ACM and the Change and Improvement Programme to ensure that work progresses in line with the reprioritised strategic priorities (as described in COVID Update IJB Report June 2020). Work has also commenced with NHS Tayside in relation to the redesign of urgent and emergency care services and development of integrated care pathways.

3.10 HART, Community Planning and LIGs

As part of our Covid 19 Recovery work, the AHSCP is interested in developing new working arrangements with Angus Council and the Third Sector, recognising the excellent work that took place under the HAART arrangements. In particular, the third sector's early intervention and preventative work, led by VAA, was outstanding. Relatedly, the Partnership seeks to connect more closely the work of the Locality Improvement Groups with that of the LOIPs in community planning. This work will be progressed through the Strategic Planning Group.

3.11 Care First to Eclipse

It will be recalled that the computer records system for social work and health staff hosted by Angus Council is changing from Care First to OLM's Eclipse model. This work is well advanced and, on conclusion, will improve case recording, data quality and financial management. "Go Live" date is scheduled for the first week of October.

4. FINANCIAL IMPLICATIONS

As stated earlier, the COVID 19-related delays in progressing the change programmes will probably lead to a delay in the delivery of planned savings. Currently, the impact is expected to be restricted to 2020/21 though this may require further review in due course, and will be dependent on the duration of the impact of COVID-19, which at this point is difficult to gauge. It is important to note that some delays were already expected prior to COVID-19 so the full delay seen in 2020/21 cannot be entirely attributed to COVID-19. While the table below describes the potential impacts, management will still be working towards as complete a delivery of original plans as is reasonably practicable.

	2020/21	Change	2020/21	Change	2020/21
Planned Intervention	Original Plan		Pre COVID19		Post COVID19
	£k	£k	£k	£k	£k
Help to Live at Home	50	-50	0	0	0
Supported Accommodation Review	50	-25	25	0	25
Learning Disability Improvement Plan	262	0	262	-91	171
EMT Reviews	400	-100	300	-100	200
Workforce Review	90	0	90	0	90
Increased Charging/Recoveries	238	0	238	0	238
Total	1090	-175	915	-191	724

The above includes reference to Management Team reviews i.e.in-house service savings. There was already a potential delay with these savings prior to COVID-19, but this will be exacerbated by the impact of COVID-19.

The impact of COVID-19 on planned savings delivery is being factored into submissions made to the Scottish Government regarding the overall impact of COVID-19.

5. RISK

The following new risks are identified:

1. The risk that the impact of the pandemic undermines the resilience of the residential care home market in Angus.
2. Lack of capacity in the planning service in the AHSCP delays further the progress of the change management plans. Furthermore, there remain shortcomings in some of the corporate support made available to improvement programmes by Angus Council, most notably in the necessary level of Procurement support.
3. Slippage against savings targets financial year 2020-21.

Work is ongoing to address these risks and to develop the maximum possible degree of mitigation.

6. EIA

An EIA accompanies this report.

7. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

8. CONCLUSION

IJB member are asked to note progress against the change programmes described and to note the overall picture. It is intended to bring a progress report to the December IJB unless an earlier report is requested.

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