



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 9 DECEMBER 2020
STRATEGIC PLANNING UPDATE REPORT
REPORT BY GAIL SMITH, CHIEF OFFICER (INTERIM)

ABSTRACT

This strategic planning update report provides information about progress in a range of change programmes as part of the Angus Care Model.

1. RECOMMENDATION (s)

It is recommended that the Integration Joint Board: -

- (i) note the content of this strategic planning update
- (ii) progress financial planning associated with the Carers Act by February 2021.
- (ii) request a progress report at the February 2021 IJB meeting

2. BACKGROUND

As detailed in IJB report IJB 76/19 on 11 December 2019 the Angus Care Model and the Change and Improvement Programmes were to amalgamate. These programmes include a variety of change programmes promotes a coordinated and structured approach to service improvement and change management work which includes professional, operational, financial, HR, procurement, stakeholder engagement, legal and communications elements. This aims are to facilitate an integrated and innovative approach to service provision for people in need of care and support. Progress on achieving the planned timescales for strategic change have been limited by the impact of responding to the COVID-19 pandemic.

The ability to deliver on the savings elements of change programmes has been compromised by the pandemic. The long-term effect of COVID-19 on most services is being given active consideration as part of our Recovery work. For example, 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. Conversely, some aspects of the Strategic Plan have been accelerated by the COVID-19 pandemic; in particular, the increased movement from residential care to care at home as family members and professionals show reluctance to admit older people to care homes.

Although the future remains uncertain with regards to the recovery from COVID-19, Angus HSCP is continuing to pursue strategic change at this time and the opportunities this affords for change.

3. CURRENT POSITION

3.1 Residential Care Home Review

Confidence in our residential care home plans has become less certain because of changes to the care home market as a result of COVID-19. Before the pandemic, it was common for there to be around 10 residential bed vacancies and around 20 nursing home vacancies at any one time; of our 970 total residential and nursing beds available, at the time of writing there are 140 total vacancies. It is a very real possibility that demand will not return to pre-pandemic levels and that some providers will cease to function or function at a reduced capacity. It is important that Angus HSCP takes a proactive approach to market-facilitation rather than being reactive, but in an unpredictable environment this, is of course, challenging. Angus HSCP needs to arrive at a position where it has the right number of available beds, with capacity to afford flexibility whilst maintaining affordability. This very significant change, along with uncertainty about what the settled post-pandemic picture might be, has prompted Angus HSCP to carry out scenario-planning with care home providers.

Work on the general refurbishment of Seaton Grove was delayed by the first phase of COVID 19. 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. A Senior Planning Officer has been appointed and will provide the project management support for further progressing this. Unfortunately, the building work has been delayed. The costed bed model has been finalised and is as detailed below: -

- 4 beds for community mental health,
- 1 bed for purchase by neighbouring Health and Social Care Partnerships,
- 1 bed for community mental health over the age of 65,
- 1 step down/assessment bed,
- 1 bed for clients with physical disabilities remains an option.

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. A test of change is underway whereby meals for Seaton Grove and Kinloch Care Centre are provided from the latter. This is reflected in the Angus HSCP financial plan with a saving target of £200k.

The exploration with the independent sector care home market for a new delivery model, providing a peripatetic nursing model for all care homes, was approved as part of the Angus Care Model in 2018 (report 9/18) While there is support amongst representatives of the independent sector, the Scottish Government has requested that this work be paused pending the outcome of the National Care Review. Whilst this will delay the potential implementation date, the IJB remain committed to this proposal. This would result in improved sustainability of services, better use of our available workforce and financial efficiencies. This continues to be reflected in the Angus HSCP financial plan with a planned saving of c£100k from mid 2021/22 assumed. Angus HSCP is however committed to ensure a sustainable model of safe and high-quality nursing care for residents living in care homes. Working with Care Homes, a Project Group will be established to agree the required frail elderly nursing and care standards.

The contract with Fordmill and Cairnie Lodge are due for review. The number of occupied beds has reduced in both areas. Creative use of home care packages has resulted in the reduced use of these beds has been manageable.

Support from Angus Council's Procurement Team to achieve the many changes required in provision is not sufficient to meet the requirements in terms of pace or scale, and is leading to delays. This has been raised at Executive level. It is encouraging to hear that permission has been given to increase capacity in the team but this has not yet been actualised.

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. In a report to August IJB it was highlighted that this had increased to 10,850 hours; it has now risen to 11,800 hours of personal care per week. It has been possible to meet the increased demand, but this has significant cost implications well in excess of planned demographic growth.

This winter Angus HSCP will seek to add additional capacity to the team through a combination of permanent and temporary arrangements with funding from this being supported by NHS Unscheduled Care Funds and local funding.

The Fair Cost of Care Framework is due to end on 31 March 2021 with an extension agreed at the Third Party Provider group to 31/3/22. This will now progress through the appropriate approval channels. A review needs to be undertaken in relation to how the Angus HSCP proceeds with re-tendering the Framework. An initial review has taken place with operational Service Leaders and an options appraisal is planned to determine which option is progressed.

Care Management (CM) an electronic care management system, is used by Angus HSCP Enablement and Response Teams and implementation is ongoing with SDS Option 3 external providers. A condition of the Framework Agreement for Self Directed Support (SDS) Option 3 Care at Home Services is that the providers will adopt CM. Some input is still required from HAS Technology. Although Angus HSCP 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 providers will begin to pay these costs direct to HAS Technology.

The move to broader adoption of these systems was part of Angus HSCP improvement plans. There was a delay in this implementation prior to COVID-19 but the need to adopt the CM care management (or monitoring) / billing / finance module will be a condition of the full framework from 1 April 2021.

The adoption of CM by providers continues to be reflected in the Partnership's overall Strategic Financial Plan as the final part of the overall Help to Live at Home programme.

3.3 Supported Housing

The support and care model in St Drostan's and 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. Legal advice has been obtained that it is permissible within SDS to provide in-house personal care.

The introduction of the new model will allow us to move care in house for residents who choose option 3. This will release savings of c£100k over the next two years.

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 other aspects of the review were on hold pending the appointment of a new Senior Planning Officer. The new SPO commenced at the end of November and work should now recommence.

3.5 Carers Act Implementation

A draft policy on the waiving of charges has been developed. The draft policy is being tested to ensure that the operational systems can deliver on this effectively and equitably, whilst having regard to SDS and the options available to carers. It is anticipated that the policy will be approved by Angus Council and implemented from April 2021

The Carers Strategic Group has prioritised action in the carers' improvement plan and agreed that the following areas of activity will be progressed in the next 6 months:

1. Develop a local digital communication and engagement plan (supports Outcomes 1, 4 and 6 of the Carers Strategy)
2. Audit of Adult Carers Support Plan (ACSP) and Young Carers Statement (YCS) assessment tools to gather baseline information on outcome planning and application of local eligibility criteria (supports Outcome 1, 2, 3 and 6)
3. Increase carer awareness of suicide prevention and local supports for people experiencing thoughts of suicide and their carers (Supports Outcome 2)

The final tranche of funding to support Carers Act responses is expected in 2021/22. The IJB has so far not developed a full financial plan associated with these resources and this remains an important outstanding action.

3.6 Free Personal Care Under 65s (FPC) Implementation

Free personal care for under 65s was introduced nationally in April 2019. Reports regarding the introduction of FPC for under 65s were submitted to the IJB before the implementation date. With the introduction of this change, the Scottish Government made available additional resources to fund the associated cost. Angus HSCP received £600,000.

These additional resources have been allocated to four separate areas: loss of income from previously charged-for services increases in demand, provider support and to create additional care management capacity for the increased level of activity required.

The allocation of resources is detailed below:

Loss of income	£110,000	Based on information relating to the loss of contributions following the introduction of the Act
Increase in demand	£440,000	Based on percentage increase in personal care hours during 2019-20 for service areas
Provider support	£25,000	Contribution to the post of Senior Planning Officer (Relationships) to work with our partner providers
Care Management support	£25,000	Part funding for an additional care management post within Disability Services

These allocations have been made on a temporary basis until formal agreement is reached.

3.7 Learning Disability Improvement Action Plan

Reference is made to the report submitted to the IJB in October 2020.

3.8 Physical Disability Improvement Action Plan

Reference is made to the report submitted to the IJB in October 2020.

The newly appointed Senior Planning Officer referred to earlier will lead this review.

3.9 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 is progressing.

3.10 Urgent and Unscheduled Primary Care

Angus HSCP is working closely with secondary care colleagues to shape emergency and urgent care services. Following completion of this work, expected in December 2020, work will focus on developing pathways for Angus.

It is important that people are helped to access the right care in the right place and to receive help quickly and as close to home as possible. As winter approaches, it is essential that we reduce overcrowding in hospital waiting areas and keep patients and staff safe during the COVID-19 pandemic. One of the options currently being explored is a new model which has been recently launched in Lothian. People with a minor injury are asked to call a Minor Injury Advice line before presenting in person. A qualified nurse advises if people can self-treat the injury, self-treat with the help of a local pharmacy or, if appropriate, provide an appointment for the person to attend a Minor Injury Unit.

3.11 Stroke Rehabilitation Pathway

Following the changes made to acute stroke services, the stroke rehabilitation pathway is being reviewed. As new evidence emerges and guidance is updated, it is important that current pathways are reviewed to ensure that the population of Angus continues to receive the best possible stroke care and live the best possible life possible after experiencing a stroke. It is necessary to ensure that people have timely access to appropriate therapy that is sustainable and delivered as close to home or at home if possible.

A Project Team has been established to explore options for Angus inpatient and community stroke rehabilitation services to ensure services are resilient, equitable and sustainable for the future. This work is underway in partnership with Dundee HSCP and the NHS Tayside acute stroke team. The aim is to conclude this initial phase by March 2021.

Work currently being undertaken includes a staff survey and the establishment of a patient council to ensure that the voice of people with lived experience of stroke inform the options.

3.12 Review of the specialist dementia discharge pathway from Angus inpatient units

In April 2019 the Angus IJB asked the Angus Psychiatry of Old Age (POA) Service to undertake a detailed review of the dementia discharge pathway from Angus inpatient units for individuals with complex levels of stress and distress.

The Project Team is developing options which will provide suitable residential care for elderly patients who are assessed as ready for discharge from hospital wards. This programme has been delayed due to the non-availability of Procurement input until very recently. A model of care is being finalised and a specification is being developed for sharing on the Public Contracts Scotland portal in order to seek preliminary notes of interest from providers.

3.13 Review of Medicine for the Elderly inpatient bed model

The Angus Medicine for the Elderly (MFE) inpatient bed model is currently being reviewed to ensure that it is safe, effective, person-centred and sustainable for the future. The Project Team is currently developing a range of options.

3.14 Enhanced Community Support and Enablement and Response Team

It has been recognised that the Enhanced Community Support (ECS) & Enablement and Response Team (ERT) teams are working well together and there is now an opportunity to further improve, recognising the benefits of access to the wider range of multi-disciplinary expertise available, particularly enhancing the availability of AHP expertise to support ERT assessments. A Project Team has been established to progress with initial improvements, for example, joint training, a work-shadowing programme, pathway improvements and establishing a joint IT system.

Learning from the success of the Monifieth Integrated Care model, the spread of this approach is being considered with teams. This builds on the successes of ECS integrating social work into the existing multi-disciplinary teams based around General Practices and GP clusters within localities.

3.15 Integrated Care Pathways

In August 2020, Report 54/20, the IJB was informed of plans to develop integrated care pathways. Phlebotomy clinics have been established in each of the Angus Out-Patient Departments (OPD) which are accessible by secondary care. People requiring pre chemotherapy bloods can also access these clinics. Angus HSCP is in the process of appointing additional staff within OPD to expand Community Treatment and Care Services across Angus.

3.16 HART, Community Planning and LIGs

The work with vulnerable and shielded people has recommenced and is now known as ARC (Angus Response to Covid-19). Regular lists of shielding people are made available to the Partnership by Public Health Scotland and contact is made to ensure that people are adequately supported. A call centre deals with requests for help from the general public. VAA continues to provide support via their bank of volunteers. A Principal Planning Officer represents Angus HSCP on the steering group. Longer term, and building on the HAART/ARC work, Angus HSCP seeks to connect more closely the functions of the Locality Improvement Groups with that of the LOIPs in community planning, including developing the role of the third sector in preventative work. This work will be progressed through the Strategic Planning Group.

3.17 Care First to Eclipse

The electronic documentation system for social work and health staff hosted by Angus Council is changing from Care First to OLM's Eclipse model.

Unfortunately at the time of the proposed Go Live date in October 2020, a fault was identified with the system that prevented the transfer of adult services data from Care First to Eclipse; this resulted in a postponement of the implementation of Eclipse for adult services and the start date has been postponed to January 2021.

Criminal Justice Services will move to Eclipse after adult services and thereafter, scheduled for Summer 2021, the Eclipse Finance module will be implemented. The importance for the Angus HSCP of this development is significant; approximately £40 million of commissioned services and SDS budgets are processed through the current finance system. The changeover to Eclipse offers an excellent opportunity to address some longstanding problems with our systems and with the way that these are used by the care management service, and work will commence late autumn to develop this work through the Eclipse Board and focus groups, at which Angus HSCP is well represented.

4. PROPOSALS

There are no proposals that arise from this report

5. FINANCIAL IMPLICATIONS

This report captures a number of financial implications. These all feature as part of the IJB's overall strategic financial planning and will be reflected in separate reports re financial planning.

6. OTHER IMPLICATIONS

Workforce

The Angus HSCP Workforce Plan was approved by the Integration Joint Board in August 2020. There are a number of actions contained within the workforce implementation plan that support the strategic priorities contained within this report, all of which aim to make health and social care an attractive career option for future employees. These include:

- Working with Angus Council to establish a strategic employability partnership across all health and social care providers.
- Linking with national recruitment campaigns through social media and working with local schools and colleges.

Covid-19 has also demonstrated the flexibility within our workforce e.g. Learning Disability Day Centre staff transferring with minimum notice to residential care settings and employees of NHS Tayside working in independent sector residential homes.

Communication and Engagement

Angus HSCP is aware of its responsibility to involve patients/service users, staff and members of the public as services are developed. Angus HSCP strives to ensure good engagement is at the heart of everything that it does. Managers responsible for each service change project ensure that appropriate levels of communication and engagement are included within the project plans.

Risk

The risks identified in the August 2020 report remain unchanged and are detailed below:

1. The undermining of the resilience of the residential care home market in Angus and delays to planned developments in residential care through the impact of Covid-19. Work is underway to mitigate these risks.
2. Lack of capacity in the planning service in the AHSCP delays further the progress of the change management plans. A review of planning capacity in the Improvement and Development Team is underway.
3. 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 input.

4. Slippage against savings targets financial year 2020-21.

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

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	

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List of Appendices:

Appendix 1 EqlA