



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 25 AUGUST 2021
STRATEGIC PLANNING PROGRESS UPDATE
GAIL SMITH, CHIEF OFFICER

ABSTRACT

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

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):-

- (i) Notes the content of this strategic planning update.
- (ii) Approves the recommendation of the Strategic Commissioning Plan (SPG) that the deadline for the completion of the new Strategic Commissioning Plan be reset for 31 March 2023, as per the Scottish Government's permission due to the impact of COVID-19.
- (iii) Requests a progress report at the December 2021 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, human resources, procurement, stakeholder engagement, legal and communications elements. The work in both programmes aims to facilitate a more integrated and innovative approach to service provision for people in need of care and support and good value for money. Such is the degree of overlap now between the Improvement and Change Programme and the Angus Care Model that they will be combined in the near future. A summary of the progress of each of the work-streams can be found below.

This progress report should be seen in the context of the impact of the COVID-19 pandemic. In essence, progress against planned timescales was delayed by around five months in the first phase of the pandemic (April to August 2020) and again, but to a lesser extent, in the second phase (Autumn 2020 to Spring 2021) because of the demands on officers to prioritise COVID-19 work and the redeployment of staff to this end. Remobilisation and recovery are now active, and efforts are focused firmly on resumption of normal business whilst factoring in any longer-term changes prompted by the pandemic, but with still a degree of remaining COVID-19 related work, in particular in care homes and care at home.

3. CURRENT POSITION

3.1 The Strategic Planning Group (SPG). The SPG has returned to normal frequency and to its full range of strategic business. Key priorities in coming months are:

- **Progressing the review of the Integration Scheme;** this work is underway on a Tayside basis with a Senior Planning Officer seconded part-time to lead the review. Ten section-reports are currently being developed under a service delivery category. The Scottish Government has been involved in meetings at Chief Executive level and will seek to ensure compliance and commitment from the main stakeholders. Legal services will be consulted on changes. The work is in the phase of informal consultation, but a formal consultation will follow, including the SPG.
- **A review of the Strategic Commissioning Plan,** as required by legislation, every three years; this does not necessarily mean the requirement to produce a new plan. In Angus we have reviewed our plan progress every year in our Annual Performance Report (APR). The regulations governing the content of the APR require that we include any significant change to strategic direction that affects the plan. For the 2020/21 APR, SPG agreed that the significant change would be to extend the current plan by 12 months to March 2023, in line with Scottish Government permissions. (The reason for this is the reduced progress with some aspects of the plan due to the COVID-19 pandemic). This recommendation also requires approval by the IJB. Progressing the development of a new Strategic Commissioning Plan requires a revision of the strategic needs assessment; work on this is already underway. Once completed SPG will have to consider and make recommendations on priority actions for the next plan. It may be that some or all of the existing 4 priorities remain valid but the work to deliver on them changes. It is anticipated that:
 - Public consultation on the content of a future plan would start in the New Year. This is likely to take the form of a more “blue sky” thinking approach so we can assess public expectations and aspirations of future service shape.
 - An analysis of Scottish Government and other public policies and good practice will have to be undertaken to address national influence over local service design. It should also be possible to include learning from other IJBs.
 - We gain an understanding of public aspirations, needs assessment and national policy intention to allow SPG to judge where future strategic direction lies.
 - The financial opportunities and limitations to deliver this strategic direction will assist in the formation of the draft plan as we can only commit to deliver what is possible within the resources available.
 - A formal consultation on any proposals will have to manage public expectations within the resources available.
 - At various points we will be required to consult with NHS Tayside, Angus Council and other HSCP’s.
 - A final plan must be approved by the IJB before 31 March 2023.
- **Prevention and early intervention.** IJB members will recall that a renewed focus on early intervention and prevention are key strategic objectives in the post-pandemic world, with the role of the third sector to the fore, building on the COVID-19 ARC experience. This work is being progressed through the SPG.
- **Workforce Planning.** Ensuring that we have the right people, in the right places, with the right set of skills and knowledge, is an essential part of strategic or operational change. A Workforce report is submitted to today’s IJB, but suffice to say here that close attention is being paid to the workforce needs in this recovery phase and beyond; some workforce issues have remained the same as before the pandemic, others have emerged or changed during it.

The newly-created Workforce Steering Group for the AHSCP, linking closely with the Staff Partnership Forum, will support the delivery of our new AHSCP Workforce Plan, for submission to Scottish Government by Spring 2022.

- **Procurement** – In June 2021, the SPG endorsed the development of a new, more strategic approach to Procurement with the consideration of the development of strategic provider relationships to take forward closer relationships between Angus IJB and local providers to more ably deliver the IJB's Strategic Commissioning Plan.
- 3.2 Physical Disability Improvements.** The Physical Disability Improvement Update is on the August 2021 IJB Agenda. (IJB 41/21)
- 3.3 Learning Disability Improvements.** The Learning Disability Improvement Update is on the August 2021 IJB Agenda. (IJB 42/21)
- 3.4 Care Home Review.** This is a multi-faceted review, the key components of which are:
- Internal: changes to the catering arrangements and meals provision at Seaton Grove. This is being progressed via Angus Council's Managing Workforce Change process and has been discussed at the AHSCP Staff Partnership Forum.
 - Internal: the development of the mental health unit at Seaton Grove. Members will recall that the outcome of a PIN (Prior Information Notice) was awaited. The PIN has now concluded, and interested providers are being considered further.
 - Internal/external-market facilitation: the agreed reduction of 20 beds from internal provision and the overall reduction of 40 beds across the care home market, with consequent transfer of resource to care at home, is being progressed through an options appraisal.
 - Care home review - Nursing. The data gathered from the survey conducted before the pandemic to determine the levels of nursing input required may no longer be valid. A further review will be carried out in late August to check if the data is still relevant, also using the activity audit tool Indicator of Relative Need (IORN). A phone interview will also take place. IORN data to measure a week and a month of care (it measures service user need and staffing levels required) has been supplied to the working group. Nursing provision within and supporting care homes is being reviewed following the pandemic with a local focus on resident's clinical needs in the areas of urinary tract care, pressure ulcer prevention, polypharmacy review, and anticipatory care planning, including end of life care. In a test of change, nurses will now attend and contribute to the care home 6-week case review.
 - Care home review- Psychiatry of Old Age. Following the PIN exercise, the involved Senior Nurse and Procurement Manager are meeting with interested parties to discuss and interrogate their interest. There are a very limited number of contenders. An options appraisal will follow the conclusions of this exercise.
- 3.5 Day Care review.** Day care provision has returned to a degree of normality, with the remaining constraint being the retention of social distancing measures in day centres and in transport. A survey of day care users in older peoples' services indicated that most preferred to return to a building-based model but with some residual preference for outreach services, or a combination of both. Taking into account that supporting people at home for longer (one of the IJB's strategic objectives) requires a strengthening of community supports, day care is an important element of that support and needs to be kept resilient. In the next phase of the review, the following will be considered:
- a) Geographical considerations. There are four day care centres for older people in the North of Angus and only one in the South of Angus (Kinloch). This lacks balance and Kinloch is at risk of being overwhelmed by demand. There is no day care provision in Arbroath, our largest town.
 - b) A tiered approach. Day centres try to meet two different types of demand; an earlier intervention, general support form of support, and a higher tariff of support to service users who might otherwise be in a care home, such as people with advanced dementia.

The Partnership needs to ensure that it has the right numbers of places to meet the two different types of demand with provision suitably balanced across the county.

- c) A financial model that can meet need, but which is affordable in terms of real cost to the organisation and what people can afford to pay. The impact of COVID-19 may require cost adjustments of day care provision disproportionately.
- d) Engaging providers in a shared strategic approach to the future provision of day care.

3.6 Supported Housing. The Partnership had been considering providing full personal care and support in the supported housing complexes at St Drostan's, Brechin, and Provost Johnston Road, Montrose, as an on-site provider. In the last eighteen months, however, the balance of provision in the supported housing complexes has changed with more tenants having learning or physical disabilities and fewer older people. People with learning or physical disabilities usually have well-established care packages provided by external providers and do not wish to change their provider when they enter their tenancies. This has meant that our on-site model is no longer viable as the housing complexes do not have enough older people to make the model work financially. We will therefore gradually phase across to a concierge-only model for existing tenants, as per the existing Kinloch Supported Housing. Around ten staff are affected. The work is progressing under the Managing Workforce Change process and has been discussed at the Staff Partnership Forum.

3.7 Care Management Review. A review of care management is underway, in response to changes in role, an overall increase in demand but particularly in Adults with Incapacity work and Adult Protection, significant increases in care at home, the need for a "stock-take" on integration, the financial processes around SDS, and the introduction of Eclipse, the new case records system. This is progressing well, with good engagement from staff and stakeholders. The work on financial processes will form part of the IJB's response to improvement flagged up in reports to the IJB Audit Committee.

At the Adult Protection Committee on 16 June 2021, significant increases in adult protection work in the last year were noted. These included: a 79% increase in adult protection referrals; adult protection investigations resulting from referrals increasing by 169% from 54 to 145; the number of case conferences up by 90% from 94 to 179; and Initial Referral Discussions (IRD) in teams increasing from 19 to 57, an increase of 200%.

3.8 Help to Live at Home. This change programme has passed into normal business, with one outstanding piece of work; the concluding phase of the implementation of CM2000 (now known as CM), the computerised allocation and visiting recording system. This work is nearing completion.

3.9 Homelessness review. This has recently commenced, with a focus on models of service provision and third sector input.

3.10 Redesign of Stroke Rehabilitation Pathway. The Stroke Rehabilitation Pathway report is on the August 2021 IJB Agenda, Report IJB46/21.

3.11 Medicine for the Elderly In-patient Review. Work is ongoing to review the in-patient model for Medicine for the Elderly. The project team have been working to progress options and work is currently underway to commence engagement sessions. This work is nearing completion and a report will come to a future IJB meeting alongside the Psychiatry of Old Age Bed Project.

3.12 Urgent Care Review. The provision of urgent care services within Angus remains a priority and preliminary work has commenced in line with the national Redesign of Urgent Care programme of work.

4. PROPOSALS

Members are asked to note the progress of a range of change programmes within the AHSCP. These are intended to be consistent with, and to contribute to, the Partnership's strategic objectives.

5. FINANCIAL IMPLICATIONS

A number of the above projects are running behind original schedules or are at risk of not delivering as per the IJB's Strategic Financial Plan. This will place an increased burden on the IJB if recurring shortfalls do eventually result, as the IJB's Strategic Financial Plan already had significant deficits inherent in it by 2023/24 and there will, in all probability, be increased financial pressure as part of overall COVID-19 responses.

6. RISK

The main risks to the successful completion of the change programmes remain as previously stated, namely:

- a) Disruption caused by a further COVID-19 outbreak.
- b) Insufficient capacity amongst staff and managers to prioritise change programme work in the face of operational demands (this balance is always a challenge but can be "tipped over" by, for example, shortage of staff or a large event, such as an inspection).
- c) The non-achievement of change programme objectives presents a risk to planned savings measures and therefore the operational and strategic priorities of the services.
- d) Corporate services lacking capacity to support the programmes, in particular procurement and Human Resources.

Each of these potential risks is manageable at the current time.

7. OTHER IMPLICATIONS (IF APPLICABLE)

Where change programmes have workforce elements, these are addressed within the Improvement and Change Programme Board or the Angus Care Model and progressed through the procedures of the main employer, usually either Angus Council or NHS Tayside, but sometimes including the third and independent sectors. The author has identified some examples, above.

Communications and procurement matters are also addressed in the Board meetings in order to ensure coordination and prioritisation of the necessary resources.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) is not required.

EIAs will be completed for individual change programmes, as required, but not for this report, which is a collective review.

9. 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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