



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 8 DECEMBER 2021
STRATEGIC PLANNING PROGRESS UPDATE
REPORT BY GAIL SMITH, CHIEF OFFICER

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

It is recommended that the Integration Joint Board: notes the contents of this report

2. BACKGROUND

As well as specific reports on particular change programmes, 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 practise matters, operational changes, financial, human resources, procurement, stakeholder engagement, legal and communications elements. The work, in what is collectively known as the Angus Care Model, 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. 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. Although remobilisation and recovery are now well under way and efforts are focused firmly on resumption of normal business, whilst factoring in any longer- term changes prompted by the pandemic, there is still a degree of remaining COVID-19 related work, especially in care homes and care at home, and activity is still being disrupted by Covid absences. All services are exceptionally busy, with pronounced increases in demand being experienced by a highly fatigued workforce.

3. CURRENT POSITION

3.1 The Strategic Planning Group (SPG). Key priorities in the coming months are:

- Progressing the review of the Integration Scheme; Draft sections of a future Integration Scheme are being considered by the Steering Group. It is intended to have a draft Scheme available for consultation by February 2022.
- A review of the Strategic Plan is required by legislation, every three years. This does not necessarily mean there is a requirement to produce a new plan. In Angus, we have reviewed our strategic 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 strategic plan. For the 2020/21 APR, SPG

agreed that the significant change would be to extend the current strategic plan by 12 months to March 2023, in line with Scottish Government permissions. (The reason for this was the reduced progress with some aspects of the plan due to the COVID-19 pandemic). This recommendation also required approval by the IJB, and this was granted. Progressing the development of a new strategic plan requires a revision of the strategic needs assessment; work on this is already underway. Once it is completed, the SPG will have to consider and make recommendations on priority actions for the next strategic plan. It may be that some or all of the existing 4 priorities remain valid but that the work to deliver on them changes. It is anticipated that:

- Public consultation on the content of the future plan will 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 for future service shape.
- An analysis of Scottish Government and other public policies will have to be undertaken to address national influences 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.

Previous comments by the IJB's Internal Auditors with respect to progressing the Strategic Commissioning Plan are noted, AHSCP managers will keep in mind those recommendations as this process progresses.

It should be noted that capacity challenges in the Partnership's Improvement and Development Team mean that this work is not as well progressed as would be liked.

- 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 Angus Response to Covid (ARC) experience. Developing early intervention and prevention services was also the only significant outstanding objective in the current strategic plan. The SPG on 1/10/21 considered a report from the Partnership's Lead Clinician proposing a number of initiatives designed to improve service provision in preventative work and promoting good self-care. In addition, the AHSCP has entered into a partnership with Angus Council and Angus Alive to support the Angus population's health needs and wellbeing for all. This is a very significant development in which the AHSCP has invested £125,000 on a time limited basis. A programme board will be appointed to oversee the project work. Longer term, the IJB will need to re-direct resources to support this important part of the IJB's plans and this has been referenced in other recent reports to the IJB including report 60/21.
- 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. The Workforce Steering Group for the AHSCP, has now met three times and links closely with the Staff Partnership Forum. It will support the delivery of our new AHSCP Workforce Plan, which we aim to have available to the IJB at its February 2022 meeting before being presented to the Scottish Government for approval by 31 March 2022. The AHSCP continues to have significant challenges with workforce across a range of issues from care workers to medical staffing.

3.2 Physical Disability Improvements. The Physical Disability Improvement Update was agreed at the August 2021 IJB Agenda and will be reported separately at the February 2022 IJB.

3.3 Learning Disability Improvements. The Learning Disability Improvement Update was agreed at the August 2021 IJB and will be reported separately at the February 2022 IJB.

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, in essence the preparation of meals at Kinloch and delivery to Seaton Grove. This is being progressed via the Council's Managing Workforce Change process and has been discussed at the AHSCP Staff Partnership Forum. It will be recalled that the impact of this change was very closely monitored during the trial period. The final meeting with staff and the trade unions is scheduled for 23/11/21 for formal sign off; no adverse issues are anticipated.
- 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. The Adult Mental Health service is carrying out a needs assessment and projection; although this work is not quite concluded, indications are that a combination of high level supported accommodation with a small number of residential care places will be required. This scoping work (a necessary review following Covid) should conclude in the second week of December 2021.
- Internal/external-market facilitation: the agreed reduction of up to 20 beds from internal provision as part of the overall reduction of 40 beds across the care home market, with consequent transfer of resource to care at home and early intervention/prevention, is being progressed through an options appraisal. This options appraisal will be made available for consultation by a broad range of stakeholders, having been agreed at a special meeting of the IJB on 12 November 2021.
- Care home review-nursing. 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. The clinical needs of residents are being better addressed than before the pandemic. Work on the proposed model of service delivery has lost momentum due to Covid and changing needs in care homes and needs to regain impetus to achieve the necessary changes and deliver on the original efficiency measures.

Care home review- Psychiatry of Old Age. The involved Senior Nurse and Procurement Manager are progressing two options; one is for the inpatient beds and one for the external procurement of speciality care home beds. These are almost complete and have been developed by the project group of key stakeholders. These will be scored, an EIA completed and then a process of public engagement and consultation undertaken. Our EQIA has been completed. The project team is addressing a few issues that they anticipate may give rise to questions during the consultation, for example charging and how this will work for care home beds, pathways and processes, admission and discharge, and legal processes. Some further advice is needed regarding future ward environment standards before proceeding to engagement.

3.5 **Day Care review.** This merits consideration because it is a key element of our resources and interventions intended to keep people at home as long as it is safe to do so. 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. On 01/11/21 managers from the AHSCP and the independent sector representative met with the Angus day care managers and Board chairs. A very productive initial discussion took place and a good level of consensus reached about a) how we want to approach the future delivery of day care in a shared, strategic way b) the need to review the geographical spread of services in Angus c) the type of models of day care that are required and the different types of need that service users have d) finding 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 next steps will be to formulate a draft work plan for the group for its consideration at its next meeting in early December.

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. Our intention has been therefore to gradually phase across to a concierge-only model for existing tenants, as per the existing Kinloch Supported Housing model. Around ten staff are affected. The work was progressing under the Managing Workforce Change process. We have decided to pause this change work to conduct a stakeholder consultation. With hindsight, we recognise we should have done this at an earlier stage in the process. The current lack of care at home provision and some issues around meds administration for tenants have necessarily led to a delay in implementation in any case.

3.7 Care Management Review. As previously reported, 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 Audit Committee.

The Care Management Improvement Programme is progressing at a pace aligned with the current availability of staff. It is recognised that operational issues must be prioritized.

The job title of Care Manager has been updated and replaced with the title Case Manager (Social Worker) or Case Manager (other profession as appropriate).

Service Leaders have met to discuss the draft induction training and learning proposal and consultation with Team Managers is currently open on this.

The short life working group for finance processing has begun. This group has been initiated through both the care management improvement programme and via the recommendations from the "Charging for Services" internal audit (Report 34/21, June 2021).

The review function in care management is currently being considered.

3.8 Help to Live at Home. Work has continued with the implementation of CM, an electronic scheduling and monitoring system for care at home. The scale of the task, the number of providers, and the range of SDS options make this complicated. A start date for the work on the Finance Module in Eclipse has not been given by OLM, but it is not likely to be before April of next year.

3.9 The Homeless Supported Accommodation Review is an action recommended as part of the Rapid Housing Review in Angus. Work is underway, in partnership with Angus Council Communities (Housing), to complete a full review of existing homeless support provision to ensure this meets the needs of homeless households in Angus. The review will consider whether the existing provision of AHSCP specialist homeless supported accommodation, provided through third sector services, meets the needs of the small number of homeless households where independent living within the community is not possible and where residential or supported accommodation is the preferred housing option.

A clear plan and methodology have been agreed with stakeholders, with a number of key actions completed to date, including questionnaire/ review process, Comms information for services and service users, which are a small cohort of individuals (40 – 70 people) who present with complex needs requiring targeted support to assist with tenancy management. These individuals sit within Housing, Homeless and HSCP services, who are actively seeking engagement with people who present with these needs. The review commenced on 18 October with end date for service user engagement proposed for 31 January.

3.10 Redesign of Stroke Rehabilitation Pathway

A report IJB Report 45/21 was submitted to Angus IJB in August 2021 describing the work ongoing in relation to the Stroke Rehabilitation Pathway. The IJB approved the preferred option of one in patient stroke rehabilitation unit based in Royal Victoria Hospital Dundee for Dundee and Angus patients with the development of home/community based rehabilitation. It was agreed that progress report would be provided in Feb 2022. The stroke unit in Stracathro remains operational for patients who are clinically safe to be transferred until the new model is fully implemented.

The Project Implementation Group continues to meet weekly with the development of a programme of work with five main workstreams:

1. Finance
2. Workforce
3. Rehabilitation Pathways
4. Environment & Equipment
5. Communications & Engagement

Leads within each work stream provide feedback at weekly meeting. The main developments are around service modelling with associated workforce plan and aiming for a phased approach to transition as part of the organisational change process for those staff affected by changes approved (linking with staff side and HR support). We are maintaining regular communication with staff (via regular staff briefings) and those affected by stroke (through Tayside stroke voices network) and are planning public communication on progress to date. There are also ongoing links with neuro development work and P&K Stroke Rehabilitation programme and sessions have taken place around the development and implementation of the stroke rehabilitation framework with more to follow with community and third sector colleagues.

We are in the process of preparing a questionnaire to gather feedback from people who have recently been admitted to Royal Victoria Hospital in Dundee, to gather their experience of receiving stroke rehabilitation services in order to further understand how services can improve.

Anticipated timescales are:

1. Service/workforce modelling/testing: Sept – Dec 2021
2. Transition completion – end Dec 2021

3.11 Medicine for the Elderly In-patient Review

Work is progressing to review the in-patient model for Medicine for the Elderly. Up until September 2021 bed occupancy was consistently low but has significantly increased and is anticipated to continue to do so due to the ongoing impact of COVID 19 and winter pressures. (39 occupied beds on 17th November compared to 24 on 1st March 2021)

Following discussion with MFE Clinicians the project team has made the decision to revisit the analysis to ensure the bed model is safe, effective, person centred and sustainable for the future. A further update will be provided to the IJB in April 2022.

3.12 Urgent Care Review

Over the past year we have been working closely with national and regional colleagues on the National Redesign of Urgent Care programme. Phase 1 saw the introduction of the new Flow Hub and development of new pathways of care between the Emergency Department and Angus Minor Injuries and Illness Units. Phase 2 which commenced in autumn 2021 will focus on urgent care in the community.

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 would place an increased burden on the IJB as the IJB's financial plan already had significant deficits inherent in it by 2023/24. This is noted separately in the Finance Report to the IJB.

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). Pressures within the operational teams have increased due to demand issues and this risk is heightened.
- c) The non-achievement of change programme objectives presents a risk to future 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, finance and HR.
- e) Shortages in the availability of care at home affects a number of the programmes adversely. Action is being taken to address this issue.
- f) There is a risk across a number of services currently, but especially in care at home, that staff shortages, caused by recruitment and retention issues, will adversely affect service provision.

7. OTHER IMPLICATIONS (IF APPLICABLE)

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required as this is a summary report; individual EIA's are completed as required.

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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