



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 22 JUNE 2022
STRATEGIC PLANNING 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. RECOMMENDATIONS

It is recommended that the Integration Joint Board: -

- (i) Notes the content of this report
- (ii) Notes the progress made in delivering on the Strategic Priorities through the Angus Care Model.

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 practice matters, operational changes, financial, human resources, procurement, stakeholder engagement, legal and communications elements. The work, in what is now 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. The pandemic has disrupted some planned programme work and a number of projects are, as might be expected, behind schedule.

3. CURRENT POSITION

3.1 The Strategic Planning Group (SPG).

A review of the **Strategic Commissioning Plan (SCP)** is required by legislation every three years. This does not necessarily mean there is a requirement to produce a new plan, only that it should be reviewed. 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, it was 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 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 required a revision of the strategic needs assessment; this work has now been completed. The SPG has started to consider priority actions for the next Strategic Commissioning 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 the future plan will start in mid-2022. This is likely to take the form of a 'you said: we did' and an approach that uses a more "blue sky" thinking so we can assess public expectations and aspirations for future service delivery.
- An analysis of Scottish Government and other public policies has been 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 constraints to delivering 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.

Comments by the IJB's Internal Auditors with respect to progressing the Strategic Commissioning Plan were noted at SPG on 30/03/22; AHSCP managers will keep in mind those recommendations as this process progresses and factor them into the final Plan. It has been agreed that the SCP will be reviewed six-monthly in the SPG, that we will engage on the continuing value of the "6 R's", that there would be a refocus on the underpinning principles and values, that an Annual Delivery Plan would be produced, and that an ambition and risk approach would be developed.

The new SCP will be based on the belief that biggest difference in health and social care in our communities will come from the things that people can do for themselves by taking control, whenever possible, of their own health and wellbeing. By working closely with our partner organisations and local communities to improve health and wellbeing, this plan will support adults living in Angus to be able to enjoy good health for longer and to make healthy lifestyle choices. Engagement activities will be arranged to ensure that the actions reflect the values, beliefs, and priorities of the people of Angus.

It should be noted that capacity challenges in the Partnership's Improvement and Development Service mean that this work has not progressed at the preferred pace, but staff are being actively recruited to increase resilience.

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 main outstanding objective in the current strategic plan. The SPG on 1/10/21 considered a report from the Partnership's Clinical Director proposing a number of initiatives designed to improve service provision in preventative work and promoting good self-care. In addition, the AHSCP has entered 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 in report 60/21. Members will be aware that the decommissioning of Beech Hill House, for

example, is intended to facilitate resource transfer from the care home sector to care at home and to support the prevention agenda.

Plans for prevention and early intervention work were considered at the Scrutiny Group for Living Life Well/Strang Report on 29/03/22 and were well-received. The Associate Medical Director, AHSCP and colleagues are working on developing a set of SMART objectives for this work. A job description is being drafted for a Project Manager, with a focus on achieving outcomes. The work links closely with the Planned Care activity of NHST, specifically around chronic pain management, continence, prescribing, long-Covid, and with the roll-out of community initiatives within Angus Locality Improvement groups such as weight loss, walking groups and menopause support; and with the work of Angus Council on Active Travel and Carbon emission targets. It is intended to establish links with local colleges and the universities. A progress report will be submitted to the next meeting of the SPG on 01/06/22, including dependency mapping for this complicated environment.

- 3.2** The new draft **Angus Integration Scheme** was considered at the IJB on 20 April 2022. Angus Council has approved the draft revised integration scheme for consultation. It also agreed that the Chief Executive Officer can deal with any last-minute changes which arise through the process of obtaining sign-off by the other parties. The Scheme went out for consultation in Angus on 13/05/22, closing on 27 May. Work on the Scheme will now focus on final revisions, including content duplication, grammatical errors and addressing the feedback from the consultation. Legal Services have approved the Angus Scheme. The Scheme will then need to be approved by Angus Council and by the NHS Tayside Board.

The Scottish Government has recognised that the model scheme they produced in 2014 is not wholly compatible with the legislation. Understanding of the legislation has grown over several years as everyone has been working with it. The issues of accountability and responsibility were a focus of the Strang report, and the revisions of the Integration Schemes in Tayside have therefore been subject to significant and ongoing scrutiny by the Mental Health Oversight Team, which includes an Integration expert. To take the review forward and address the issues of accountability, responsibility and governance, we have undertaken a range of work, including a RACI (Responsible Accountable Consulted and Informed) matrix and developed a flowchart of the movement of accountability and responsibility. These have been reviewed and agreed by the Scottish Government and the legal teams. A Directions policy and procedure has been developed for all three IJBs who will direct Parties to deliver any of the functions described in Directions. This policy is consistent with the new Scheme so will come into being in the next few months.

- 3.3 Strategic Financial Plan.** A draft Strategic Financial Plan was agreed at Angus IJB in April 2022. In summary, the financial position is positive this year, albeit somewhat artificially because of Covid monies, Scottish Government financial support to care services not yet being fully drawn down, and the effect of carry-forward monies, but will become much more challenging by 2023 and thereafter, with a projected gap in financial planning of £5m to £6m by 2025. This will have a significant impact on future strategic commissioning plans.
- 3.4 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, meets regularly and links closely with the Staff Partnership Forum. It will support the delivery of our new AHSCP Workforce Plan, which we will have at the June meeting of the IJB for approval before being submitted to the Scottish Government by 31 July 2022. The AHSCP continues to have significant challenges with workforce across a wide range of services, from care workers, allied health professionals, to medical staffing. These are addressed in the Workforce Action Plan.

3.5 Physical and Learning Disability Improvements.

The Physical and Learning Disability Improvement Updates were agreed at the February 2022 IJB.

Progress with improvement activity has been impacted on by changes in staff resources and the pandemic. The dedicated Development Officer role has been redirected to focus on Complex Care and the Senior Planning Officer resource has been directed towards operational priorities.

The Coming Home Implementation Report: An initial review of the Coming Home Implementation Report has taken place. A briefing paper has been shared with IJB board members, detailing the impact of the report for Angus and the required next steps. There will be significant input required to achieve the recommendations of this report, which will also require some resource commitment.

Delayed Discharge: An update report was recently provided to the Chief Officer and NHS Tayside regarding the current position within the Angus Learning Disability Service.

3.6 Care Home Review. The key components of the Review are:

In relation to the replacement of The Gables Care Home in Forfar, members will recall that it is no longer possible to proceed with the planned on-site rebuild and that alternatives require to be considered. The requirements in the new Scottish Government consultation regulations are significant, and a subgroup has been working through these. A long-list of options has been prepared and, week-beginning 16/05/22, work will commence on reducing to a shortlist. Consideration is being given to whether any resource will be intended to solely meet the needs of the current resident group or whether it can be designed for the changing needs of this client group over time.

Progressing the decommissioning of Beech Hill House. Redeployment has been arranged for all staff who wished it, with around half already having moved to new posts and the remainder expected to do so by the end of May. All residents have moved to other care homes. The community meals staff and community laundry staff remain on site and will be subject to new management arrangements to ensure that they are properly supported and managed. Meetings are now taking place with relevant parties about the future use of the building.

Peripatetic Nursing in Care Homes. Due to COVID -19 related delays and awaiting clarifications from the Scottish Government, progress with this initiative has been significantly delayed since first being supported in 2019. Resource has been identified to re-commence this work and a recruitment process is currently underway.

3.7 Angus Care Model – Psychiatry of Old Age. This has not progressed as anticipated due to the retirement of the Service Manager and the pressures of operations. However, a Project Manager has been identified and the review is due to commence shortly with a Day of Care Audit to ascertain the nature and complexity of the current patient group. The project will also consider outpatient services and current demand and need.

3.8 Day Care Review. Day Care merits consideration because it is a key element of our 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 removal of social distancing rules. Demand for Learning Disability Day Centre places is on the rise, with an increase in complexity of need as well as numbers. This will need to be factored into our future strategic planning.

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. Considering 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. Through the Day Care Review Group, work is continuing on 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. A work plan has been developed and a project management approach introduced.

3.9 Supported Housing. A separate Report is submitted to today's IJB.

3.10 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 Self Directed Support

(SDS), and the introduction of Eclipse, the new case records system. This is progressing well, with good engagement from staff and stakeholders. The current focus is on case supervision arrangements and skills development, staff induction, and the improvement work in Adult Protection (overlapping with SCR P19).

The short life working group for financial 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), in the Charging Group. A start date for the work on the Finance Module in Eclipse has not been finalised, but it is not likely to be before February 2023. This change is crucial to improving the processing of charges and contributions, along with debt recovery.

3.11 Help to Live at Home. The Fair Cost of Care (approval of providers on the Framework, and the rate at which independent providers of care at home are commissioned and paid) is being revised and renewed. Tender documents are being developed. An options appraisal is being developed for Learning Disability/Physical Disability provision. Consultation with providers and stakeholders is underway. Demand-capacity issues in current provision, and the need to drive up quality in complex care, will be addressed in the review.

3.12 The Homeless Supported Accommodation Review was recommended as part of the Rapid Housing Review in Angus. Work has been taking place with key stakeholders, Angus Council Communities (Housing), Homeless Support/ Housing First, Community Mental Health, Substance and Justice Services to produce a full review of existing homeless support provision within Angus to ensure this meets the needs of people with complex needs who present as homeless.

The review has considered the existing provision of AHSCP specialist homeless supported accommodation, provided through third sector services, and whether this met the needs of the small cohort of homeless individuals where independent living within the community is challenging, and where residential or supported accommodation was the preferred housing option. The review, which was completed in March 22, included direct one to one contact with those individuals who present with complex needs and included workers who have direct contact in supporting those individuals, many of whom would not wish to engage with the direct questionnaire/ interview process. The review covered the experiences of the individuals within this small group, including life histories, experience of using the services involved in the stakeholder groups, as well as the persons own opinions on whether the present housing arrangements support their needs.

Data from the review is presently being evaluated, with a draft report being compiled by 31st May 2022.

3.13 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 (RVH) 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 Hospital remains operational for patients who are clinically safe to be transferred until the new model is fully implemented.

The Project Implementation Group now meets every two weeks to develop the plan and oversee the progress of a range of actions with representation from medical, nursing, AHP services, staff side and the stroke association, along with representation from the RVH site and community services.

Development of Implementation programme with five work streams:

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

The main developments are:

- Completion of transition process for nursing and AHP staff
- Development of Angus Neuro Hub – working collaboratively with VAA
- Development and expansion of service delivery modelling
- Financial planning process in progress – aim for completion May 2022 with service delivery plan from there
- Rehabilitation framework in place to support service delivery.

Communication and Engagement:

- The Tayside Stroke Managed Clinical Network have met with core stroke teams and services who support the delivery of stroke care across Tayside to plan the implementation of the Tayside stroke rehabilitation framework. These meetings will be expanded to include the wider network of people who care for stroke patients and their families in the coming months.
- Dr Matt Lambert, Consultant for Medicine for the Elderly/Stroke met members of the Angus Clinical Partnership Group in Feb 2022 to provide an update on progress, well received
- Questionnaires/Interviews being undertaken for staff and patients and their families/carers to gather feedback. This is ongoing
- Ongoing staff briefings developed for circulation
- Creation of info graphic outlining the pathway which is being reviewed by PPG members and the stroke association.

Planned timescales are:

1. Service/workforce modelling/testing: Sept – Dec 2021
2. Transition completion – end Dec 2021
3. Progress report will be submitted at the August 2022 IJB meeting.

3.14 Medicine for the Elderly In-patient Review

Work is progressing to review the in-patient bed model for Medicine for the Elderly.

Since November 2020, the 14 Medicine for the Elderly beds within Ward 2, Stracathro Hospital have been non-operational under Business Continuity Contingency arrangements. In addition, 10 single/ensuite bedrooms within the Isla Unit, WHCC which were previously closed have been made operational. This arrangement has facilitated the safe transfer/admission of Angus patients in line with agreed COVID Pathways for NHS Tayside.

Bed occupancy for the majority of 2021 was consistently low but has significantly increased during 2022 and is anticipated to continue to do so due to the ongoing impact of COVID 19. Following discussion with the Medicine for the Elderly Clinicians the project team has been re-established and has decided to revisit the data 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 August 2022.

3.15 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.

Dr Scott Jamieson, Kirriemuir GP/Scottish Quality and Safety Fellow was asked to support the Primary Care workstream within Redesigning Urgent Care NHS Tayside. Currently there is no strategy or shared definition for Primary Urgent Care within this and the three partnerships have been working towards urgent care improvement separately to date in the absence of a unified approach.

Urgent care is delivered 24/7 across a complex system with inter-dependencies in some areas across partnership boundaries. A shared vision and strategy, which is locally implemented is key to optimised urgent care for Angus residents harmonised across Tayside.

Working with Angus representatives and 45 other key stakeholders from across Tayside over 5 discovery workshops, a Primary Urgent Care Ecosystem was developed which allowed a shared understanding of definition, areas of challenge, areas of innovative care and areas where further information would be helpful.

Beyond this, work is ongoing towards a 'week of urgent care' across all Primary Urgent Care to better understand the volumes managed as well as what data would be useful to capture on an ongoing basis to inform improvement.

A national data collection tool for general practice has been developed based upon the Tayside General Practice data work throughout the pandemic to automatically extract home visit numbers (and all other practice contact data). This is being piloted in Kirriemuir. (Dr Jamieson developed the pandemic data extract process as well as being involved in the new tool development). This will allow data to be populated in a toolkit showing the impact of a wider urgent care team and improved processes. This is available nationally [here](#).

Two Angus urgent care stakeholder surveys have been completed to inform local urgent care understanding on priorities, volume of work and to inform change ideas. All practices returned the practice specific return and 54 GP, practice managers, district nursing team members and others engaged.

We have completed the discovery and defining phases of the improvement and are moving into the development and delivery stages.

Using the toolkit above, there is the ability to directly evidence impact of new workforce changes and process improvements. This will also include both development of advanced skills within teams as well as likely recruitment utilising Primary Care Improvement funding where suitable. Moreover, closer working between health and social care and assessing the effectiveness of AHP integration into acute urgent care.

We recognise the need to develop a very clear identity for our strategy and values recognising this will also be effective where we are adapting systems and if needing to attract new workforce.

This work has been recognised nationally and is being presented during the National Urgent and Unscheduled Care Collaborative Launch on 1 June at Murrayfield Stadium, Edinburgh.

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 their 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 submitted today. It is also important to note that the IJB has previously noted that "...given the importance of these planned interventions (e.g. intentions set out in this report) to the overall strategic financial plan, should any planned interventions need to be revisited by the IJB (e.g. in terms of deliverability), then part of that consideration will be the description and approval of alternative measures to address any gaps that may otherwise emerge in the IJB's plans."

6. RISK

The 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 therefore 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. EQUALITY IMPACT ASSESSMENT

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

8. 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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