APPENDIX 1

Introduction

The covering report sets out the progress on the inherited transformation programme.

This paper sets out the planned reform programme for the duration of the current Strategic Plan, while also laying foundations for the next strategic planning period.

Each of these programmes of work detailed within this report links back into the five strategic aims set out in the Strategic Plan and contributes to achieving their outcomes.

The report which is presented to the Integration Joint Board today on our proposed approach to strategic commissioning is an enabler to help us progress significant parts of our programme of reform.

Having recently agreed the new leadership structure, there is sufficient capacity and capability within the leadership team to drive the delivery of this programme forward. Each of the programmes will have an identified Leadership Team lead and further specialist support will be accessed from across the partnership.

Scope of our Programme of transformation

The IJB has responsibility for planning and delivering community-based health and social care services under the integration scheme as well as planning and delivering Grampian-wide hosted services. In addition, all IJBs are responsible for the strategic planning for hospital-based services and it is in this area which integration authorities are seen to have made the least progress.

Demand across all these areas of service provision continues to grow and we continue to see a mixed picture in terms of outcomes. This paper sets out proposals for how to scale up plans for reforming services as well as for increasing the pace of these reforms across the three areas of services identified above.

Five programmes of transformation are being proposed, as summarised in the table. If the programme is approved, all programmes, projects and timelines will be refined further. It is anticipated that the programme will be aligned to the three-year Strategic Plan 2019/22.

Programme 1 - An approach to demand management implemented through a strategic commissioning approach	Projects and Focus
Programme 1a **Reduction in unscheduled care in Aberdeen Royal Infirmary (ARI)**	Strategic Grampian-wide review of care of the elderly, respiratory care, specialist older adults' rehabilitation and

	emergency care. Focus on demand analysis of the impact on emergency department from specific conditions: • Older people in relation to falls • Multiple admissions • Respiratory conditions Specific projects: a) Work with providers to increase technology for prevention of falls b) Scale up MDT/Silver City to emulate 'virtual ward' concept. c) Increase interim beds capacity d) Respiratory conditions
Programme 1b **Reduction in unscheduled care in Royal Cornhill Hospital (RCH)**	a) Strategic review b) Action 15 projects c) Alcohol and drug projects (ADP)
Programme 1c **Reduction in demand in hosted services**	Review of hosted services
Programme 1d **Improving the delivery of value demand within community-based services**	a) Stepped care approach b) Immunisation uptakes c) PCIP projects
Programme 1e **A single point of access for people requiring health & social care services**	a) Implement Access 1st

Programme 2 - A deliberate shift to prevention	Projects and Focus
Programme 2a	a) Promoting healthy, independent living

Long-term prevention plans to be brought to Board.	b) Adopt an assets-based approach c) Connect communities in order to build resilience
Programme 2b **Refreshed locality plans to be brought to Board**	

Programme 3 - A data and digital programme	Projects and Focus
Programme 3a **Digitisation of back office processes**	A Data & Digital Strategy a) Health Visiting project
Programme 3b **Use of technology to deliver change in frontline service delivery**	a) Working with providers to increase use of technology, such as consider technology solutions reducing the need for sleepover and waking night support b) 'Attend anywhere' scale-up to promote access to GP from community, care homes and people's homes c) Florence system for blood pressure monitoring by the individual at home, sharing results with the GP

Programme 4 – Conditions for change	Projects and Focus

Programme 4a **Cultural change**	a) Lean Six Sigma b) Workforce Plan
Programme 4b **Digital programme for staff**	a) Roll-out of technology to support staff mobility and flexibility b) Roll-out of Office 365 to support further collaboration
Programme 4c **Estates plan**	a) Estate plan to support co-location of staff with Community Planning Partners (CPP) and enhanced connectivity with our communities

Programme 5 - Accessible and responsive infrastructure	Projects and Focus
Programme 5 a **Place shaping and place planning**	a) Market position statement b) Infrastructure plan

An overview of each programme is provided below, followed by a drill-down into one of the programmes.

PROGRAMME 1: An Approach to Demand Management, implemented through strategic commissioning

As described in the strategic commissioning report included on the board agenda for its September meeting, to make further progress at pace and scale we need to understand our demand by using a demand methodology to support the redesign of services.

A community planning partnership approach is being taken to develop a methodology for analysing demand that will enable all partners, including the IJB, to understand the type of demand which is being responded to across the system from the view of our citizens. By understanding the flow of demand through the perspective of our citizens we can understand how services are used and provided.

The following classification of demand is being proposed:

1. **Value demand** - These are the demands we want our citizens to place on the system. They should reflect the reasons for our being. Reflecting the Scottish

Government's own recommendations, preventing demand through earlier intervention is a positive step to take.

2. **Negative demand** - Turning off negative demand has an immediate impact on our capacity. We can further sub-divide negative demand:

    a. Failure demand - demand from service failure or poor design.
    b. Avoidable demand - demand arising from behaviours that can be influenced or changed.
    c. Excess demand - providing a higher level of services than is needed.
    d. Co-dependant demand - demand unintentionally reinforced and entrenched by service dependence.

This classification of demand can be used to produce a detailed analysis of demand across all commissioned services.

To enable us to then consider the design of services, an appropriate response is required to each category of demand. This will cover short, medium and long-term responses. In broad terms removing failure demand and avoidable demand is likely to deliver short-term wins. Redesigning services around citizens could remove excess demand and co-dependant demand will bring medium-term successes. Ultimately, we must plan a more deliberate shift to a preventative focus, as advocated by the Christie Commission, in order to in the longer term prevent non-value demand from arising.

The opportunity, through a strategic commissioning approach, is to design services differently and, in doing so, strengthen the resilience of the population and reduce demand on services. This creates a shift away from negative demand to value demand. If the IJB approves the strategic approach outlined in the Strategic Commissioning report, this will provide the stepping-stone on which we begin the next stage of our journey in terms of shaping the services provided externally by the market and those provided by our public partners.

PROGRAMME 2: A Long-term Approach to Prevention

The Christie Commission advocated a deliberate shift to prevention and the leadership model for the IJB has been designed to support a more deliberate shift. The health improvement teams within public health, and teams within the council, are all attempting to prevent demand. This programme presents us with the opportunity to identify some long-term programmes as a result of our growing understanding of the demand being absorbed within the health and social care system, to enable the shift. Some of these programmes can be undertaken on a city-wide, whole-population basis. Other programmes will warrant a very targeted approach in terms of population groups and/or geographical areas. The intention is to develop these long-term programmes with partners and to submit them to the board in due course. These prevention programmes will focus on:

- Promoting healthy, independent living
- Adopting an assets-based approach
- Connecting communities in order to build resilience.

The shift to three localities has provided an opportunity to refresh the locality plans in conjunction with the CPP and we will take this opportunity to ensure a focus on the prevention agenda. We will bring refreshed locality plans to the Board which will focus on the early intervention and prevention agenda**.**

PROGRAMME 3: Our Data & Digital Programme

Our Digital Lead post is still in the process of recruitment and once complete will focus on designing a digital and data strategy to bring to the IJB for approval. It will move us through a digital maturity journey, moving us from traditional delivery to a transformational delivery model (see Fig1 on page 8), whilst ensuring alignment with partners at a local and national level.

The digital and data strategy will set out a plan to build on our understanding of people by gathering and analysing data about citizens and bring together citizen data, including their perceptions and satisfaction, to develop insight and a multi-agency view of demand. The IJB will target services based on a detailed understanding of need, often in partnership with other public sector organisations; therefore, we will continue to work with partners to integrate and analyse data that enables us to target service delivery.

This will also make it easier to do our jobs by equipping our workforce with technology that allows flexibility and agility to respond to service users' needs, giving citizens better choice in how they get information and access services, and will ensure that we share information and use data to make better decisions.

Therefore we need to create a deliberate programme which will focus on the digital journey from traditional to transformational, (Programme 3a) which is focused on the first three steps (see Fig 1) and a separate programme (Programme 3b) which focuses on steps four to five (see Fig 1).

Data is critical to both programmes' success as well as overall to underpin our demand approach.

Programme 3a – We are focused on understanding how technology can support service delivery, but we recognise that we also must understand what processes we need, and which can be streamlined or automated. Accessibility to systems and information in the field is key to help make sure that our staff are spending as much time with service users as possible, without the restriction of having to work between offices and services. Further automation of routine administration and tasks can be achieved with digital automation to free up workforce capacity. Therefore, another key aim of our digital and data strategy will be to ensure that our systems help our workforce and customers to transact in a digital world.

Projects:

a) We have developed an example which demonstrates how we plan to progress through steps 1- 3 in the digital journey, increasing staff capacity as a result of moving from being paper-based to being able to be automated and agile. A test of change is proposed within Health Visiting in which we support frontline staff to be engaged and own the opportunities presented through digitalisation. This team has been on the operational risk register for some time due to major recruitment challenges within the city. This redesign will see the implementation of an automated scheduling and caseload system, facilitated by mobile technology. It will reduce workload, which will have a positive impact on staff wellbeing and retention and the delivery of services. There is a paper to the Board today to approve progression of funding for this project, with the aim of it becoming operational by November 2019.

Programme 3b – The current pace of technology within the health and social care sector is significant, and there is opportunity and need for us to embrace and progress this agenda.

We aim to work with partners to design services which maximise the use of technology to promote independent living and independent management of conditions and to reduce the co-dependency demand we have created as a result of the service delivery methods we have adopted. This will focus on the use of technology-enabled care, design of infrastructure and self-management.

Our digital and data strategy will also ensure effective use of data and provide a single view of the people accessing services. The value of data will help ensure that we have the right information and processes to make wise choices in the way that we run our services and budgets for today and the future. Using data-driven technology to transform services will also help get the most out of data, basing tough choices on the strong analysis.

As we continue to see rising demand for many services, the effective use of data and business intelligence (BI) provides an opportunity to predict and model services in advance to intervene earlier and ultimately prevent harm. The ability to bring together data from different systems will ensure that managers have the right information available to them to make decisions both now and for the future. Furthermore, the ability to share a single view of citizens can help connect services to the changes in the communities and use BI to manage the delivery of our commitments to them.

Data and technology are being revolutionised through the development of data science, predictive analytics, data mining and cognitive processes such as machine learning and AI. Developing uses of these techniques offers opportunities to redesign public service built around the needs of local people

Projects:

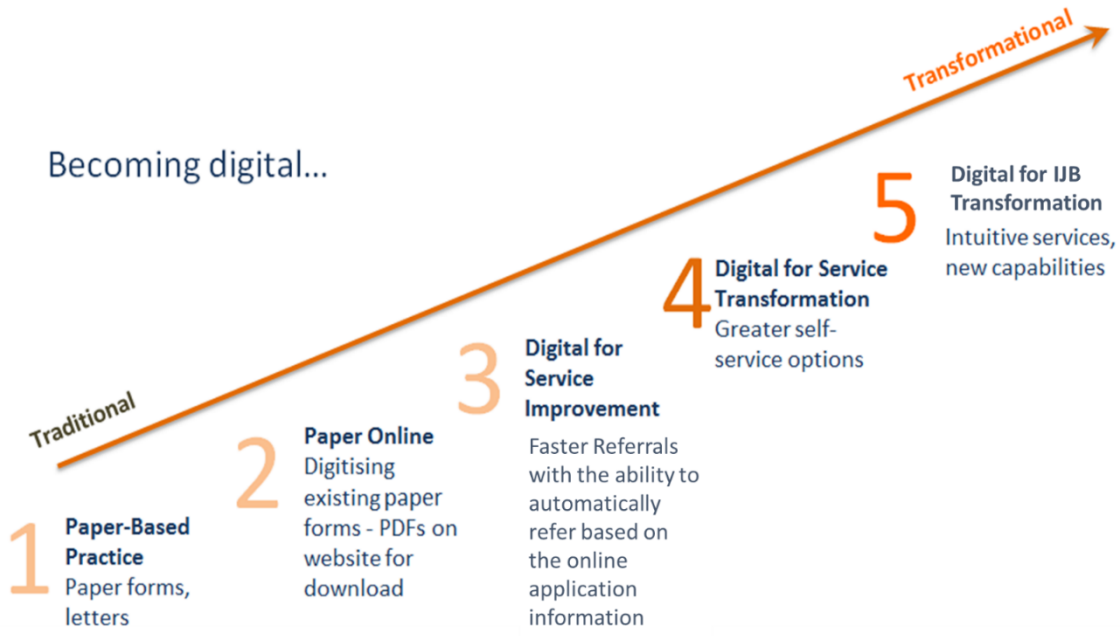
a) We will work with providers to maximise the use of technology solutions in design and delivery of services; in this way we can look to deliver sustainable services in a more robust marketplace. An example would be to understand

how we can apply the learning from the Dumfries and Galloway test of change in bringing a technology solution to reduce the need for sleepover and waking night support.

b) We will explore how we can replicate the example of good practice from Perth & Kinross to bring 'attend anywhere' into our care homes. The expected benefits are that this will bring about a less disruptive method of securing specialist healthcare and support the planning process for individuals, reducing their personal need to travel and easing associated pressures on care homes.

c) The Florence SMS system allows people at home to record and monitor their blood pressure and send the results direct to the GP. This is an example of best practice used in South Lanarkshire with positive outcomes for service users and GPs. We await information governance passing through Scottish Government to commence this locally at both scale and pace.

Fig 1



Programme 4: Conditions for Change

We can describe our key conditions for change around:

- Creating the right culture of collaboration and innovation and ownership of change

- Providing our workforce with the digital tools to enable them to work flexibly, efficiently and effectively, particularly in terms of access to data

- Building relationships across our partnership workforce and with communities through the co- location of staff together and in community settings in order to be community facing and for opportunities to integrate services to be identified by staff themselves.

There is a need to support frontline staff in developing ownership, supporting positive risk-taking and feeling empowered to make changes. This cultural shift will require a robust implementation of our workforce plan. Two examples of current work give a confidence that staff are starting to feel empowered to implement change:

- There has been progress emerging from the work we have commenced through the application of Lean Six Sigma performance improvement techniques. We are working through the first tranche of projects. A prioritisation process is under way for the second phase, which will identify the areas of focus. This is an outcome-based approach which will ensure we focus on projects linked to our programme of transformation.
- An example of tranche 1: we have, through process redesign, been able to improve the patient-facing time of a group of District and Community Nurses by 119%. We continue to work with teams on others, such as social care financial assessments and wheelchair access, mindful that tranche 1 is the learning phase.

By using this approach, we are not looking to reduce or cut the current workforce, but to balance the demands of their role with the resources we have and those we anticipate in the future.

In developing a culture of collaboration, a lot of investment is under way in system leadership across the partnership. The expansion of mindsets is critical at this juncture, as system thinking helps us to understand that the boundaries of professionals and organisations are not the priority, but our shared priority is improved outcomes.

Increasing staff's use of mobile technology will enable a physical flexibility in terms of staff working and use of tools like Office 365 enables more collaboration. Therefore, the digital programme (Programme 3) will need to have a third element which focuses on digital technology to enable staff mobility and collaboration. It is anticipated that we will have a roll-out approach to the use of mobile technology and in line with the programmes of ACC and NHS Grampian, a roll-out of Office 365.

An Estates plan will allow us to work with NHS Grampian and ACC partners to understand what is required to facilitate the co-location of staff across the system, with a particular focus on the co-location within our locality areas in order to ensure staff are community facing. A plan is under development and will be brought to the Board in due course. We anticipate co-location opportunities being prioritised within our locality areas first.

Programme 5: Accessible and responsive infrastructure

There is a need to plan for the future and consider now what services will be provided and from where. Starting with our data and working with our partners we can look to begin to design what we need, maximising our use of place. For example, current data indicates an increasing number of young adults with complex care needs requiring care. We have a requirement to look at out-of-area placements and at accommodation solutions for older people with dementia, complex physical needs and those with a learning disability.

If one of the ambitions of integration is to shift the balance of care by ensuring that people live their full lives in our communities, even when experiencing changes in their health, then the provision of private and social housing will have to change in the city.

In addition to influencing the design of private and social housing (of which the council is a significant provider in the city) , we also need to influence the market in terms of the design of care and support provision as well as the design of any community facilities which the partnership views as appropriate. Early success has been achieved in the city through the development of community hubs as indicated in the Primary Care Improvement plan (PCIP). The community hubs can be a focus for co-location, supporting enhanced collaboration across Community Planning Partners whilst also ensuring we are community facing. Evidence from our current Healthy Hoose project can support scale-up in this area.

The city is experiencing a significant investment in the early years and the schools estate and this estate could be used to support a deliberate inter-generational approach within our communities.

We will produce an infrastructure plan that will lay out the requirements for future service delivery based on design to reduce demand across public services. This will be aligned to partners and inform our market position statement. This infrastructure plan will be brought to Board in March 2020.

DRILL-DOWN INTO PROGRAMME 1

The following part of the report highlights the areas we are working on or will focus our immediate attention on.

PROGRAMME 1: OUR APPROACH TO DEMAND MANAGEMENT, IMPLEMENTED THROUGH STRATEGIC COMMISSIONING

As we progress with the redesign of services, it is critical that we ensure that there are clear pathways established for our users of services, between primary care and locality teams, intermediate care, specialist services and acute care so that people benefit from access to the right care, from the right person, at the right time as their needs change. Our approach to commissioning will facilitate a co-produced approach across the system to bring a more cohesive approach.

Hospital-Based Services:

As advised in the review of progress to date, work has begun on the strategic planning for hospital-based services. It is essential that planning for hospital-based services is moved forward on a Grampian-wide basis in order that NHS Grampian can manage the redesign of acute services, whilst of course requiring to meet the needs of three geographical areas.

The following are services provided within hospitals for which the three IJBs have strategic planning responsibilities, but which continue to be operationally managed by NHS Grampian:

- Accident and Emergency Services provided in a hospital (ED)
- Inpatient hospital services relating to general medicine, geriatric medicine (care of the elderly), rehabilitation medicine (SOARS), respiratory medicine and psychiatry of learning disability; and
- Palliative care services provided in a hospital.

Strategic plans are at consultation stage for Mental Health & Learning Disability and for Palliative and End-of-Life Care. A plan for Care of the Elderly is due in September. These plans will be followed by ones for Respiratory Care, Specialist Older Adult Rehabilitation Services (SOARs) and for the ED.

These Grampian-wide strategic plans will outline the high-level ambitions of each of the partners, set the direction of travel for more efficient use of resources across the system, and assist with shifting the balance of care towards community settings.

The North East Chief Officer group will provide oversight and a critical friend approach, building relationships, and encouraging collaborative working and engagement with our partners to seek full agreement for each plan prior to getting approval from each IJB.

The North East Partnership of IJB Chairs and Vice Chairs will have oversight and scrutiny of the hosted services, with each HSCP sharing performance reports and updates. This forum will undertake a review and critique of current delivery models and agree new models moving forward.

Programme 1A: Reduction in Unscheduled Care to ARI

An outcome of the strategic plans for palliative and end-of-life care, plans for care of the elderly, respiratory care, SOAR and emergency departments will all contribute to the reduction in unscheduled care and start to shift aspects of negative demand.

Whilst we develop the strategic plan for the Emergency Department, we will continue to try and remove the avoidable demand in terms of admission. We have in the past made significant progress on delayed discharges, but as demographics shift, we have

seen an increase in demand and a limited ability to increase capacity due to bed base and market capability. If we continue the current trajectory we will return to the days of high numbers of delayed discharges. Even though we have redesigned part of the system, now we need to consider the other parts of that whole system.

In the short term, we are working with NHS Grampian's Health Intelligence and Aberdeen City Council's Business Intelligence to focus on three types of emergency admission to ED:

- older people in relation to falls
- multiple admissions and
- respiratory conditions.

Our ambition is that we will use geographical information systems (GIS) mapping, population needs assessment, health data and hospital admission data to drill into areas across the city where these areas present the largest admission rates. We can then investigate causes and work with the community and all partners to redesign the system and shift that demand from hospital to the community.

Projects:

a) We are working with local providers to explore the impact of wearable and monitoring technology that has reduced falls significantly across supported accommodation.
b) We will review the examples of good practice being undertaken by Aberdeenshire and East Kilbride and understand how we can implement the multidisciplinary approach to preventing admissions of those most at risk; we will achieve this by building on our own version, 'silver city', and the work being done around multi-disciplinary team (MDT) meetings which both focus on those with increasing needs and risk of admission, increasing services from the MDT as required.
c) We are working to increase and scale up the interim bed availability across the city, with a paper being presented at Board today; being mindful of the need to promote independence, we are working with providers, housing and occupational therapy colleagues to invest in current voids within sheltered and very sheltered complexes to increase capacity. This model will initially assist with surge capacity.
d) We will build on the positive outcomes achieved by the respiratory bundle project, in which we are working pan-Grampian on the same approach to chronic obstructive airway disease regarding prevention of exacerbation information and pulmonary rehabilitation.

PROGRAMM 1B: Reduction in Unscheduled Care at Royal Cornhill Hospital

The advent of the Grampian-wide strategic plan will facilitate the introduction of a transformation steering group which will bring a focal point to understand the collective

impact of reform. Coupled with the commissioning approach, this will assist in redesigning services across all four tiers of service delivery.

Projects:

a) The continued work through Action 15 will bring both short-term and medium-term gains through our demand methodology. This will bring a reduction in direct access to more specialist services (tier 3) and hospital-based (tier 4) which will increase their capacity and ultimately reduce waiting times.

   - A report is being presented at Board today which seeks approval for further roles to support tiers 1 &2 within primary care. This project will see the scaling up of the Primary Care Psychological Therapy service which has been in place in Aberdeen since 2018. The service provides clinically effective evidence-based psychological treatment for those suffering from mild to moderate common mental health issues such as anxiety disorders and depression. This increase in support at primary care level should see a reduction in referrals to tier 3, reducing waiting times and bringing more personalised support (right care, right time, right place)

   - A report is being taken to the Board today to provide an alternative to the existing specialist pathway for those individuals who are experiencing mental health distress and who come to the attention of Police Scotland and the Custody Suite at Kittybrewster or who present to the Accident and Emergency Department at ARI. The custody suites are hosted by Aberdeenshire and used by offenders and patients who are mainly from Aberdeen/Aberdeenshire. The A&E Department will see patients from both authority areas. Whilst this project is primarily focused on enhancing the current pathway by providing a lower tiered level of response, this alternative model will contribute to a much-needed cultural change and begin to encourage citizens to develop the knowledge and skills required to enhance their personal resilience.

b) We will continue to support the themed approach taken by Alcohol and Drugs Partnership (ADP) which supports range of action across the ADP, the Health and Social Care Partnership and Community Planning Partnership to work together to tackle drug and alcohol-related issues. It supports whole-system approaches and seeks to include and involve localities, the public, service users and those with lived experience of recovery.

   1. Whole-family approach
   2. Reduce harm, morbidity and mortality
   3. Service improvement
   4. Supporting recovery
   5. Intelligence-led
   6. Locality partnerships

Programme 1C: Reduction in demand to hosted services

Hosted services will be reviewed and redesigned through the North East Partnership.

This will enable us to use a pan-Grampian approach to redesign, considering demand management and strategic commissioning as focus and enabling agents. By utilising this methodology, we can work through hosted services and current and desired outcomes.

SERVICE	CURRENT HOST
Sexual health services	Aberdeen City
Woodend assessment of the elderly	Aberdeen City
Woodend rehabilitation services (including Stroke, Rehab, Neuro rehab, Horizons, Craig Court and MARS)	Aberdeen City
Marie Curie nursing	Aberdeenshire
Heart failure service	Aberdeenshire
Continence service	Aberdeenshire
Diabetes MCN (including retinal screening)	Aberdeenshire
Chronic oedema service	Aberdeenshire
HMP Grampian	Aberdeenshire
Police Forensic Examiners	Aberdeenshire
Out of Hours GO cover (G-Meds)	Moray

Programme 1D: Shift demand to value demand in community-based services

a) We aim to deliver sustainable services for community-based urgent unscheduled care, comprising advanced practitioners and care staff who are available to respond rapidly to changing needs, offering people home-based alternatives to acute hospital admission. We are evolving our acute care at home model into a stepped care approach; this will continue to develop and scale up. This model now links in existing services such as out of hours district nursing and social care responder service; in addition, we are providing focused support to care homes. This approach allows prevention of admission through

community (GP, out of hours) and also referral directly from ED to prevent admission.

b) We are working on improving our uptake of immunisations across the population which can contribute to reducing negative demand in areas such as flu and immunisations programmes for young people.

c) We will continue to work through projects which are supported through the PCIP which shift the balance from GPs to a more multidisciplinary and system-wide approach. In this way we can promote early intervention and prevention strategies to move towards value demand.

Programme 1E

Across the system we have multiple points of access and referral points for both people who use services and professionals. There is a need to streamline the process and improve access for all.

People who access services often report that it is difficult to know who to go to, where to go and when. Individuals can be passed from one service to another, causing frustration, delays and often repetition of their story, personal information and time. This can cause delays in accessing vital services, or individuals may get frustrated and give up, failing to access information or services which could assist them.

A single access point for health and social care would allow a place where people contact services, through various mediums, and access information either by self-serve or a triage system which can direct and support them to appropriate services.

This approach would facilitate an increased awareness of where to go to, and the triage system would ensure people are guided through the complex system in a more timely and accessible way. It builds on the theory underpinning the link workers within GP practices, where we can support people to access the right services, at the right place and the right time.

This will bring efficiency in resources across community partners, preventing duplication of effort, reduce complex referral systems and reduce waiting times.

Project:

a) We are looking at the model of Inverclyde (Access 1st), and other national projects which are already established, to facilitate this ambition. The impact and longevity of examples of best practice will allow us to move at pace and scale as we adopt what others have progressed. We can adapt them to suit our local needs for the city and can achieve this operationally to achieve the pace we require.