Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	3 September 2019
Report Title	Transformation – Decisions Required: Digital, Immunisations and Delayed Discharge
Report Number	HSCP.19.052
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Gail Woodcock Lead Transformation Manager gwoodcock@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	a. Interim Very Sheltered Housing Business Case b. Interim Very Sheltered Housing Direction to ACC c. Health Visiting Digitisation Business Case

1. Purpose of the Report

1.1. This is one of three transformation reports seeking approval to agree financial expenditure to progress a number of projects which support the delivery of our Strategic Plan.

1.2. The purpose of this report is to request approval from the IJB to incur expenditure, and for the Board to make Directions to NHS Grampian and Aberdeen City Council, in relation to projects that sit within the Partnership's Transformation Programme in respect of the Digital and Delayed Discharge programmes.

1.3. The projects relate to strategic intentions, as set out in the overall Transformation Plan, the Primary Care Improvement Plan (PCIP) and the Action 15 Plan which have been previously approved by the IJB, as key areas of change for delivering on the Strategic Plan.

NHS Grampian

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2. Recommendations

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

a) Approve the expenditure, as set out in Appendix A, relating to the Interim Very Sheltered Housing project.

b) Instruct the Chief Officer to make the Direction to relating to the Interim Very Sheltered Housing project as per Appendix B to Aberdeen City Council.

c) Approve the preferred option as set out in the Business Case in Appendix C in relation to Health Visitor Digitisation and note that discussions will continue with NHS Grampian to identify the funding for this option, with the aim of it becoming operational by November 2019. Note that the Health Visiting Digitisation Business Case will also be reported to the Asset Management Group of NHS Grampian.

3. Summary of Key Information

Background

3.1. Good governance and delegation levels require the IJB to approve the level of expenditure on these projects and make Directions to both NHS Grampian and Aberdeen City Council that will enable funding to be released to deliver the projects. The governance structure in place has and will continue to ensure effective operational and executive oversight.

3.2. This report seeks authorisation from the IJB to incur expenditure in respect of items which have been considered and recommended for approval in principle by the Executive Programme Board and discussed and developed through Working Groups where appropriate.

3.3. In order to allow this report to be considered in a transparent manner, details relating to finances have been attached as confidential appendices.

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Transformation Programme

3.4. The transformation programme has recently been prioritised in line with the refreshed Strategic Plan. A list of the programmes along with their links to the Strategic Plan, Medium-Term Financial Framework and Strategic Risk Register is set out below:

Transformation Programme of Work	Links to Strategic Aims & Enablers	Links to Strategic Risk Register*	Links to Medium Term Financial Framework	Comments
Primary Care Improvement Plan	Resilience Personalisation Communities	1, 2, 5, 7, 9	Transformation	Agreed by IJB in July 2018 Specific Funding Source.
Action 15 Plan	Prevention Resilience Personalisation Communities	2, 3, 5, 7, 9	Medicines Management Transformation	Agreed by IJB in July 2018 Specific funding source
Alcohol and Drugs Partnership Plan	Prevention Resilience Personalisation Communities	2, 4, 5, 7, 9	Transformation Medicines Management	Agreed by IJB in December 2018 Part of Community Planning Aberdeen's Local Outcome Improvement Plan Specific funding source
Locality Development Transformation Programme	Prevention Resilience Personalisation Communities Connections	1, 2, 4, 7, 8, 9	Transformation Medicines Management Efficiency Savings Service Redesign	Will capture change actions identified in locality plans. Will also include significant cross-cutting projects such as Unscheduled Care and Social Transport
Digital Transformation Programme	Prevention Resilience Personalisation Communities Connections Digital Transformation Modern & Adaptable Infrastructure	1, 2, 7, 9	Efficiency Savings Transformation Medicines Management Service Redesign	Will support the delivery of the Digital Strategy
Organisational Development Transformation Programme	Prevention Resilience Personalisation Empowered Staff	6, 7, 8, 9	Service Redesign Transformation	Will support the delivery of the Workforce Plan
Efficient Resources Transformation Programme	Prevention Resilience Sustainable Finance	1, 2, 7, 9	Efficiency Savings Transformation Service Redesign	Utilising Lean Six Sigma methodology, working deep within teams delivering services to reduce variation and increase efficiency

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Resilient, Included and Supported Outcome Improvement Plan	Prevention Resilience Communities Connections	4, 7, 8	Medicine Management Transformation	Part of Community Planning Aberdeen's Local Outcome Improvement Plan. No specific funding source

Interim Very Sheltered Housing

3.5. The Very Sheltered Housing Interim project (which is described in detail in the business case at Appendix A to this report) offers an additional opportunity to provide dedicated capacity to support patients/clients safely out of hospital.

3.6. In summary, the project entails the repurposing of under-utilised housing with care (also known as Very Sheltered Housing) flats within Aberdeen City to support those waiting in hospital for that level of care and support. NHSG Acute; Occupational Therapy; Woodend Hospital and Royal Cornhill Hospital, amongst others, have endorsed the project as appropriate and would support it. The business case has been reviewed and approved by the Executive Programme Board.

3.7. The use of such an interim type service would align with the suite of services that the partnership has put in place to date relating to flow out of hospital. It is also congruent with the Grampian-wide "moving on" policy, which puts an emphasis on appropriate interim discharge arrangements being utilised once an individual is clinically fit for discharge.

3.8. There are known benefits to patients/clients from being discharged from hospital as soon as they are well enough to do so. These benefits include a significantly reduced risk of infection, reduced risk of deconditioning, and improved confidence regarding independent living.

3.9. Any patient/client who utilised an Interim Very Sheltered Housing placement would continue to be prioritised in the same way as a hospital-based delayed discharge for any services/supports, i.e. an individual would not be disadvantaged and wait longer for a permanent placement due to moving to the interim service.

Digitisation of Health Visiting

3.10. Health Visiting has been experiencing recruitment difficulties for some time. There has been limited success in mitigating this, other than seeking to recruit additional health visitors. Some success was achieved through employing additional staff in administrative and immunisation support roles to reduce health visitors' workloads.

3.11. The Lead Nurse has recently highlighted the impact of staff shortages on the provision of universal services to under-5s across the city.

3.12. In January 2019 it was established that a wider range and understanding of potential mitigation factors was required. One significant mitigation identified was the introduction of a scheduling and caseload management system and the opportunity of mobile working.

3.13. Health visiting in the city currently utilises traditional paper-based systems to support, plan and capture their work. This system is inefficient, requiring duplication of processes and additional travel time to base prior to undertaking appointments. In addition, the system is burdened by bureaucratic processes.

3.14. It is understood that there is a desire by partners to have one system for the whole of Grampian with the ability to engage across multiple software systems to improve multi-agency working. Given Aberdeen City had a higher risk of failing to meet the universal pathway for under 5s, it was felt that an interim solution should be considered.

3.16. During the period of the options appraisal and business case being prepared Health Visiting salaries have been increased due to a national re-grading of this role. This has resulted in an increased interest in posts and as such we will now be able to potentially fill vacancies, increase staffing and mitigate the risks to service users. However, this does not address the inefficiencies in the systems and procedures currently used by the Health Visitors.

3.17. There is a need to balance bringing increased efficiency and productivity with ensuring that we recruit to appropriate workforce requirements and focus on delivery of the pathway to every child in the city. To this end and in partnership with the Director of Nursing we will run the workforce tool quarterly and monitor set of agreed performance indicators, to measure the impact of change, transformation and success, the expectation and premise of this approach being that as we increase efficiency, productivity and process we enable Health Visitors to spend more time on direct contact improving the outcomes for children across the city.

3.18. We are proposing to bring in phased increases in staffing across the initial three years as determined by the workforce tools. Doing this incrementally will take cognisance of the digital solution and support the mobile solution; it is anticipated that many risks especially in cases of vulnerability will be minimised quickly.

3.19. Work has been undertaken to scope out the implications for moving to a digital solution for health visiting in the city. This would involve Health Visitors having a mobile device and an electronic system to manage their appointments and update clinical case notes. The impact of this work on quality and safety will be monitored through the Grampian Clinical Governance Committee.

3.20. Technical analysis, including site visits and technical demonstrations, were carried out on nine potential operating systems to assess the suitability for the health visiting service's needs, along with detailed scoring and recommendations. These are included within the business case at Appendix C.

3.21. This proposal in Appendix C has been developed in partnership with senior officers from NHSG to fully explore the context and minimise the impact of any potential unintended consequences. The process used during the development of this business case has involved Health Visiting staff and

they are supportive. Engagement with staff side and union colleagues has also been undertaken.

3.22. Savings will be identified following the implementation of the system to cover the ongoing costs. Discussions are currently taking place with senior officers within NHSG to determine what level of financial support they can provide towards this project going live in November 2019, particularly given there may be merit in rolling this system out in other services.

3.23. The business case details potential benefits for service users and staff and has been approved by the Executive Programme Board. As health visiting is a service that remains accountable to NHS Grampian (it is not within the IJBs Scheme of Delegation), the proposal is also being reported through NHSG Asset Management Group. The IJB is asked to agree to incur the expenditure as it is accountable for the operational budgets pertaining to this service.

4.   Implications for IJB

4.1.   Equalities

It is anticipated that the implementation of these plans will have a neutral to positive impact on the protected characteristics as protected by the Equality Act 2010.

4.2.   Fairer Scotland Duty

It is anticipated that the implementation of these plans, will have a neutral to positive impact on people affected by socio-economic disadvantage.

4.3.   Financial

The recommendations in this report will result in financial expenditure from the Integration and Change budgets. Full details of the financial implications are in the associated business cases.

4.4   Workforce

Implementation of the Health Visiting Digitisation project will involve new ways of working for health visitors, and appropriate training will be provided.

Due to the anticipated scale of change in terms of service delivery, consultation and engagement with staff and trade unions will be key throughout all aspects of transformation. The success of our ambitions will depend on our staff, and hence Organisational Development and staff training will be a key aspect of delivering transformation.

4.5   Legal

At this time, there are no anticipated legal implications for the projects referred to in this report.

4.6   Other - N/A

5. Links to ACHSCP Strategic Plan

5.1.   The recommendations in this report seek to deliver aspects of the wider Strategic Plan including supporting and improving the health, prevention, wellbeing and quality of life of our local population, and supporting our staff to deliver high-quality services that have a positive impact on personal experiences on outcomes.

6. Management of Risk

6.1.   Identified risks(s)

Risks relating to the Transformation Programme are managed throughout the transformation development and implementation processes. The Executive Programme Board and portfolio Programme Boards have a key role to ensure that these risks are identified and appropriately managed.

6.2.   Link to risks on strategic or operational risk register: The main risk relates to not achieving the transformation that we aspire to and the resultant risk around the delivery of our strategic plan, and therefore our ability to sustain the delivery of our statutory services within the funding available.

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9. Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system

2. There is a risk of financial failure, that demand outstrips budget and the IJB cannot deliver on priorities, statutory work, and project an overspend

6.3. **How might the content of this report impact or mitigate these risks:**
The report seeks approval to progress a number of projects which will directly positively contribute to mitigating these risks.

Approvals	
Sandra Ross	Sandra Ross (Chief Officer)
Alex Stephen	Alex Stephen (Chief Finance Officer)