



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	25 February 2020
Report Title	Transformation Progress Report
Report Number	HSCP.19.102
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Gail Woodcock Lead Transformation Manager
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Transformation Programme: Acceleration and Pace Highlight Report: November 2019 – January 2020

1. Purpose of the Report

The purpose of this report is to provide an update on the progress of the Transformation Programme.

This includes a high-level overview of the full transformation programme.



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The paper also includes high level information on a recent Lean Six Sigma project on social work financial assessments, and our approach to evaluating the impact of the Primary Care Improvement Plan, and a deeper dive into these will be presented at the committee.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:

- a) Note the information provided in this report and the presentations on the Primary Care Improvement Plan evaluation, and Social Work financial assessments.

3. Summary of Key Information

Background

3.1. The Transformation Programme for the Aberdeen City Health and Social Care Partnership (ACHSCP), was updated in line with the refreshed Strategic Plan in March 2019 and the associated revised Programme of Transformation as approved by IJB in September 2019. It consists of the following programmes of activity which aim to support the delivery of the strategic plan:

- Programme 1: An approach to Demand Management implemented through a strategic commissioning approach
- Programme 2: A deliberate shift to prevention
- Programme 3: A Data and Digital Programme
- Programme 4: Conditions for Change
- Programme 5 Accessible and responsive infrastructure

3.2. The partnership governance structure has been revised to support the delivery of our new Programme of Transformation, allowing appropriate scrutiny and review, at pace.

3.3. This report provides a high-level overview of key milestones delivered during the reporting period (October – December 2019) and any significant issues, risks and changes. It is highlighted that during the period of programme transition, the detail of some of the programmes is still developing, and future iterations of this report will show this greater detail.



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3.4. The table below sets out, at a high level, the programmes and links to our Strategic Aims and Enablers:

Transformation Programme of Work	Sub Programmes	Links to Strategic Aims	Links to Strategy Enablers	Comments
Demand Management	Unscheduled Care Action 15 Primary Care Improvement Plan (PCIP) Hosted Services Immunisations	Resilience Personalisation Communities	Medium Term Financial Strategy (MTFS) Commissioning	
Prevention	Locality Development Links Approach Resilient, Included & Supported (RIS) Alcohol & Drugs Partnership plan (ADP)	Prevention Resilience Connections Communities	MTFS	
Data & Digital	Front line service technology Back office digitisation	Prevention Resilience Personalisation Connections	MTFS Workforce	
Conditions for Change	Lean Six Sigma Workforce Plan Staff digital & Estates Operationalisation of Localities	Resilience Connections Communities	MTFS Workforce Infrastructure	Will utilise Lean Six Sigma methodology, working deep within teams delivering services to reduce variation and increase efficiency.
Accessible & Responsive Infrastructure	Place Shaping Place Planning	Prevention Connections	Infrastructure	



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Social Work Financial Assessments

- 3.5. This project, using the Lean Six Sigma methodology, and aligned to our Conditions for Change Programme, considered the lead time and complexity of the social work financial assessment decision-making process.
- 3.6. Teams from care management in both acute and community sectors, Aberdeen City Council finance and CareFirst teams were brought together to agree objectives and to map out current processes and issues to be addressed. A data collection plan was put in place and the information was analysed and presented back to the team. Several handovers, reliance on paper-based /manual systems as well as an increase volume and complexity of assessments were identified as areas for improvement. Improvement cycles looking at introduction of different solutions were undertaken over a 4-week period in August / September.
- 3.7. The impact of the project has meant;
- New financial form is now implemented which has the correct level of detail and guidance for staff and the public. Both guidance and form has had good feedback.
 - Mobile scanning of documents and direct emailing to relevant departments has improved timelines and reduced lost financial evidence and documentation.
 - Roles and responsibilities guidance – clear and agreed standard of responsibilities for all teams within this process. Improved working relationships and decreased delays.

Primary Care Improvement Plan (PCIP) Evaluation Framework

- 3.8. A logic model has been developed by the PCIP Implementation Group to describe an approach towards evaluating the benefits of implementing PCIP.
- 3.9. Logic models are useful to develop when beginning new initiatives (such as PCIP) to describe how it might work. In other words: what resources are required; what activities will be undertaken; what impact will these have; and what variables may influence whether benefits are / are not realised. It



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It is important to note that due to these confounding variables, logic models are hypothetical and have scope to change over time. As this logic model is at a programme level, it may be several years before a full suite of benefits are realised.

3.10. There are several points that the PCIP Implementation Group feel is appropriate to highlight. These include:

- PCIP is being implemented during a period of instability for general medical practice in Aberdeen City, for example challenges recruiting GPs in Torry Medical Practice, the closure of Rosemount Medical Practice and partners at Carden Medical Practice choosing to end their contract with the ACHSCP. Therefore, improving the sustainability of general practice would be a positive outcome from PCIP. Once the full Memorandum of Understanding has been rolled out and practices can rely on a full service, they can start to look at changes to the way in which they operate (for example, providing longer patient consultations).
- The delivery of PCIP needs to be flexible to meet the needs of individual practices. For example, different areas of the city have a different patient population; a different composition of patients living with chronic conditions and differing deprivation levels, all of which should be considered at a local level. Therefore, 'what works' may be different for different practices.
- There is no requirement for practices to engage in any evaluation activity. The only evaluation activity that is contractually required is Health & Social Care Partnerships fulfilling the Memorandum of Understanding outlined in the new GP contract. This is a limitation of the new agreement and directly impacts the data collection methods that can viably be used. For example, inundating practice staff with numerous questionnaires will not be feasible, particularly in independent practices. There is an opportunity to complete more rigorous data collection within 2C Practices (where the staff are employed by NHS Grampian), however this will not be fully generalisable to all Practices.

3.11. Careful consideration is required when selecting appropriate metrics to measure. For example, patients regularly attend consultations with a GP for



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more than one issue, therefore implementing a physiotherapist to deal with their back pain may not reduce the number of consultations altogether should they have other issues. Complexities such as this are important to consider.

- 3.12. The developed logic model which encapsulates the above will be presented to the Committee.

4. Implications for IJB

- 4.1. **Equalities** - Equalities implications are considered on a project by project as well as programme wide basis.
- 4.2. **Fairer Scotland Duty** - There are no implications as a direct result of this report.
- 4.3. **Financial** – Transformation is key to ensuring financial sustainability of the partnership.
- 4.4. **Workforce** - Workforce implications are considered at project, programme and overall portfolio levels.
- 4.5. **Legal** -There are no direct legal implications arising from the recommendations of this report.
- 4.6. Other - NA

5. Links to ACHSCP Strategic Plan

- 5.1. The activities within the transformation programme seek to directly contribute to the delivery of the strategic plan.

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. High level risks to programme delivery and mitigating actions are identified within progress reports reported on a regular basis to the Risk, Audit and Performance Committee.



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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.

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



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

8. There is a risk that the IJB does not maximise the opportunities offered by locality working.

9. There is a risk that if the system does not redesign services from traditional models in line with the current workforce marketplace in the city, this will have an impact on the delivery of the IJB Strategic Plan.

6.3. How might the content of this report impact or mitigate these risks:

This paper brings to the attention of the Risk, Audit and Performance Committee information about our transformation programme, in order to provide assurance of the scrutiny provided across our programme management governance structure in order to help mitigate against the above risks.

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