

Leadership Team Objectives- ACHSCP 2021-2022

Appendix 4

Specific	Measurable	Attainable (Target)	Relevant	Key milestones/ workstreams	Timebound	Programme of Transformation
<p>Staff Health & Wellbeing Staff Health and Wellbeing will be a priority and we will ensure a collaborative, compassionate and supportive approach to recovery. Staff will be given time, space and resources to recover from the pandemic and prepare for recovery and planning of next steps.</p>	<ul style="list-style-type: none"> • Absence rates and cause. • Agency/Bank costs and hours • Locum costs and hours. • Overtime costs and Time in Lieu hours. • Proportion of Annual Leave taken throughout the year. • Staff Survey results, 360-degree feedback, and Staff Turnover rate • Training compliance rates • Psychological support uptake rates 	<p>£0.5 million locums</p>	<ul style="list-style-type: none"> • Refresh workforce plan • Reduction (or as a minimum, maintenance) of absence rates to pre-2019/20 levels. • Reduction of Agency hours and costs across all ACHSCP from 2019/20 baseline. • Reduction in locum costs and hours across all ACHSCP from 2019/21 baseline. • Reduction in overtime and additional hours across ACHSCP from 2019/20. • Monitoring by all services to ensure staff have access to and take planned and contracted annual leave. • A supportive work environment evidenced through staff survey and 360-degree feedback to line manager. • Ensure access to training and education programmes monitor compliance rates via appropriate systems. • Ensure access to psychological support is well communicated, encouraged and supported through evidence at team meetings, shared information and monitoring of staff absence due to mental health/psychological reasons. 	<p>Dashboard produced for each LT member to reflect all key measurables.</p> <p>Process set up to review against measurable targets, incorporating detail and analysis of data – monthly at CCG Group\H&S Committee and quarterly at individual LT performance reviews.</p>	<p>Dashboard in place by 01.04.21</p> <p>Measurable targets achieved by 31.03.22.</p>	<p>Conditions for Change\Demand Management</p>

<p><u>Reshaping our relationship with communities</u> We will focus on an integrated approach to the way we think about physical, mental and social health, supporting individuals to manage and improve their health and wellbeing and building resilient networks to ensure that there is joint planning and co-ordination of critical elements that impact health e.g. education, food, housing and transportation</p> <p>We will embed our Operational teams who are aligned to locality areas and complete work to align those using the opportunity to redesign structure models to bring service delivery in line with available resource.</p>	<ul style="list-style-type: none"> • Headcount v establishment • Travel costs • Space usage • Redesign of social work in line with locality working and system working across MHL and Adults. 	<p>£2.466 million commissioning and reviews</p>	<ul style="list-style-type: none"> • Redesign of Adult Social Work structure and pathways to reflect locality working and new pathways in place following commissioning changes. • Start to consider the implications of what new models of care and COVID have on the building used to deliver health and social care. • Monitor head count and whole time equivalent to determine the impact of 2019/20 and ensure that we maintain the 60 wte reduction in posts achieved through vacancy management in 2019/20. • Monitor, review and maintain reduction in travel costs compared to 2019/20 Costs. • A review of models of work regarding in office, at home, co-location and shared space to be undertaken by each LT member to identify current and future requirements and feed into review of the Capital Programme. • Develop plans for further community team digitisation and digital health and social care solutions. 	<p>Embed locality working across Nursing, AHP, ASW and Community Mental Health operational services.</p> <p>Undertake a review of referral pathways for Nursing, AHP and ASW and community Mental Health including consideration of a Single Access Point</p>	<p>Locality working in place by 30.09.21.</p> <p>Review complete by 31.03.22.</p>	<p>Conditions for Change</p>
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<p><u>Reshaping our commissioning approach</u> Commissioned services will be reviewed across ACHSCP to ensure that the model of delivery is in-line with our strategic commissioning plan and strategic aims of the IJB.</p>	<ul style="list-style-type: none"> Older people’s residential bed availability and usage MH residential bed availability and usage LD residential bed availability and usage C@H capacity and usage Day Opportunities available and used. Planned Respite available and used. Number of Carers Supported Carer and Service User satisfaction rates 		<ul style="list-style-type: none"> Contribute to the review of the national care home contract. Review LD and MH commissioning arrangements using demand management methodology. Further embed the new approach to care at home Monitor and review monthly capacity and occupancy in care homes to determine if shift in market position from 2019/20 pandemic. Review of grant funded organisations 	Re-tender Day Opportunities and Planned Respite following review. Launch Market Position Statement Evidence of shift in community support from bed-based provision.	30.04.21 30.06.21 31.03.22	Demand Management

<p><u>Whole system and connected remobilisation</u> Remobilisation will be undertaken through a planned and measured approach to create stability and resilience across our health and care services and enable us to meet population needs and maximise the learning and changes we have implemented during the global pandemic response.</p> <p>We will undertake a redesign of 2c practices to deliver a sustainable service based on patient profile, population needs assessment and available resource will be completed. If redesign is not achievable within resource, then a merge of practices to match resources will be undertaken.</p> <p>We will continue to review our Primary Care delivery, modernising and improving outcomes where possible.</p>	<ul style="list-style-type: none"> • Number of GP practices in City • Practices stability rating (% at Green) • % services remobilised. • Immunisation figures increased across all age groups. 	Redesign or merging of practices will bring £0.250m savings in the financial year 2022/23.	<ul style="list-style-type: none"> • Programme of delivery to be identified to achieve redesign/merge. • Model to have CTAC hubs which are based on population needs assessments for MDT • Primary, secondary and community care interface group to be established to share practice, innovation and build resilience across the city. • Planned programme for vaccinations delivered making maximum effectiveness and efficiency of resources. • Seek solutions to reduce health debt as a result of COVID. • Embed Frailty Pathway changes were working well and appropriate to do so 	Implementation of phase 1 redesign complete Implementation of full blueprint complete Progress on our Primary Care Improvement Plan Design and implementation of immunisation delivery programme across ACHSCP	31.07.21 31.03.22 31.07.21 31.10.21	Accessible and responsive infrastructure

<p><u>Living and responding to COVID</u> Community resilience will be key and together with our partners we will be focused on supporting the recovery of those communities most impacted by COVID and making wider communities more resilient and better placed to cope as we learn to rebuild and renew our health services, our communities, education and economy.</p> <p>Improved sustainability of commissioned services across Aberdeen City to reduce impact on secondary and primary care and deliver better outcomes for people.</p> <p>Consider the impact of long Covid on our health and social care system</p>	<ul style="list-style-type: none"> • Unplanned Admissions • A&E attendances • Delayed Discharges • No of prescribing items in care homes • Medication errors in care homes • No. of care home residents dying in hospital. • No. of GP call outs to care homes. • 		<ul style="list-style-type: none"> • Near me and digital support to be introduced across Aberdeen City care homes. • E-Mar to be installed across all Aberdeen City care homes. • Care Home support team will be in place to work with providers to develop quality, efficiency and digital services. • Care home providers will continue to report into TURAS as standard operational practice. • Care Home oversight teams to operate within localities with triangulation of intelligence from HSCP/Public Health/Care Inspectorate to ensure early identification of risk and confirmation of action plans. • Care at home oversight team to operate as above within localities. • Wraparound MDTs for care home to be operational for all care homes with agreed expectations and ability to in 	<p>E-Mar to be installed across all Aberdeen City care homes. Task and finish group to commence scoping work and secure funding by 1st April 2021. Resource to be secured through legacy/grant applications.</p> <p>Care Home support group to be maintained.</p> <p>Embed Covid Vaccinations into routine immunisation programme.</p>	<p>31.08.21</p> <p>30.04.21</p>	<p>Digital & Data</p>

			<p>reach specialist support when required.</p> <ul style="list-style-type: none"> • Refresh the Primary Care Improvement Plan • Position to be agreed between GP practices and care homes as to shared understanding of support provided during a Covid outbreak or similar, with virtual ward rounds fully implemented during outbreak. • Once Covid has stabilised promote tests of change in relation to medication errors – see Report on the Medicines Improvement Project: Care Inspectorate: October 2020. • Consider the models of care required to support people with long Covid. • Work across the health and social care system to support the remobilisation, particularly in regard to any increased requirements for mental health services and support. 		31.08.21	
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