



CITY HEALTH AND SOCIAL CARE PARTNERSHIP – TRANSFORMATION AND CHANGE PLAN

Foreword

The Aberdeen City Integration Joint (IJB) and Health & Social Care Partnership (HSCP) have been operational since 2016 and we are, at the time of writing, 17 months into the formal operations of these new organisations. Since April 2016 a number of changes have taken place which makes this a good time to reflect on the agreed strategic direction of the IJB, its transformation and change programme and the approach being taken to this. Changes have included the Local Government Election and changes in NHS Board membership which has changed significantly membership of the IJB. Inevitably in a new and dynamic organisation not all current members were involved in previous discussion and decision making. This is therefore a useful point to review decisions made by the Board and assess progress toward its agreed ambitions.

The Aberdeen IJB has set out an ambitious transformation programme within a deliberate and agreed approach and against a growing appetite to take the risks necessary to truly transform and change the way that health and care is delivered in the City. This approach was developed and agreed over a 2 year timeframe and over the period from the work of the initial Transformational Leadership Group (TLG), the Shadow IJB and finally culminating with agreement to the overall programme and framework at the IJB's first live meeting, on the 29th of April 2016. This paper describes some of these decisions in order to demonstrate cohesion and continuity of decision making and progress being made against ambitions.

Background

The Aberdeen City Integration Joint Board which oversees the Health and Social Care Partnership came into formal existence in April 2016 when it agreed and published its Strategic Plan. The Board's role and function is set out in the underpinning legislation – the *Public Bodies (Joint Working) (Scotland) Act 2014*ⁱ. The purpose for the integration policy has been set out elsewhere in more detail but can be summarised as being necessary in order to reshape our whole health and care system in Scotland to enable us collectively to sustain good quality services at a time of unprecedented change and challenge – budgets are reducing, our population is ageing and we are contending with a reducing working age population and a reducing workforce supply – more than in any other time in recent memory. The system must change and adapt to the new pressures it faces and health and social care integration is seen as a key mechanism toward that.

Integration Joint Boards (IJBs) were set up in order to change the patterns of behaviour, planning and delivery across health and social care and, in large part, to achieve change through a more



disruptive approach; deliberately setting strategy, planning and then, utilising delegated budgets directing and commissioning the NHS and Local Authority Partner organisations to delivering more joined up, community based models and in doing so, utilising resources 'locked' in traditional silos.

Key to these changes is a different approach to working with people, communities and the professionals within our organisation. We need to focus on reducing and reshaping demand, improving people's health, wellbeing and independence and in supporting professionals and teams to work in a far more joined up and integrated approach than we have ever achieved before. Audit Scotland in its report *Health and Social Care Integration*ⁱⁱ emphasises the significant shift in the delivery of services required of Integration Authorities toward wellbeing and preventative approaches and shifting care from being hospital based toward the community-based services.

Need for Change

The case for integration has been set out in detail in the range of guidance and the economic case which accompany the legislation. The national challenge is also clear:

- 1 in 4 adults has a long-term illness or disability;
- Around 2 million people in Scotland have at least one long-term condition;
- People in Scotland are living longer, but more of those people over the age of 75 are living with a long-term condition and/or significant frailty; and
- Overall the population of people over the age of 75 is expected to increase by 63% over the next 20 yearsⁱⁱⁱ.

The Scottish Government estimates that the need for health and care services will rise by between 18% and 29% between 2010 and 2030. Coupled with a shrinking working age population and the known workforce supply challenges, it is clear that the current model of health and care cannot be sustained and that it must change. The emphasis of change is toward more preventative and anticipatory approaches and those that are community-based with acute services being used only when there is no alternative.

Audit Scotland undertook an early review into the changes being brought about through the integration of health and social care in its paper of March 2016. The report; *Changing Models of Health and Social Care*^{iv} set out the challenge of increasing demand for services and growth over the next 15 years in Scotland. Among the pressures identified in this were:

- 12% increase expected in GP consultations;



- 33% increase in the number of people needing homecare and a 31% increase in those requiring 'intensive' homecare;
- 35% increase in demand for long-stay care home places; and
- 28% increase in acute emergency bed days and a 16% increase in acute emergency admissions.

These are all areas that we recognise in Aberdeen and our strategic plan and the transformation and change programme take into account our need to address these pressures. But we do so against a context of local challenge:

- Increasing levels of GP vacancies with every practice in the City having at least 1 GP vacancy, and 2 practice failures in the past 2 years;
- Increasing demand for home care as we shift the model, but workforce supply issues in relation to recruitment and retention in the care market;
- Increasing demand for care home places but more beds closing and care homes reporting significant fragility in their operating models;
- Challenge of realising efficiencies achieved in reducing bed day use and changing patterns of delivery and behaviour.

The Audit Scotland report went on to say that on the basis of these estimated increases in demand, the Scottish Government would need an increased annual investment of between £422 and £625 million in health and social care services in order to keep pace. That level of increased investment is simply not available. However it is against this backdrop of increasing demand and decreasing budgets that the Aberdeen City Health and Social Care Partnership (ACHSCP) has had to develop its Strategic Plan and its transformation and change programme. Transformation and change is necessary to make an impact in a number of directions:

- Absorbing these expected increased demands in the short to medium term with no corresponding increase in base budgets;
- Creating a significant shift in the balance of care and shift in the way people access advice, support and services in order to continue to deliver within a reducing budget and with recognised workforce supply challenges;
- Activities and change to reduce demand, increase preventative approaches and promoting resilience and wellbeing in the medium to long term;
- Improving people's experience of health and social care and their health and wellbeing outcomes;



- Changing and developing a new culture within a brand new organisation and in doing so create new roles, teams and functions to enable us to meet the challenge;
- Improving the partnership's performance against local and national outcome measures; and
- Development and delivery of savings and efficiency programmes that ensure duty to balance the overall budget at year end.

In making the decision to take forward the approach and plan, the Integration Joint Board (IJB) recognised that *'the complex projects set out....will take some time to plan, test and realise outcomes from. It is therefore anticipated that the delivery of these priorities will require a three year investment programme in the first instance with a rolling evaluation and programme thereafter'*.

Aberdeen Position and Financial Challenge

The total Aberdeen HSCP budget is around £265 million per annum. It is estimated in the case of the Aberdeen City IJB that if nothing else changes, it will cost an additional £12 million a year in order just to standstill. Even within this figure there will still be a certain amount of managing or absorbing the increased demand, particularly on the health element of the budget where it is more difficult to put a financial cost on increased service provision. The £12 million gap is made up of the requirement to meet rising pay awards, increases in prescribing and social care costs – particularly for the growing population of people with very complex, life-long conditions.

It is therefore likely that Aberdeen City IJB will need to identify £36 million of budget savings over the next three years and at the same time transform service delivery. Transformation does not necessarily deliver savings at this level within this timeframe and savings toward the gap in the budget will need to be identified and delivered through a wide range of measures to be agreed by the IJB. The aim of the financial element of this plan is to use the transformation activities to absorb costs and where possible create capacity in mainstream budgets\services. This capacity will be used

- to help support services moving from the large hospital setting to a local community setting; and
- to enable people to be taken care of for longer in their own home, reducing the reliance on the traditional residential care setting.

As this capacity is used the level of savings from the large hospital (set aside)\residential care budgets increases. Over the same time period the level of general budget efficiencies reduces as these savings will become more difficult to identify due to the recent transformation and redesign of



mainstream service delivery. **Appendix 1** - provides an illustration of how these savings might be provisionally distributed across the IJB's activities.

Funding of almost £20 million has been identified and transferred over from the Scottish Government to support the transformation and change programme. However, a large proportion of this has been required to support social care providers with the implementation of Scottish Living Wage commitments.

Further new funding may be released in order to implement the new GP contract to be announced in November 2017 but it is neither prudent nor good practice to plan on the basis of uncertain allocations and this has not been factored in to any of our assumptions.

Audit Scotland Reviews

The Scottish Government has recognised that this change is complex and will require funding to achieve in order to manage effectively. Funding has been made available to IJBs to support development of the infrastructure to deliver integration as well as support double running costs and transformation/change investment.^v There was recognition that there would be a cost to delivering this reform but it was anticipated that IJBs would be able to make more efficient use of resources across health and social care and as a result generate annual savings of between £138 and £157 million. Audit Scotland however stated that it was *'unclear whether these anticipated savings will release money that IJBs can invest in more community-based and preventative care'*ⁱ the inference here being in terms of whether cash release is possible (see below), or whether IJBs will be managing to absorb increasing demand and pressure within a reducing financial settlement. Even if these savings were cashable, they still fall short of the annual uplift requirements identified in the same report of an additional £422 million a year required each year to deal with increased financial pressure and demand.

Aberdeen City Health and Social Care Partnership Strategic Plan

Our Strategic Plan^{vi} sets the direction of travel for this change and sets the local case for transformational change against these challenges. It recognises that this is the kind of transformation that cannot happen overnight, regardless of how challenging and immediate the pressures are. It recognises that this is a 10 year change process that requires the right building blocks to be put in place to effect longer term, more sustainable change. And it recognises that underpinning structural change and changing models, is a longer term change in the culture of our organisation.



The Strategic Plan built on the momentum of work started prior to the 'go live' and driven by the Transitional Leadership Group (TLG) and Shadow IJB (SIJB). Over a period between December 2014 and the IJB go live in April 2016 the TLG and SIJB undertook a series of workshops and meetings in order to inform the eventual Strategic Plan and the approach it wished to oversee in terms of the longer term transformation of health and social care in Aberdeen. This work set the direction for the Chief Officer and Executive Team and remains the agreed framework. The planning in relation to the Change Fund at that time was based on it being for one year only and it was late in the process where it was confirmed as mainstreamed.

The following principles were agreed by the TLG/SIJB:

- Learning from the use of the previous Change Fund would be applied – a strategic commissioning approach to change would be undertaken;
- It was agreed that it was unlikely that multiple, small projects could deliver the magnitude of change required;
- Strategic Commissioning would mainstream new ways of working and the change fund would allow for double running costs as new models are embedded;
- The evidence base would inform commissioning and the programme would have an evaluation programme underpinning it;
- We would do things with a proper approach to quality and involvement of key partners, professionals and communities and it was recognised that this would take time;
- Localities as an engine room for change – we have always seen these as vitally important and as such we had to protect a significant portion of funding to realise the vision for these;
- A clear assumption was made that there would be no expectation of any additional funding and that the IJB and Partnership would manage within the financial parameters set, only making a case to partner organisations in the event of significant new, unexpected pressures or demographic change. There was also an assumption that there was no expectation that double running costs and additionality could be maintained.

Initially the IJB was clear that it wanted to protect and ring-fence the transformation funding specifically and only for transformation and change projects. This was a clear demonstration of the Board's ambitions and intent to deliver sustainable change over the medium and longer term. While this remains the Board's ambition, its thinking has matured to reflect the mainstreaming of all funds and the primary requirement to balance the budget. A useful and creative tension arises from this and informs ongoing discussion on the allocation of IJB funds.



Transformation and Change Programme

While the Strategic Plan sets direction, the Transformation and Change Programme, building on the framework and principles set out above, describes the activities toward that destination. This paper has set out a review on how we reached the decisions on these actions, the approach taken and updates on the progress being made, and it builds on the paper agreed at the IJB on the 29th of April 2016. That paper; *'Strategic Commissioning and Transformation – Principles and Strategic Process'*^{vii} set out the approach the Board agreed in relation to delivering to its change, and the methodology by which it agreed its strategic investment. It provided more detail on the timeline, outcomes expected, investment and impact against national outcomes.

As set out elsewhere in this paper, it built on the work of the TLG and SIJB and in doing so made a number of points which are worth reiterating here:

- The Integrated Care Fund and other transformational budgets were now mainstreamed (and require to be considered in the context of the wider financial challenges of the sector);
- This mainstreaming means that we were able to plan in the medium term – enabling an opportunity to focus on big shifts and complex processes – without the need for immediate payoff;
- It was recognised that the complex projects within the programme would take some time to plan, test and realise outcomes from. It was therefore anticipated that the delivery of these priorities would require a three year investment programme in the first instance with a rolling evaluation and programme thereafter; and
- It was not anticipated that these activities would utilise all our transformation funding and the remaining funding would be utilised for supporting locality based innovation tests as well as smaller scale change.

The transformation and change programme identifies the prioritised projects which are considered to potentially have the biggest effect on the whole system. These are also initiatives that will support fully our aspirations of shifting towards a more person centred and community focussed health and social care economy. **It is important to highlight that while all the funding has been badged under the term transformation and change, an element of the funding has been provided to support the integration agenda.**

The Approach

The proposals for transformation and change agreed by the IJB in April 2016 were set out against a framework of best evidence of what works in changing health and social care and within principles



for best practice in the planning and implementation of new care models. The principles were based upon the model set out in the Audit Scotland report '*Changing Models of Health and Social Care*' - Learning from the use of the previous *Reshaping Care for Older People* Change Fund was useful here and the model agreed by the Aberdeen IJB particularly focusses on:

- Development of a clear business plan detailing timescales, resources, costs and estimated savings/efficiencies.
- Focus on a small number of models in priority areas and do these well, rather than trying to change too many things at once;
- Allow sufficient time to test new ways of working and to gather the evidence of what works; and
- Basing models around small, local areas or clusters with groups of staff that know the local population

The 6 'big ticket items' proposed were presented as such on the basis of a number of hypotheses of what we believe will work to address the challenges facing health and care in Aberdeen. Things we believe will have the greatest chance of success in addressing the demands outlined elsewhere in this paper.

We now have in place an evaluation work stream that will support understanding of what is working and the progress we are making – enabling change and adjustment in projects and activities as we go. The Programme Team are working with relevant national bodies to support us in the use of the best available evidence on what works including the iHub, LIST analysts and with local expertise in the Universities in Aberdeen through our colleagues in Public Health and Health Intelligence. Recent mapping work was undertaken against the programme and the Nuffield Institute report *Shifting the Balance of Care: Great Expectations*^{viii} and the programme reflects well those areas where there has been found to be best evidence of what works in shifting the balance of care.

Put another way, the Aberdeen IJB has made appropriate decisions on the basis of what's most likely to work and there is growing evidence to support this. And – there are few, if any, other activities that will deliver this change any faster or improve measures any further, than what we're engaged in now.

Future Vision – 2020

The Strategic Plan will be reviewed within the first 3 years of the IJB's operation and the Transformation and Change Programme will be subject to ongoing review and evaluation. However, we have an agreed direction of travel and a programme that will grow in momentum toward a vision



for 2020 and beyond. The vision builds on the solid good work and foundations laid to date in the first year of operation (see performance below) and builds on the Strategic Commissioning approach set out in our plan;

- Through this we will continue to focus on improved **outcomes and experience** for people and we will strive to continue our **performance improvement**;
- We will focus on the **cultural change** required in line with our integrated approach and building on shift toward **community-based services**;
- This will be delivered through our **Locality Based Approach** and our **INCA teams** will test approaches to truly integrated working with care workers embedded in teams;
- Our **Locality Leadership** will be working in a co-productive way with communities and neighbourhoods, supporting approaches to building **community capacity and resilience** that will support us in increasing community based solutions to increasing demand, social isolation and availability of alternative supports;
- Recognition that services will be supporting a very different population at home with increasing levels of complexity and frailty – as such our community services – especially our **Acute Care at Home** team – will be tested, rolled out and adapted to enable this at scale across the City;
- Related to this and our ongoing and significant improvement in use of Acute Services we will continue to make more **efficient use of the Acute Sector** and only those with acute medical needs that cannot be cared for in a community setting occupying an acute bed. We will continue to work to prevent admission, divert referrals and ensure speedy discharge for those admitted for treatment and who are ready to go home. In doing so we will be able to **realise the efficiencies we have created and utilise the large set aside budget** toward investing in and sustaining community-based health and care capacity;
- Our **Community Links Worker** programme will be rolled out and be making a difference in supporting people who may otherwise utilise GP or other healthcare services. We anticipate this impacting loneliness and isolation; supporting our ambitions to signpost people to community services or other forms of community and self-support; and supporting greater family and personal resilience as well as reducing reliance on public services. This will be of particular benefit in our most **deprived communities**;
- We will accelerate our approach to **Technology Enabled Care (TEC)** in conjunction with our partners ensuring that more people can access this preventative support and stay at home safely. Coupled with this we will continue in our work to identify safe and effective approaches as an alternative to sleepovers;



- There will be a continuing relationship with housing colleagues both within Aberdeen City Council and with our Registered Social Landlords and we'll develop **housing approaches** to meet the needs of people with complex needs in our communities. This will continue the work we've started on **repatriating those with complex needs** who are cared for out of region and support us in managing a good transition across Children's Services and into Adult Services for young people;
- Our **Integrated Neighbourhood Teams** will have matured and developed within our Localities and we'll be realising the benefits of single teams, reduced duplication and streamlining of effort. Teams will be better able to predict need, prevent crises and manage people with more complex needs within the skill mix and resources available in the locality;
- Our **Strategic Commissioning Plan** and our work with **3rd and Independent Sector Providers** will recalibrate our relationship with providers of care across the City. We will be working in a more co-productive way with them and through this maximising **re-enablement approaches, locality commissioning opportunities and self-directed support**;
- We will continue to develop new approaches to **Primary Care** and deliver the IJB's vision for a long term programme of change, delivering a modern, resilient model with a multi-professional, integrated approach, underpinned by greater collaboration and delivery at locality level and underpinned by **technological solutions, predictive and anticipatory approaches and prevention.**

While doing all of this we will continue to build the IJB's confidence, capability and risk appetite to ensure good, robust governance, strategic direction, performance management and scrutiny.

Progress to Date

The IJB has been fully operational for 17 months and the Transformation and Change programme was agreed 16 months ago. We are effectively in year 2 of the investment programme set out in the 2016 paper and as anticipated, the first year of the programme focussed on developing the building blocks to deliver this scale of complex change.

Some areas have been slower to achieve than others. The governance and decision making within the context of the new IJB and in its relationships with partner organisations was new and inevitably officers were required to navigate 3 organisational processes across a number of areas:

- Standing orders and legal basis for decision making and entering into new contracts;
- Agreement, scrutiny, decision making and establishment of new posts on partner organisations' payroll;



- Decision making and governance of change plans, business cases and spending allocations for change projects required discussion at a series of IJB Committee meetings, consistent with the Board's intent around balancing good governance with officer delegations.

A clear demonstration of these challenges is the longer than expected timeline to recruit to the full complement of staff across the Executive Team, Strategy and Transformation Team and all four of the Heads of Localities.

It's important to reflect that this was all being done at a point in time when the capability and processes of a brand new organisation were also being built and that this was a singular and unique process. There may be reflection on this but as an IJB we will never undergo a similar phase of development and growth. We have learnt from these processes and we have in place clearer parameters within which to work with partner organisations in these areas and we keep in regular review our standing orders, commissioning approaches and the processes and authority for setting Directions for NHS Grampian and Aberdeen City Council.

A significant outcome of this is the impact on the budget and our need to re-profile the budgets targeted at transformation and change and manage this in a way that will derive the originally intended outcome while preserving the IJB's principle of spending its transformational funding impactfully and well. Within this there has been the opportunity to use unspent monies in-year opportunistically and also to support a prudent policy of developing a reserve, as allowed under the legislation, against unexpected pressures and enable the IJB to manage within its own budget, and not seek balances from its partner organisations.

This creates tension in the system at a time when there remain ongoing pressures to use any underspends to balance mainstream or traditional approaches and the IJB remains of the view that such reserves should be preserved against transformation and change and supporting the IJB shift the wider system toward change.

Performance Improvement

While some projects will deliver improvement in time, some of the work undertaken prior to and over the 'go live' is delivering measurable improvement for the IJB and the wider health and care system already:

- 22% reduction in DDs in year 1 and further reductions ongoing into the 2nd year of operation;
- Reduced emergency admissions;
- Reduced bed days lost to delays;



- Reducing emergency admissions;
- Improving staff engagement;
- Better management across winter pressures; and
- Decreased waits for homecare.

It is estimated that the work undertaken in relation to the improved position on Delayed Discharges has saved 3,210 bed days in the last financial year, which is equivalent to an 8 bed ward at an annual cost of £2.3m. If we continue to shift the balance of care in this direction through delivery of our programme we will seek to realise this funding and the wider total set aside budget, in order to meet the identified funding gap, and sustain/invest further in community based models.

Financial Challenges and Benefits

Achieving transformation in culture, service delivery, changing the attitudes and expectations of a changing population and challenging the models of delivery in the NHS and Local Authority is difficult. Doing this against the context of reducing budgets makes it even more so. However that is the task given to IJBs and the wider Public Sector leadership in Aberdeen and the North East.

In parallel to this, there's no blueprint, or tested methodology for achieving this and, as recognised by the TLG, SIJB and IJB, our Transformation and Change Programme is about testing the capacity for these projects to save money and make the changes necessary.

Other challenges have been recognised in delivery of this programme of work across Scotland (v)

- Investment in community based services in the NHS has not increased at the same rate as investment in hospital-based services. Between 2010/11 and 2013/14, spending on community-based services increased by 4.9% in cash terms but reduced by 0.5% in real terms. In contrast, spending on hospital-based services increased by 8.4% in cash terms and 2.8% in real terms;
- Community-based services do not always save money but can increase costs. Similarly (and as we have found to be the case in Aberdeen City) new models of care which prevent admissions or reduce bed days lost to delayed discharges may relieve pressure in Acute Services however the savings are not realised or transferred;
- The impact of above may be dissipated across a range of wards and settings in the Acute Hospital and as a result no savings can be released. This is largely through an inability to disaggregate overhead costs from e.g. slight reductions in beds across a number of wards, reduction in use of theatres, portering, cleaning, heat and light costs; and



- Financial benefits may relate as much to absorbing increasing demand and cost pressures as realising cash.

The IJB has an agreed Reserves Policy^{ix}. This was agreed on the basis of the IJB recognising the ability to carry forward funds and, as set out in the paper agreed on the 25th of October 2016:

'The ability to carry funds from one year to the next will help support the transformation agenda which the Health & Social Care Partnership is currently working towards. In particular there will be an underspend on the transformation funds which will require to be carried forward. The underspend of the transformation funds is not unexpected, as it takes time to develop the proposals and programmes to deliver the objectives of the funding.'

Transformation and Change Programme Update

An update on the Transformation and Change programme is provided in **Appendix 2**. This provides detail of activity progress under the 6 big ticket items agreed by the Board.

Conclusion

This paper has sought to provide useful context to the changes being put in place across Aberdeen's Health and Social Care Partnership and provide background in relation to the process for agreeing this ambitious programme. The IJB has demonstrated clear leadership, with its partners in Aberdeen City Council and NHS Grampian in its efforts to deliver the benefits of integration and will require to maintain a keen focus on balancing transformation and continuing to improve performance, with the financial challenges across our system, in the coming years.

ⁱ *Public Bodies (Joint Working)(Scotland) Act 2014*, Scottish Parliament

ⁱⁱ *Health and Social Care Integration*, Audit Scotland, December 2015

ⁱⁱⁱ Finance Committee. 2nd Report, 2013: *Demographic Change and an ageing population*. Scottish Parliament 2013

^{iv} *Changing Models of Health and Social Care*, Audit Scotland, March 2016

^v *Public Bodies (Joint Working)(Scotland) Bill*, Financial Memorandum 2013

^{vi} *Aberdeen City Health and Social Care Strategic Plan 2016-2019*

^{vii} *Strategic Commissioning and Transformation – Principles and Strategic Process*, IJB Paper, 29th April 2016

^{viii} *Shifting the Balance of Care: Great Expectations* Nuffield Trust, March 2017

^{ix} *Reserves Policy*, IJB Paper 25th October 2016