



AUDIT & PERFORMANCE SYSTEMS COMMITTEE

Report Title	Transformation Progress Report
Lead Officer	Judith Proctor, Chief Officer
Report Author	Gail Woodcock, Lead Transformation Manager (ACHSCP)
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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, and a deeper dive into two of the work streams:

1. Acute Care at Home
2. Modernising Primary and Community Care.

2: Summary of Key Information

2.1 Background

The Transformation Programme for the Aberdeen City Health and Social Care Partnership (ACHSCP), agreed by the IJB, includes the following priority areas for strategic investment:

- Acute Care at Home
- Supporting Management of Long Term Conditions and Building Community Capacity
- Modernising Primary and Community Care
- Culture Change/ Organisational Change
- Strategic Commissioning and Development of Social Care
- Information and Communication Technology, Technology Enabled Care, Infrastructure and Data Sharing



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These programmes, consisting of a range of individual and linked projects, seek to support the delivery of the objectives and aspirations as set out in our Strategic Plan.

2.2 Acceleration and Pace Highlight Report

The Acceleration and Pace Highlight report for the period November 2017 to February 2018 is attached at Appendix A. This report provides a high level overview of key milestones delivered during the reporting period, along with anticipated key milestones in the next reporting period and any significant issues, risks and changes.

This report also provides information about our governance framework which supports the delivery of our programme (note: that this information will not be repeated in future Acceleration and Pace Highlight Reports.)

2.3 Acute Care at Home

2.3.1 Summary

The development of an Acute Care at Home service in Aberdeen seeks to deliver acute care in a person's home, where is it clinically safe to do so. There are two aspects to this:

- **Alternative to admission** – in this situation, the same type of hospital staff (consultant, nurse, occupational therapist, physiotherapist, healthcare support worker) that would have seen the person in hospital come to them and care for them in their own home.
- **Early supported/ active recovery on discharge** – in this situation, the person is taken home and cared for until completely well.

In both situations, the individual remains under the care of the Acute Care at Home team for the duration of their treatment which is usually around one to seven days. A daily virtual ward round is carried out to review wellbeing and amend management as appropriate. Any ongoing needs are dealt with by the Acute Care at Home team.

2.3.2 Anticipated Benefits

The anticipated benefits for Acute Care at Home are:

- Reduced delayed discharges



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- Reduced hospital admissions
- Reduced risk of acquired infection and other complications
- Better quality of care for the same or reduced cost to more traditional approaches
- Reduced length of hospital stay
- Improved experiences and outcomes for people
- Improved staff experience

Work is ongoing to map anticipated benefits against the six Ministerial Steering Group indicators and other appropriate indicators. The approach taken in this regard, which is linked to a planned scaling of the service will be discussed with members at the committee.

2.3.3 Current Status

The initial business case is now fully developed and has been approved. Recruitment is ongoing to key roles with the operational team leader post commencing in December 2017. Recruitment to some of the roles has been more challenging, resulting in a delay to the service starting to take on patients. The anticipated go live date for initial patients is W/C 19 March 2018.

The evaluation framework for Acute Care at Home project was developed using a co-creation methodology and is planned to be complete for beginning of March 2018. The initial evaluation outcomes are anticipated to be available around October 2018.

2.4 Modernising Primary and Community Care

2.4.1 Summary

Modernising Primary and Community Care is a programme consisting of a range of projects which seek to support collaborative working, in localities, including our INCA teams, new service models for primary care and for transforming urgent care.

The work within the modernising primary and community care work stream particularly aligns with and are key deliverables to realising the vision presented with “Reimagining Primary and Community Care”, as considered by IJB in January 2018.

2.4.2 Anticipated Benefits

A list of each of the projects with their anticipated benefits is attached at Appendix



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B. A brief presentation will be provided to the committee setting out the approach taken to project impact for a number of these projects including a more comprehensive look at the INCA project.

Appendices

- A. Transformation Programme: Acceleration and Pace Highlight Report
- B. Modernising Primary and Community Care – list of projects, anticipated benefits.

3: Equalities, Financial, Workforce and Other Implications

Financial Implications

The partnership receives around £18million per year from a range of sources to support its transformation programme. Transformation also impacts on the overall partnership budget of £260million.

Equalities Implications

Equalities implications are considered on a project by project as well as programme wide basis.

Workforce Implications

Workforce implications are considered at project, programme and overall portfolio levels.

4: Management of Risk

Identified risk(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 Audit and Performance Systems Committee.



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Link to risk number 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.

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 IJB cannot deliver on priorities, statutory work, and project an overspend

How might the content of this report impact or mitigate the known risks:

This paper brings to the attention of the Audit and Performance Systems Committee information about our programme management governance and reporting processes and specifically detailed financial 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.

4: Recommendations for Action

It is recommended that the Audit and Performance Systems Committee:

1. Note the information provided in this report.