Transformation Programme

Acceleration and Pace Highlight Report

Reporting Period: November 2017 – February 2018

- **Organisational Development & Cultural Change**
- **IT, Infrastructure and Data Sharing**
- **Modernising Primary & Community Care**
- **Supporting Self-Management of Long Term Conditions and Building Community Capacity**
- **Strategic Commissioning**
- **Acute Care @ Home**

Highlight Report 4.0

V1.0

Overall Transformation Programme

The Aberdeen City Health and Social Care Partnership's Transformation Programme seeks to deliver the change that is required for the partnership to deliver its strategic priorities.

General Comments:

Activities and Projects within the programme are categorised as follows:

- **TRANSFORMATIVE** – activities that are intended to change the current operating arrangements into new, different operating arrangements

- **INNOVATIVE** – activities that will introduce a new way of working into the current operating system

- **ENABLING** – activities and infrastructure which are essential to support innovation and transformation to happen.

Key Risks

RISK	DESCRIPTION	LIKELIHOOD/ IMPLICATION	MITIGATION
Failure to deliver transformation required	Failure to deliver the scale of transformation required within the timescales that additional funding is available, or within the time available before service demand is unsustainable.	MED/ HIGH	Scrutiny of progress via Executive Programme Board and Audit and Performance Systems Committee
Engagement & Change Strategy	Managing change with staff and partners may not be successful due to complexity of programme and other operational pressures	HIGH/ HIGH	Develop communications strategy Enhanced role of communications and engagement group Key stakeholders/ leaders as Programme Board members OD and Cultural Change Programme will provide development training
Sustainability of transformational change	There is a risk that new ways of working do not release resource within the overall system or that "blockages" prevent old system resource from transferring to new systems.	HIGH/ HIGH	Key stakeholders as Programme Board members Robust business and benefits planning and scrutiny to identify where resource will be released from and to allow "blockages" to be identified early. Ongoing review at key milestones to check that outputs remain aligned with corporate objectives
Failure to realise anticipated benefits of programme	The programme does not clearly articulate the anticipated benefits, and/or the anticipated benefits are not delivered.	MED/ MED	Benefits realisation workshops undertaken with a number of working groups and project teams Robust business planning process to clearly set out anticipated benefits. Programme Board and Working groups tasked to ensure benefits are realised. Evaluation Manager and Evaluation Officer in place to evaluate/ measure benefits realisation

Failure to balance transformation with business as usual	The balance of resource/ capacity allocated to change activities impacts on ability to deliver business as usual.	MED/ MED	Operational managers (as Business Change Managers) are on Programme Boards. Change process builds in double running resources where required.

## Programme Management Governance:

A programme management approach has been adopted across our transformation portfolio. This approach seeks to ensure progress while managing the natural tensions that will exist between corporate strategy, change processes, and business as usual operations.

The programme governance structure has been established to support the development and delivery of transformation at pace and at scale. This includes the Executive Programme Board which is tasked with providing overall direction to the complex programme of activities, in line with agreed strategy and policy. Three further Programme Boards, including a broad range of stakeholders, are in place to support progression at pace. Working Groups ensure progress on agreed portfolio projects, including supporting the development of business cases and specific projects which are delivered by Project Teams.

There is a good cross section of involvement from across the wider partnership throughout our programme management structure, including executive, operational, strategic, business functions, and including representation from our partners, NHS Grampian, Aberdeen City Council, 3rd Sector and Independent sector.

Work is ongoing to support all aspects of this complex programme of activity to comply with best practice in relation to programme management and good governance. This includes the adoption of an iterative project development process including the development of robust business cases which clearly identify the anticipated benefits, inputs required, and risks of any project.

The governance structure is set out below and highlights the strong relationship that exists between strategy and delivery of transformation programmes:
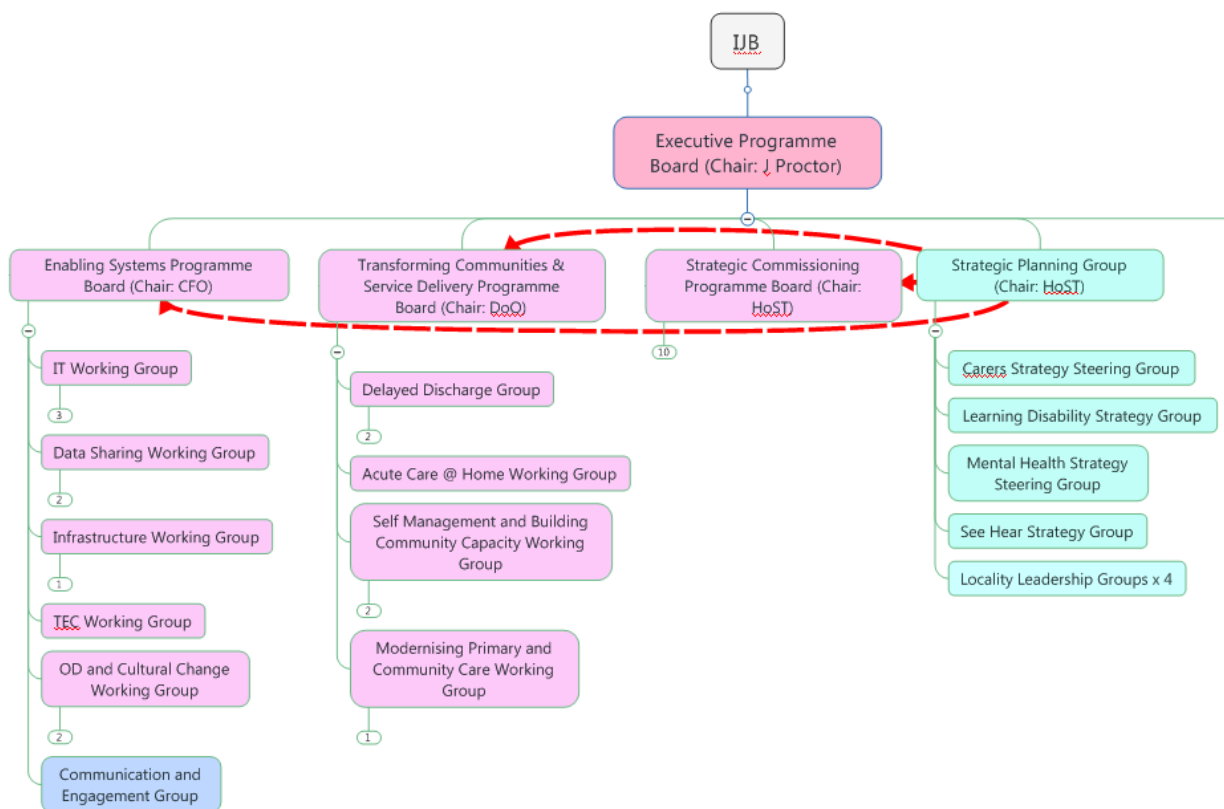
Overall Programme Expenditure

Our transformation programme seeks to release savings, through the development of leaner systems, and most of our initial work and investment seeks to create the environment which will allow this to happen. Further information about our benefits realisation framework including timescales will be included in future progress reports.

Programme Work stream	Investment/ spend to 31/3/17	Projected Spend 2017/18	Actual Spend 2017/18	Projected Spend 2018/19	Projected Spend 2019/20
Infrastructure, IT and Data Sharing	£642,322.42	£556,335.56	£323,789.21	£962,532.00	£845,500.00
Acute Care @ Home	£9,004.00	£26,799.00	£11,452.62	£616,461.00	£675,081.00
Supporting Management of Long Term Conditions and Building Community Capacity	£459,164.56	£552,244.56	£424,670.61	£1,448,925.50	£1,288,452.00
Modernising Primary & Community Care	£1,100,626.94	£1,176,966.00	£974,108.05	£1,768,291.00	£1,704,725.00
Culture and Organisational Change	£614,772.10	£142,671.30	£117,427.30	£95,600.00	£95,600.00
Strategic Commissioning and Development of Social Care	£25,730.10	£48,241.35	£48,844.18	£20,000.00	£20,000.00
Delayed Discharge	£728,169.00	£648,826.00	£462,263.80	£705,690.00	£641,035.00
Integration and Transformation Programme Delivery	£402,309.95	£940,876.00	£424,451.48	£1,410,580.00	£1,046,578.00
	£3,982,099.07	**£4,092,959.77**	**£2,787,007.25**	**£7,028,079.50**	**£6,316,971.00**

Abbreviations used throughout the report:

ACHSCP: Aberdeen City Health and Social Care Partnership

EPB: Executive Programme Board

MPCC: Modernising Primary & Community Care

SMCC: Supporting Self-Management of Long Term Conditions & Building Community Capacity

ODCC: Organisational Development & Cultural Change

IIDS: IT, Infrastructure and Data Sharing

SC: Strategic Commissioning

AC@H: Acute Care at Home

Organisational Development and Cultural Change

1.   Programme Summary and Anticipated Benefits

This **ENABLING** work stream recognises that people are key to delivering our integration and transformation ambitions. The appropriate organisational culture is an essential core building block and we will be unable to successfully embed the transformation we week without changing the culture of our organisation and the people who make it.

Activities in this work stream will support this new "Team Aberdeen" culture to be developed and will support the development of people in the right places and with the right skills and attributes to support people in communities. The work stream also recognises the anxiety many of our staff will feel as we transition into our new partnership and integrate at every point of delivery, aligning with our values of caring, person centred and enabling.

2.   Key Milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Monitor staff engagement through iMatter	17/11/17	October 2017 (1st iteration)	Initial iMatter complete. Findings have been fed back to staff in a range of ways including staff briefings and events.	
Taking Care of Transformation Conference	November 2017	November 2017	Conference took place as two half day sessions in November 2017. Positively received.	Following feedback, it is planned to hold the 2018 event in September.
HEART Awards	February 2018		Planning is well underway for the 2018 staff and partners celebration event. The number of nominations for the 2018 Awards has increased by 100%	

3.   Change Control

Change	Impact	
	Budget/Resource	Schedule
None at current time.		

4.   Issues and Opportunities   *New and Update*

There are no issues identified at present. The group are keen to optimise the use of both ACC and NHSG resources to effectively support the Partnership giving a wider resource base in terms of training and tools for supporting staff through change.

5.   Major Risks   *New and Update*

No major risks identified in current period.

6.   Outlook and Next Period

Anticipated milestones for the coming period include:

- Completion of HEART Awards 2018
- Finalising outcomes and agreeing priorities at the next working group meeting
- Review of Social Campus Business Case
- Deep dive presentation at the Enabling Systems Programme Board in April 2018.

IT, Infrastructure and Data Sharing

1.   Programme Summary and Anticipated Benefits

This programme considers a range of enablers including Infrastructure, ICT, Technology Enabled Care and Data Sharing, which are significant complex activities that are essential for realising our integration and transformation ambitions.

There are clear links between this enabler work stream and delivery programmes including: the Modernising Primary and Community Care programme, including the provider of smart devices to support our workforce directly caring for people in our communities; the Self-Management and Building Community Capacity programme, including the provision of technology enabled care to support people in communities to effectively self manage their long term conditions.

2.   Key Milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Single email and calendar through Office 365	31/10/17 – initial test phase	1/12/17 – initial test phase live	Office 365 is now being trialled across a couple of test teams. The functionality provided through O365 also extends to supporting virtual working arrangements including sharing files and working collaboratively on documents in real time.	This project will realise real efficiency savings. There are challenges which will affect wider roll out relating to partner arrangements, however test arrangements are working for both NHS and ACC staff (although less streamlined for NHS staff). This project will also, in due course, provide a partnership intranet.
ICT devices for nurses and care workers	31/3/18 (first phase)	November 17 – devices in place for West Visiting Project. February 18 – devices in place for INCA teams.	Cultural challenges in relation to devices have been overcome in relation to the small test teams that are now live. Learning from these small tests will inform wider roll outs.	There are challenges relating to other inter-related IT projects including Community Vision which may only be available on laptops, restricting the flexibility of mobile working. Work is ongoing to overcome these challenges.
Website	February 2018	Complete. Soft launch February 2018.	Website is in final testing phase and is due to go live W/C 19/2/18. A website policy has been developed setting out a governance process to support information to go on-line.	The website will continue to be incrementally developed and improved post go live.

Video Conferencing Review	November 2017	November 2017	This review has concluded and the new preferred solution implemented, which requires less resource than previous arrangements.	This project is now complete.
Dark Fibre	November 2017	November 2017	This was to support shared networks between NHS & ACC at a faster rate	This project is complete with a successful increase in speed and resilience
GP Wifi Enabled	TBC	TBC	There are several projects to deliver this equitably across the City. Work is progress on understanding baseline and project planning.	Business Analyst aligned to this work.
TEC	Ongoing.	Ongoing.	Initial TEC workshop took place to scope programme and identify stakeholder profiles to inform development of framework. Workshop 2 takes place 17th Feb to draft TEC framework.	Awaiting publication of national Digital Health Strategy – Spring 2018.

3.　　Change Control

Change	Impact	
	Budget/Resource	Schedule
Change relating to method of resourcing the review of web content on ACC and NHS websites and population of new partnership website.	Minimal (will cost slightly less)	Shorter commencement period, and longer implementation period (staff member was available immediately but for fewer weekly hours)

4.　　Issues and Opportunities　　*New and Update*

Vacant IT Project Manager progressing towards recruitment process.

5.　　Major Risks　　　　　　*New and Update*

There are a number of risks relating to data sharing and the time required to develop and implement solutions, which will be critical to a number of other projects (to date mitigations have been put in place, however these mitigations are not desirable on a scaled basis.)

6.　　Outlook and Next Period

Anticipated milestones for the coming period include:
- A Technology Enabled Care Plan with tiered framework.

Modernising Primary & Community Care Programme

1.   Programme Summary and Anticipated Benefits

This work stream includes reviewing and developing strategies for:

• Collaborative working, in locality hubs, with increased pharmacist provision, social work links and GP led beds to help to reduce admissions to hospital
• locality hubs supported by the design of integrated health and care teams, and investigating new models such as Buurtzorg and Advanced Nurse Practitioners
• New service delivery models primary care and modernising of infrastructure

A long term initial blueprint and vision for reimagining primary and community care has been developed and this long term plan was approved by IJB in January 2018.

2.   Key milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Testing Buurtzorg Principles in Aberdeen/ INCA	1/11/17 (for first phase implementation)	22/1/18 (induction of teams commenced)	2 test teams established in Cove and Peterculter. Each team consists of nurses (NHS) and care at home workers (employed by Bon Accord Care). Induction training completed 02/02/18. Teams operational in 2 areas 05/02/18 (yet to receive referrals at the date of this report.)	Project now in implementation phase
GP Led Step up/ Step Down Care Home Beds	No end date identified	ongoing	Options appraisal has been developed and considered by Transforming Communities and Service Delivery Programme Board. Business case to be developed on option that includes staged process to cross city implementation. Business Case will align with wider Reimagining Primary Care Blueprint.	Progress slower than anticipated due to capacity of key staff.
Nursing succession planning	March 2021	Ongoing	Project proposal agreed that will support a greater number of nurses to achieve the qualifications required to become a District Nurse. IJB approved expenditure and business case now being developed.	Project is in implementation phase.
Community Mental Health Hub	31/3/19	ongoing	Project is operational and initial evaluation is about to progress.	Project is in implementation phase.
West Visiting Service	November 2017 commencement	Ongoing.	West visiting service is now in its 3rd month of operation and all practices in the West Locality are using the service. The service has received extremely positive reviews from GPs to date, and no. of referrals is increasing month on month. A total of 105 visits carried out Nov 6th 2017 – 29th Jan 2018	GPs in other localities are indicating a keenness to progress a similar service.

3.   Change Control

Change	Impact	
	Budget/Resource	Schedule
none		

4.   Issues and Opportunities   *New and Update*

No major risks or opportunities identified in current period.

5.   Major Risks   *New and Update*

No major risks identified in current period.

6.   Outlook and Next Period

Anticipated milestones for next reporting period include:
- Initial evaluation of Community Mental Health Hubs
- INCA teams commence supporting clients

Supporting Self-Management of Long Term Conditions and Building Community Capacity

1.   Programme Summary and Anticipated Benefits

This work stream recognises that pressures on mainstream primary and community care services cannot be reduced through a "more of the same" approach. The work stream seeks to shift our relationship with communities to enable a more co-productive approach and to nudge the culture towards being more empowered and responsible in relation to ourselves and each other. A number of referrals and appointments in primary care currently relate to social issues and low level anxiety/ depression, and evidence exists that this can be reduced through "non-clinical" support and link resources, embedded in the community and our locality teams.

To deliver population level impact and change we need to go beyond small tests of change and develop at scale activities.

2.   Key milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Link Working	April 2018 (commencement of Link Practitioner's)	ongoing	SAMH has been awarded the contract to provide Link practitioner for the City. A recruitment process is ongoing for a Community Link Development Manager which will project manage the roll out of the wider link approach. Initial Link Practitioners hoped to be appointed in Spring 2018.	
Social Transport	March 2018	ongoing	Provision of social transport through Thinc is continuing during 2018/19 to allow time to develop a sustainable solution. A project plan has been developed including a rapid improvement event in May 2018.	
House of Care	March 2019	ongoing	Three city practices have been approved to participate in the House of Care project. Initial training took place in January 2018.	
Golden Games	July 2017	July 2017	Golden Games event has been delivered. Outline Business Case for 2018/19 and 2019/20 has been approved with sustainability plan in place.	

Living and Age-ing Well in Aberdeen	January 2018	Ongoing	Visioning and Blueprint workshop is due to take place in February 2018. Proposed milestones have been identified to ensure framework in place.	

3.   Change Control

Change	Impact	
	Budget/Resource	Schedule
No significant changes during current period.		

4.   Issues and Opportunities   *New and Update*

No major issues or opportunities identified during current reporting period.

5.   Major Risks   *New and Update*

No major risks identified in current period.

6.   Outlook and Next Period

Anticipated milestones for the coming period include:
- First Link Practitioner in place
- Social Transport Rapid Improvement Event with initial findings.
- Practices adopting House of Care framework

Strategic Commissioning

1.   Programme Summary and Anticipated Benefits

The Partnership was required by the Public Bodies legislation to produce a Strategic Commissioning Plan/Strategic Plan and this was published on our 'Go live' date in 2016.

Aligned to this will be a Commissioning Implementation Plan which will translate the Strategic Plan's ambitions and priorities into commissioning intentions for the next six years and include a Market Facilitation Statement which will outline how the partnership can best support the local health and social care market.

The Strategic Commissioning Programme Board has now met and relevant workstreams are being formed.

Anticipated benefits include contractual arrangements that are fit for purpose; more appropriate care models; improved quality of experiences and outcomes for individuals, particularly in terms of being supported to remain safely at home for longer; and improved efficiency.

2.   Key milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Strategic Commissioning Implementation Plan approved	November 2018	January 2018	Approved at IJB in January 2018	

3.   Change Control

Change	Impact	
	Budget/Resource	Schedule
No substantial changes during current reporting period		

4.   Issues and Opportunities   *New and Update*

The key challenges associated with this project are around capacity to carry out the substantial work required within the timescale available. Work on this workstream has been slow to commence due to recruitment delays with key staff.

5.   Major Risks   *New and Update*

A risk management plan has been produced. The top risks have been identified as:
- Failure to meet deadlines
- Failure to engage effectively with key stakeholders
- Failure to envisage innovative models of care.

Mitigating actions are in place for each of the risks identified.

6.   Outlook and Next Period

Anticipated milestones for next reporting period include:
- Development of priority workstreams

Acute Care @ Home

1.   Programme Summary and Anticipated Benefits

Our Acute Care at Home service will provide, for a limited time period, active treatment by appropriate professionals, in the individual's home, for condition(s) that would otherwise require acute hospital in-patient care.

The development of such a service fits with our ambition for our strategic intentions to have a greater preventative impact especially since we know that prolonged length of stay for the frail elderly and those with long term conditions can lead to a higher risk of acquired infection and other complications such as loss of confidence, function and social networks.

Increasingly, given the choice, individuals and their carers show a preference for receiving care at home, when they have confidence that it will be provided by skilled practitioners working collaboratively to ensure continuity of care.

2. Key milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Business Case	August 2017	November 2017	Full Business Case was approved by Executive Programme Board in November 2017, and thereafter a formal Direction was issued to NHS Grampian.	There was a delay in the planned date due to delays in commencement of Programme Management resource.
Initial operational staff in place	November 2017	April 2018	Successfully recruited to Team Leader, Advanced Nurse Practitioner, Physiotherapist and 2 Health Care Support Worker roles. Work ongoing to fill Consultant Geriatrician, Occupational Therapist, Pharmacy Technician, 2 Health Care Support Worker and Administrator posts.	Delays in recruitment and HR checks have resulted time slippage.
AC@H Team operational	February 2018	April 2018	Team will scale up incrementally initially caring for patients in central locality. Scaling plan to become city wide service by Sept '18	
Phase 2 expansion	November 2018	TBC	Team will reach maximum capacity within 6 months and upon demonstration of benefits of service a Phase 2 expansion will be triggered	

4.   Change Control

Change	Impact	
	Budget/Resource	Schedule
No changes in current reporting period.		

5.   Issues and Opportunities   *New and Update*

The project has in the past progressed slower than desired due to capacity challenges. This was resolved through the appointment of Team Leader and assignment of Programme Management resource. Team will go live in field in April 2018 after recruitment and induction of team.

6.   Major Risks   *New and Update*

No major risks.

7.   Outlook and Next Period

Anticipated milestones for next reporting period include:

- Team fully recruited to and induction completed (April 2018)
- Team operational in Central Locality (April 2018)
- Performance monitoring report on first two months showing incremental expansion of service (June 2018)
- Planning begun for Phase 2 expansion (June 2018)

Document Location   This document is only valid on the day it was printed and the electronic version is located with the document owner (Integrated Localities Programme Manager)

Document Status   The current status for this document is *DRAFT*

Revision History   Date of next revision:

Version number	Revision date	Previous revision date	Summary of changes	Changes marked
V1.0	20/12/16	N/A	Ist draft	N/A
V2.0	5/2/17		Updated	no
V3.0	5/7/17		Updated	no
V4.0	12/2/18		Update	no

Distribution   This document has been distributed as follows

Name	Responsibility	Date of issue	Version
APS consultation list	S Gibbon	tbc	V4.0

Purpose   The purpose of a Highlight Report is to provide the Integration Joint Board/ Audit and Performance Systems Committee/ Executive Programme Board with a summary of the stage status at intervals defined by the board. The board will use the report to monitor stage and project progress. The Lead Transformation Manager (who normally produces the report) also uses the report to advise the Project Board of any potential problems or areas where the Board could help.

Quality criteria

- Accurate reflection of checkpoint information
- Accurate summary of Risk & Issue Logs
- Accurate summary of plan status
- Highlighting any potential problem areas