Aberdeen City Health & Social Care Partnership
A caring partnership

AUDIT & PERFORMANCE SYSTEMS COMMITTEE

Date of Meeting	12 February 2018
Report Title	Transformation Progress Report
Report Number	HSCP.18.130
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Transformation Programme: Acceleration and Pace Highlight Report b. INCA Evaluation Report c. INCA Briefing d. West Visiting Service Evaluation Report e. Primary Care Improvement Plan – Implementation Plan f. Aberdeen Links (Community Links Practitioner) – initial performance report

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.

The report sets out our progress so far on the initial six transformation work priorities and how this work is informing the next stages of our transformation

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journey. The report highlights specific progress and the initial evaluation of two significant projects within the programme.

The report also responds to the following decisions taken by the Integration Joint Board (August 2018):

- To note that a PCIP implementation plan would be developed which would be configured around the practice of improvement and that performance would be monitored by the Audit and Performance Systems Committee.
- To instruct officers to carry out a lessons learned exercise on the speed of the recruitment process and roll-out of the transformation programme and report these findings to the Audit and Performance Systems Committee.

Finally, the report brings to the attention of APS Committee the first performance report relating to the Community Links Practitioners project and shares the initial outputs of a service mapping exercise which commenced in November 2018.

2. Recommendations

2.1. It is recommended that the Audit & Performance Systems Committee:

a) Note the information provided in this report.

3. Summary of Key Information

3.1. Background

3.2. The Transformation Programme for the Aberdeen City Health and Social Care Partnership (ACHSCP), agreed by the IJB during its first year, 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, Infrastructure and Data Sharing

3.3. 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.

Revised Strategic Plan

3.4. With the development of the refreshed strategic plan, it is appropriate to consider the existing priorities within the Transformation Plan.

3.5. The draft revised strategic plan includes the following five strategic aims: Prevention; Resilience; Enabling; Communities; and Connections. It also identifies four key enablers for delivery: Empowered Staff; Principled Commissioning; Digital Transformation; and Sustainable Finance.

3.6. Much of the activity within the transformation programme remains relevant to these strategic aims, and the next stage for some of these projects is to move from test of change status to scale up status, integrating with existing business as usual and helping us transform in an efficient sustainable manner that maximises our available resources, and in line with our review of localities.

3.7. Our learning from the implementation of the transformation programme so far will inform the next stage of our journey. For example the INCA evaluation highlights “the need to move beyond signposting individuals to community assets, to actively establishing and maintaining those connections should the individual want to do so.” The INCA evaluation highlights that “while colocation does not necessarily guarantee integrated working, it provides professionals with an opportunity for increased informal interactions that can enhance mutual decision making and practice”.

3.8. Creating an environment in communities within localities, whereby services are part of an integrated system, where co-location is encouraged, including traditionally thought of health and care services, including Link Practitioners, housing services, childrens services, and in partnership with community leaders and citizens, will be critical to achieving our strategic aims.

3.9. There are opportunities to join up existing business as usual activities along with projects such as the Acute Care @ Home project, to provide unscheduled care pathways, that otherwise would have been provided in a hospital setting, in a homely setting, at times of need. The West Visiting evaluation highlights opportunities to dove-tail this service with other

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transformation projects in the City such as the Acute Care @ Home project. "Given that the average age of patients visited here was high (79 years), this could be a natural extension of the service and would allow for further integration of care."

3.10. Work is ongoing to move towards this next stage of integration and transformation. Tools such as Lean Six Sigma will be utilised to improve business processes and ensure sustainability, and a workforce plan is being developed to ensure that our workforce is supported to provide the best possible care to meet the needs of people in Aberdeen. Our workforce will be supported to work as efficiently as possible using digital technologies, maximising the time that can be spent providing face to face care. All of this will be delivered within the context of our available financial resources.

3.11. The diagram below seeks to illustrate the journey that we are on.

Acceleration and Pace Highlight Report

3.12. The Acceleration and Pace Highlight report for the period October to December 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.

3.13. Taking into consideration, where we are in implementing the transformation programme, our ongoing learning, and the refresh of the strategic plan, there have been a number of changes to how these priorities are shown on the dashboard and therefore in the Acceleration and Pace Highlight report. (Note that further changes may continue to be made in light of the refreshed strategic plan.) These changes are:

- Acute Care at Home has now been subsumed into the Modernising Primary and Community Care programme as it is a single project rather than a workstream. Further detail about how this project is evolving is included in that section of the report and will be highlighted at the APS committee.

- The Strategic Commissioning workstream has been reconfigured which has resulted in associated projects moving to a new Carers Strategy Implementation workstream – these projects are now funded through specific carers implementation funds and are not included in the Transformation Progress Report (as they are reported separately).

- The IT, Infrastructure and Data Sharing workstream has been renamed as the Digital Workstream. It was felt that Data Sharing activities were not projects in their own right, but more business as usual (i.e. requires ongoing oversight rather than having specific starts and finishes). Data sharing requirements are then considered and included on a project by project basis. Infrastructure projects remain on the Digital dashboard where appropriate. Some infrastructure projects relating to primary care premises have moved to Modernising Primary and Community Care and the Office Move project has been moved to Organisational Development and Cultural Change as the driver behind this project is to help create the environment for integrated teams.

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Integrated Neighbourhood Care Aberdeen (INCA) Evaluation

3.16. One of the significant projects within the Modernising Primary and Community Care transformation priority was the testing of integrated home care and nursing care teams in local communities.

3.17. This project sought to model some of the principles of the Dutch Buurtzorg model in Aberdeen. These principles include:

- Self-managing teams
- Person centred practice
- Empowered teams
- Relationship based practice

3.18. The service went live in two communities in Aberdeen (Cove and Peterculter) in February 2018. Each team included Care at Home Support Workers employed by Bon Accord Care and Nurses employed by NHS Grampian. Both teams had full autonomy over service operation including care planning, care delivery, referral management, assessment, team rostering and work commitments (within an agreed framework).

3.19. The detailed evaluation report is attached as Appendix B.

3.20. In summary, the evaluation found the following, which will be useful in planning further transformation of health and social care in Aberdeen:

- For self-management to operate effectively, it should be situated within a clear operational framework and requires sufficient training and facilitation to succeed.
- Reported high quality patient care and satisfaction was attributed to teams having autonomy to adjust frequency and duration of care, in addition to care continuity.
- Co-located staff (within primary and community care teams) appeared to improve collaboration and job satisfaction.
- Teams delivering new models of care need to establish and maintain communication links with existing teams to embed delivery into the wider system.

- Improving and implementing fit for purpose IT systems will enhance the quality of data that can be extracted and utilised to determine factors including capacity, patient facing time and cost effectiveness. The current IT caseload tool is not fit for purpose for data collection and extraction.
- Being located within traditionally hard to reach geographical areas and the team having responsibility for both assessment and delivery of care ensured rapid access to social care.

3.21. The INCA test of change period is now reaching its conclusion. What we have learned will be embedded into new ways of working such as unscheduled care, and our move towards our next stage of integrated locality working. A briefing about the INCA project which will be shared with stakeholders connected to the project is attached at Appendix C.

<u>West Visiting Service Evaluation</u>

3.22. Another significant project with the Modernising Primary and Community Care portfolio is the West Visiting Service. This project saw the establishment of a team consisting of an Advanced Nurse Practitioner and a Driver working with GP practices in the West Locality to undertake unscheduled home visits, thus releasing the capacity of practicing GPs in this locality.

3.23. The detailed evaluation report is attached at Appendix D.

3.24. In summary, the evaluation found the following:

- GPs reported high levels of satisfaction, identifying that the service reduces workload, and reduces stress levels of staff within practices.
- Patient satisfaction levels were high, and felt that they were sufficiently involved in decisions relating to their care.
- There would be benefits in extending the service operating hours to 1800 hours.
- During the period of evaluation, no significant differences were apparent between projected and actual emergency admissions, bed days and A&E attendances.
- The evaluation identified that the efficiency of the service realised over 40 hours of GP time (that otherwise would have been spend travelling), as well as over 106 hours of patient facing time, during the evaluation period.
- The service resulted in a reduced time that patients had to wait to be seen.

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- The evaluation suggests that that there was capacity within the West model and the service would be suitable for scaling up

Primary Care Improvement Plan

3.25. The Integration Joint Board, at its meeting in August 2018 approved the partnership's Primary Care Improvement Plan (PCIP). At that meeting the IJB noted that "a PCIP implementation plan would be developed which would be configured around the practice of improvement and that performance would be monitored by the Audit and Performance Systems Committee."

3.26. The PCIP implementation plan is attached at Appendix E. It is highlighted that this is a live document and the various projects are at varying stages of design and implementation, therefore the detail of the plan will change over time.

3.27. The implementation plan shows that the areas of investment and improvement, as agreed by IJB, will be delivered on a phased basis to allow the development, testing and scaling-up of new roles within primary care settings, This activity seeks to release GP capacity to support them to undertake their roles as Expert Medical Generalists. (As articulated in the new GMS contract.)

3.28. Initial priority areas under the plan have been set and project teams have been established. GP practices have been engaged with in developing the priority areas through individual practice meetings and have been consulted on what their preferences are for the scale-up of key projects.

3.29. The progress of the PCIP is reported on regularly to the Grampian wide GP Sub Committee. In addition, regular progress communications are sent round GP practices and work is ongoing to communicate the changes to our wider stakeholders and citizens within Aberdeen through a varied range of channels.

Transformation – Lessons Learned about the speed of recruitment

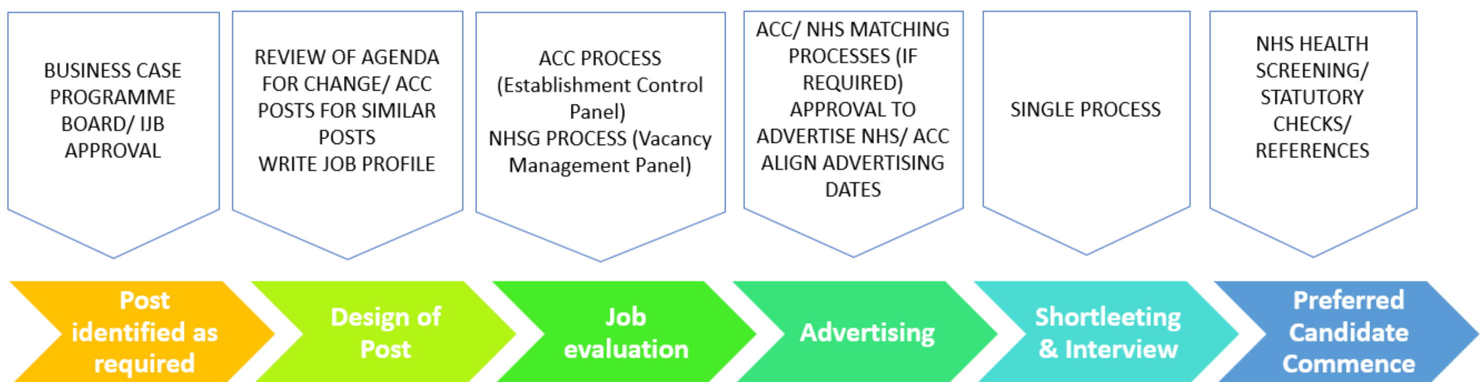
3.30. A significant factor in the pace of implementation of the Transformation Programme to date has been the time take to recruit staff to both support

the delivery of the transformation programme and to deliver services relating to projects within the programme.

3.31. Since the creation of the Health and Social Care Partnership, which brings together staff employed by Aberdeen City Council and NHS Grampian, each time a new process was required (i.e. shared and joint recruitment/ job matching etc.), that new process required to be designed and developed in consultation with key stakeholders and then implemented. This is often a time consuming process. Thereafter once that process had been developed and agreed, further activities using the same process have been much faster.

3.32. During the time of partnership operation, it has also been the case that our partners, in particular Aberdeen City Council, have been undertaking their own transformation programmes, which have resulted in changes of process that affects the partnership. These changes of process have and continue to impact on the time required to progress recruitment.

3.33. The recruitment stages are set out in the diagram below, with some of the key processes/ milestones that contribute to its progression highlighted above each of the stages:



3.34. There are a number of processes where delays/ lags can and do happen, these include:

- Developing robust business case and achieving approval through programme board(s)/ IJB

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- NHS – there needs to be a similar Agenda for Change post – sometimes this is difficult to find as the posts we might be creating may be different to traditional NHS posts
- Evaluation Analyst staff shortages in NHS – recent examples of this creating 2 month+ delay in process.
- NHS – evaluation panel meets periodically, if they run out of time, job matching process is not concluded. If there are questions about the post, the answers are collated after the panel meets and reported to next panel. Each panel includes different colleagues so there may be different questions arising from each panel
- Prior to advertising, NHS posts require to be signed off by one of a small number of posts, until recently these were all NHS operational managers.
- Prior to advertising, ACC posts require to be approved – the system for approval in ACC has changed. Currently posts require to be approved by the Establishment Control Board.
- For posts that could be filled by either NHS or ACC staff member, we need to wait until approval to advertise received by both and negotiate with recruitment teams so that advertising processes are concurrent.
- After the preferred candidate has been identified, until recently (Dec 2018), NHS required health screening to be undertaken for all posts – this could create a delay of around 3 months (this has now been changed for non-clinical staff.)

3.35. In terms of lessons learned, the primary lesson would be the time required to negotiate with our partners when undertaking a new process. It is therefore important to anticipate and build this additional time into the overall project timeline.

3.36. Other issues, as and when they have arisen have been resolved which has benefitted future repeating processes. For example, the requirement for a former Community Health Partnership (CHP) operational manager to approve NHS posts has now been resolved and most members of the partnership's leadership team can now approve vacancies.

3.37. Another key lesson would be the acknowledgement that changes are ongoing across our partners, which can lead to changes of processes at

short notice. These changes are outwith the control of the partnership, and are difficult to plan for.

Aberdeen Links – Initial Performance Report

3.38. Phase one of the community link working project has been live in 18 GP practices since summer 2018. In the first 4 months of delivery the project has received 464 referrals. The top four reasons for a referral to a Link Practitioner so far are: mental health, social isolation, finance and benefits, housing.

3.39. Implementation of phase two of the project is progressing and the second cohort of Link Practitioners are due to start the week commencing 4th March. This will enable us to work towards having a link practitioner attached to all GP Practices by April 2019.

3.40. A performance report containing a summary of referral information for quarter 3 (October – December) is available at Appendix F

Service Mapping

3.41. On the 27th November 2018, the partnership including ACVO and Scottish Care, hosted its first service mapping event in the city. The purpose of the event was to bring together the statutory, third and independent sectors to start to identify what health and social care services are delivered in Aberdeen. 152 individuals attended this event, representing 66 organisations. It is anticipated that this work will enable us to make the correct connections for our citizens, identify gaps in service provision and help to inform our commissioning decisions in the future.

3.42. Since the event in November we have been working closely with Healthcare Improvement Scotland (HIS) and the digital team at NHS24 to ensure that the valuable information gathered is captured and available to everyone to access.

3.43. Given the success of the event the structure used is now being delivered by colleagues in Aberdeenshire HSCP. A follow up event is planned in the city in March to coincide with the launch of the Scotland's Service Directory.

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 - The partnership receives around £20million per year from a range of sources to support its transformation programme. Transformation also impacts on the overall partnership budget of approx. £260million.

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. This report reports the early considerations of how our transformation programme needs to be adapted to support the refreshed strategic plan, which is currently out for consultation.

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 Audit and Performance Systems 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.

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

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