



INTEGRATION JOINT BOARD

Date of Meeting	26 March 2019
Report Title	Transformation – Decisions Required
Report Number	HSCP.18.151
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Gail Woodcock Lead Transformation Manager gwoodcock@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	<ul style="list-style-type: none">a. Care First Replacement Business Case (CONFIDENTIAL)b. Link Working Change Controlc. Link Working in Custody Suite Business Cased. Link Working Direction to ACCe. Community Listening Service Business Casef. Community Listening Service Direction to NHSGg. Unscheduled Care Project development summaryh. Interim Housing Directioni. List of projects closed/ movedj. Financial Summary (CONFIDENTIAL)

1. Purpose of the Report

- 1.1. The purpose of this report is to request approval from the IJB to incur expenditure, and for the Board to make Directions to NHS Grampian and Aberdeen City Council, in relation to projects that sit within the Partnership's Transformation Programme. The report also requests formal approval of a financial change relating to one of the projects within the transformation



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programme, and to incur expenditure in relation to the procurement of a new social care system.

- 1.2. The projects relate to strategic intentions, as set out in the overall Transformation Plan, the Primary Care Improvement Plan (PCIP) and the Action 15 Plan which have been previously approved by the IJB, as key areas of change for delivering on the Strategic Plan.
- 1.3. The report also brings to the attention of the IJB a refresh of the transformation programme in line with the refreshed strategic plan.

2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB):

- a) Approve the expenditure, as set out in Appendix i, relating to the following projects:
 - a. Link Working in Custody Suite
 - b. Community Listening Service
- b) Approve the expenditure, as set out in Appendix A, for a replacement case management system for Adult Social Work, and instruct the Chief Officer to procure the replacement integrated case management system jointly with Aberdeen City Council Integrated Children's Services, subject to approval by Aberdeen City Council's relevant committee for their share of the project expenditure.
- c) Note the progress towards developing integrated Unscheduled Care working in the City.
- d) Approve the proposed project change relating to Community Link Working – Links Approach as set out in Appendix C, which would result in the continuation of the existing contract until 2022.
- e) Make the Directions relating to the above projects as specified in Appendices D and F and instruct the Chief Officer to issue the Directions to NHS Grampian and Aberdeen City Council as appropriate.



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3. Summary of Key Information

Background

- 3.1. Good governance and delegation levels require the IJB to approve the level of expenditure on these projects and make Directions to both NHS Grampian and Aberdeen City Council that will enable funding to be released to deliver the projects. The governance structure in place has and will continue to ensure effective operational and executive oversight.
- 3.2. This report seeks authorisation from the IJB to incur expenditure in respect of items which have been considered and recommended for approval in principle by the Executive Programme Board and discussed and developed through Working Groups where appropriate.
- 3.3. In order to allow this report to be considered in a transparent manner, details relating to finances and the procurement of a replacement system for Care First have been attached as confidential appendices.

Review and refresh of Transformation Programme

- 3.4. Work has been ongoing to review and refresh the transformation programme priorities, in line with the refreshed strategic plan and recognising the progress to date with the implementation of several projects and the resultant opportunities that these changes now bring. The refresh will take a whole systems approach and will use Lean Six Sigma as a tool to support collaborative team work to improve performance by systematically reducing waste and reducing variation across the whole organisation.
- 3.5. The Transformation Programme for the Aberdeen City Health and Social Care Partnership (ACHSCP), agreed by the IJB in April 2016, included the following priority areas for strategic investment:
 - Acute Care at Home;



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- Supporting Management of Long-Term Conditions – Building Community Capacity;
 - Modernising Primary and Community Care;
 - Culture and Organisational Change;
 - Strategic Commissioning and Development of Social Care; and
 - Information and Communication Technology and Technology Enabled Care (included within a wider work programme also including infrastructure and data sharing)
- 3.6. The Primary Care Improvement Plan (PCIP), identifies priorities for releasing GP capacity in the city across six pre-identified areas. These are:
1. The Vaccination Transformation Programme
 2. Pharmacotherapy Services
 3. Community Treatment and Care Services
 4. Urgent Care (advanced practitioners)
 5. Additional Professional Roles
 6. Community Links Practitioners
- 3.7. The Action 15 Plan, identifies, at a high level, the intentions of the partnership to contribute to supporting the employment of 800 mental health workers across Scotland over the next five years to improve access in key settings. These key settings are A&Es, all GP practices, every police station custody suite, and prisons.
- 3.8. The draft revised strategic plan includes the following five strategic aims: Prevention, Resilience, Personalisation; Communities; and Connections. It also identifies four key enablers for delivery: Empowered Staff; Principled Commissioning; Digital Transformation; Modern & Adaptable Infrastructure; and Sustainable Finance.
- 3.9. Our learning from the implementation of our transformation programme so far is informing our journey as it progresses, including ensuring that as we move from test of change status to scale up status, we integrate new ways of working with existing business as usual so that our transformation is achieved in an efficient and sustainable manner that maximises our available resources, and in line with our review of localities.



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- 3.10. A review of the transformation programme has identified a number of projects/ activities that have now concluded or have been moved to a more appropriate operational area.
- 3.11. The remaining projects and change activities have been restructured into the following programmes, to reflect the funding sources and align to strategic aims and enablers within our revised strategic plan:

Transformation Programme of Work	Links to Strategic Aims & Enablers	Links to Strategic Risk Register*	Links to Medium Term Financial Framework	Comments
Primary Care Improvement Plan	Resilience Personalisation Communities	1, 2, 5, 7, 9	Transformation	Agreed by IJB in July 2018 Specific Funding Source.
Action 15 Plan	Prevention Resilience Personalisation Communities	2, 3, 5, 7, 9	Medicines Management Transformation	Agreed by IJB in July 2018 Specific Funding Source.
Alcohol and Drugs Partnership Plan	Prevention Resilience Personalisation Communities	2, 4, 5, 7, 9	Transformation Medicines Management	Agreed by IJB in December 2018 Part of Community Planning Aberdeen's Local Outcome Improvement Plan. Specific funding source.
Locality Development Transformation Programme	Prevention Resilience Personalisation Communities Connections	1, 2, 4, 7, 8, 9	Transformation Medicines Management Efficiency Savings Service Redesign	Will capture change actions identified in Locality plans. Will also include significant cross-cutting projects such as Unscheduled Care and Social Transport.
Digital Transformation Programme	Prevention Resilience Personalisation Communities	1, 2, 7, 9	Efficiency Savings Transformation	Will support the delivery of the Digital Strategy.



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	Connections Digital Transformation Modern & Adaptable Infrastructure		Medicines Management Service Redesign	
Organisational Development Transformation Programme	Prevention Resilience Personalisation Empowered Staff	6, 7, 8, 9	Service Redesign Transformation	Will support the delivery of the Workforce Plan.
Efficient Resources Transformation Programme	Prevention Resilience Sustainable Finance	1, 2, 7, 9	Efficiency Savings Transformation Service Redesign	Will utilised Lean Six Sigma methodology, working deep within teams delivering services to reduce variation and increase efficiency.
Resilient, Included and Supported Outcome Improvement Plan	Prevention Resilience Communities Connections	4, 7, 8	Medicine Management Transformation	Part of Community Planning Aberdeen's Local Outcome Improvement Plan. No specific funding source.

*Summary of Strategic Risk Register:

1	There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.	High
2	There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.	High
3	There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.	High
4	There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.	Medium
5	There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.	Medium
6	There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care	Medium
7	Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system	High
8	There is a risk that the IJB does not maximise the opportunities offered by locality working	High
9	There is a risk of failure to recruit and that workforce planning across the Partnership is not sophisticated enough to maintain future service deliver	High



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CareFirst Replacement – Background and Business Case Summary

- 3.12. CareFirst is an IT platform, used by Aberdeen City Council Children's Services and Aberdeen City Health and Social Care Partnership Social Care services. The existing contract is due to expire in March 2020.
- 3.13. The system hosts highly sensitive and critical data about social care clients and deals with significant values of payments for commissioned care. The system is an essential support for front line social workers (Children's and Adults) when dealing with some of the most vulnerable service users in Aberdeen.
- 3.14. The business case attached at Appendix A sets out the need and an options appraisal for the procurement of a replacement system. The current system is an older system which has been through many upgrades, and as a result is not always user friendly. Effective caseload management is essential in helping ensure that statutory requirements are met.
- 3.15. There is an opportunity, through this procurement, to ensure that the replacement system has the future capability to support integrated services such as nursing and allied health professions, along with partner integrated services such as link working.
- 3.16. It is anticipated that the benefits of a new modern system will include efficiencies in staff time required to support the system, and efficiencies which enable social workers to be able to spend more time directly supporting people and families.
- 3.17. The preferred option is to procure a new replacement system. As the system supports both adults and children's services, permission to incur expenditure for the replacement of this system is being sought through both the IJB and the appropriate Aberdeen City Council committees.



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- 3.18. The indicative cost for this project is as set out in the business case. (Note this information is commercially sensitive as a procurement process will take place to identify the preferred provider.)
- 3.19. It is planned that the procurement process will start in April 2019, with a view to commencing implementation of the system in January 2020. It is anticipated that the implementation of the new system will take eighteen months to complete.

Link Workers – change control and extension to Custody Suite

- 3.20. Link Workers, a key deliverable as part of our Primary Care Improvement Plan, are now operating out of eighteen GP practices, and a recent recruitment exercise has brought the total number of Link Practitioners to 18.35 FTE (20 individuals). This will enable referrals to be received from all GP practices in the city by April 2019.
- 3.21. When the IJB first provided approval to incur the financial expenditure relating to Link Workers in January 2017, this decision was supported by a business case covering 3 years. A contract for two years with the option to extend for a further two years was entered into with the supplier identified through a robust procurement exercise on the 8th January 2018. We are now approaching the end of the first year of this contract.
- 3.22. The contract is monitored on a regular basis complying with Following The Public Pound guidance. Fortnightly operational meetings take place as well as quarterly performance review meetings.
- 3.23. In order to allow full focus to be on the delivery of an effective service, without the distractions that would be result as a requirement to plan for the end of a contractual period, it is recommended that the opportunity to extend the contract for a further two years (to a total of 4 years) is taken up.
- 3.24. This is in line with the Primary Care Improvement Plan which includes provision for the funding of this service for the remaining 3 years of the extended contract.



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- 3.25. A further opportunity for an extension to the Link Practitioner service has been identified through the Alcohol and Drugs Partnership, which has recommended that a Link Practitioner be based in the Custody Suite at Kittybrewster for an initial 2-year duration.
- 3.26. This duration would allow for the testing of the Links Approach in this specific location, working with a specific cohort of service users.
- 3.27. The business case for this custody suite test of change is attached at Appendix C.
- 3.28. The resultant financial implications for the change control and the Custody Suite test of change is inserted in Appendix I (financial summary). The change control would be funded through Primary Care Improvement Funding and the Custody Suite test of change from the Alcohol and Drugs Partnership for Government 2018-19: additional investment in services to reduce problem drug and alcohol use funding.

Community Listening Service

- 3.29. The Listening Service is identified in both the Primary Care Improvement Plan and the Action 15 Plan. The Listening service seeks to scale up an existing volunteer service which provides an opportunity for people to talk through anxieties and concerns relating to life with a trained and clinically supervised volunteers.
- 3.30. The service supports the development of positive health behaviours in terms of supporting people to take ownership of their own lives (early intervention/prevention), as well as providing opportunities for volunteers to contribute to the wellbeing of others.
- 3.31. The service has been operating on a small scale for 7 years and evidence shows that it supports those who are isolated. The model provides a complementary form of support to people, including those who may feel more



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isolated in their preferred place of care, as carers as friends and family die or move away. This service is complementary to our Link Practitioner service.

- 3.32. The listener volunteers are supported via a Coordinator role and receive clinical support.
- 3.33. Please refer to Appendix I for the financial breakdown for the project

Unscheduled Care

- 3.34. This project seeks to establish an approach to delivering unscheduled care within Aberdeen that builds on learning taken from INCA, West Visits and Acute Care at Home projects. Through the project, integrated community teams will work together to provide joined up care to those with unscheduled care needs.
- 3.35. It includes the implementation of enabling operational structures on a cross city and locality basis. Key elements of the overall project include: a single point of contact for receiving and processing of referrals; a multi-disciplinary team approach to the identification and management of appropriate cases for early preventative intervention; and a multi-disciplinary team approach to case management and the delivery of treatment and care.
- 3.36. Currently unscheduled care in Aberdeen is uncoordinated, often characterised by services working in isolation from each other. This can lead to poorer outcomes for people requiring care; and the inefficient use of resources (including those providing care.)
- 3.37. It is hoped that an integrated stepped care approach, particularly around the provision of acute care at home and enhanced community support, will lead to better outcomes and reduced levels of hospital admissions.
- 3.38. It is intended to implement this integrated way of working at scale, as far as possible utilising existing resources (noting that some initial additional resource will be required over the first two years to support the transition into this way of working.
- 3.39. Work is ongoing to develop a business case for this project and this business case along with further detail about the project will be brought back to a future IJB. A project development summary is attached at Appendix G.



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Interim Housing Project

Over the past twelve months, the Partnership has worked jointly with Aberdeen City Council Housing, NHS Acute Occupational Therapy and Bon Accord Care to address the issue of delayed discharges where re-housing or housing adaptations are the main reason for a person remaining in hospital. A pilot project has resulted in two level access properties (one in the north and one in the south of the city) being fully adapted to meet a broad variety of disability and accessibility needs. These two properties were put at the disposal of the multidisciplinary teams responsible for discharge from both Aberdeen Royal Infirmary and Woodend Hospital, who were able to place individuals (who would otherwise be delayed in hospital) into these homely settings whilst awaiting rehousing or significant home adaptations.

The results of this pilot have been very positive with indicative savings of over £90,000 already, part way through the project (based on bed days saved) from a full year spending commitment of only £46,000. Given the success of the pilot to date, both the Transforming Communities and Service Delivery Programme Board and the Executive Programme Board of the Partnership have endorsed its continuation and ongoing funding. The project is therefore presented to the IJB for funding of the two properties on an ongoing basis. The financial commitment for 2019/20 will be significantly less than the pilot's initial costs as all one-off adaptations/capital works to the two properties have already been completed. Financial commitment for 2019/20 will be £25,440.07 with future years being uplifted as per Aberdeen City Council rent and council tax budget decisions.

4. Implications for IJB

4.1. Equalities

It is anticipated that the implementation of these plans will have a neutral to positive impact on the protected characteristics as protected by the Equality Act 2010. Equality and Human Rights Impact Assessments are being completed.

4.2. Fairer Scotland Duty

It is anticipated that the implementation of these plans, will have a neutral to positive impact on people affected by socio-economic disadvantage.



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4.3. Financial

The recommendations in this report will result in financial expenditure from the Integration and Change budgets (which include Action 15 Funding and Primary Care Improvement Fund). Full details of the financial implications are attached at Appendix I.

4.4 Workforce

The anticipated benefits of the projects include the release of capacity within our General Practitioner workforce (aligning with the PCIP), as well as efficiencies in other areas of general practice.

The Scottish Government has included projections for funding for future years and has advised that it should be assumed that the funding will be recurring and that workforce recruitment to deliver the plans can be progressed as permanent posts where appropriate.

Due to the anticipated magnitude on service delivery, consultation and engagement with staff and trade unions will be key throughout all aspects of transformation. The success of our ambitions will depend on our staff, and hence organisational development and staff training will be a key aspect of delivering transformation.

4.5 Legal

The changes to the Link Practitioner contract will be progressed in line with legal advice. The Care First replacement project will be procured using agreed processes/ frameworks as appropriate. At this time, there are no anticipated legal implications for the other projects referred to in this report.

4.6 Other - NA

5. Links to ACHSCP Strategic Plan

- 5.1. The recommendations in this report seek to deliver aspects of the Primary Care Improvement Plan, and there are clear links to the wider strategic plan including supporting and improving the health, wellbeing and quality of life of our local population, and supporting our staff to deliver high quality services that have a positive impact on personal experiences on outcomes.



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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.

In respect of the projects included with this report, risks relate to implications for primary care if capacity is not created within General Practitioner workload to allow the new GMS contract to be implemented.

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 Integration Joint Board 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

1.B – Risk of Market Failure (General Practice Services)

4.1. How might the content of this report impact or mitigate these risks:

The report seeks approval to progress a number of projects which will directly positively contribute to mitigating these risks.

Approvals	
	Sandra Ross (Chief Officer)



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	Alex Stephen (Chief Finance Officer)
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