AUDIT & PERFORMANCE SYSTEMS COMMITTEE

Date of Meeting	28th May 2019
Report Title	Transformation Progress Report
Report Number	
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Transformation Programme: Acceleration and Pace Highlight Report - Feb – May 2019 b. AC@H Draft Evaluation Report c. House of Care Draft Evaluation Report d. Publication by C Leask & A Gilmartin, (2019), Patients' Perspectives of the INCA Service

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 detailed evaluations of two projects within the programme: Acute Care at Home and House of Care.

Finally, the report brings to the attention of the committee the first formal published report produced by the partnership: "Patient's Perspectives of the INCA Service".

2. Recommendations

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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), was updated in line with the refreshed Strategic Plan in March 2019 and consists of the following programmes of activity which aim to support the delivery of the strategic plan:

Transformation Programme of Work	Links to Strategic Aims	Links to Strategy Enablers	Comments
Primary Care Improvement Plan	Resilience Enabling Communities		Agreed by IJB in July 2018 Specific Funding Source.
Action 15 Plan	Prevention Resilience Enabling Communities	Workforce	Agreed by IJB in July 2018 Specific Funding Source.
Alcohol and Drugs Partnership Plan	Prevention Enabling Communities		Agreed by IJB in XX Part of Community Planning Aberdeen's Local Outcome Improvement Plan. Specific funding source.
Locality Development Transformation Programme	Prevention Resilience Enabling Communities Connections		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 Enabling Communities Connections	Digital Transformation	Will support the delivery of the Digital Strategy.
Organisational Development	Prevention Resilience	Empowered Staff	Will support the delivery of the Workforce Plan.

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Transformation Programme	Enabling		
Efficient Resources Transformation Programme	Prevention Enabling	Sustainable Finance	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		Part of Community Planning Aberdeen's Local Outcome Improvement Plan. No specific funding source.

3.3. Work is ongoing to update our reporting processes to align with these new programmes, and as such the attached Acceleration and Pace progress report for the period February to May 2019 (Appendix A), consists of updates covering most but not all of the current programme activity. 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.

Acute Care at Home

3.4. Acute Care at Home is a significant project which has been under development and implementation since 2016 as one of our major transformation workstreams. Acute Care at home seeks to change the way that specialist medical care is provided for patients. Where previously patients may have been admitted to hospital, work has been underway to shift where care takes place to prevent admission or expediate discharge from hospital.

3.5. A robust interim evaluation has now taken place and is attached at Appendix B. Key findings from this evaluation include:

- Acute Care at Home is a feasible model in Aberdeen with care provision appearing to be no less safe than care in hospital.
- Patients, unpaid carer and staff were satisfied with the service.
- Unpaid carers report a preference for having their cared for person supported at home rather than in a hospital setting

- Mechanisms that appear to be integral to model success include; care provision at a vulnerable time for patients, continuity of care, rapid access to resources and the ability to carry out assessments in patients' own home.
- AC@H staff were particularly satisfied with their management style, which was inclusive and non-hierarchical in nature.
- Training opportunities are necessary to upskill staff members but can constrict the level of service provision if carried out during working hours in a small team.
- Co-location can enhance opportunities for partnership working, however, the environment that colleagues are based in also needs to be satisfactory for this to be successful.
- In the absence of Geriatric cover, it may be beneficial to explore other health professionals who could lead delivery a similar service function under the supervision of a GP/Consultant.
- Service purpose and function may be promoted most effectively through maintained relationships that the AC@H team had developed previously.
- For service expansion, consideration must be taken in provision of service covering evenings and weekends and broadening of referral pathways in conjunction with recruiting more staff.

House of Care

3.6. House of Care is a model that seeks to support a care planning conversation between a person and a healthcare professional. It does this through practitioner training which develops a person-centred ethos while building skills and leadership, underpinned by self-management principles. The approach strengthens patient and staff health literacy capabilities and builds knowledge of the relationships the local community assets and resources. The house analogy is used to support and enable people to articulate their own needs and decide on their own priorities, through a process of joint decision making, goal setting and action planning. The house consists of:

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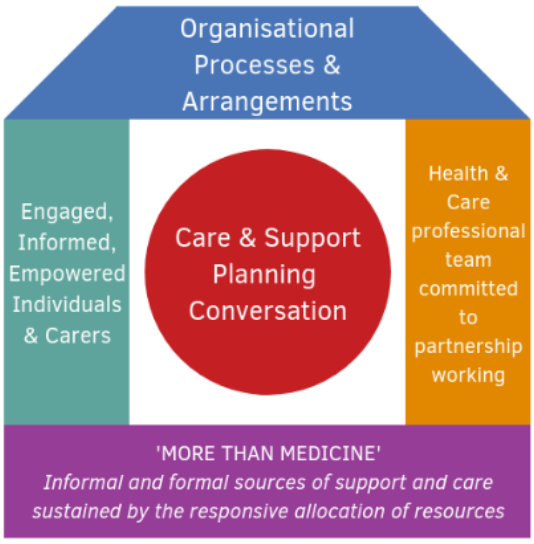
- The right hand wall: Health and care professional team committed to shared decision making, partnership working and a 'what matters to you?' conversation
- The left hand wall: Engaged, informed, empowered individuals and carers ready to engage in a 'what matters to you?' conversation
- The foundation: 'More than Medicine' Informal and formal sources of support and care sustained by the responsive allocation of resources
- The roof: Organisational processes, policies, systems and arrangements
- All built around the care and support planning conversation which is at the heart of the house.



3.7. A robust interim evaluation has now taken place and is attached at Appendix C. Key findings from this evaluation include:

- Care and Support Planning (CSP) appears acceptable to both patients and practice staff
- Patients report CSP as superior to traditional care delivery towards self-managing their wellbeing.

- Practice staff report CSP as a valuable method of delivery care to adopt.
- Training to deliver HoC should be provided in a tailored way, ensuring that only relevant content is delivered to the appropriate staff.
- Agility in delivering CSP (for example adapting the length and mode of consultations) may further reinforce a person-centred approach to care delivery.
- Implementation may be facilitated by practices assuming a project-coordination role.
- Embedding a social prescribing approach in General Practice is likely to be a medium-to-longer-term outcome

Published Report: Patients Perspective of INCA Service

3.8. The INCA model sought to test the Buurtzorg principles in Aberdeen: person centred care delivered by a self-managing team. The interim evaluation was considered by the APS committee at their meeting in February. Following on from this evaluation, we are pleased to report that an academic paper considering the service through the views of the public has now been published in the open access journal, AIMS Public Health. (AIMS Public Health, part of the AIMS Press Journal series, is a science organisation publisher based in the United States of America, providing scientific and professional communities with emerging evidence of best practice across the globe.) Formal publication of this nature both gives credibility to the work of Aberdeen City Integration Joint Board, but also highlights the innovative and evidenced approach that is being taken. A copy of this publication is attached at Appendix D.

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.

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.

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:**

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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.