
To: Renfrewshire Integration Joint Board

On: 29 June 2018

Report by: Chief Officer

Heading: Change and Improvement Programme Update

1. Summary

- 1.1. This report updates IJB members on Renfrewshire Health and Social Care Partnership's evolving Change and Improvement Programme, and seeks approval to progress a number of service reviews to support the delivery of the IJB's Financial and Strategic Plans.
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2. Recommendation

It is recommended that the IJB:

- Note the content of the report;
 - Agree that the proposed service reviews are progressed; and
 - Note that updates will be brought to the IJB to report on progress.
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3. Background

- 3.1. The HSCP Change and Improvement Programme is focussed on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach. This is supporting our work to ensure we provide the best possible services and care to our service users and to enable our service and resource planning to focus on and deliver the right outcomes for all.
- 3.2. This programme is being delivered through 3 workstreams:
1. Optimising Joint and Integrated Working and shifting the balance of care;
 2. Financial Planning; and
 3. Statutory Requirements, National Policy and Compliance.
- 3.3. This report provides an update on the Change and Improvement Programme, and also seeks approval to progress a number of Service Reviews to support the delivery of the IJB's Financial and Strategic Plans.

4. Workstream 1 and 2 Update

- 4.1. Appendix 1: *Change and Improvement Programme* provides an overview of the ongoing projects which are being delivered by Workstream 1: *Optimising Joint and Integrated Working and shifting the balance of care* and Workstream 3: *Statutory Requirements, National Policy and Compliance*, and their progress to date.

5. Workstream 2: Financial Planning

Better Value

- 5.1. In line with the Scottish Government's Health and Social Care Delivery Plan, we are continually working to deliver *Better Value*:

"We will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring the balance of resources is spent where it achieves the most and focusing on prevention and early intervention."

Health and Social Care Delivery Plan, December 2016

- 5.2. The 3 Year Financial Plan approved by the IJB in September 2017 set out the financial position over the next 3 years.
- 5.3. Within this plan and in line with the National Health and Social Care Delivery Plan's aim for *Better Value*, the IJB has committed to continually appraise current models of service delivery to ensure resources are most importantly focused on areas of greatest need delivering the best outcomes to service users. Many of the delegated services we manage have already been subject to positive review and redesign using where available, evidence of best and safe practice to deliver better services and outcomes for our service users identified.
- 5.4. The IJB has considered the HSCP's ongoing approach to shaping health and social care services in Renfrewshire as set out in our Market Facilitation Plan. Our main focus and highest priority is to meet the care needs of local people, this is endorsed within our key plans – our Strategic Plan, Market Facilitation Plan and Financial Plan, and importantly by the insight and understanding that emerges through our planning work with our Strategic Planning Group and our engagement and involvement with service users, carers, our staff, GPs and other key stakeholders.

Service Reviews

- 5.5. In 2018/19 our service review work will include:
1. Learning Disabilities Services;
 2. Older People Services; and
 3. Charging, Eligibility Criteria and Thresholds.

- 5.6. In line with our Planning Processes, (approved by the IJB), the Chief Officer has met with the Professional Advisory Group, in their capacity as Professional Leads, in order that they are fully sighted on these reviews and that they will both influence and contribute to their outcomes.
- 5.7. We have also briefed the Staff Partnership Forum, Strategic Planning Group and GP Forum on this review work and will continue to engage with them as work progresses.
- 5.8. Our Professional Advisory Group, Staff Partnership Forum (including Staff Side) and our Strategic Planning Group will all continue to be involved throughout these reviews. The LD and Older People's service reviews will each have a planning group to provide valuable oversight and each which will include service user representatives. The LD and Older Peoples review will also benefit from having input from an independent external advisor with specialist knowledge and expertise of these areas. The terms of reference for each review will be agreed by the relevant planning group.
- 5.9. The reviews will be progressed through the summer/autumn 2018.

Implications of the Report

1. **Financial** – the Change and Improvement Programme supports the delivery of the 2018/19 Financial Plan.
2. **HR & Organisational Development** – HR and OD teams will work in close liaison with the Change and Improvement Programme Leads.
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider Community Planning process
4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – technology enabled solutions may be identified as part of the service reviews and pilot work.
7. **Equality & Human Rights** – all proposals will place due regard on equality requirements.
8. **Health & Safety** – health and safety processes and procedures are being reviewed in order to support safe and effective joint working.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – where risks are identified, mitigation will be sought where possible.
11. **Privacy Impact** – n/a.

List of Background Papers – None.

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2018/19 Change and Improvement Programme

The 2018/19 Change and Improvement Programme is managed in 3 workstreams:

Workstream	Drivers
1. Optimising Integrated Working and shifting the balance of care	Delivering the right services and ensuring the best patients and service user experience and outcomes. Progress through effective use of resources / demand management and pathways
2. Financial Planning	Securing consistent and sustainable services within a balanced budget
3. Statutory Requirements, National Policy and Compliance	Compliance

Workstream 1: Optimising Integrated Working and shifting the balance of care

1.1. Primary Care Programme

Work continues to be developed to provide a comprehensive Primary Care Work Programme for 2018 - 2021 which is being lead through an HSCP dedicated team. The key aim of this programme is to:

- Provide leadership and support to promote multi-disciplinary team working;
- Develop, support and maintain relationships with independent contractors, GP practice managers/nurses and external agencies to support the continued development of primary care services locally;
- Develop a comprehensive clinical governance and service re-design programme across care groups; and
- Oversee the local delivery of the new GP contract (see 3.4);
- Support the development and implementation of the HSCP Primary Care Improvement Plan (PCIP), to enable the development of the expert medical generalist role through a reduction in current GP and practice workload (see 3.4).

The HSCP run a series of Signposting Training for practice reception staff and practice managers on behalf of GP Practices/Clusters. This training aims to support practice staff to follow a signposting pathway, so that patients/service users can be signposted to the most appropriate health or social care professional. Health Improvement staff within Renfrewshire HSCP and NHS 24 have undertaken work to align with this training, and are providing

practice staff with information on specific resources that can be used, and contacts that can be made. This work also aligns with wider systems such as ALISS (A Local Information System for Scotland), and Know Where to Turn, which compile databases of local resources.

1.2. Localities

Our Heads of Health & Social Care, Chief Nurse and Change & Improvement Officer continue to work closely with our senior nursing staff and other key stakeholders to enable geographical working and to optimise the benefits of integrated multidisciplinary working:

Vision for Community Nursing: The programme of work continues to enable sustainable services. Currently elements from other workstreams also aim to have positive impacts, i.e. Respiratory Interface Group, particularly in relation to development of the Respiratory Nurse Specialist in Advanced Assessment and Independent Prescribing.

There are likely to be further developments as the modules described above are supported across the registered staff group.

Continual professional development approaches: The succession planning continues within District Nursing and 2 staff will commence FT in Sept 18, 1 continuing student, and 3 part time Sept 18. A high retiral rate continues therefore we require year on year investment, and await further information regarding Scottish Government monies. The position has been highlighted both locally and to HSCP Chief Officers.

System wide capacity issues across District Nursing: Our Chief Nurse continues to work with the Chief Finance Officer to identify earmarked reserves, to support District Nursing succession planning and the Scottish Executive Nurse Director's Transforming Roles Agenda

As above, we will require to identify financial resource on a recurring basis.

1.3. Care at Home Transformation Programme

Our Care at Home Transformation Programme is being delivered across a number of workstreams:

Workstream	Purpose and progress
Restructure of Care at Home	A service restructure is currently underway. This will ensure the Service has the capability and capacity to deliver the level of change required. This is being managed in close consultation with the Trade Unions and Renfrewshire Council HR.
Our Organisational Culture and Work Environment:	The Care at Home Service Manager is working with our Organisational Development Officer to ensure we are supporting the development of the new organisation where our staff feel valued, equipped and motivated to deliver a service of the highest quality for their service users.

Business Process Review	We are currently working with Care at Home staff to map and review our referral and scheduling & monitoring processes to ensure these are as efficient, effective and seamless as possible. Revised processes will be supported by the new structure currently being introduced.
Service Policies and Procedures	A review of all Service Policies and Procedures is underway to ensure all staff are working in a consistent and safe way in line with Professional Standards.
Electronic Scheduling and Monitoring System	We are currently procuring a Scheduling and Monitoring system in 2019. Scheduling and Monitoring systems are already commonplace in most Scottish HSCPs. This system will provide real time service information which will enable our Care at Home Service to be more resourceful in how they deploy front line workers and also to provide a more responsive service for the people they care for. The evaluation of submitted tenderer bids has now concluded and the recommendation from this was approved by the Renfrewshire Council's Finance, Resources and Customer Services Policy Board on 06 th June 2018. The HSCP will now begin the process to formally award the contract in July 2018 and begin the initiation stage to implement the chosen solution
Business and Market Intelligence:	We are working to improve our ability to benchmark our Care at Home Services in order to more effectively measure its ongoing capacity and performance; to demonstrate the benefit of improvement work; and to enable improved comparison with other providers and Local Authorities.
Financial Control and Statutory Governance:	In light of the significant budget pressures facing the Care at Home Service, and imperative to address its growing overspend, the Chief Finance Officer is establishing a Budget Monitoring and Statutory Governance workstream to review and improve financial management and reporting.
1.4. Mental Health 5 year Strategy	
One of the key aims of Health and Social Care Integration is to provide joined-up quality health and social care services in order to better support the needs of patients, services users and carers to achieve positive and sustainable outcomes. The 5 year Mental Health Strategy is an ongoing review process across Greater Glasgow and Clyde which has been examining evidence and data relating to our current service models and reviewing options for consideration for future service provision. It is proposed that the unscheduled care should be standardised across the Board to provide a consistent model of service provision with equality of access. It will consider Bed remodelling, Liaison Services, Crisis Services and Out of Hours Service.	

1.5. Addictions Review

The Whole Systems Review of Alcohol and Drug Provision in Renfrewshire has now concluded, identifying a need for change and development to ensure that the service meets Renfrewshire's expectations in relation to ADP requirements and ability to respond to future needs of the area. The independent review Lead Officer, John Goldie, recently presented his draft report and recommendations to an extraordinary meeting of the ADP. Over the coming weeks, the ADP and HSCP Senior Management Team will be asked to approve his final report, and this will be presented at the next meeting of the IJB in September 2018.

1.6. Unscheduled Care (Acute)

We continue to progress our joint Unscheduled Care action plan with colleagues in the RAH, and report this through the Clyde Delivery Group as part of NHS GGC's Unscheduled Care Programme. It is intended that this work will demonstrate how the HSCP can reduce demand on Acute Services and create a compelling case for resource transfer.

The HSCP has recently submitted trajectories for the 6 indicators being measured by the Ministerial Strategic Group (MSG). These show Renfrewshire maintaining our delayed discharge levels, our balance of care and the proportion of people supported to receive end of life care in a community setting. We expect to reduce our number of unplanned admissions and unplanned bed days by 4% over the 2015/16 baseline, and to bring back our A and E attendances to the 2015/16 level.

Some progress and success in reducing our reliance on unscheduled care is noted below:

- The GP and health professional part of our website which highlights how to access the wide range of community and hospital services which can avert admission is now one of the most frequently used pages on our website.
- We have also just completed a survey in the ED department asking attendees about their knowledge of alternative services to A and E. The results of this are currently being analysed and will be available in the next month.
- There has been a positive reduction in the number of admissions to hospital from nursing homes following our targeted support and focus on anticipatory care planning.

Workstream 2: Financial Planning

2018/19 Scope to be agreed by the IJB - proposed Service Reviews are set out in Section 5.

Workstream 3: Statutory Requirements, National Policy and Compliance

3.1. Implementation of the Carers Act

The implementation of the provisions in the Carers Act, designed to support carers' health and wellbeing, came largely into force on April 1 2018. This legislation builds on the aims and objectives set out in the National Carers and Young Carers Strategy 2010-2015.

The Carers Act Update to the IJB in March 2018 assured Members that the HSCP were fully prepared for the introduction of the Act. The Carers Act project is now concluding, transitioning to 'business as usual' where we will continue to ensure that our processes, communications and training are fit for purpose. Going forward, the delivery of the Carers Act will be monitored through actions within the Strategic Plan and Performance Indicators in our Performance Reports rather than as part of the Change and Improvement Programme.

In addition, ongoing work to understand financial impact will be led through the CFO as part of our financial planning work. Renfrewshire HSCP is also part of in a short-life working group convened by Scottish Government to clarify the guidance on the waiving of charges for carers.

The RHSCP Carers Strategy will be developed in line with Strategic Plan 2019-22.

3.2. Joint Inspection of Adult Services

The Joint Inspection of Adult Health and Social Care in Renfrewshire took place between October and December 2017.

The final report was published by the Care Inspectorate in April 2018. A copy of the report and the HSCP's improvement plan is the subject to a separate report to this meeting.

3.3. Dementia Strategy

Most of the Commitments within the Dementia Strategy remain at a national level, at present. The Renfrewshire Dementia Strategy Group (RDSG) are awaiting guidance from the National Implementation Group on how to progress the commitments locally. However, the RDSG continue to ensure high quality, timely diagnosis, support and treatment for people with a diagnosis of dementia within Renfrewshire. To achieve this, the group monitor and advise on the improvement of existing services and the development of new initiatives.

3.4. GP Contract

The **new General Medical Services (GMS)** was agreed earlier this year between Scottish Government and other partners including HSCP Chief Officers. The new contract, which came into effect from 1st April 2018, focuses on improving the sustainability of primary care for the future by helping to alleviate GP workload. Importantly, it is built on the existing values of General Practice, which are **Compassion, Empathy and Kindness**. By reforming the way primary care has traditionally worked, GPs will be supported by health professionals from the broader health and social care, through

better integration of key services which impact on health and wellbeing within Renfrewshire. The contract is designed to integrate these wider teams into primary care from the years 2018-2021. An update on our Primary Care Improvement Programme, for delivery on the GP Contract locally, is the subject of a separate paper to this meeting.	3.5. Duty of Candour We are satisfied that the HSCP has carried out the necessary preparations to ensure the Partnership is equipped to deliver on the new Duty of Candour regulations which came into effect from 1st April 2018. The duty creates a legal requirement for health and social care organisations to inform people (or their families/carers acting on their behalf) when they have been harmed (physically or psychologically) as a result of the care or treatment they have received. This statutory requirement will now transition to 'business as usual'. Going forward the HSCP will monitor compliance through Renfrewshire's Quality, Care & Professional Governance arrangements/structure, rather than part of the Change and Improvement Programme.
3.6. Telecare: Analogue to Digital OFCOM has advised that by 2025 all UK analogue telephone services in the UK will be switched off and replaced by digital connections. This means the current analogue telecare equipment, such as alarm units with linked telecare sensors, will also need to be upgraded to digital technology. Vulnerable people rely on this telecare equipment to activate a call to an alarm receiving centre, who then summon assistance from a local responder team or instigate an emergency service response. In Renfrewshire over 3000 service users currently benefit from a range of analogue telecare services which enables them to continue to live safely within their own homes in older age and also people with a range of physical and /or learning disabilities. Initial costings provided by one supplier would incur a cost of circa £750,000, based on a 5-year projection, for the replacement of the current kit. A working group has been established which includes representation from the Council's ICT, Procurement and the Head of Finance which reviews service model options, associated costs and will ensure this transition project is appropriately managed. To date, there has been no suggestion that national funding will be available to assist HSCPs. This may mean the HSCP will need to approach the Council for capital funding in order to take this forward. Renfrewshire HSCP are also represented on the national Specification, Standards and Processes Group which is in its infancy and looking at establishing standards around the new Digital Telecare we will require to use. This will inform local planning and governance arrangements to ensure appropriate preparations and funding are in place to enable this transition.	3.7. Self Directed Support (SDS) Evaluation The HSCP undertook a Self Evaluation of SDS in Renfrewshire, involving a wide range of stakeholder representatives. Its aims were to: 1. measure progress in embedding SDS into practice;

2. seek indications of the impact of SDS on stakeholders;
3. mark Renfrewshire's progress against the national strategic outcomes; and
4. engage stakeholders in identifying areas for improvement and suggestions on future action.
5. This approach ensured any ideas of improvement are based on evidence and on stakeholder consultation and engagement.

A Findings Report submitted to the HSCP Senior Management Team (SMT) included 'Areas for Improvement' identified by our stakeholders and a supporting improvement action plan. The action plan has 5 key themes:

1. continuous improvements in processes
2. communication
3. management and monitoring
4. staff training and development
5. market facilitation

The implementation of the Action Plan will be regularly assessed against the list of Stakeholders' Areas for Improvement to ensure all areas for improvement are being/have been addressed, and progress regularly reported to the SMT.