Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: ...12 February 2018................

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IJB TRANSFORMATION PROGRAMME TRACKER

Purpose of Report:	To update the Integration Joint Board on progress in developing and delivering the transformation programme.

Recommendations:	The Health & Social Care Integration Joint Board is asked to: Note the report.

Personnel:	Resource and staffing implications are being developed as part of both the development of the project briefs and the service redesigns that will be addressed through the projects.

Carers:	

Equalities:	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process.

Financial:	Resource and staffing implications are being developed as part of both the development of the project briefs and the service redesigns that will be addressed through the projects.

Legal:	This Programme will support the delivery of the Partnership's Strategic Plan. Programme Proposals are being developed through the Joint H&SC Management Team and with service leads. A workshop was held on 5th September to ensure all key managers in the programme are aware of and engaged in the programme.

Risk Implications:	The risks relating to each project are being developed as part of the project briefs. Overall, there is a risk that without a robust programme, the Partnership will be unable to address the current – and future – affordability gap.

1.1   A progress report on the development and delivery of the programme was presented to the IJB at its December meeting.

1.2   There are currently 10 projects that comprise the IJB Transformation Programme. These are:

    I.   Community & Day Hospitals
   II.   Care at Home (including Re-ablement)
  III.   Allied Health Professionals
  IV.   Dementia
   V.   Mental Health Redesign
  VI.   Re-Imagining Day Services
 VII.   Carers Strategy
VIII.   Alcohol & Drug Services
  IX.   IT & Telehealth Care
   X.   Re-Imagining Integrated Health & Social Care Teams

1.3   A high level Programme Plan is set out in Appendix 1 and a Programme Tracker which sets out activity in the current reporting period to the end of November – as well as planned activity in the next – is provided at Appendix 2.

Summary

2.1   As shown in the attached appendices, 3 of the 10 projects are shown as being on track:

- Home Care, Including enablement
- Allied Health Professionals
- Carers Strategy

2.2   7 of the 10 projects are shown as Amber these are:

- **Community & Day Hospitals** – Project resources are now in place to deliver this project. The initial review of the service, which is being led by Anne Hendry is progressing well and an interim report is being prepared. Some slippage in timescales is anticipated, however, this is not expected to be significant.

- **Dementia** – The project is being re-scoped as the original project brief was drafted ahead of the publication of the National Dementia Strategy and the drafting of the Scottish Borders Dementia Strategy which is currently out for consultation. A £4.8m provision is included under the Council's Capital Programme for a specialist residential dementia unit and an associated feasibility study is being developed for a Dementia Village.

- **Mental Health** – There have been delays in consultation due to low turnout of clinicians and ward staff at consultation events. This has meant that additional events have had to be arranged. Similarly, attendance at engagement events for those with lived-experience have been poorly attended. Online methods of engaging with clinicians and ward staff (Survey Monkey) and service users (Citizenspace) are being used to supplement engagement.

- **Re-Imagining Day Services** – the project is making good progress in terms of decommissioning underutilised/inefficient services. However, the project is shown as amber as there is an ongoing risk in terms of the management of interdependencies. Three projects, Day Services, Dementia and Community & Day Hospitals, are looking at buildings-based day-services and the links between them need to be managed carefully to ensure that use of buildings or

alternative arrangements are seen in the wider context. Meetings are being held between project leads to address this.

- **Alcohol & Drugs** – A cost effective solution for co-location has still to be agreed. Again there will be some slippage while this is resolved.

- **IT & Telehealth Care** – Good progress is being made in terms of the roll-out of Attend Anywhere (effectively a skype-like video phone application that enables virtual surgeries) and with practical IT problem-solving with integrated teams at various locations. However, the project is shown as amber as a detailed roadmap for a wider IT project has still to be finalised and agreed. A visit is being arranged to NHS Cumbria in early March to look at a workflow system in practice. All being well, a proposal will be scoped for a proof-of-concept project to look at how the system could be used to improve patient pathways and realise efficiencies here in the Borders.

- **Re-imagining Health & Social Care Teams** – The project is still to be formally scoped although there are a number of related initiatives (e.g. the Buurtzorg pilot in Coldstream, Transitional Care at Waverly Care Home, Discharge to Assess and Social Care Productivity Review) which are already informing models of integrated working.

2.3 The current programme does not yet include the indicative financial savings which may be possible from each of the individual projects. Discussions had been planned over October/November with project leads, Chief Financial Officer, Chief Officer and Programme Manager to review the financial context and savings opportunities from each project. However, these meetings are unlikely to take place until a new Chief Financial Officer is in post.

2.4 As can be seen from the programme plan at Appendix 1, projects remain at a relatively early stage and new models of service delivery are still in the process of being determined or scoped. As these models are clarified and established, the potential financial and non-financial benefits from each project will be identified. The financial information on the programme will therefore show the delivery timescale of the partnerships' objectives and resultant efficiency gains over future years.

2.5 As part of the discussions with project leads, additional resource requirements to deliver projects will be fully established. It is anticipated that additional resource will be required. A clear business case, based in achievement of outcomes against resources required, will be included in each funding application.