IJB Transformation Programme High Level Delivery Summary Tracker (December 2017)

December 2017

Corporate Lead / *Project Manager*	Programme/ Project	Purpose	Work / Milestones Achieved / Comments on Status – this period to 30 November July 2017		Work / Milestones to be achieved – next period to 31 January 2018
			RAG Progress	Progress on work and reasons for RAG Status	Comments

1 Kenny Mitchell/ Stewart Barrie	**Community & Day Hospitals**	Implement best practice service models in Community Hospitals to improve patient pathway and make best use of resources.	**Amber**	**Status is Amber: due to slippage** as key project resources have started since last Programme update (Kenny Mitchell: end of August; Anne Hendry (AH), Project Manager: October) The impact (if any) on key project deliverables will be clearer from AH report and following first Project Board meeting (see below)
				
				Highlights
				▪ Community & Day Hospital Clinical Reference Group (CHRG) – first meeting held *on 27 Sept 2017*
				▪ Project Board appointed and first meeting scheduled for December 2017
				▪ Draft Project Team membership identified subject to capacity
				▪ Dr Anne Hendry (AH) progressing well with review which is due for completion in January 2018.
				  o AH to present interim findings to next meeting of CHRG on 30th November
					• Develop PID/detailed Project Plan
					• Develop project workstreams (produce discussion paper for Project Board)
					• First Project Board meeting - Dec 14th 2017 (monthly thereafter)
					• Project team to be agreed/confirmed
					  o First Project team meeting – Jan 2017
					• External "first phase"review process to be progressed.
					• Service Models to be progressed/confirmed
					• Establish criteria for appraisal options

2 **Murray Leys**/Lesley Horne	**Care at Home (incl. Enablement)**	Targeted and appropriate Enablement within a homecare setting to deliver improved outcomes for individuals and contribute to reductions in the average hours of long-term care required. Links with Technology Enabled Care (TEC) to enhance or replace direct contact time by carers	**Green**	**Status is green as the project is on track** • Proposal for a pilot enablement project was taken to EMT on 10th November • EMT has requested that CO Health & Social Care Integration leads on a revised proposal utilising Health Care Support Workers (HCSWs) in localities. • Discharge to assess work is progressing at Craw Wood to create a 15-bed capacity. Unit will be operational from 4th December. • Outline target is that patients will only remain in the facility for a maximum of 2 weeks. Care staff will be supported by OT/Physio staff to deliver enablement activity.	Reablement • Revise pilot proposal Enablement • Continue to develop the proposed Care at Home model.
3 **Kenny Mitchell**/ Sonia Borthwick.	**Allied Health Professionals**	The overall project aim is to reshape AHP services in order to support the emerging community services "Out of Hospital Care" model	**Green**	• 3 month data validation started in October 2017 • November/December – new Data Reports will be produced	• December/January – vacancy and resource modelling activities begin • End January – recurring benefit realisation commences
4 **Murray Leys**/ Graeme McMurdo	**Dementia**	Redesign the care and support service to deliver improved outcomes for clients who suffer from dementia.	**Amber**	**Status is amber as there is a need to rescope the project – it's priorities and timescales – in the light of both the draft dementia strategy and recent capital funding bid:** • Draft Scottish Borders Dementia Strategy is now out for consultation (National Dementia Strategy has been published and underpins current consultation on development of Borders Dementia Strategy) • A £4.8m bid to SBC's Capital Programme for a 15 – 24-bed residential dementia unit (locations being explored) • Report being prepared exploring options in support of residential dementia unit including a feasibility for a Scandinavian-style "dementia village", options for dementia care in localities within new extra-care housing and bolstering/enhancing dementia care within the community.	• Continue to engage with stakeholders on the draft Dementia Strategy • Complete report on options for residential care • Clarification of the direct costs of the current dementia care pathway
5 **Simon Burt**/Hayliss Smith	**Mental Health Redesign**	Service redesign in line with Mental Health Needs Assessment Recommendations, MH Strategy and to achieve identified Financial Savings	**Green**	**Status is green as the project is on track.** • Information and Data Gathering is underway • Workshops held with stakeholders and further workshops planned for December to ensure that as many stakeholders as possible have the chance to participate. • Service user workshops are also planned for December to ensure those with lived experience are able to influence future service provision • Survey monkey being used to provide further opportunities to input into the process • Project support identified to undertake benchmarking and desk-based research.	• Aim to produce redesign plan by end March 2018 • Plan for required project and transition support in development • Implementation of redesign plan by end of 2019/20 financial year

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6	**Murray Leys**/ Michael Curran	**Re-Imagining Day Services**	Review of Day Services to identify and deliver a more effective and efficient service options	Amber	**Status is amber as mitigating action is needed in other projects to ensure that interdependencies are not missed** • The Ability Centre will be the first centre to be decommissioned as part of the Reimagine Day services project with full decommission complete by end of March 2018 • Clients are already pursuing alternatives in the community and will stop using the building by December this year • The lease for the building expires at the end of December and Interested parties are in discussions with estates on the future use of the building • Staffing will remain in place until the end of the financial year to support the community capacity building team to support clients establish their community based activities • Part of the efficiency (40K) will be reinvested in community connectors to facilitate other centres to become community based. • Interdependency mapping is underway with a session being called to discuss and agree the way forward	• Proposing & Discussing an alternative model for adults & older peoples day services with key strategic managers continues • Developing implementation plan and resources requirements and timescales • Managing interdependencies remains a key risk/opportunity to maximising efficiency and effectivity
7	**Murray Leys**/ Susan Henderson	**Carers Strategy**	Work co-productively, through the Health and Social Care Partnership and children and young people's services, with carer representative organisations and with carers, to implement the legislation effectively.	Green	**Status is Green because project is on track** • In conjunction with the Borders Carers Centre a new draft carers support plan has been tested, with positive response from staff and carers to date. • A draft eligibility criteria has been agreed by Carers Act Board. • The young carers implementation group has met to plan progress to meet the legislation. • Options appraisal on the pathways to provide support completed and preferred option agreed by the Carers Act Board.	• Test out draft eligibility criteria and consult with carers groups. • Scope work required for performance reporting to Scottish Government • Plan work and timescales for carers strategy • Progress work on pathway
8	**Tim Patterson**/ Fiona Doig	**Alcohol & Drug Services**	To undertake work with Borders Addiction Service (BAS) and Addaction to confirm potential development of a single management structures and/or co-location to improve joint working	Amber	**Status is amber as there is no agreement yet re relocation and associated capital costs** A visit took place to potential co-location site of Galavale on 3.8.17. Addaction have, however, negotiated a reduction in rent which would mitigate savings.	Costings expected from NHS Borders Estates by 17.8.17. Depending on outcome will inform discussions with services. Awaiting meeting with Chief Officer re potential alternative site.
9	**Murray Leys**/ Graeme Dobson (Attend Anywhere) Bill Edwards & Jackie Stephen (IT)	**IT & Telehealthcare**	Delivery of a video conferencing (Attend Anywhere) capability in care homes to support Out of Hours Emergency Care, Diabetes Services and Orthopaedics avoiding the need for expensive travel (time) and hospital visits - including avoidance of missed appointments.	Amber	**Status is amber as the project plan is still to be finalised:** **Attend Anywhere** – video conferencing facility. This is a TEC (the national Technology Enabled Care) funded project – a skype-like browser-based facility. • Orthopaedics Dept. trialled Attend Anywhere. Options for future use are being reviewed. • Diabetes Dept. will look pilot Attend Anywhere from January for hard-to-reach younger patients • GP clusters – scoping a pilot with Tweeddale GPs & Nursing/Care Homes in January 18. • MH Services are to be part of a national Distress Brief Intervention (Suicide Prevention) pilot. • Pharmacy services exploring use with community pharmacies and Out of Hours Service. • Out of Hours preparing to pilot with health professionals in the new year. **Wider Integrated Technology Programme** • Draft roadmap to develop integrated IT solutions has been presented to EMT based on: • Collaborative Working – Communications(email/telephony)/Calanders/File-sharing • Person-Centric Data – a single view and single updating of people's records • Workflow – automation of processes and pathways • Assistive Technologies – enabling independent living and avoid unnecessary admissions. Further work continues to refine and agree the roadmap and identify resources to deliver it. **Delivery of Practical Solutions** • Buurtzorg Pilot – Wifi connectivity at Coldstream health centre to enable access to SBC Network • Transitional Care Team – Data points provided at Waverly Care Home to enable access to SBC Network • START/Haylodge – Datapoint enabled to provide access to SBC network.	• Continue to develop Attend Anywhere pilots. • Continue to develop the Integrated Technology Roadmap and identify resources to deliver it. A further resentation will be made to EMT in December. • Continue to identify and deliver practical solutions.
10	**Murray Leys**/ TBC	**Re-Imagining Integrated Health & Social Care Teams**	Design and Implementation of Integrated Health & Social Care Teams across the 5 localities	Amber	**Status is amber as the project is still in development.**	•