



PERTH & KINROSS INTEGRATION JOINT BOARD

28 September 2018

Chief Officer Strategic Update

Robert Packham, Chief Officer (Report No. G/18/138)

PURPOSE OF REPORT

The purpose of this report is to update board members on progress against tasks outlined in the rolling actions list.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board note the following updates:

- Refresh of the Perth and Kinross IJB Strategic Commissioning Plan,
- Preparations for the Joint Inspection of Perth and Kinross HSCP
- Mental Health and Learning Disability Transformation Plan - Update
- Mental Welfare Commission (MWC) 'Right to Advocacy' Response

2. Refresh of the Perth and Kinross IJB Strategic Commissioning Plan

- 2.1 A refreshed version of the Perth and Kinross Strategic Commissioning Plan is due to be completed in 2019. The Chair and Chief Officer have agreed a deadline for completion by 3 March 2019 inclusive of a 4 week consultation process in the first two months of 2019.
- 2.2 The 2016-19 plan described redesign of services to shift the balance of care, address inequalities and change our service model towards greater emphasis on joint commissioning, early intervention and prevention. These principles underpin all areas of service delivery and remain unchanged.
- 2.3 At a meeting of key stakeholders in March 2018, the 2016-19 plan was reconsidered resulting in agreement that the Partnership's strategic intentions remain relevant and appropriate to our core purpose. However, the first two years have increased our understanding of the changes required. Effective integration will require a constant process of review, taking opportunities to examine working practices and to develop new ways of working, simplifying and making sure best value in the use of public funds. This will be considered across the full range of IJB responsibilities and may need to consider the

balance of investment across the four Programmes of Care described below. The Strategic Planning Board has a key role in overseeing and scrutinising the activities of the four care programme boards.

Programmes of Care

- 2.3.1 **Older People and Unscheduled Care** – This programme will embrace services in the community for older people in their homes, in residential and nursing care, the support they receive through directly provided and commissioned care services, links to third sector organisations and communities. It will also cover the acute interventions delivered in PRI and the community hospitals. While not mentioned specifically, this programme of care will also plan for the needs of people with Physical disability.
- 2.3.2 **Mental Health and Wellbeing.** – This programme will embrace services in the community for people living with mental illness, learning disability and substance use issues. It will consider the connection with other services provided through the third and independent sectors. It will consider the essential contribution of anticipation, early intervention and prevention as well as the longer term support required for people living in Perth and Kinross. There will need to be connections with the Prison and other agencies such as the Police, Ambulance, Fire and Rescue Services. For transitions, the work will need to connect with education and children's services for families affected by any of the issues outlined above or for children with complex needs rising as they move into adulthood.
- 2.3.3 **Carers** - This programme will embrace services in the community for the rising number of formal and informal carers. Carers provide a significant contribution to the health and well-being of the Perth and Kinross population. Under the obligations placed upon the Health and Social Care Partnership, carers are now entitled to an assessment of needs. We expect there will be an increasing requirement for support as the population ages and the partnership becomes more effective at maintaining people in their own homes for as long as it is appropriate and safe to do so.
- 2.3.4 **Primary Care** - This programme will support implementation of the Primary Care Improvement Plan. The new General Medical Services (GMS) contract will introduce significant changes to the way in which Primary Care Services are delivered in our communities. Through closer working with a wider and strengthened multi-disciplinary team, General Practitioners are to be supported in becoming expert generalist medical practitioners to more comprehensively support people and enable avoidance of unnecessary admission to hospital or premature entry to residential care. This work stream comes with additional funding to support specific developments. Other changes include a gradual change to the ways in which practice premises are provided.
- 2.3.5 **Corporate Support** - Although not a programme of care, day to day running of the Partnership's business is reliant on a range of corporate support functions. These functions will increasingly be brought together to ensure an integration of approach, long-term sustainability and best value.

- 2.4 In preparation, the management team has aligned budgets and workforce with each of four care groupings and a corporate support function. A senior Responsible Officer will oversee the work to provide direction, scrutiny and assurance. Leadership, professional and project management expertise has been identified in each care group. The strategic, financial and workforce planning functions will be linked. HR and Staff Partnership engagement will be an essential component for success in each of the work streams.
- 2.5 Specific tasks are assigned with the intention of engineering the redesign required for the next development phase of the Health and Social Care Partnership and to ensure a plan to achieve financial balance. The outputs of these care groups will be delivered across the three localities.
- 2.6 The Strategic Care Groups will be overseen by the Strategic Planning Board.
- 2.7 A Business and Planning manager has been appointed. An element of their role will be to oversee the strategic planning activities of each group and to ensure coherence between the different groups.

3 Preparations for Joint Inspection of Perth and Kinross HSCP

- 3.1 Perth and Kinross Health and Social Care Partnership has been notified of the Care Inspectorate and Health Improvement Scotland (HIS) intention to undertake a Joint Inspection of the Partnership in the early part of 2019. The question posed by the inspectors is “***How well do us plan and commission services to achieve better outcomes for people?***”
- 3.2 The self assessment process is based upon four domains:

Leadership and direction that promotes partnership

- Vision, values and culture across the partnership
- Leadership of strategy and direction

Key Performance outcomes

- Improvements in partnership performance in both healthcare and social care

Policy development and plans to support improvement in service

- Operational and strategic planning arrangements
- Commissioning arrangements

What is our capacity for improvement?

- Judgement based on an evaluation of performance against the quality indicators

- 3.3 The HSCP has engaged the services of an experienced manager in leading the process of preparation, gathering evidence and providing challenge across the system to ensure the focus on improvement is embedded in every part of the partnership's business. We have also engaged an experienced

senior manager from outwith Perth and Kinross who has offered to be a critical friend to the Senior Managers in their preparations for the inspection.

- 3.4 The Inspection is not being considered an entity in itself, more an opportunity and catalyst for focus upon improvements in organisational performance, a driver for rapid progress against the Strategic Plan and the intentions of the legislation. A development session will be offered to Board members to give insight into the preparations and to ensure current awareness of progress made against the strategic plan.
- 3.5 Making a meaningful difference to the lived experience of service users and carers is our focus, however this inspection brings opportunity for in-depth scrutiny of the strategic and operational effectiveness of Perth and Kinross HSCP. There will be a clear focus on improvement of outcomes for people using our services.
- 3.6 The self assessment process is underway in anticipation of formal announcement of the Inspection process in September 2018. At the point of writing, we anticipate the inspection process will take place in the first quarter of 2019.

4. MENTAL HEALTH

4.1 Transformation Programme

The first three moves of services will begin in September 2018. Staff affected by the move of services are being taken through the organisational change process, which begins with an individual 1:1 that is designed to consider the practical and professional consequences for each member of staff.

A cascade of moves will follow – the following timetable gives an indication of the work to be done.

Work Streams established – Accommodation, Communication & Engagement, Clinical Pathways and Work force - to meet fortnightly
Workforce – Complete 1 to 1 meetings for 1 st 5 logistical moves
Relocate LD Low Secure service from Flat 1 in Strathmartine Centre to Faskally ward in Rohallion Centre at Murray Royal – Transport implications Dundee to Perth
Refurbishment of vacated Flat 1 in Strathmartine to accommodate Learning Disabilities Assessment Unit (LDAU) from Carseview
Relocation of LDAU from Carseview Centre to vacated Flat 1 on Strathmartine Centre. Transport implications within Dundee
Refurbishment of vacated LDAU in Carseview Centre to accommodate Moredun General Adult Psychiatry (GAP) acute ward from Murray Royal
Relocation of Moredun Ward from Murray Royal to refurbished LDAU on Carseview - Transport Implications Perth to Dundee
Minor refurbishment of vacated Moredun ward at Murray Royal (small works for doors to close off areas)
Relocation of Amulree ward at Murray Royal Hospital into vacated Moredun ward

Refurbishment of Amulree ward for future LDAU and Learning Disabilities (LD) wards
Refurbishment of Mulberry ward (anti ligature works) and 1 other ward on Carseview Centre
Relocate all LD services to Murray Royal and decommission Strathmartine – <i>Transport Implications Dundee to Perth</i>
Refurbishment of remaining Carseview wards (anti ligature works)
Refurbish & Extend Intensive Psychiatry Care Unit (IPCU) ward Carseview Centre
Completion of refurbishment works
PPE/Benefits Realisation/Programme closure

4.2 **Transport** – is the most frequently expressed concern arising from the Transformation Programme. At its meeting on 26 January 2018, Perth and Kinross IJB sought assurance that the issues raised by boards and committees would be factored into the planning for implementation of the approved change. The travel implications for relatives and carers of patients who will in future be located differently are increasingly clear. A number of changes in care delivery and pathways of care need to be considered alongside the changes in buildings.

- In future, strengthened community services in the three Health and Social Care Partnerships will develop a range of alternatives to in-patient care. These services will be local and will reduce the requirement for travel between hospitals.
- For relatives and carers who need to travel further, it is important that public transport arrangements are coherent. Planning is being held at several levels.
- Perth and Kinross Council has provided management links to connect and sequence planning for change with the Programme Director for the Mental Health Transformation Plan during the implementation period. This will allow advanced notice of implementation at each stage.
- NHS Tayside is in the process of planning a wider range of acute medical and surgical services. In time, proposals will relocate services to create sustainable centres of excellence in planned and emergency care. With this change process, a similar range of transport challenges will emerge for relatives and carers. The Head of Improvement in NHS Tayside is leading a coordinated approach across the changes in the locations of NHS Hospital Services.

4.3 **Independent Inquiry**

Following the Health Improvement Scotland (HIS) report, significant work has been undertaken to draw together all elements of Mental Health and Learning Disability Services across Tayside. The intention is to improve pathways of care and to consider how pathways can be broadened to support early intervention and prevention wherever people come into contact with public services and third sector organisations.

4.4 **BBC Programme on Carseview Centre**

Significant efforts are underway to support permanent solutions for staff working to support the contingency arrangements. A formal process of

organisational change is followed in partnership with the individual member of staff, their manager and their staff organisation representative.

4.5 Leadership

Professor Keith Matthews has been substantively appointed as the Associate Medical Director for Mental Health Services. He replaces interim Associate Medical Director Dr Richard Caplan. Dr Caplan has worked across the Mental Health Specialty Groups, providing advice and guidance for the potential modernisation of in patient services. The implementation phase will accompany the changes in service location and the moves to facilitate the changes as outlined above.

Mrs Arlene Wood who is an experienced General Manager has been appointed to the role of Associate Director of Mental Health Transformation.

4.6 General Adult Psychiatry (GAP) Training Programme

A further Deanery review of GAP training took place on 3 May 2018. The Review team outlined that the Training Programme would be placed in enhanced monitoring. A detailed SMART action plan is in place to address the recommendations of the Deanery. Further updates will be provided to the Board. A detailed action plan has been developed; it is a live document with progress against actions nominated to key individuals. The Chief Officer has delegated responsibility for managing progress to the associate Director of MH Transformation.

4.7 Risk management

A comprehensive risk analysis has been undertaken across Mental Health Services in Tayside. Currently reported through the Clinical and Care Governance Committee in NHS Tayside, as host IJB for in patient Mental Health, P&K will need to work with officers in Dundee and Angus to understand the routes for assurance and risk mitigation. Officers will jointly categorise into Strategic and Operational risks reporting appropriately to the three IJBs as appropriate. Further updates will be brought forward as this work progresses.

5 Mental Welfare Commission – Rights to advocacy

- 5.1 The Mental Welfare Commission has undertaken a survey to ascertain how Local Authorities and Health and Social Care Partnerships are preparing their Strategic advocacy plans for their area.
- 5.2 This requires evidence of local needs assessment and evidence of partnership working.
- 5.3 A further update will be brought to the Board.

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.