



PERTH & KINROSS INTEGRATION JOINT BOARD

23 March 2018

CHIEF OFFICER STRATEGIC UPDATE

Report by Chief Officer

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 Integrated Joint Board:

- i. Note and support the plans put in place for the Perth & Kinross Health & Social Care Partnership during the Winter/Festive period (November 2017 to March 2018).
- ii. Note progress on implementation of the Mental Health Transformation Programme.
- iii. Note progress on the implementation of the refresh of the P&K IJB Strategic Plan due in 2018.

2. PLANNING FOR WINTER AND FESTIVE SEASON

At its meeting in November 2017 Perth & Kinross Integrated Joint Board approved the Health & Social Care Partnership Winter Plan 2017/18. In line with Scottish Government requirements, the plan described provision for additional pressures and predictable challenges to business continuity.

The whole system plan brings the health and social care response together to meet the needs of the population, in particular, the frail elderly and those who are acutely ill over the winter period.

In December 2017 the Scottish Government announced additional funding for winter resilience in support of recommendations from the Public Holiday Review Report to strengthen resilience across Health & Social Care. NHS Tayside's NRAC allocation was £627,688.

The Scottish Government outlined a number of key areas of focus, specifically weekends and the festive period, with the aim of maintaining effective discharges and appropriate admission avoidance through:

- Additional staffing to create capacity and resilience across social, primary, secondary, independent and third sector care services.
- Weekend and festive period patient discharges increased to normal weekday levels, given the evidence about the impact of reduced weekend and particularly long weekend discharging.
- Ensuring that staff across acute, social and primary care are aware of staffing levels available over weekends in order to maintain effective patient discharge and admission avoidance.
- Optimise level of diagnostic, pharmacy, OT/physio and non clinical services (portering and cleaning) to promote early appropriate intervention and appropriate discharge.
- Ensure effective local messages via staff, signposting and local media about using OOH/MIU/NHS 24/Pharmacy as an alternative to attending hospital, where appropriate.

Health & Social Care Partnerships in collaboration with NHS Tayside Acute Sector clinicians put in place Influenza like Illness (ILI) business continuity plans and bed capacity plans for Perth Royal Infirmary and Ninewells. This was to put in place actions to support winter planning, the predicted increase in influenza like illness, and weather-related falls and accidents.

2.1. Progress

Perth & Kinross Health & Social Care Partnership implemented the following to support service continuity

- Business continuity management arrangements/plans to mitigate against disruptions including the impact of severe weather.
- Staffing cover within the Discharge Hub in PRI over the public holiday period to ensure effective admission and discharge processes.
- Additional GP ward round cover for Perth & Kinross Community Hospitals over the 4 day Festive periods
- Continued investment for 7 day cover during January
- Local directory to inform public and staff how to access services during the festive period.
- Locality Management Teams identified those most at risk in the community to anticipate their support requirements during this period.
- Additional 7 day working for community AHPs, District Nursing, Social Work, Rapid Response, Older People Community Mental Health Teams to support assessment and discharge.
- Additional inpatient beds in Crieff Community Hospital and Tay Ward to support capacity and flow through Perth Royal Infirmary.
- Business continuity team in place to report daily on delayed discharge, service capacity and staff absence/issues due to Influenza like illness.

At the end of January 2018, the Partnership estimate additional investment of approximately £140k. A detailed report will be made available to the June meeting of the IJB.

3. MENTAL HEALTH TRANSFORMATION PROGRAMME

3.1 Transformation Programme

Following approval of the preferred option for future GAP and LD inpatient services at the Perth and Kinross Integration Joint Board in January the programme has moved into the implementation phase. Initial drop in sessions for staff had been arranged (from 1st March) on a number of sites across Tayside to be supported by members of Programme team, local service managers, HR and Staff side representatives. However these sessions were postponed to allow establishment of the MH Partnership Forum and a meeting of the MHLDSRT Programme Board in advance of these sessions to agree governance and next steps. These meetings are currently being rearranged to progress as matter of urgency. Draft FAQs document for staff have also been prepared to support these sessions and to distribute to all staff affected by changes. Work has progressed and draft implementation plans are being prepared mapping the logistic plans and associated timeline for the refurbishment work required. Meetings have now been held to agree transformation programme structures and programme governance and the Programme Board will be asked to approve a number of recommendations to allow implementation to proceed and mobilise the various work streams required. This work must progress at a pace to allow for the first relocation of services in Sept 18 to achieve the complete refurbishment programme by end of Summer 2020

The MHLDSRT Programme Board met on the 20th March to review programme governance, structures, role and remit and membership as programme now moves forward into implementation phase. The Programme Board was asked to approve a number of recommendations to widen the initial scope of programme to allow the refurbishment logistic plan to commence earlier to meet the overall programme timeline of Summer 2020. The workstreams required to progress the next stages will then be mobilised. Baseline information and benchmarking work has been undertaken to allow Programme Board to monitor benefits realisation throughout the programme and compare beds and staffing with other board areas. Lessons learned logs from previous programmes have also been gathered for review to support implementation. An initial meeting of the MH partnership forum is being rearranged and will provide guidance and advice to the workforce workstream.

3.2 Culture

The Action Plan following the HIS recommendation remains in development with a key focus on improvement. Interviews for a Quality Improvement Lead for Adult Mental Health Services are scheduled for the 29th and 30th January and the post holder, along with clinical colleagues will have a key role in embedding quality improvement culture and methodology within the service. Representatives from Quality Improvement, Leadership, Organisational

Development and Practice Development are co designing a Leadership Programme for Mental Health and Learning Disability Services that sets out to blend the approaches together into a coherent programme that will build understanding, capacity and capability in delivering improvement embedded in compassionate, caring cultures.

3.3 Contingency

Contingency arrangements were extended for a further 6 months from the 1st August 2017 due to the shortage of Junior Doctor cover. A further round of staff 1:1s were carried out to support individuals during this second period of contingency

3.4 Medical Workforce

The Deanery review of General Adult Psychiatry training took place on 9th November. The Review team noted progress from their last review, identified a number of opportunities for further development/improvement and outlined that the Training Programme would not be placed in enhanced monitoring on this occasion.

3.5 Governance

The Mental Health Care and Professional Governance Group meets on a 6 weekly basis with representation from the three Health and Social Care Partnerships.

3.6 Performance Review

The Performance Review scheduled for 19th January met as planned. Key areas of performance were discussed along with a presentation that set out the plans to reframe the MH and LD Risk Register. The same presentation was shared with the Clinical Quality Forum on the 22nd January who were supportive of the plans set out.

4. STRATEGIC PLANNING

4.1 The Integration Joint Board has a statutory obligation to have a strategic plan in place, which outlines proposed changes to service. It is situated within a national policy framework which seeks to shift the balance of care and support the transformation of the health and social care system. The current Strategic Plan was agreed in March 2016 and covers a three year period from 2016-19. The plan provides the operating context and background to integration, a vision of future service delivery, an assessment of how good services are currently, a focused change plan, and a description of how change will be delivered. While the plan seeks to reflect the priorities of our communities, it also builds on an assessment of population need.

4.2 There has been significant change since the plan was first agreed, not least in terms of national policy and legislation. We have seen a focus on the living wage, the extension of Free Personal Care, and the Carers Act. We have seen national strategies published in relation to mental health and dementia, along with professionally focused strategies such as (for AHP services) the Active and Independent Living Programme in Scotland. We have seen the

realistic medicine agenda develop, alongside national initiatives to support regional delivery arrangements for Health, as well as the local programmes of redesign from transformation across NHS Tayside. The refreshed plan must take stock of these and other local developments.

- 4.4 We must plan future services changes within available resources supported by a rolling three-year budget-planning cycle. The refreshed strategic plan will review current transformation and improvement and align with emerging service requirements.
- 4.5 We will reflect on the obligations set out in the first strategic plan. Large scale, whole system reforms have consumed time and resource to date. (Mental Health; Residential Care; Care at Home, Primary Care and Intermediate Care.) We propose that specific deliverables from the plan could be integrated into the responsibilities of individual teams. For example, polypharmacy could be integrated within the reform of primary care.
- 4.6 New areas of strategic priority are also emerging, include tackling vulnerability to support people to be independent at home; the diversification of primary care team to support GP-led services under the new GP contract, the redesign of urgent care out of hours and new assessment and care arrangements for unpaid carers through implementation of the Carers Act.
- 4.7 We have developed specific forums for strategic planning that will connect senior managers and professional leads to develop recommendations for consideration by the Strategic Planning Group. The Strategic Planning Group is being refreshed, with a review of membership and meeting frequency. Current proposals are for three meetings per year. The Partnership will prioritise the needs of communities of interest and delivery of services at locality level.
- 4.8 **Timetable**
The refresh will not be a full re-write because much work is ongoing and the broader demographic and needs assessments remain unchanged. To engage opinion on new priorities we anticipate the following schedule:

March	Strategic Planning Workshop for the Strategic Planning Leads Strategic Planning Board
April – June	Development of care group strategy/ programmes of work Locality Forums to develop community solutions Formation of initial proposals
August	Consultation and Engagement with localities/communities Draft Strategic Plan Refresh considered by IJB

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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.