



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
23 APRIL 2019**

REPORT ON: RESHAPING NON-ACUTE CARE IN DUNDEE UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB19-2019

1.0 PURPOSE OF REPORT

This report is to update the Integration Joint Board (IJB) in relation to the work of the Reshaping Non-Acute Care Programme in Dundee and outline progress towards the plans for non-acute care and residential care in Dundee described in report DIJB38-2017 (Article VIII of the minute of the meeting held on 31 October 2017 refers).

2.0 RECOMMENDATIONS

It is recommended that the IJB:

- 2.1 Notes the contents of this report and in particular the emerging care models as described in sections 4.1.3 – 4.1.7.
- 2.2 Notes the proposed timeline for the development of the proposed replacement premises and the associated initial agreement; outline business case and full business case to be submitted to the Scottish Government as outlined in section 4.2.3.
- 2.3 Instructs the Chief Officer to submit the Initial Agreement to the IJB on the 17th December 2019 for consideration by the IJB prior to its submission to the Scottish Government in December 2019.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The cost of developing the project will be outlined in the Initial Agreement for onward submission to the Scottish Government for consideration of funding.
- 3.2 The proposed integrated model of care will provide opportunities for a more efficient use of resources, including shifting the balance of care which will be set out in the Initial Agreement.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As described in the Reshaping Non-Acute Care in Dundee report (report number DIJB38-2017) (Article VIII of the minute of the meeting held on 31 October 2017 refers), a programme of work was initiated in 2014 as part of the Steps to Better Healthcare initiative. A review of the scope and deliverables of the programme was carried out in early 2016, with a new programme leadership, scope and deliverables and team emerging in mid-2016 focussing on the following:

- developing new models of care around frailty services in Dundee, including the services known as psychiatry of old age (POA) and medicine for the elderly (MFE);
- developing new models of care for neurological rehabilitation services, including the service known as the Centre for Brain Injury Rehabilitation in Dundee;
- developing a new model of care for stroke services in Dundee;

- developing a new model of care for specialist palliative care services in Dundee; and
 - identifying opportunities for integrated models of care for the above with Angus Health and Social Care Partnership.
- 4.1.2 The proposed model of care for much of this work has been outlined in Proposed Model of Care for Older People - Business Case (Article VII of the minute of the meeting held on 31 October 2017 refers) and Remodelling Care for Older People (Article XIII of the minute of the meeting held on 27 June 2017 refers).
- 4.1.3 Since the initial reports we have further developed the range of models described previously that promote a rapid assessment in the community with direct access to a range of resources which can prevent people deteriorating, prevent unnecessary admission and facilitate a timely discharge with a range of supports. This, along with the management of people with more complex needs in care homes with the support of an integrated care home team has meant a reduction in the numbers of people in hospital wards. As a result it will now be possible to achieve the further reduction in bed numbers outlined in the Proposed Model of Care for Older People – Business Case (Article VII of the minute of the meeting held on 31 October 2017 refers). The resource required to achieve this has not been as great as predicted and the community model is currently under review. This will enable further transformation in the way in which we care for older people.
- 4.1.4 Improvements in the supports available to support people in the community with mental health needs mean that it will now be possible to start to move to the 3 ward model of care in Kingsway Care Centre outlined in the Reshaping Non Acute Care report.
- 4.1.5 The neuro rehabilitation redesign will enable resources to be used more efficiently and effectively to support the rehabilitation needs of patients and their families. The redevelopment of the facilities and redesign of the service will markedly improve the quality of the service that is provided and much improve the environment for both patients and staff. It will also allow the service to reduce the likelihood of delayed discharge and to cope with predicted future demands on the service.
- 4.1.6 Initial discussions have now taken place around the future of provision of Specialist Palliative Care Services with a range of stakeholders and this will now be taken forward as part of the Reshaping Non Acute Care work.
- 4.1.7 In addition, options to work more collaboratively with Angus Health and Social Care Partnership and Perth and Kinross Health and Social Care Partnership continue to be explored as part of this programme of work.
- 4.2 Proposed Replacement Premises
- 4.2.1 The Reshaping Non Acute Care includes within it the option to replace the current health premises which incorporate the services delivered within Royal Victoria Hospital (including Medicine for the Elderly Services; Palliative Care Services and the Centre for Brain Injury rehabilitation inpatient services) and within Kingsway Care Centre (including Psychiatry of Old Age inpatient services). In progressing this redesign, there will be further opportunity to seek capital funding for the development of community care centres and a different approach to the remodelling of residential care. Currently, property is not a devolved function to Integrated Joint Boards.
- 4.2.2 The application for the capital funding will be made to the Scottish Government and will broadly follow the established process set out for NHS Boards when seeking Scottish Government Capital Funding.

- 4.2.3 This work has the ongoing support of the NHS Tayside Asset Management Group where it has received a high priority. The project support requirements have been scoped out and discussions are underway to identify the support available to the project. The planned timeline is:-

November 2019 – Initial Agreement Complete

December 2019 – Initial Agreement Submitted to the IJB for Approval

December 2019 – Initial Agreement submitted to the Scottish Government for Approval

Estimated Autumn 2020 – Outline Business Case

Estimated Early 2022 – Full Business Case

- 4.1.4 It is anticipated that this whole system approach will strongly be considered by the Scottish Government in relation to the provision of project funding. This approach supports the transformational service changes outlined in the Primary Care Improvement Plan and NHS Tayside Transformation Programme. It will allow for a range of services to be delivered in localities, support more people to remain at home and enable the restructuring of patient services to meet the needs of the population. As part of this work a long list of site options has been drawn up, an engagement strategy drafted and design workshops are being planned to coproduce the design statement. This Initial Agreement is intended to be ready to bring back to the IJB in autumn for submission to the Scottish Government in November 2019.

4.3 Engagement

- 4.3.1 A wide range of stakeholders have been involved in the development of the wider service proposals and will continue to be involved in the coproduction of the initial agreement. Engagement with staff has been done in partnership with staff side representatives and a transition group was set up at Royal Victoria Hospital to manage the change process. Wider discussion has taken place through Strategic Planning Groups, Local Medical Committee Cluster Lead meetings, a broad range of team meetings and other fora. In order to ensure a comprehensive approach a draft engagement strategy has been produced.

5.0 POLICY IMPLICATIONS

- 5.1 The objectives of the project support the strategic aims of person centred, community based care in keeping with the principles of the IJB's Strategic and Commissioning Plan. The objective is also to ensure that this is delivered as safely and efficiently as possible in line with the emerging NHS Tayside Integrated Clinical Services Strategy and the approved NHS Tayside Clinical Services Strategy for Older People which was refreshed in 2018, produced by the Older People Clinical Board.
- 5.2 The proposals within the report are in line with the NHS Tayside Property Strategy. The obtainment of additional Scottish Government resources will provide the development of a centre for excellence and support the remodelling of care.
- 5.3 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

No specific risks have yet been identified however, as part of the wider programme of work, a risk workshop will be conducted and all the risks identified. A risk log will be created highlighting risk owner and mitigation strategy. This risk log will be maintained and monitored at the regular programme review meetings.

Risk 1 Description	There is a risk that as the programme progresses that there will be a delay in the completion of the new facility and the remodelled service and that DH&SCP are unable to meet the Health and Social Care needs of the Dundee population.
Risk Category	Financial, Operational
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is Moderate Risk Level)
Mitigating Actions (including timescales and resources)	A risk register has been developed and will be reviewed at each programme board meeting. This will provide early identification of any further emerging risks. These will be escalated for further consideration and action.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Assessment of Risk Level	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

7.0 CONSULTATIONS

7.1 Dundee IJB cited the project as a key development in their Strategic and Commissioning Plan. Detailed components of this summary document have been submitted to the following gateway committees:

- Dundee Health and Social Care Partnership Integrated Strategic Planning Group
- Strategic Planning Groups
- Clinical Fora including:
 - Tayside Older People Clinical Board and Older People Mental Health Sub Group
 - Local Medical Committee Cluster Lead Meeting.
- Tayside Specialist Palliative and End of Life Fora
- MCN for Palliative and End of Life Care

7.2 The Chief Finance Officer and the Clerk were also consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 29 March 2019

Jenny Hill
Locality Manager

