ITEM No …20……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 25 AUGUST 2020**

REPORT ON: **COMMUNITY AND INPATIENT REMODELLING**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB33-2020**

1.0 PURPOSE OF REPORT

1.1 This report sets out the work underway to develop a whole systems pathway redesign as a means of promoting a community based rehabilitation model with the emphasis on early discharge from hospital and prevention of admission whenever possible.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the opportunity for acceleration of the community model provided by the withdrawal from Intermediate care contract in the context of the impact of Covid 19.

2.3 Notes the work of the Unscheduled Care Board and the associated change projects.

2.4 Notes the requirement to produce a Winter Pressures plan for submission to the Scottish Government

2.5 Instructs the Chief Finance Officer to bring back a reinvestment plan to the IJB for approval

3.0 FINANCIAL IMPLICATIONS

3.1 Funding for this project comes from the existing budget allocated to provision of a bed based intermediate care model.

4.0 MAIN TEXT

4.1 The Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, (Framework) published on 31 May sets out three core tasks over the first 100 days:

- Moving to deliver as many of its normal services as possible, as safely as possible;
- Ensuring we have the capacity that is necessary to deal with the continuing presence of Covid-19; and
- Preparing the health and care services for the winter season, including replenishing stockpiles and readying services

Re-mobilise, Recover, Re-design: the framework for NHS Scotland, May 2020

The coronavirus pandemic has placed huge pressure on services across NHS Tayside and Dundee Health and Social Care Partnership. It is anticipated that the normal pressures which arise during the winter, whilst dealing with a potential second wave of COVID-19 require a coordinated response to modelling existing services to ensure the necessary care pathways are in place to improve outcomes for the citizens of Dundee.

4.2.1 The Scottish Government recognise that for NHS Boards to maintain progress they must increase their whole system focus, with engagement and alignment of primary secondary, voluntary and third sector organisations, which are vital to a whole system approach as well as supporting the ambition of safe, effective and person-centred care. In 2017, NHS Tayside established an Unscheduled Care Board (the Board) which has secondary and primary care representation and which includes the three Health and Social Care Partnership areas. This collaborative working group provides a leadership role to the improvements across both acute and community care. A number of the Dundee redesign program are aligned to this work. The Board takes a leadership role in supporting the development of the NHS Tayside Integrated Clinical Strategy.

4.2.2 The Scottish Government's Six Essential Actions to Improve Unscheduled Care has given the framework to support the shift in the balance of care away from institutional settings. Our unscheduled pathways and processes in Dundee have supported the aim of working towards caring for people in their homes or a homely setting and reinvest resources in community services.

Red Cross provides Assessment at Home and evidence demonstrates that 62% of people supported have been able to continue living independently at home. The impact of this service demonstrates evidence that community based services could support a higher level of dependence and frailty than the provision within the Intermediate Care Unit, where there was increasing challenges of delivering the necessary rehabilitation provision. This gap in service contributes to delays for people within the acute hospital setting. Additionally, admissions to Care Home have declined significantly during the operational period of Red Cross.

4.3 Contracting with the Intermediate Care provider was not sustainable and plans were agreed to move the Intermediate Unit was to a Residential Care Home setting with a reduced bed base of 16. The arrival of COVID-19 suspended this progression and presented an urgent need to plan services to ensure high quality care and positive experiences for people accessing services.

Initial scoping exercises with NHS Tayside and Dundee Health and Social Care Partnership have highlighted the need for a framework to support the ambitious vision of a coordinated response to modelling existing services.

It is essential that all members of departments and teams, regardless of their background, are engaged in attempts to improve integrated service delivery across NHS Tayside and Dundee Health and Social Care Partnership. It is also a fundamental expectation that, in doing so, the ethos of partnership working is embedded in all our efforts, in line with the Scottish Government's Health and Social Care Integration, Scottish Government's Six Essential Actions to Improve Unscheduled Care and also NHS Tayside's and Dundee Health and Social Care Partnership key strategic commitments.

4.4 A framework is required to bring structure to the complexity of achieving the vision for modelling existing services.

Within that framework, and through the work of the Inpatient and Community Modelling Group, a number of work-streams are being developed, as described in Appendix 1, which will report to the Unscheduled Care Programme Board.

4.5 This work builds on and develops the work of Reshaping Non-Acute Care as detailed in reports DIJB38–2017 (Article VIII of the minute of 29th August 2017 refers), DIJB31–2018 (Article VIII of the minute of 24th April 2018 refers) and DIJB19–2019 (see section 9) (Article VIII of the minute of 29th March 2019 refers) and with the plans outlined in the DHSCP Strategic Plan Review 2019-2022.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	Impact on Social Care Availability
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12) - High
Mitigating Actions (including timescales and resources)	Continued development of rehabilitation services with focus on reducing reliance on traditional social care.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9) - High
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (3) - Low
Approval recommendation	The risk should be accepted

Risk 2 Description	Impact on Community Nursing
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12) - High
Mitigating Actions (including timescales and resources)	Community workstream will develop investment plan to mitigate impact. Additionally, development of multi-disciplinary locality teams will add capacity
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9) - High
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (6) - Moderate
Approval recommendation	The risk should be accepted

7.0 CONSULTATIONS

7.1 The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

8.1 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	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 27 JULY 2020

Beth Hamilton Locality Manager
Dr Matthew Lambert Consultant in Medicine for the Elderly and Stroke
Lynne Morman Integrated Manager

Appendix 1

Dividing into 3 main groups with strategic group oversight will allow coordinated whole systems working but should limit overlap.

Group 1 – Community

- Exploration and development of a consistent shared understanding of Home First Model of Care.
- To deliver resources in a planned, coordinated, whole system approach delivering best value to our citizens.
- Patients and Citizens receive accessible care that is of value of which they are at the centre of decision making of what meets their needs.

Group 2 – Transitions/Front Door Services

- Exploration and development of a consistent shared understanding of Home First Model of Care.
- Building on processes that improve the way that frailty is coordinated at the front door of acute care to achieve optimal outcomes for people though health and social care systems being aligned, coordinated and care targeted at the specific needs of the individual.

Group 3 – Inpatient

- Exploration and development of a consistent shared understanding of Home First Model of Care.
- Building on processes that improve the identification and coordination of care to deliver better care experiences and deliver right care at the right time and support citizens to receive care at home or a homely setting at the earliest point in their care journey.

Proposed Structure NHS Tayside and Dundee Health and Social Care Partnership, Inpatient and Community Modelling Incorporating Winter pressures and potential second wave of COVID-19.