



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
15 DECEMBER 2020

REPORT ON: RESHAPING NON-ACUTE CARE IN DUNDEE UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB54-2020

1.0 PURPOSE OF REPORT

1.1 To update the Integration Joint Board (IJB) in relation to the work of the Reshaping Non-Acute Care Programme in Dundee, including progress in implementing plans for non-acute care and residential care in Dundee previously approved by the IJB.

2.0 RECOMMENDATIONS

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

- 2.1 Note the progress towards developing models of care as described in sections 4.1.3 to 4.1.7 of this report.
- 2.2 Note the delay in 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).
- 2.3 Instruct the Chief Finance Officer to submit a reinvestment plan for the development of the Home First model as outlined in section 4.1.8 of this report to the IJB no later than 31st March 2021.
- 2.4 Instruct the Chair of the Reshaping Non-acute care board to commission project support to enable the project to progress further.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The capital 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 In October 2017 the IJB received a report on Reshaping Non-Acute Care in Dundee that provided an overview of a programme of work initiated in 2014 as part of the steps to Better Healthcare initiative (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 31 October 2017 refers). 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;
 - identifying opportunities for integrated models of care for the above with Angus Health and Social Care Partnership;
 - developing Community Hubs to deliver care and support to people in an integrated way in communities; and,
 - identifying that whilst Specialist Palliative Care services were in scope for a period, existing accommodation was now recognised to be the most appropriate option for those services.
- 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 of the Dundee Integration Joint Board 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 Progress in further developing the range of models described in the business case submitted to the IJB in October 2017 was subsequently reported to the Board in April 2019 (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 23 April 2019 refers). At this time, it was reported that as a result of the success of the community modelling the Partnership was in a position to achieve the desired model of inpatient care at Kingsway Care. In August 2020 the IJB received a further report describing the redesign of the Partnership operated care home provision and move to operate three specialist care homes (Article XI of the minute of the meeting of the Dundee Integration Joint Board held on 25 August 2020 refers). This redesign of care home provision has brought the Partnership to a position where phase four of the business case originally submitted in October 2017 can commence. Whilst to date it has largely been possible to implement the model as outlined in this business case it has not been possible to fully recruit to all the posts and there are a number of cost pressures where demand has been higher than anticipated. It is proposed that the money which has not been able to be invested in pharmacy and dietetics is used to support Occupational therapy and the discharge hub within the overall financial envelope.
- 4.1.4 In previous reports the need for stroke rehabilitation facilities for those aged over 65 has been outlined. The Partnership subsequently were able to provide this when the success of the community model meant that demand for for Medicine for the Elderly beds reduced. Work is now underway to redesign neuro rehabilitation services and in particular to develop an options appraisal for stroke services in Dundee and Angus. This review will seek to identify what is important to people who have had a stroke and best practice in rehabilitation. The aim of this work will be to maximise recovery and support people in the best possible way throughout the whole journey.
- 4.1.5 In further reviewing the partnership's rehabilitation facilities a gap has been identified for adults with complex needs. This often involves adults with a combination of physical and mental health issues and complex social needs. It can be difficult to find pathways home for this group of people and they may be disadvantaged. The Partnership therefore intends to test a small unit at Royal Victoria Hospital for this group in the first instance and undertake further scoping work to ensure in-patient services are needs led and reflect the need of the population as they are today.

- 4.1.6 Since October 2017 there has been considerable progress towards developing locality working and many teams now work in localities. These services include the third sector, support for carers, care management, community nursing, care at home and enablement services, social care response, meals service, shopping service and practical support, community occupational therapy and physiotherapy services, equipment services, the independent living review team and independent living officer. Now that individual teams are working in a more locality focussed way the next step is to ensure that teams are working collectively together in a more integrated way to meet the needs of those localities. Discussions have continued with NHS Tayside to explore the development of community based chronic disease management hubs, which will potentially link with care and treatment services and chronic disease management teams. As an initial test of change secondary care phlebotomy services are now being provided through a clinic in the West of the City.
- 4.1.7 The current pressure on accommodation resulting from providing safe care during the COVID-19 pandemic has meant that the Partnership has had to provide some clinical services such as phlebotomy and flu vaccination from the Mackinnon Centre for a short period over the winter. This will need to be upscaled to include care and treatment, first contact physio and other services. This provides an opportunity to test and refine the Community Hub model and will provide support to a population with limited access to local facilities.
- 4.1.8 The work undertaken to date, while successful in shifting the balance of care has led to pressures on the community based services. While this is not unexpected, this provision cannot continue to grow on an ongoing basis. As highlighted in the Scottish Government Reshaping Care for Older People 2011 – 2021 report there are significant workforce issues to be considered. In addition this type of model is not what older people have told the partnership they want. Consultation with the population suggests that older people want to retain as much independence as they can for as long as they can. There is therefore recognition of the need to continue to transform services to facilitate those wishes. The agreed withdrawal from the Intermediate care contract has accelerated and opportunity to look at this. The partnership is now in a further phase of development of design of pathways to create a community-based rehabilitation model. This Home First work has three workstreams which work across the entire pathway. These are Community Redesign, Transitions redesign and unscheduled care redesign. It is anticipated that the output of this will be a reinvestment plan which will come to the IJB for consideration no later than 28 February 2021.

4.2 Proposed Replacement Premises

- 4.2.1 As described in the Reshaping Non-Acute Care in Dundee report submitted to the IJB in October 2017 the current accommodation used by the Partnership does not support the delivery of the partnership's service model (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 31 October 2017 refers). Much of it is no longer fit for purpose and no longer economic to keep up to standard. The Reshaping Non Acute Care work includes within it the option to replace the current premises which incorporate the services delivered within Royal Victoria Hospital (including Medicine for the Elderly Services; Centre for Brain Injury Rehabilitation inpatient services) and within Kingsway Care Centre (including Psychiatry of Old Age inpatient services). In progressing this redesign, the intention will be to seek capital funding for the development of community care centres and a different approach to the remodelling of residential care.
- 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 While this work has the ongoing support of the NHS Tayside Asset Management Group where it has received a high priority and the project support requirements have been scoped out it has not yet been possible to identify support. The current pandemic has increased the challenge and it will not now be possible to meet the original timescale. This has currently slipped by more than a year it is likely that there will be further delays. The IJB will be provided with further updates as to progress with the project including a revised timescales for delivery and completion of the project. In order to ensure the project is delivered within these revised timescales, dedicated project support will need to be commissioned.

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 co-production of the initial agreement once a project team is identified. Engagement with staff has been done in partnership with staff side representatives. 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 an engagement strategy has been produced.

5.0 POLICY IMPLICATION

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	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 the Partnership are unable to meet the Health and Social Care needs of the Dundee population.
Risk Category	Financial, Operational
Inherent Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (Extreme Risk Level)
Mitigating Actions	A number of actions have been taken in mitigation of the risk. These include adapting Kingsway care centre to reduce the ligature risk and increasing staffing levels. In addition work is underway to review the way in which existing accommodation is used to try and promote locality working. The commissioning of dedicated project support will help to mitigate this risk.
Residual Risk Level	Likelihood 5 x impact 3 =Risk scoring 15 (High Risk Level)
Planned Risk Level	Likelihood 3 x impact 3 = Risk Scoring 9 (High Risk Level)
Assessment of Risk Level	This risk should be accepted due to the mitigating actions being undertaken.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service – Health and Community Care and the Clerk were consulted in the preparation of this report.

7.2 Members of the Integrated Strategic Planning Group and of Clinical Fora, including the Tayside Older People Clinical Board and Older People Mental Health Sub Group and the Local Medical Committee Cluster Lead Meeting have been consulted on the detailed components that support 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: 19 November 2020

Jenny Hill
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