



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
30 OCTOBER 2018**

REPORT ON: TRANSFORMATION PROGRAMME UPDATE REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB58-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Dundee Integration Joint Board with an update on the progress of Dundee Health and Social Care Partnership's Transformation Programme.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report, the progress to date and the scope and scale of the transformation work streams as set out in Appendix 1 of this report.
- 2.2 Instructs the Chief Finance Officer to provide a further update on progress of the Transformation Programme by the end of March 2019.

3.0 FINANCIAL IMPLICATIONS

The Transformation Programme is key to the IJB being in a position of delivering a balanced budget over the coming years.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Proposals for the initial outline Transformation Programme was first brought before the Dundee Integration Joint Board in August 2016, Report No: DIJB39-2016 and a subsequent update report, DIJB56-2017, was approved at the DIJB meeting on 19 December 2017.
- 4.1.2 Report DIJB56-2017 reasserted the overarching intention of Dundee Health and Social Care Partnership's (DHSCP) Transformation Delivery Group to provide a governance framework to oversee, support and ensure the delivery of the Dundee Transformation Programme. It also provided an analysis on what impact the transformation investment programme had made, up to that time, to the citizens of Dundee as well as how the interventions, which had been put in place, had effectively contributed towards the strategic priorities set out in the DHSCP's Strategic and Commissioning plan 2016-2021.
- 4.1.3 This report provides the DIJB with a further appraisal of the Transformation Programme and an overview of the 2018/19 Transformation Work-streams, as summarised in Appendix 1 of this report.

4.2 Impact on Performance

4.2.1 The recently published DHSCP's Annual Performance Report presented to the IJB meeting of 28 August 2018 supports the view that in a relatively short period of time there have been a number of very successful and significant service redesign developments, delivering better outcomes for individuals, their families and carers. The remodelling work set out in the Home and Hospital Transition Plan, to improve pathways between home and hospital, has been hugely successful. Investment in locally commissioned support services have resulted in services that are able to respond quickly and reassuringly to individuals in hospital to facilitate their return to their own home in a safe, compassionate and supportive manner. Other similar successful initiatives, delivering on better outcomes for individuals, have included the redesign of health inequalities activities in the city and the expansion of the leg ulcer clinic into a second locality.

4.2.2 Collectively these service redesign programmes have contributed to the big achievements summarised in the Annual Performance Report in that:

- Dundee performed better than the Scottish average in 8 out of 9 National Health and Wellbeing Indicators regarding health and care experience;
- The number of hospital bed nights required by Dundee citizens reduced by 10,342 during 2017/18;
- The number of delayed discharges for Dundee citizens has reduced by more than 50% over the 2017/18 period;
- The variation in performance across key national performance indicators between our most and least deprived localities reduced during 2017/18.

4.2.3 Within the redesign and remodelling work taking place across several of the large scale transformation programmes there is a clear understanding and appreciation that one of the key factors, essential for the successful development of new models of support, leading to positive outcomes is in ensuring that a collaborative and co-productive approach is consistently taken. Without the inclusion of these components it is unlikely that good outcomes will be achieved or that strategic priorities will be met. This co-productive approach includes working in partnership with staff through both the Transformation Delivery Group and the Health and Social Care Partnership's Joint Staff Forum.

4.3 Overarching Priority Themes

4.3.1 The initiatives within the Transformation Programme are set within a range of overarching priority themes, drawn from the IJB's priorities as set out within its Strategic and Commissioning Plan and associated decisions on service development as well as common priorities as reflected in the Dundee City Plan and through national Scottish Government policies. These priority themes are as follows:

- Mental Health;
- Substance Misuse;
- Reshaping Care for Older People;
- Primary Care Improvement;
- Optimising Service Delivery.

The Scottish Government nationally has recognised the need for transformation across a range of these priority areas and has committed to additional funding in relation to Mental Health, Substance Misuse and Primary Care Improvement. The policy intentions and local plans where complete have separately been presented to the IJB for consideration and are reflected in the Transformation Programme.

4.3.2 Mental Health

Mental Health services in Dundee are being developed in the context of national policy as outlined above but also in relation to the NHS Tayside Mental Health and Learning Disability Services Redesign Transformation Programme which sets out the future of inpatient Mental Health services across Tayside and associated community based services. Dundee's emerging overarching Mental Health Service Redesign programme has a clear focus on strengthening and improving pathways and the experience of those who transition between community, primary care and acute mental health services across not only in Dundee but on a Tayside wide basis. This is reflected in the Mental Health and Wellbeing Strategic Plan.

Within the overarching Mental Health Service redesign programme, both the "It's all about the break" and the Making Recovery Real Partnership (MRR) clearly evidence how a co-productive approach has worked particularly well. The "It's all about the break" public social partnership was mainstreamed earlier this year and has continued to grow. The MRR partnership has also grown from strength to strength over the past two years. The MRR partnership is now actively planning on how and where more peer recovery opportunities in mental health can be created within communities, voluntary and statutory organisations. What both of these transformation programmes have clearly demonstrated is that active stakeholder participation and ownership from designing to reviewing implementation plans supports a positive change process. What these two projects also highlighted was that co-produced transformation programmes can require time to fully develop and embed.

4.3.3 Substance Misuse Services

Drug and alcohol services is one area where the system wide and whole scale service redesign and remodelling plan will have a direct link and impact on other service areas including mental health and homeless services. This transformation plan will therefore consider how it implements the improvement plan for the Alcohol and Drug Services Strategic and Commissioning Plan 2017-2020.

The full redesign of drug and alcohol services will see a move towards a locality model of support for individuals with substance misuse problems, their families and the communities they are a part of. Action to transform the way in which services are designed, commissioned and delivered so that they focus on commissioning for outcomes, promote co-production, social value and recovery are being developed at this time. To do this well, this approach takes time, commitment and collaboration as it is an iterative and adaptive process which requires continuous reflection and evaluation as well as flexibility for services to adapt to the interests, needs and assets of local people.

4.3.4 Reshaping Care for Older People

This programme has been supported by the IJB through the reduction of the bed base at Royal Victoria Hospital and corresponding reinvestment in the Dundee Enhanced Community Support Acute model as a result of a successful test of change in service designed to support service users better in their community through a multi-disciplinary approach. In addition, work is underway to further reshape non acute care through the future model of service provision for the range of services provided at the Kingsway Care Centre in addition to the Royal Victoria site.

4.3.5 Primary Care Improvement

The IJB received a presentation and detailed report (DIJB26-2018) at its meeting of 27 June 2018 on the Tayside Primary Care Improvement Plan associated with the new GP contract. This focusses on the development of a sustainable model of general practice through the development of multi-disciplinary support teams working in and around general practice, enabling GPs to have more capacity to fulfil their role as Expert Medical Generalist. The key priorities identified nationally are The Vaccination Transformation Programme (VTP), Pharmacotherapy Services, Community Treatment and Care Services, Urgent Care, Additional Professional Roles and Community Link Workers (social prescribers).

The Dundee allocation of additional Scottish Government funding of £1,355k in 2018/19 is being utilised to advance the models set out within the detail of the plan which was submitted to the IJB at its meeting of 28 August 2018 (Report DIJB45-2018).

4.3.6 Optimising Service Delivery

The IJB has a duty to ensure that the services it is responsible for are provided as efficiently and effectively as they can be and that they deliver Best Value. A number of operational service reviews are underway which apply those principles and these are reflected in Appendix 1.

One example of this is the Home Care Review (Report No: DIJB2-2018) presented to the IJB at its meeting of 24 January 2018. This set out proposals to change the way in which the in-house model of home care service is delivered which currently does not provide sufficient capacity to meet current and future predicted levels of demand for social care services. This continues to be progressed with the Trade Unions.

4.4 Challenges of Transformation

- 4.4.1 The combination of significant projected increases in demand for health and social care services and the continued restrictions in public sector funding mean that delivering a Transformation Programme at a scale and pace sufficient to meet these potential gaps will be a challenge. While the 2018/19 delegated budget is reliant on short term solutions such as the use of reserves, these will not be sufficient to address these shortfalls in future years and therefore the Transformation Programme will need the support of the IJB and its partners to continue to evolve in line with the overarching priorities.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues at this time, however the implementation of service redesign programmes and the financial position will continue to be monitored throughout the financial year.

6.0 RISK ASSESSMENT

This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

Risk 1 Description	There is a risk that the time frame for implementing the 2018/19 transformation redesign proposals for 2019/20 will slip and that the anticipated service improvements and potential financial efficiencies will not be met, which will have the potential to impact on the 2019/20 IJB budget.
Risk Category	Financial and Operational
Inherent Risk Level	Likelihood 4 x Impact 3 = 12 (High)
Mitigating Actions (including timescales and resources)	The Transformation Delivery Group (TDG) has put in place a reporting schedule and format for all service redesigns programmes to be presented at future TDG meetings and will continue to closely monitor the pace of change and seek to address any barriers to succeed
Residual Risk Level	Likelihood 3 x Impact 3 = 9 (High)
Planned Risk Level	Likelihood 3 x Impact 3 = 9 (High)
Approval recommendation	Although the risk levels remain high the range of interventions identified to closely monitor progress is sufficient to recommend that the risk is accepted.

7.0 CONSULTATIONS

The Chief Officer and the Clerk were 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	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 8th October 2018

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Mental Health			
Mental Health Service Redesign (Service outcomes have a direct link to the Primary Care Improvement Plan)	Remodel whole system change to support people to live safely and with their recovery.	To implement national policy. (Section 15 resources/Primary Care) To respond to Improvement Actions arising from local reviews. To implement the Tayside Mental Health Review. To redesign Dundee Community Mental Health services. To develop and implement pathways which include response to distress and mental wellbeing. To commission services in line with the remodelled pathways. To improve transitions and interfaces between services. (Homelessness/Drug and Alcohol/Primary Care Services)	Health Inequalities Early Intervention /Prevention. Person Centred Care. Localities & Engaging with Communities Building Capacity. Models of Support, Pathways of Care Managing our Resources Effectively.

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Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Substance Misuse			
Redesign of Drug and Alcohol Services	Remodel whole system change to support people to live safely and with their recovery.	<p>To implement the Strategic Plan and the Outcome of the Drugs Commission.</p> <p>Shift resources to new pathways. To commission services in line with the remodelled pathways.</p> <p>To improve transitions and interfaces between services. (Homelessness/Mental Health services)</p>	<p>Health Inequalities</p> <p>Early Intervention /Prevention.</p> <p>Person Centred Care.</p> <p>Localities & Engaging with Communities</p> <p>Building Capacity.</p> <p>Models of Support, Pathways of Care</p> <p>Managing our Resources Effectively</p>

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
<p>Reshaping Non Acute Care</p>			
<p>Reshaping Non-acute Care Programme (including Royal Victoria/Kingsway Care Centre)</p> <p>(service outcomes have a direct link to the Primary Care Improvement Plan)</p>	<p>To develop a remodelled inpatient bed base for non-acute care services, to develop pathways which support a shift to community service delivery.</p>	<p>Remodelled, inpatient service.</p> <p>Shift in resource to communities.</p> <p>Complete roll out of Dundee Enhanced Community Support</p>	<p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p> <p>Managing our Resources Effectively.</p>
<p>Major Trauma Unit (Tayside)/Centre for Brain Injury</p>	<p>Redesign the Centre For Brain Injury to support the remodelling aligned to the implementation of the new Regional Trauma Centre due to commence in Autumn 2018.</p>	<p>Remodelled, inpatient service with a focus on ambulatory care model and shared resources with communities.</p> <p>Redesign in line collaboration with Reshaping Non-Acute Care Programme.</p>	<p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p> <p>Managing our Resources Effectively</p>

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Reshaping Non Acute Care			
Integrated Palliative Care Services	<p>The identification and development of specialist Palliative care services to provide the community specialist service support, with a responsive day service supporting the appropriate in patient bed base.</p> <p>This to work closely with the Palliative and End of Life MCN and a Dundee Community approach to palliative and end of life care with a confident and trained statutory and third sector.</p>	<p>Increase in people who choose to and are supported to live at home.</p> <p>Remodelled inpatient service.</p> <p>Redesign in line with Reshaping Non-Acute Care Programme.</p> <p>Support the work of the MCN working groups.</p> <p>Upskill and support staff within our statutory delivery services in community settings and third sector partners.</p>	<p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p> <p>Managing our Resources Effectively</p>
<p>Redesign of Community Health and Social Care Service (Community Nursing/Social Care)</p> <p>(service outcomes have a direct link to the Primary Care Improvement Plan)</p>	<p>Review the respective roles with a view to developing more integrated approached including the development of integrated roles. Support the transformation programme for District Nursing</p>	<p>To review the models of service delivery.</p> <p>To complete and implement the Home Care Review and meet demand and improve capacity.</p> <p>To develop roles which support complex needs and develop teams to work within locality groups which support and complement cluster working.</p> <p>To develop services which support personalised services 24/7.</p>	<p>Person Centred Care.</p> <p>Models of Support, Pathways of Care</p> <p>Managing our Resources Effectively</p>

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
<p>Reshaping Non Acute Care</p>			
<p>Redesign of Enablement and Community Rehabilitation (service outcomes have a direct link to the Primary Care Improvement Plan)</p>	<p>Refresh and further develop the models of enablement and community rehabilitation to target resources which maximises independence and targets resources.</p>	<p>To redesign enablement services. To develop models of community rehabilitation. To improve outcomes for people.</p>	<p>Person Centred Care. Models of Support, Pathways of Care</p>

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
<p>Primary Care Improvement</p>			
<p>Primary Care Improvement Plan</p>	<p>Remodel Primary Care services to deliver interventions through different models.</p>	<p>Implement the Primary care Improvement plans.</p> <p>Meet demand for primary care services.</p>	<p>Health Inequalities</p> <p>Early Intervention /Prevention.</p>
<p>Medicine Management Improvement Programme</p>	<p>Manage the optimal prescribing of medicines and the safe administration and management of medicines by members of the public</p>	<p>To ensure prescribing compliance with formula.</p> <p>To management the prescribing of medicines within a financial framework.</p> <p>To reduce waste and unsafe use of medicines.</p>	<p>Managing our Resources Effectively</p>

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Optimising Service Delivery			
Redesign of Allied Health Professional Service	Realign services to support inpatient and community transitions.	Shift resources to support new pathways. Make best use of current resources to support new initiatives.	Models of Support, Pathways of Care Managing our Resources Effectively
Telecare Strategy	Embed telecare as an integral part of assessment processes and support access to telecare.	Test and pilot new processes and equipment and remodel pathways.	Early Intervention /Prevention. Person Centred Care. Models of Support, Pathways of Care. Managing our Resources Effectively

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
<p>Optimising Service Delivery</p> <p>Dundee Macmillan Improving the Cancer Journey</p> <p>(service outcomes have a direct link to the Reshaping non-acute care programme)</p>	<p>Improvement, redesign and development of non-clinical support and services for people living with cancer and their families</p>	<p>People have greater facility to self-manage when appropriate.</p> <p>People identify and talk about concerns. Care feels personalised to them and their needs.</p> <p>People feel less isolated and more secure. Tell their story once.</p> <p>Income and benefits are maximised.</p>	<p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p>
<p>Home and Hospital Transition Plan (Dundee)</p> <p>(service outcomes have a direct link to the Primary Care Improvement Plan)</p>	<p>Remodel pathways and community responses to support people to reduce avoidable admission, improve pathways through inpatient services and support discharge and maintain at home.</p>	<p>To implement the Home and Hospital Transition Improvement Plan and associated financial resources.</p> <p>Link with other work streams including Reshaping None-Acute Care & NHS Transformation Programme & Unscheduled Care Board</p>	<p>Early Intervention /Prevention.</p> <p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p> <p>Managing our Resources Effectively</p>

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Optimising Service Delivery			
Integrated Care Fund	Test out new models of service delivery and support further change models.	Further implement improvement projects and re-evaluate for future consolidation and / or discontinuation of funding.	Early Intervention /Prevention. Person Centred Care. Models of Support, Pathways of Care. Localities & Engaging with Communities.

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Optimising Service Delivery			
Redesign of Homeless Services	Remodel whole system change to support people to live safely, secure their own tenancy and prevent homelessness occurring.	<p>To improve transitions and interfaces between services. (Drug and Alcohol/Mental Health services/Primary care)</p> <p>To implement the Homeless Strategy.</p> <p>To commission services in line with the remodelled pathways.</p>	<p>Health Inequalities</p> <p>Early Intervention /Prevention.</p> <p>Person Centred Care.</p> <p>Localities & Engaging with Communities</p> <p>Building Capacity.</p> <p>Models of Support, Pathways of Care</p> <p>Managing our Resources Effectively</p>

Priority Theme Overarching workstreams and plans	Description	Service Outcomes	Links to Strategic Priorities
Property Strategy	Develop a property strategy which sets out the use of current assets and defines future property requirements	<p>Reassessment of current property, including rationalisation.</p> <p>Future planning and future proofing of property assets which support redesigned service models, integrated teams, colocated services and delivers services closer to localities.</p>	Managing our Resources Effectively
<p>Tayside Unscheduled Care Improvement Plan</p> <p>(service outcomes have a direct link to the Primary Care Improvement Plan)</p>	Redesign Unscheduled Care pathways to reduce avoidable admission, improve pathways through inpatient services and support discharge and maintain at home.	<p>To implement the Unscheduled Care Improvement Plan and associated financial resources.</p> <p>Link with other workstreams including Reshaping None-Acute Care & NHS Transformation Programme)</p>	<p>Early Intervention /Prevention.</p> <p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p> <p>Managing our Resources Effectively</p>
<p>Locality Modelling</p> <p>(service outcomes have a direct link to the Primary Care Improvement Plan)</p>	Develop and agree a framework for locality working.	<p>To clarify definitions and expectations for locality working.</p> <p>To agree the supports to implement models of locality working.</p> <p>To test models of locality working.</p>	Localities & Engaging with Communities

Priority Theme Overarching Workstreams and Plans	Description	Service Outcomes	Links to Strategic Priorities
Personalisation Action Plan	Redesign the models and methods of assessment, commissioning and service delivery to support a more personalised approach for individuals.	Implement the Personalisation delivery action plan. Test and develop an outcomes commissioning model including people being the commissioners of their own services. Finalise and embed the outcome assessment model.	Person Centred Care. Models of Support, Pathways of Care. Managing our Resources Effectively
Workforce Plan	Develop a workforce plan which sets out the future workforce requirements against service remodelling and the development of integrated roles and service delivery.	To have the correct level of skills mix to deliver new service models. To introduce integrated roles and teams. To develop a workforce which is clear about its role, is supported and has opportunities for development.	Managing our Resources Effectively

Priority Theme Overarching Workstreams and Plans	Description	Service Outcomes	Links to Strategic Priorities
Strategic Housing Investment Plan	Development of models of housing and accommodation to meet the needs of service users	Reduce reliance on institutional care. Models accommodation in line with current and future needs. Supports people to return to Dundee as their home city. Reduces delayed discharge for complex reasons.	Person Centred Care. Models of Support, Pathways of Care. Managing our Resources Effectively
Carers Strategy/Cares Act	Redesigning service model to support carers to continue in their caring role.	Implement the Carers Strategy. Improve reported outcomes for Carers. Meet the requirements of the carers Act	Early Intervention /Prevention. Carers
Integrated Review of Administrant and Clerical Support	Redesign administration services to support integrated services as described through the transformation workstreams	To complete and implement the service review To develop integrated roles.	Managing our Resources Effectively

Priority Theme Overarching Workstreams and Plans	Description	Service Outcomes	Links to Strategic Priorities
IT/Mosaic Project Board (service outcomes have a direct link to the optimising service delivery and Reshaping non-acute care programme)	Oversee the development and full utilisation of IT and the Mosaic system for the Health and Social Care Partnership.	Fully implement the Mosaic Implementation Plan. Monitor the interface between Mosaic and the “Just Checking” telecare system to support the Home and Hospital Transition Improvement Plan. Support the interface between Mosaic and Civica financial system to allow for efficient and accurate billing for social care services.	Managing our Resources Effectively