



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018

SUBJECT: FORRES NEIGHBOURHOOD HEALTH AND SOCIAL SERVICES

BY: LESLEY ATTRIDGE, SERVICE MANAGER

1. REASON FOR REPORT

1.1. To inform the Integration Joint Board of the progression of the redesign of Health and Social Care services in the Forres locality.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board:

- i) notes the progress to date of the development of Forres Locality Multi-disciplinary team (MDT) as an evolving system in line with the key objectives of Health and Social Care Moray;**
- ii) notes the initial findings of the independent research undertaken by Dundee University in relation to the application of the Buurtzorg principles in developing the Forres Neighbourhood Care Team (FNCT) (Appendix 1);**
- iii) notes the initial findings of the independent research undertaken by Health Improvement Scotland (HiS) in relation to emergency admissions, readmissions and emergency bed days for the test of change (Appendix 2);**
- iv) notes the initial findings of the independent research undertaken by the Improvement Hub (ihub), part of Healthcare Improvement Scotland (HiS), in relation to the economic impact of the Augmented Care Units (ACU) and FNCT initiative (Appendix 3);**
- v) agrees to the decommissioning and permanent closure of services at Leancoil Community Hospital;**
- vi) agree to support the continuation of the ACUs and the commissioning of Nursing Home beds for the Forres locality for the next 12 months as the local system evolves through the ongoing development of the transformation plan;**

vii) **the IJB will liaise with the NHS Grampian Board to develop options to ensure that the building and site are most effectively utilised for the benefit of the local community; and**

viii) **consider and agree the revised direction attached as Appendix 4**

3. BACKGROUND

3.1. The Board will recall that following the submission of an interim evaluation report to the Moray Integration Joint Board (MIJB) meeting held on 26 April 2018, it was agreed that the evaluation of the ACU and FNCT test of change would be extended for an additional 8 months to allow further exploration of the impact of this initiative on the evolution of the health and social care system in the Forres Locality area (para 6 of the minute refers). Glossary of Terminology & Abbreviations noted in **Appendix 5**

3.2 The outcome measures of this agreement were to further explore and evaluate the following:

- An Enhanced role for the Community Nursing Staff (both for FNCT and the District Nurse Teams);
- Alternative treatment locations for medical staff to consider in the treatment of frail older people;
- Faster re-ablement and recovery;
- Improved social interaction and less social isolation;
- Improved Informal Carer Experience;
- Improved quality of life;
- A more rewarding workplace for the FNCT staff;
- Best value.

3.3 In approaching the redesign of the Forres neighbourhood the team have considered a number of components as critical in formulating a draft transformation plan. The draft Transformation Plan has been out for consultation and significant feedback has been received. In order for the MIJB Strategic Planning and Commissioning Group to consolidate this extensive data set alongside the evaluation data of the test sites this plan remains in draft and is likely to develop further prior to full agreement on the final outcome being presented. The draft Transformation Plan and associated documents have been made available to the Board in their current form for background reading and are in the public domain via Health & Social Care Moray (H&SCM) website, the public having been at the centre of this ongoing journey of change.

3.4 The work to date has taken cognisance of key legislative frameworks influencing the need for redesign:

Public Bodies (Joint Working)(Scotland) Act 2014 – Integration Principles
Strategic Framework For Action on Palliative & End of Life Care 2015
Scotland’s National Dementia Strategy 2017-2020
The New Carers (Scotland) Act 2018

3.5 The planning process takes account of the Health and Social Care Delivery Plan for Scotland 2016 setting out the need for people across Scotland being able to live longer, healthier lives at home or in a homely setting, ensuring

health and social care develop systems that are integrated, focussed on prevention, anticipation and supported self-management as well as ensuring people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

- 3.6 Moray Integration Joint Board Strategic Plan 2016 -2019 states its aim as being for the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities where everyone is valued, respected and supported to achieve their own goals. Alongside, due consideration was given to the 9 national outcomes, the outcomes by which health and social care integration success will be measured.

<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes>

1. Healthier living
2. Independent living
3. Positive experiences
4. Quality of life
5. Reducing health inequalities
6. Carers are supported
7. People are safe from harm
8. Engaged workforce
9. Resources are used effectively and efficiently

- 3.7 The Moray Partners in Care model provides the framework by which Health and Social Care Moray plan and deliver care, this provides a coherent and consistent approach for all partners.

Tier 1- Help to help you (information and advice), universal services to the whole community and an emphasis on prevention.

Tier 2- Help when you need it (immediate help in a crisis, re-ablement and regain independence).

Tier 3-Ongoing support for those who need it.

Source: Moray Partners in Care (3 Tier) Policy, 2014

- 3.8 The Forres Locality group for the past 12 months has been working to develop the redesign of Health and Social Care services within the Forres locality. The membership of this Group reflects the key partners involved in delivering health and social care services in the Forres neighbourhood. This includes representatives from primary care (Culbin and Varis Practices), District Nursing, Leancoil Community Hospital Staff, Social Work, Geriatricians, Allied Health Professionals, Workforce Representative (NHS),

Human Resources Manager (NHS), Forres Area Wellness Network (FAWN) and the independent & residential care sectors.

- 3.9 A series of public consultations were also undertaken in the Forres locality to inform members of the public about progress to date in order to provide a reassurance and instil public confidence. These sessions also discussed fully the challenges associated with Leancoil Hospital and the precarious conditions under which this community hospital was having to operate. These sessions also sought to involve local people in providing feedback and influencing the ongoing transformation plan, ensuring the MIJB and leadership team understood the views of the public.
- 3.10 As noted in the planning documents, submitted to the Board on 25 January 2018, the remit of this Group was “to develop a Transformation Plan that will support the delivery of sustainable health & social care services in the Forres locality area which are safe and will lead to improved personal health and social care outcomes.” (para 19 of the Minute refers)

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The Forres Locality Professional Core Group have undertaken this task and have established a draft transformation plan, and completed further community consultations and applied an Equality Impact Assessment (EIA).
- 4.2 An options appraisal was undertaken by the professional core group through the public consultation a suite of resources were identified to allow the MDT to develop the model of delivering health and social care in a much more community based approach with the patient at the heart of MDT decisions. This allowed the MDT to wrap the resources and service around the needs of the person and with a primary aim of being able to fulfil this locally. It is however acknowledged that there are always exceptional circumstances where this might not be possible and recent analysis confirms that out of area care is by exception not the norm. This is important to note as there can be anecdotal information suggesting the opposite. For public confidence locally this is of great relevance.
- 4.3 As an outcome of the options appraisal it became apparent at this point in the change journey that there were some limitations and anxieties around the very frail elderly population and the temporary closure of Leancoil Hospital. A commissioning approach was utilised to secure further facilities within the Forres area to complement the ACU's which provided support with recovery and reablement. The group identified that this resource would not meet the needs of the very frail elderly with cognitive impairment and therefore a more robust 24/7 facility was required. To meet this need, care home beds were commissioned in one of the local care homes. This further instilled confidence within the public and staff group, supporting early communication engagement, which assured the retention of a bed base within the Forres locality for those most in need.
- 4.4 The FNCT has also provided support to people at the end of their life and through the collaborative working with the MDT have been able to provide this either within the persons own home or the ACU's where the person no longer wanted to remain at home but stay in their community. Through the evaluation paper available the detail provided by informal carers clearly demonstrates

how this model of care supports the cared for and carer at one of the most difficult times.

4.5 To further note, as part of the evolving MDT and highlighted in the research, the preventative approach from the FNCT has reduced the need to utilise emergency respite. The Out of Hours (OOH) team have also been able to support the Forres locality with assistance in working up until 02.30 am to support the needs of those most in need to remain at home. Since this pilot project started the OOH team have supported 15 people to remain at home in collaborative working with the FNCT team from June 18 to November 18 (at the time of writing). This has provided a responsive service in relation to palliative, end of life and falls for the frail elderly avoiding hospital admissions.

4.6 The Board will note that the three appendices attached cover both the qualitative and quantitative data to support the methodology and ethos adopted by the Forres Locality when looking at best outcomes for people in the Forres area.

Appendix 1: The initial findings of research undertaken by Dundee University in relation to the principles if the application of the Buurtzorg model

Appendix 2: The initial findings of independent research undertaken by Health Improvement Scotland (HiS)

Appendix 3: The initial findings of the independent research undertaken by the Improvement Hub (ihub), part of Healthcare Improvement Scotland (HiS), in relation to the economic impact of the Augmented Care Units (ACU) and FNCT initiative

4.7 Leancoil Hospital has been closed on a temporary basis since September 2018. In that time the majority of people locally have been retained either at home or in one of the other facilities. For the purpose of the report, a snapshot of activity to look at out of area transfers from 1st September 2018 to 12th November 2018 was carried out. It highlighted 5 patients were transferred to another community hospital within Moray. It should be noted that these out of area transfers were not due to a lack of resource availability within the Forres area. The Service Level Agreement with the care home was also not been enacted at this stage. It does demonstrate the need for further robust processes and conversations to be embedded in the overall system flow from Dr Grays back to the Forres area. This work is currently underway. Thus ensuring continuity of care for people within their locality.

4.8 The recommendation made to close Leancoil permanently is not one taken lightly. The future of Leancoil has been the subject of many discussions over the last 10years and with the new Health and Care Centre established in 2014 all operational services transferred apart from the inpatient base. This has left the local service in an ongoing precarious situation. The site closed down with the exception of the inpatient beds, in terms of attracting staff, existing staff moral and the ability to reflect a modern system this facility no longer meets the specification of an environment fit for purpose. With the existing resources and should the recommendation be to continue with the ACUs and Nursing Home beds the senior team believe that it is right to move away from this facility and concentrate on optimising and developing what is possible in Forres, developing further the transformation plan and integrated services at the centre. This does not lead us to a concluded MDT model but gives stability as we redesign.

- 4.9 The Forres transformation programme is significant for the rest of Moray and nationally as it seeks to understand what is possible when true integration is established and locality planning fully enacted. This is however a process that takes time with requirements for much dialogue with many stakeholders, thus the requirement for ongoing work and ongoing monitoring and evaluation leading to the recommendations within this report.
- 4.10 The Forres locality has always had lower admission rates when compared across Moray, this trend continues and the early information we are gaining from evaluation suggests improved outcomes for people, quality is not in question in this report from the work completed to date. The question sits mainly with the establishment of a sustainable system alongside being assured that we are optimising the extended workforce now co-located in Forres. Ensuring we have maximised the opportunities possible through an integrated, collaborative effort as opposed to remaining in a disconnected approach to the delivery of care.
- 4.11 It should be noted going forward that there are two further enablers that need to be explored to optimise the opportunity of the Forres transformation. The first is the need to do some focussed capacity and demand work to fully understand the staffing requirements for the area as integration progresses and the skill mix possibilities. The second is the opportunity of transforming through digital means, these need to be understood together as one has an impact on the other. This also needs to be worked through with the public to ensure any change is one that will be responsive to need and one that the public feel able to engage with whether that is digital consultations or different staff delivering some of the interventions traditionally delivered in a particular way.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

The policy and approach set out in this report is consistent with the ambitions of the MIJB Strategic Plan in providing care at home or close to home with a particular emphasis on the needs of older people. This locality approach is also consistent with the ambition of the LOIP in Moray.

(b) Policy and Legal

This approach supports national policy and the integration principles set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

It should be noted that in terms of legislation the MIJB has responsibility for the commissioning of local services and redesign and in this case the actual facility of Leancoil is an NHS Grampian Facility.

(c) Financial implications

The current running costs estimate for Forres area noted at £1.9M included costs for existing Leancoil Community Hospital, the Forres

District Nursing Team, the FNCT/ACU test site at Varis Court, the Forres Health Centre and GP contract for Leancoil Community Hospital.

These services have been funded from various sources which are core budget, time limited NHS Grampian support relating to the Forres Health and Care Centre development and the use of Scottish Government social care funds as a test of change in the FNCT/ACU service.

For the further development, should the recommendation be accepted, the future recurring cost for the new operating model including the new multi-disciplinary team structure, ACU's and the commissioning of Care Home beds alongside the decommissioning of Leancoil Community Hospital is £1.7M.

The difference between the current core budget and the costing estimates for the Forres MDT is £410k. This funding allocated to the test of change would require to be committed whilst the redesign remains under evaluation.

The table below highlights the cost implications.

Service Element in Forres	Core Budget 2018/19	Forres MDT Costing Estimates
	£'000	£'000
Forres District Nursing Team	297	392
Leancoil Medical Pays	45	45
Leancoil Ward Costs	501	0
Leancoil running costs	130	0
Forres H/ Care admin running cost	261	371
Forres H/ Care Nursing	10	169
Forres ACU pilot pay costs	0	541
Forres ACU non pay running costs	0	55
Care Home beds	0	81
TOTAL	1,244	1,654

(d) Risk Implications and Mitigation

The generation of the draft Transformation Plan was developed to highlight the need for the MDT to develop more readily as a result of the temporary closure of Leancoil Community Hospital and the associated risk of staff recruitment, patient safety and diminished quality of care to the people of Forres.

It is proposed that the further development of this plan is an appropriate mitigating action to this risk and, if approved by the Board, the regular review of the plan will be subject to regular review by the SPCG and by the MIJB in 6 and 12 months' time or at any time in between should the SPCG note the need to update or escalate to the MIJB.

(e) Staffing Implications

Following the temporary closure of Leancoil Hospital, and on the principle that there would be no redundancies and, in accordance with NHS Grampian Human Resource Policy and Procedures, there was ongoing engagement with staff at Leancoil prior to the suspension of operations at the Hospital.

Shortly after the closure, all staff were relocated to other appropriate places of work through consultation, and the nursing team now working as part of the FNCT at Varis Court and kitchen staff are at Dr Gray's.

(f) Property

In relation to property, the Board have the following options to consider:-

If the IJB decide to permanently close services at Leancoil Community Hospital, pursuing the option of a Community Asset Transfer (CAT) to the Forres community has already been discussed in principle at Forres public meetings and with the Forres Community Council. Arrangements for a CAT are however out with the scope of this report and this option would be further explored in liaison with NHS Grampian as part of an option appraisal exercise to ensure that the building and site are most effectively utilised for the benefit of the local community.

If the IJB agree to approve the continued use of the ACU's at Varis Court, then a variation of the existing contract with Hanover (Scotland) Housing Association Ltd can be secured.

If the IJB do not agree to use the ACU's at Varis Court, then the units can be reverted back to extra care units. H&SCM would have an ongoing cost of care at home for service users who then move into these units.

If the IJB do not agree to commission nursing beds at the local residential care homes, then it is possible to terminate the Service Level Agreement.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment (EIA) has been undertaken in relation to the impact of the redesign and Transformational Plan.

This also incorporates the Fairer Scotland Duty in relation to the impact of this Transformation Plan on social deprivation.

This has been informed by the community consultation exercise for the plan, the evaluation undertaken in relation to the FNCT & ACU test site and on the information contained within the various sections of the Transformation Plan.

Three key actions were identified from undertaking the EIA. These are:-

- Ensure that as part of the induction for all nursing staff to the FNCT team, that equalities training has been renewed;
- Ensure that all information materials for the ACU's and, in particular, for the guest room within the ACU flats are Lesbian, Gay, Bisexual & Transgender (LGBT) and same sex friendly; and
- Audit usage of the ACU's in relation to protected group status and, in particular, by race, sexual orientation, same sex relationships and gender re-assignment.

These three actions form part of the EIA action plan and have also been incorporated within the Transformation Plan. The completion of these tasks will be overseen by Forres Locality Professional Core Group.

(h) Consultations

The draft Transformation Plan was consulted on from 1 October to 1 November 2018. The Plan was made available via social media and paper copies were made widely available to community outlets including Forres Library, Forres Health Centre and Forres Access Points. Copies were also sent to MPs, MSP's, Elected Members, Forres Neighbourhood Forum and Forres Community Council and Dyke Community Council.

In addition, Officers were present at the Flu Clinics at Forres Town Hall on 24 & 25 October to promote the consultation.

It should be noted that in producing the above report the following documents all of which can be made available for further referencing, informed the detail of this report:

- Transformation Plan – consultation concluded 1 November 2018
 - Evaluation Report November 2018
 - Consultation report November 2018
 - Equality Impact Assessment November 2018
- This report has been circulated to the following, any comments received have been considered in writing the report:-
 - Pam Gowans (Chief Officer)
 - Jane Mackie (Head of Services)
 - Sean Coady (Head Of Service)

- Roddy Huggan (Commissioning & Performance Manager)
- Karen Innes (Assistant Manager HR, NHS Grampian)
- Philip Shipman (HR Manager Integration)
- Bob Sivewright (Finance Manager, NHS Grampian)
- Deborah O'Shea (Snr Finance Officer)
- Fiona Abbott, Interim Service Manager Adults & Allied Health Professionals
- The Forres Core Professional Group (including GP's from the Varis and Culbin Practices)
- Tracey Abdy (Chief Financial Officer)
- Margaret Forrest, (Legal Services Manager (Licensing & Litigation))
- Matt Offer (FNCT Lead)
- Amanda Croft (Interim Chief Executive, NHS Grampian)
- Gerry Donald (Head of Property & Asset Development)
- Garry Kidd (Assistant Director of Finance, NHS Grampian)
- Don Toonen (Equal Opportunities Officer)
- Nigel Firth (Equality and Diversity Manager)
- Senior Leadership Group, NHS Grampian

6. CONCLUSION

- 6.1 It has become evident from the work to date that the evolving MDT in the Forres locality has demonstrated that when following the principles of Buurtzorg, then alternative approach can be successful in meeting better outcomes for people. The research highlights that moving away from traditional and conventional approach can ensure resources can be more effectively utilised to those most in need of our Tier 2 and Tier 3 supports. The progress to date has also intended to instil confidence both within the staff and public in continuing with applying this approach to the delivery of health and social care. Advancing with this journey to further explore the opportunities of transformational change and continue to further refine the MDT structure in Forres, fits within the Kings Fund definition of transformational change. The emergence of an entirely new state prompted by a shift in what is considered possible or necessary which results in a profoundly different structure, culture and level of performance.**
- 6.2 Leancoil has been the subject of much debate for a number of years. The site does not represent a modern health and care facility. With the ability to move cautiously but effectively forward in transforming efforts around retaining this facility do not add value and do not provide best value.**

Author of Report: Lesley Attridge, Service Manager

Background Papers: Available from the author.

Ref: