



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2019

SUBJECT: FORRES LOCALITY PATHFINDER – INTERIM PROGRESS REPORT

BY: LESLEY ATTRIDGE, SERVICE MANAGER

1. REASON FOR REPORT

- 1.1. To inform the Moray Integration Joint Board (MIJB) 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 MIJB consider and note progress on the journey of transforming Health & Social Care services in the Forres Locality based on the information provided within this report**

3. BACKGROUND

- 3.1. The Board was provided with a report on 29 November 2018, which requested eight recommendations to be supported by the MIJB with outcomes identified (para 11 of the Minute refers). The project has re-evaluated these outcomes to demonstrate to the Board the ongoing evolution of this pathfinder programme.
- 3.2. The focus of the project is to demonstrate the benefit, impact, risk and cost as part of reshaping services within the Forres locality to meet the health and social care needs of the population. A higher level of scrutiny has been applied in the seven months since the last report to explore how the model can change and adapt to meet the needs of the Forres community in a more person centred way. This has included the requirement to question if the current model being tested is the preferred model to deliver ensuring it meets the needs of the identified population.
- 3.3. 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
Transforming Nursing, Midwifery and Health Professionals Roles Agenda
(Scottish Government)

Health and Social Care Delivery Plan 2016

MIJB Strategic Plan 2016 -2019 currently under review, 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”. 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

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 A time line to demonstrate progress of the the pathfinder programme to date has been provided (**APPENDIX 1**). It covers the period from April 2017 to June 2019. The following 5 months will continue to explore and develop key elements of the programme in relation to those areas highlighted in the report.
- 4.2. The risk and issues log is monitored 4 weekly through the Forres Locality group, to note the continued areas of risk to the project. Areas of particular focus are the importance to demonstrate the benefits realisation of the new system for the final report in November 2019, the risk of not having the full complement of staff mix to deliver the service and the associated impact on the system's ability to flow and meet the ongoing care needs for the identified population.
- 4.3. The Forres project is significant for the rest of Moray and aspects of the model are of interest nationally in particular the Varis Court component both in terms of extra care facilities and the impact overall on the system and the unique trial of augmented care facilities. As with all new models there is an appetite to understand what is possible through integration delivered at a local level with an agile team working seamlessly together. This is however a process that takes time with relationships at the heart of success, this requires much dialogue with many stakeholders, thus the requirement for ongoing work and ongoing monitoring and evaluation

- 4.4. It should be noted going forward that there are two further enablers that need to be explored to optimise the opportunity of the Forres project. The first is the need for more 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.
- 4.5. Glasgow School of Art is fully engaged with the project in order to further develop the MDT model and ensure further collaborative work is undertaken with the public in Forres. This is defined in **(APPENDICES 2, 3 and 4)**.
- 4.6. The independent research undertaken by Dundee University supports the work of the project showing some encouraging results on the impact that delivering health & social care in a different way can have on the public and staff. It is through this report that the project sees the need to further engage with the wider system to ensure the journey through the model is as seamless as possible. This requires further work with the acute hospital and community hospitals out with Forres. It should be noted that the intention is not to prevent acute admissions but to ensure the system, and those in it, work collaboratively ensuring a “home first” approach as well as return people to their community as quickly as possible should a hospital admission be required.
- 4.7. The different perspectives outlined in 4.5 and 4.6 have provided the project with further challenge and diversity of view. The task being to work through the thinking to an improved place capturing the learning.
- 4.8. The final key matter in relation to the recommendations is the information provided in **(APPENDIX 5)**. The care episodes (January 2018 to February 2019) provided by the FNCT have the highest impact on the reduction of GP’s visits, acute medical admissions (as seen in rate of admissions graph) and the need for potential Out of Hours GMED interventions. Utilising existing systems, when available, will allow this information to be provided in “real time” through Trak Care. At the time of writing, this information has had to be collated manually and through newly developed processes, some outwith the existing reporting methods available. The Occupational Therapy (OT) interventions have occurred though direct access to OT as part of the MDT which has resulted in a more preventative and responsive outcome for service users. It is understood that the detail of these interventions has to be further analysed to reassure the Board of this.

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.

(c) Financial implications

The base budget for the Forres locality is £1.244m. Within the base budget there has been re-alignment to adjust for the closure of Leancoil community hospital and development of the multi-disciplinary team. The decision to undertake this test of change was taken at a meeting of the MIJB on 25 August 2016 (para 7 of the minute refers), the level of additional funding required to support this was estimated at £500k.

	2018/19 Base Budget	2019/20 Base Budget
	£'000	£'000
District Nursing	297	392
Health & Care Centre	271	540
Leancoil Community Hospital	631	0
ACU Team	0	186
Medical Pays	45	45
Care Home Capacity	0	81
Total Base Budget	1,244	1,244
Additional Funding Non-Recurring)	585	410
Total Funding	1,825	1,654

(d) Risk Implications and Mitigation

The project has been reviewed by Strategic Planning & Commissioning Group (SPCG) through updates on progress to date. The last SPCG agreed the format for the final report in November which would be presented 2 part format. Firstly on performance data and secondly the qualitative findings of the project. It has been noted that any risks in obtaining performance information which may impact on the ability to report robustly must be escalated to Head of Service as noted in the risk log.

(e) Staffing Implications

All staff have relocated. In accordance with NHS Organisational Policy, employees have been consulted and the process is underway with Human Resources and staff side in relation to permanent placement within the Forres locality.

(f) Property

The are no property implications at this stage in relation to this interim report

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as there are no changes to policy as a direct result of this report.

(h) Consultations

This report has been circulated to the following, comments received have been considered in writing the report:-

Chief Officer
Head of Services
Head of Service
Commissioning & Performance Manager
Senior Project Officer
Assistant Manager HR, NHS Grampian
Finance Manager, NHS Grampian
The Forres Core Professional Group (including GP's from the Varis and Culbin Practices)
Chief Financial Officer
FNCT Lead
Research Fellow, Design Innovation Glasgow School of Art
Geriatrician
Senior Performance Officer
Lead Nurse

6. CONCLUSION

- 6.1. The report highlights the ongoing work required over the next 5 months in order to provide a detailed report to the Board by which an informed decision can be made with regards to the future model for Health & Social Care in Forres. It is also intended to benchmark with comparative areas in Moray through the Information Services Division in order to draw conclusions on this model.**

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Background Papers:

Ref: