

Health and Social Care Moray

Primary Care Improvement Plan Update

2019-2020



HEALTH & SOCIAL CARE MORAY

- PRIMARY CARE IMPROVEMENT PLAN UPDATE 2019/20

1. Introduction

The Moray Primary Care Improvement Plan sets out the intentions of Health & Social Care Moray around the modernisation of primary and community care in Moray. The plan details how we aim, as an Integration Joint Board and NHS Board, to deliver the implementation of the 2018 General Medical Services (GMS) contract.

The initial implementation requirements are set out in the MoU for the first three years (April 2018 – March 2021). The Moray Integration Joint Board (MIJB) is responsible for the strategic planning of health and social care services for the Moray population including Primary Care services.

These services, as outlined in the MoU, as 6 priority areas are:

- Vaccination Transformation Programme
- Pharmacotherapy services
- Community Treatment and Care Services
- Urgent Care (advanced practitioners)
- Additional Professional roles
- Link Workers

The Moray Primary Care Improvement Plan will function as a framework that sets out a desirable vision on how these services will be delivered in General Practice and Primary Care whilst operating within the wider health and care system.

2. Purpose

In Year 2 we plan to build on previous progress and scale up existing models of delivery to provide Moray wide services.

Minor variations may occur as a result of recruitment, the ability to attract staff and where skills mix yet to be determined.

3. Summary of Progress in 2018-19

3.1 Organisational and Governance Arrangements

The Health & Social Care Moray PCIP described the high-level actions and initial proposals for service delivery models for each of the 6 priority areas agreed nationally.

Over the last year multi-disciplinary short-life working groups (SLWG) have been developed to lead on each priority area, linking with NHS Grampian and national groups (see appendix 1). These SLWG's have collated information around existing workload, current skill mix, any skill gaps and potential models of delivery. This has produced options appraisal proposals on the future models of delivery.

Health & Social Care Moray Senior Management Team, comprising clinical, managerial, and professional leads, has provided governance and accountability with respect to decision-making and allocation of resource aligned to the PCIP. The HSC Moray has engaged with and updated the Integration Joint Board and GP Sub Committee as implementation has progressed.

The PCIP group has always and continues to have representation from GP Clinical Lead and GP Practice Managers. This working relationship is enhanced through a variety of methods including practice visits, update events and involvement in development workshops for key priority projects. Moray has GP Practice Manager Representatives on each PCIP work stream.

Through Moray GPs and GP Practice Manager Group the PCIP group has received assurances that information is circulated to all practice staff. Regular monthly newsletters to GP practices have been produced by the PCIP Core Group.

Workshops have taken place on MSK, Mental Health/Action 15 and further workshops are planned for the remaining priorities. A Moray testing Quality Improvement event is scheduled in Moray for June 2019 and this will focus on Care and Treatment Services.

Moray Cluster are working towards the quality agenda and has strong links with Moray Alliance working towards a whole system approach. The PCIP group also contributes to Locality Planning Groups and to public engagement sessions to develop significant dialogue with all our stakeholders as we develop our plans and services.

3.2 Learning from Year 1

Considerable progress has been made during 2018-19 to deliver key objectives of Health & Social Care Moray's PCIP, allowing for flexibility whilst ensuring adherence to the core aims and principles of the new contract. A key challenge has been to develop a model which is responsive to the significant variation across our 13 GP Practices in terms of size, population need/demographics, local systems and practice.

In Moray we are engaged with practices to prioritise projects and initiatives.

Our approach has sought to build on the many strengths within primary care in Health & Social Care Moray whilst being aware of potential risks, recognising the existing good outcomes for patients, and the need to ensure that outcomes must be maintained or improved through delivery of new services.

Health & Social Care Moray has also sought to maintain a whole system approach rather than the development of isolated services. This includes maintaining and further developing the well-established relationships and arrangements within our existing multiple disciplinary teams.

Table 1: Membership agreed for Implementation Short Life Working Groups

Urgent Care Implementation Group	Pharmacotherapy Service Implementation Group	Nurse Service Implementation Group	MDT Implementation Group	Vaccinations	Action 15
Lead: GP Practice Managers and Primary Care Lead	Lead: Pharmacy Professional Lead	Lead: Associate Nurse Director, Practice Nursing/Lead nurse Moray	Lead: Clinical Lead & Physiotherapy Lead Moray	Lead: Primary Care Lead in conjunction with Vaccination Transformation Programme Board	Lead: Mental Health Service Manager
Currently in Development	<ul style="list-style-type: none"> Pharmacy Professional Lead Practice Pharmacist Practice Pharmacy Technician General Practitioner Practice Manager 	<ul style="list-style-type: none"> Clinical Lead x 2 Head of Service Primary Care lead GP Practice managers x 2/3 AHP Lead Associate Nurse Director, Practice Nursing/Lead nurse Moray Finance Manager 	<ul style="list-style-type: none"> Clinical Lead x 2 Head of Service Primary Care lead GP Practice managers x 2/3 AHP Lead Associate Nurse Director, Practice Nursing/Lead nurse Moray Finance Manager Physiotherapy Lead Moray 	<ul style="list-style-type: none"> GP Practice Managers Group representative Public Health Lead Children's Services Lead VTP representative Associate Nurse Director, Practice Nursing/Lead nurse Moray HSCP Medicines Lead 	<ul style="list-style-type: none"> Clinical Lead x 2 Head of Service Primary Care lead GP Practice managers x 2/3 AHP Lead Associate Nurse Director, Practice Nursing/Lead nurse Finance Manager

Table 2: Health & Social Care Moray Primary Care Implementation Plan Review and Forward Planner

MOU 1 – Vaccinations							
Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned activity	Resource (Finance & People)			
<p>Phased delivery of vaccination programmes by MDTs in line with NHS Grampian’s Immunisation Transformation Group including: Pre-school vaccinations – develop and cost Moray model.</p> <p><i>Influenza programme-</i> Process, cost and provision of adequate resource to be developed by HSCM.</p> <p>At risk groups (e.g. shingles, pneumococcal)- Design proposed workforce models to share with services</p>	<p>Awaiting full business case with associated financial commitment from Vaccination transformation Programme Board. SLWG set up to develop the agreed Moray model of delivery with links to CTAC team</p> <p>VTP agreement – pre-school immunisations including flu to be carried out by Immunisation teams.</p> <p>Test of change with the midwives in Keith and Speyside localities carrying out Pertussis immunisations – uptake of 100% to date – to be reviewed at the end of June with a view to rolling out across the rest of Moray. Pregnancy flu will be taken on by the midwives in October 2019.</p>	<p>Pregnant women and high risk neonatal BCG</p> <p>Development of initial vaccination programmes under a new model in Year 2 will include travel vaccinations (to be confirmed - national), pregnant women and high risk neonatal BCG.</p> <p>Identify current workload on practices.</p> <p>Shingles, Pneumococcal could be carried out in care and treatment room services.</p>	<p>Year 3 will include the development of initial vaccination programmes under a new model and will include travel vaccinations.</p> <p>Travel vaccinations – assess current services and develop criteria for assessment of minimum requirements for safe and effective delivery of potential options</p> <p>Flu immunisations – all routine vaccinations via vaccination programme will transfer from practices.</p> <p>Future model of delivery will aim to improve on existing uptake in order to achieve target of an 97% uptake across Moray</p>	Allocations in last plan			
				18/19	19/20	20/21	21/22
					£141K	£145K	£149K
				Spend			
				18/19	19/20	20/21	21/22
				£0			
				No. of Employees / FTE			
				Year			
				18/19	TBC		
				19/20 (Anticipated)	TBC		
				Potential Cost of full MOU delivery			
				Analytical work ongoing			
				Potential No. of Employees / FTE of full MOU delivery			
Investigative work ongoing - workforce still to be determined, potential mixed model of delivery with CTAC services.							

<u>General Comments</u>	<u>Issues experienced</u>	<u>Risks going forward</u>	<u>Additional narrative on costing of full MOU delivery</u>
Local solution to vaccination delivery are being sought	Hitches in getting business cases agreed through assorted governance structures	<p>Financial - still uncertain</p> <p>Infrastructure</p> <p>Workforce still to be determined, potential mixed model of delivery with CTAC services.</p> <p>Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices</p> <p>Information Technology</p>	<p>Figures are indicative at this stage and may change as plans continue to develop</p> <p>Workforce still to be determined, potential mixed model of delivery with CTAC services</p>

MOU 2 – Pharmacotherapy Services

Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)			
<p>During Year 1 an Implementation Group (with Lead appointed) will be established to develop a project framework (including terms of reference) and governance arrangements.</p> <p>The Pharmacotherapy Implementation Group will focus on meeting this objective in order that existing service provision and improvements continue and transition can be managed safely and effectively.</p> <p>Further delivery of level one core elements of service outlined in the contract across all practices.</p>	<p>Implementation group established, TOR agreed and governance arrangements in place.</p> <p>All practices have received additional pharmacy input from PCIP funding to support implementation of level 1 services</p> <p>To continue progressing medicines reconciliation, the standardisation of prescription management and authorisation processes to ensure these are in place by end of 219/20.</p> <p>Pre-PCIP pharmacy staff continues to undertake some level 2 and level 3 activities in some practices. The majority of practices have medication review activity being undertaken by pharmacy staff with fewer practices receiving specialist clinic input.</p> <p>New staff are in post and have been deployed such that all practices in Moray have benefitted from increased pharmacy input.</p>	<p>Test the staffing level assumptions and produce standard service processes and procedures.</p> <p>All medicines reconciliations from hospital discharge will be completed by the pharmacist or pharmacist technician and by the end of year two, more medicine reconciliations for all practices will be completed by the pharmacotherapy team</p> <p>Year 2 will see the development of a training programme to support the practice admin team(s) in the facilitation of non clinical medication reviews alongside Pharmacy teams.</p>	<p>Year 3 will see all practices benefiting HSCM pharmacotherapy service delivering core elements in level one Pharmacy Technicians will increasingly take on prescribing support.</p> <p>Training programme to support practice admin in the facilitation of non clinical medication reviews to be fully implemented by Year3</p> <p>Evaluation to be undertaken on staffing levels to define the Pharmacotherapy Service model for Moray.</p>	Allocations made in last plan			
				18/19	19/20	20/21	21/22
					£437K	£560K	£765K
				Spend			
				18/19	19/20	20/21	21/22
				£91, 065.			
				No. of Employees / FTE			
				Year			
				18/19	0.8 WTE Pharmacist Band 8A 1.8 WTE Pharmacist Band 7 2.5 WTE Pharmacy Technician Band 5		
				19/20 (Anticipated)	9.0 WTE Pharmacist Band 7/8 6.0 WTE Pharmacy technician Band 5		
				Potential Cost of full MOU delivery			
				Figures are indicative at this stage and may change as plans continue to develop			
				Potential No. of Employees / FTE of full MOU delivery			
WTE/Skill mix to be agreed							

Maximise the use of the Pharmacy First, Minor Ailments, Chronic Medication and other local services provided through Community Pharmacies.				
<u>General Comments</u> Figures are indicative at this stage and may change as plans continue to develop. Pharmacy Technicians will increasingly take on prescribing support, formulary adherence and prescribing improvement projects. Integrated model with polypharmacy support activities and pharmacotherapy. It will take time to train and develop new members of the pharmacotherapy team.	<u>Issues experienced</u> Availability of data to inform accurate capacity planning from infrastructure/premises to staffing levels and the procurement of treatment service consumables due to the many systems in operation. Loosing staff to other partnerships which is impacting on Moray services	<u>Risks going forward</u> Financial - still uncertain Workforce availability Workforce development capacity Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices Management capacity Pharmacotherapy team capacity Incomplete or partial implementation of Pharmacotherapy service may have impact on other services Resistance to change Serial prescribing Impact on current Level 2 & 3 services possible	<u>Additional narrative on costing of full MOU delivery</u> The ambition - practices will receive up to an average of 5 pharmacist sessions per 10,000 patients, and two pharmacy technician session per 10,000 patients by the end of year 2 By April 2021, all practices will benefit with pharmacotherapy services delivering the core elements in level one and some will also continue to benefit from a service which already provides additional elements in level 2 and level 3 This model (including the appropriate skill mix) to be working up in more detail, however based on 60/40 pharmacist/technician split and a 65/35 band 7/Band 8A split for pharmacists, this would equate to an additional: 9.0 WTE Pharmacist Band 7/8 6.0 WTE Pharmacy technician Band 5 Further consideration still needs to be given to the following: • Management time (team size will increase	

		Infrastructure Signing prescriptions Destabilisation of community/hospital pharmacy teams through staff movement	considerably) • Time for experienced staff to tutor and mentor new/ less experienced staff
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MOU 3 – Community Treatment and Care Services

Locality Diagnostic Hubs / Phlebotomy / Integrated Community Health & Care Hubs

Community Treatment and Care Services: a service in every area by 2021, starting with phlebotomy

Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)			
<p>Primary Care Nursing Services Implementation Group to carry out full survey of existing funded establishment and understand service demand and requirements.</p> <p>Assessment of Community Care and Treatment Centres to deliver vaccination programmes through MDTs.</p> <p>Phlebotomy- The development of a new model for phlebotomy services will be planned as a priority in year 1.</p> <p>Pre Hospital phlebotomy requires discussion with DGH/Alliance</p>	<p>Options appraisal carried out in collaboration with the Moray PM's group.</p> <p>Preferred option would be for services remain in GP Practice setting with consideration given to rural practices attached to a Community Hospital where treatment room services could be delivered in the Community Hospital.</p> <p>A phased approach is being explored with Phase 1 band 3 HCA, phlebotomy, ECGs etc. Phase 2 band 5 treatment room, chronic disease monitoring, dressings etc.</p> <p>Recruitment and co-ordinated operational management would be</p>	<p>Phlebotomy- New service to be implemented in line with DGH</p> <p>Management of minor injuries and dressings Ear syringing Suture removal Chronic disease monitoring.</p> <p>Outputs from scoping exercise used to develop an implementation plan</p> <p>Self-management - Year 2 aims to continue raising awareness of the House of Care model, with a view to increasing the number of practices adopting the House of Care</p>	<p>Scale up to Moray wide</p> <p>By April 2021, these services will be commissioned by Health & Social Care Moray.</p>	Allocations			
				18/19	19/20	20/21	21/22
					£128k	£463k	£665k
				Spend			
				18/19	19/20	20/21	21/22
				£0			
				No. of Employees / FTE			
				Year			
				18/19	5.0 WTE band 5 2.0 WTE band 3 2.0 WTE Band 4		
				19/20 (anticipated)	17.0 WTE Band 5 6.0 WTE band 2 4.0 WTE band 4		
				Potential costs of full MOU delivery			
				Figures are indicative at this stage and may change as plans continue to develop			
				Potential No of employees/FTE of Full MOU Delivery			
				Figures are indicative at this stage. Potential to increase when Vaccination model has been agreed. Investigative work ongoing.			

<p>Management of minor injuries and dressings, Ear syringing, travel clinics, Suture removal, Chronic disease monitoring-</p> <p>Work will be undertaken in Year 1 to understand the current workloads and demand for these services.</p> <p>Explore options for the roll out of other community care and treatment services.</p> <p>Elective care - Link with NHS Grampian's Elective Care Project and develops a business case for implementation.</p> <p>Self-management - Further development and evaluation of House of Care model.</p>	<p>closely aligned with the GP practice to ensure services continue to be delivered without interruption or diminishing of quality of service delivery.</p> <p>Work ongoing to collate information on current activity, existing provision, operational costs including infrastructure and consumables, skill mix and skill gaps.</p> <p>Scoping work on going to determine/ascertain how these services will be progressed and transferred from GPs.</p>	model across Moray.		
<p><u>General Comments</u></p> <p>There are a copious number of opportunities that could be progressed to address these</p>	<p><u>Issues experienced</u></p> <p>Availability of data to inform accurate capacity planning from infrastructure/premises to staffing levels and the</p>	<p><u>Risks going forward</u></p> <p>Financial</p> <p>Workforce recruitment and retention</p>	<p><u>Additional narrative on costing of full MOU delivery</u></p> <p>Figures are indicative at this stage.</p> <p>Working closely with Moray GP Practice Managers group to obtain necessary information to progress</p>	

requirements and by doing this, would prepare HSC Moray for the future operational and patient prerequisites.	procurement of treatment service consumables due to the many systems in operation.	<p>Workforce still to be determined, potential mixed model of delivery with CTAC services.</p> <p>Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices</p> <p>Infrastructure</p> <p>Information Technology</p>	<p>model.</p> <p>GP Practices currently employ the following PNs & ANPs across Moray:</p> <ul style="list-style-type: none"> • 2.1 WTE Band 2; • 11.15 WTE Band 3; • 12.1 WTE Band 5; • 13.45 WTE Band 6; • 2 WTE Band 7; • 2.6 WTE Band 8 and • 14.2 WTE ANPs. <p>Potential to increase when future model/ service design has been agreed and progressed.</p>
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MOU 4 – Urgent Care Services

A sustainable advanced practitioner service for urgent unscheduled care as part of the practice based on local needs and service design

Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)			
<p>Advanced practitioner resource to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model.</p> <p>Link to MDT Implementation group to establish standardised pathways for AP resource to assess and treat urgent or unscheduled care presentations.</p> <p>Review IT infrastructure to maximise redirection pathways.</p> <p>Reduce GP delivered home visits (including care homes) - Review existing home visit activity, demography, ANP involvement and practice protocols, learning from good practice.</p> <p>Link to MDT Implementation group to enable continuing development of community nursing and engagement of</p>	<p>Work ongoing with MDT implementation group to gain understanding of existing workload and skill mix.</p> <p>Exploring options for a test of change in East and West localities with ANP resource responding to urgent care and providing support to care homes.</p> <p>Early discussions have taken place with local SAS representative to discuss the potential for specialist paramedics to respond to unscheduled care presentations.</p> <p>SAS rep will join PCIP MDT implementation group.</p> <p>SLWG to be established, TOR and governance arrangements to be agreed – Group will look</p>	<p>Reduce GP delivered home visits (including care homes) - During Year 2 work will continue to develop a model with paramedics and ANPs</p> <p>Year 2 will build on the learning from the Advanced Clinical Academy which was taken forward as part of the Future Proofing of the Multi-Professional Workforce for Primary Care through the Primary Care Transformation Fund.</p> <p>Links with Custody suite to be progressed, monitored and evaluated – roles to be clarified as work progresses.</p> <p>Learning to be captured and progressed from</p>	<p>Scale up to Moray wide</p> <p>Commitment to recruit 10 Band 7 Advanced Practitioners by 20/21, potentially working 1:10,000.</p>	Allocations made in last plan			
				18/19	19/20	20/21	21/22
					£263K	£508K	£655K
				Spend			
				18/19	19/20	20/21	21/22
				£86,558			
				No. of Employees / FTE			
				Year			
				18/19	2.0 WTE band 7 1.0 WTE band 6		
				19/20 (anticipated)	13.0 WTE Band 7		
				Potential costs of full MOU delivery			
				Figures are indicative at this stage and may change as plans continue to develop			
				Potential No of employees/FTE of Full MOU Delivery			
				Figures are indicative at this stage and may change as plans continue to develop			

<p>ANP for care home visits.</p> <p>Advanced Care Academy - In Year 1 we will continue to develop our nursing workforce in line with the Advanced Clinical Academy</p> <p>Scope existing staff in post to establish existing skill mix and educational requirements. Explore development opportunities with a focus on potential training practices in conjunction with the Advanced Care Academy.</p>	<p>at how this will be progressed within Moray.</p>	<p>the Maryhill Test of change/joint working with SAS.</p>		
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<u>General Comments</u> Additional work will be undertaken with the nursing services across our communities to understand current service models, staffing numbers and existing skill mix.	<u>Issues experienced:</u> ability to recruit staff with all the skill required	<u>Risks going forward</u> Workforce availability Workforce development capacity Infrastructure Financial - still uncertain	<u>Additional narrative on costing of full MOU delivery</u> Skill mix to be agreed. Current based on ANP/Advanced paramedics.

MOU 5 – Additional Professional Roles

MSK First Contact Practitioner (FCP)

Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)			
<p>Physiotherapists work collaboratively with primary care multi-disciplinary teams and develop a model to embed a MSK service in practice teams.</p> <p>Understand existing MSK service and drawn on lessons learnt from other areas where test of change has been undertaken i.e. Ayrshire and Arran.</p> <p>To complete an options appraisal to identify all possible models for Moray</p> <p>Job descriptions, recruitment options to be developed.</p>	<p>SLWG set up to develop Moray Model.</p> <p>Options appraisal and Business case concluded.</p> <p>Recruited First Contact Practitioner(s) to take an operational lead</p> <p>Current evidence demonstrates that musculoskeletal (MSK) health issues are the most common cause of repeat GP appointments and account for 20-30% of demand in general practice.</p>	<p>A phased approach will be taken over 12 months to introduce a front door MSK triage process linked to the wider MSK Pathway.</p> <p>To progress with recruitment, model development, operationalization, evaluation and improvement. Which will produce a reduction current GP workload; provide fast and direct access for patients with MSK problems to expert physiotherapy assessment, diagnosis, advice and management.</p> <p>Explore impact of the preferred Moray model on other aspects of managing this patient cohort e.g. reduced demand for diagnostics, prescribing.</p>	<p>Scale up to Moray wide of the overall MK service to ensure fully streamlined pathways for patients with additional physiotherapist capacity per locality.</p>	Allocations made in last plan			
				18/19	19/20	20/21	21/22
					£510k	£845K	£913k
				Spend			
				18/19	19/20	20/21	21/22
				£12,743			
				No. of Employees / FTE			
				Year			
				18/19	2.0 Band 8a MSK First Contact Practitioner 2,0 Band 5 2.0 Band 6 Primary Care Mental Health Development Workers *MSK skill mix to be determined		
				19/20 (anticipated)	2 WTE band 8 2 WTE band 7* skill mix to be agreed 4 WTE band 6* skill mix to be agreed 6 WTE band 5		
Potential costs of full MOU delivery							
Figures are indicative at this stage and may change as plans continue to develop							
Potential No of employees/FTE of Full MOU Delivery							
Figures are indicative at this stage and may change as plans continue to develop							

		This will enable sufficient time to up skill appropriate staff who may wish to take up these roles as they become available and therefore retain staff in NHSG.		
<u>General Comments</u> Recruitment is a challenge within Moray and the flexibility to recruit is likely to be beneficial in the long term. Ayrshire & Arran year one report advised only 1.32% of case required GP input – directly saving 3900 GP appointment. The preferred Moray model is to be undertaken initially within two identified areas – one in the east and one in the west of Moray.	<u>Issues experienced</u> Small scale testing reduced immediate impact of approach/pathway across whole system.	<u>Risks going forward</u> Workforce recruitment and retention Workforce lacking the necessary advanced skills Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices Availability of demand data to inform accurate capacity planning Not linking to existing MSK physiotherapy service provision and pathway development Small scale introduction to the preferred Moray model may have limited impact on GP workload across Moray though the impact of this will lessen as project scales up.	<u>Additional narrative on costing of full MOU delivery</u> Figures are indicative at this stage and may change as plans continue to develop. Scaling up to become a Moray-wide service over four years with additional physiotherapist capacity per locality.	

Mental Health Development Workers				
Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	
<p>Mental Health Development Workers for children and young people: develop the universal workforce for children and young people with Tier 1 & 2 presentations.</p> <p>In Moray, Mental Health Development Workers and CAMHS have no direct involvement at Tier 1, but remain committed to building capacity and confidence within universal services via training, professional development support and consultation, this includes general practice teams</p>	2 WTE Mental Health Development Workers recruited	<p>Strategic level multi-agency group, led by the Chief Social Worker, has recently been established and project initiation document is in place (PID) with the aim to reduce the escalation of referrals to CAMHS and establish an integrated service that achieves better personal outcomes for children and young people in need of Tier 1 and 2 supports in Moray.</p> <p>To review and evaluate impact.</p>		

<u>General Comments</u>	<u>Issues experienced</u>	<u>Risks going forward</u>	<u>Additional narrative on costing of full MOU delivery</u>
<p>Tier 1: Children and young people who are experiencing difficulties that could be related to their mental health are first identified within Tier 1 services. Practitioners are able to identify and offer general advice and treatment for less severe problems.</p> <p>Tier 2: When concerns continue a 'My World' Assessment is undertaken, need/risk is analysed and detailed within a Child's Plan. Offer consultations to families and other practitioners in Tier 1 and identify severe or complex needs requiring more specialist intervention, assessment (which may lead to treatment at a different tier).</p> <p>In Moray, CAMHS is committed to supervision, consultation and shared learning for Mental Health Development Workers and</p>			<p>Figures are indicative at this stage and may change as plans continue to develop.</p>

Tier 2 staff in Moray.			
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Action 15:				
Objective: Scottish Government Mental Health Strategy 2017-2027 - Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons.				
Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)
<p>Workforce education – mental health first aid delivery to GP frontline staff.</p> <p>Adult Mental Health: Implement Distress Brief Intervention Service from October 2018.</p> <p>Older Adult Mental Health: Building on successful test of change for a Mental Health worker aligned to Primary Care to provide a proactive response for Dementia sufferers and their families to anticipate and prevent crisis.</p>	<p>Service to be up and running from April 2019 (slight delay until May 2019).</p> <p>Service in place in 2 GP practices</p>	<p>Adult Mental Health: Fully staff Distress Brief Intervention Service Maximise digitally enabled support to reduce GP attendance</p> <p>2.8 WTE Dementia coordinators to be appointed across Moray in 2019/2020</p>	<p>See additional professional roles below re Primary Care mental health workers (children and young people)</p>	Estimated Cost of full MOU delivery
				No. of Employees / FTE
				Year
				18/19
				1 WTE Service Manager 1 WTE dementia coordinator
				19/20 (anticipated)
				0.67 WTE Peer recovery Practitioner 0.9 WTE Peer Recovery Practitioner 0.2 WTE Dementia Coordinator
				Potential costs of full MOU delivery
				Figures are indicative at this stage and may change as plans continue to develop
				Potential No of employees/FTE of Full MOU Delivery
				Figures are indicative at this stage and may change as plans continue to develop

<u>General Comments</u>	<u>Issues experienced</u>	<u>Risks going forward</u>	<u>Additional narrative on costing of full MOU delivery</u>
<p>Work progressing on the further development of the service</p>	<p>Waiting lists are a challenge with a huge demand on the service</p> <p>Current endeavours towards targets.</p>	<p>Workforce recruitment and retention</p> <p>Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices</p> <p>Demand on the rise which will have a huge bearing on waiting times.</p>	<p>0.67 WTE Peer Recovery Practitioner has been recruited. They have been undergoing induction which includes a week of shadowing at Aberdeen DBI service w/b 4th of February; as well as supporting service development and launch activity.</p> <p>0.9 WTE Recovery Practitioner Peer recruited in January 2019.</p> <p>0.2 WTE Dementia Coordinator from April 2019</p> <p>Figures are indicative at this stage and may change as plans continue to develop</p>

MOU 6 – Community Link Practitioners

Community Link Practitioners

Original PCIP Plan	18/19 Update	19/20 Planned Activity	20/21 Planned Activity	Resource (Finance & People)			
<p>Aim to reduce the negative impact of social and economic circumstances on health.</p> <p>To do this by developing the role of Link workers into all practices within Moray.</p> <p>To provide a person-centred service that is responsive to the needs and interests of the practice population.</p>	<p>Each practice in Moray will have direct access to generic or specialist Link worker</p> <p>6WTE GP Link Workers funded through PCIP/HSCP and based within GP Practices</p> <p>Each practice in Moray will have direct access to generic or specialist Link worker</p> <p>Links with Action 15 commissioned service</p>	<p>To review contract with Penumbra and decide as to whether or not to take service in house. If yes then will need to increase to 9 WTE practitioner 1: 10,000.</p>	<p>Scale up to Moray wide</p>	Allocations made in last plan			
				18/19	19/20	20/21	21/22
					£264k	£311K	£360K
				Spend			
				18/19	19/20	20/21	21/22
				£220,000			
				Est Cost of full MOU delivery at 21/22			
				Within allocated resource			
				No. of Employees / FTE			
				Year			
				18/19	6 WTE Band 4		
				19/20	9 WTE – Commissioned service		

<u>General Comments</u>	<u>Issues experienced</u>	<u>Risks going forward</u>	<u>Additional narrative on costing of full MOU delivery</u>
These roles have been developed in Moray over the last two years	<p>Challenges around information governance between multiple parties</p> <p>Recruitment of Link practitioners within original timescales</p>	<p>Workforce recruitment and retention</p> <p>Implementing change without destabilising or diminishing quality of service delivery across Moray and with remote/rural practices</p> <p>Information Governance</p>	<p>Looking more link workers to increase to 9 WTE to achieve 1:10,000</p>

This table detailed Health & Social Moray's current committed workforce expenditure and cost related to full implementation of the priorities described in the MOU. Figures are indicative at this stage and will change as plans continue to develop.

4. Finance and Workforce Projections

In setting out the financial and workforce plan for year 2 of the PCIP it is important to acknowledge the potential risks in implementing such significant change over a relatively short time frame. Health & Social Care Moray would identify the following as the priority areas of risk:

- The level of available funding is insufficient to implement all services as described within the new contract.
- Our ability to recruit and retain staff at the appropriate level, within the required timescales to carry out the roles described in the GMS 2018 contract primarily due to the lack of available workforce.

Whilst in these initial stages we are seeing a positive level of interest and successful appointments to several posts under the PCIP, this is against a backdrop of historic difficulties in recruiting to a number of disciplines.

Meeting the workforce projections set out may prove very challenging. Attracting staff to some of the more rural locations has been challenging in the past, this coupled with neighbouring areas also recruiting to the similar posts will add additional pressures to the recruitment process. Many of these roles may require additional training and this will impact on developments. There is also a need to ensure that we do not destabilise other areas of our system during this transition stage.

Full Implementation Cost represents estimated funding required to fully implement all services as described under the new contract (desirable, as indicated by particular services).

There is a need to maintain some flexibility around implementation depending on availability of workforce and other factors. In turn this will enable health& Social Care Moray, where appropriate and in agreement with key stakeholders, to make decisions within years to allow some developments to progress more quickly than others.

Table 2: Health & Social Care Moray PCIP Indicative Expenditure Profile, 2019 – 2022

Priority Area	Approx % allocation			Current Committed Expenditure	Potential Full Implementation Cost	
	2019/20 (£000)	2020/21 (£000)	2021/22 (£000)		Cost (£)	Workforce
Vaccinations	141	145	149	Current estimated figure. Workforce still to be determined, potential mixed model of delivery with CTAC services.	£435k	Current estimated figure. Workforce still to be determined, potential mixed model of delivery with CTAC services.
Pharmacotherapy	437	560	765	0.8 WTE Pharmacist Band 8A 1.8 WTE Pharmacist Band 7 2.5 WTE Pharmacy technician Band 5	£1853k	9.0 WTE Pharmacist Band 8 6.0 WTE Pharmacy technician Band 5 * WTE/Skill mix to be agreed
Community treatment and care	128	463	665	5.0 WTE Band 5 2.0 WTE Band 3 2.0 Band 4 Potential to increase when Vaccination Model agreed	£1256k	17.0 WTE Band 5 6.0 WTE Band 2 4.0 WTE Band 4s
Urgent care	263	508	655	2.0 Band 7 1.0 Band 6	£1513k	13.0 WTE Band 7 *Skill mix to be agreed. Current based on ANP/ Advanced Paramedics
Additional professional roles	510	845	913	2.0 Band 8a MSK First Contact Practitioner 2.0 Band 5 2.0 Band 6 Primary Care Mental Health Development Workers *MSK skill mix to be determined	£2282k	2 WTE band 8 2 WTE band 7* skill mix to be agreed 4 WTE band 6* skill mix to be agreed 6 WTE band 5
Link workers	264	311	360	6 WTE Band 4	£1156k	9 WTE – commissioned service
Total	1743	2832	3507	Current estimated figure. Workforce still to be determined, potential mixed model of delivery with CTAC services.	£8495k	