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| Agenda Item | 10 |
| Report No | HCW-19-21 |

THE HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing Committee

Date: 11 August 2021

Report Title: Update on Joint Transformational Programme with NHS Highland

Report By: Executive Chief Officer – Health and Social Care

1. Purpose/Executive Summary

- 1.1 The purpose of this report is to provide an update report to the Committee in terms of the joint Transformational Programme established with NHS Highland which was agreed in November 2020 to ensure the efficient delivery of service for service users and to achieve the best possible outcomes by considering transformational change and efficiencies. The Committee has sight at their meeting in May of the status of the efficiencies and as such this report is focussed on the transformational aspects of the proposed work.

The programme has been set up jointly with NHS Highland. A Programme Manager has been appointed jointly by both organisations to support the programme.

2. Recommendations

- 2.1 Members are asked to:
- i. Note the contents of this report

3. Implications

- 3.1 Resource - The programme is resourced by both NHS Highland and the Council and from the Council's perspective is funded using monies identified for Transformation. Both organisations have jointly funded the Programme Manager. The Integration Scheme in place provides for a risk sharing agreement. There are resource implications in that the revised Scheme provides for the financial arrangements in place between NHS Highland and the Council in terms of the delivery of commissioned service and the risk management/sharing which relate to the Joint Programme Management Office approach to efficiency and transformation.

- 3.2 Legal - There are no legal implications as a result of this report.
- 3.3 Community (Equality, Poverty, Rural and Island) - The workstreams tasked with delivering transformational change are likely to result in changes to the manner in which services are delivered and as such any changes will be subject to an impact assessment which will be carried out jointly by NHS Highland and the Council.
- 3.4 Climate Change/Carbon Clever There are no climate change implications as a result of this report.
- 3.5 Risk -There is a risk in terms of the financial position set out above in terms of managing financial and other risks that may arise from the agreement which is dealt with the Programme Management Approach.
- 3.6 Gaelic - There are no Gaelic implications as a result of this report.

4. Background

- 4.1 The Highland Council and NHS Highland have agreed Terms of Reference for a Programme Management Board to focus on workstreams going forward in relation to matters covered by the partnership agreement namely adult social care and commissioned children's services. Those Terms of Reference have been agreed by Highland Council and NHS Highland and, specifically, provide detail in terms of membership of that Board which at Board level includes 4 members from Highland Council and 4 Board members of NHS Highland.
- 4.2 It was recognised that a programme management approach would be necessary to specifically focus resource on various areas of work with a view to achieving efficiencies and improving outcomes for communities. The Terms of Reference provide that both a Board and a Team be set up to manage the proposed programme. A Programme Manager has been appointed by both organisations to manage the programme and to date the Board has met on 4 occasions.
- 4.3 On 23 July a workshop was convened. Senior officers and the Chief Executives from NHS Highland and The Highland Council met in person to discuss how they can continue to strengthen the transformation programme in delivering services in the Highlands of Scotland and considering what that might look like in 2024 and beyond.

The Partnership and collaboration workshop began the process of developing a shared vision for integrated services for 2024 and a set of principles to work towards and empower our staff to achieve our aims. It was recognised that it was not likely to be possible to achieve everything required in isolation and that there is a need to engage directly with local communities across Highland in order to create a shared vision of how services would be delivered in 2024. It was recognised that we need to consider what communities want and how they can be involved in a successful and collaborative delivery model.

It was recognised that key to that successful vision would be the involvement of communities and staff and that the current projects identified and referred to below would require to be considered by the Programme Board taking into account those aspirations.

5. Management of the Programme

- 5.1 Governance of the project is by a Board. Membership of that Board comprises senior officers from both partner organisations and members of both the Highland Council and the Board of NHS Highland. The Board has responsibility and oversight in relation to delivery of the programme.

Reports will be provided to the Strategic Committees of both partner agencies and this update is provided in that context. A report to the May Committee provided a previous update which focussed on the financial situation and it is intended that this report focus on the transformational aspects of the work being undertaken by the workstreams.

The Joint Monitoring Committee has overall oversight in terms of the partnership arrangements in place and any decisions in relation to the projects will be made by that Committee which is responsible for the governance arrangements in relation to the partnership.

6. The Programme

- 6.1 The scope and objective of the Programme will focus on improved outcomes and will review where savings and efficiencies can be made. The focus includes both adult care services and integrated children's services and is set out as being to:-

- oversee the future delivery of Adult Social Care and integrated Children's Services;
- ensure more effective delivery of service going forward to deliver both improved outcomes for service users and more efficient use of available resource; and
- focus on workstreams in relation to matters covered by the partnership agreement, namely adult social care and integrated children's services.

- 6.2 The identified and agreed workstream areas are as noted below:

| | Workstream Area | Lead |
|--------------|---|-------------|
| Workstream 1 | Community Led Support | NHS |
| Workstream 2 | Transitions – Younger Adults with complex needs | THC |
| Workstream 3 | Residential | NHSH |
| Workstream 4 | Integrated Children's Care | THC |

Each workstream has a Senior Responsible Officer (SRO). Each SRO is responsible for the delivery of one of the workstreams above. The objectives of the programme are to deliver cashable savings through transformational change. In year 1 the savings target is £3 m. This is a challenging target and savings will include cost improvement savings (in the past such savings have been reported to the NHSH Cost Improvement Programme). At the same time there needs to be clear improved outcomes for service users and the programme is not focussed on the delivery of efficiencies but the emphasis is rather on transformational change

7. Savings Progress

7.1 The headline figures for the programme as of 6th July 2021 are as follows:

- The total count of projects is 29
- The unadjusted pipeline total is £1.945m
- The risk adjusted pipeline total is £ 1.216m

This progress is against the £3m target set and referred to above. Movement against this baseline will be tracked and reported to both the CEX oversight board and thereafter to the Programme Board and the JMC. This Committee will require updates for noting and will receive updates in relation to transformational and savings opportunities. Since the last board when the target was set the workstreams have begun looking at savings and improvements within their thematic areas.

8. Transformational Workstreams

8.1 In terms of transformation each workstream reported to the programme board on 9 June 2021 and provided a report. The reports provide financial and savings detail as well as the following

- Workstream Objectives
- Key Milestones
- Workstream Risks

Those reports for all workstreams are included as **Appendix 1** to this report.

8.2 The Community Led Support Workstream is an entirely transformational workstream with, at present, no short terms savings target. Its purpose is to implement community led support principles and practice in the delivery of care to reduce reliance on statutory service which in the long term ought to lead to cost avoidance. There will be a focus instead on the community supports which is available. Such an approach will require new approaches to referral and assessment. Three pilot areas have been provisionally identified which will inform a broader implementation of the community led support ethos.

8.3 The Transitional Younger Adults workstream overlaps in terms of the efficiency element of the residential care workstream referred to in the following paragraph. As such it is promoting and seeking to deliver 3 specifically transformational projects as follows:-

1. Transitions – A focus on clarifying process and procedure with a view to moving to a joint commissioning process which ought to make savings and deliver improvements for those young people moving from children’s services to adult care services.
2. Housing – It is intended to focus on new ways of working with Housing colleagues that will minimise delay and improve allocations for young people with complex needs.
3. Alternative Models of Care – A business case is being prepared to consider the possible implementation of the Shared Lives approach which would build on the existing supported lodgings programme within Children’s Services and would provide a more community-based respite programme.

8.4 The Residential Care Workstream has to date focussed on efficiencies and cost improvement across the whole adult social care budget as referred to in paragraph 8.3 above. Detail in relation to those identified efficiencies are set out at paragraph 7 above. In terms of transformational work the focus is on the development of a Strategic

Commissioning Plan which will inform the required transformational work in terms of in house and commissioned provision.

- 8.5 The Integrated Children’s Care workstream focuses on the commissioned child health service and is considering the following which is intended to have a transformational impact:-
1. NDAS – An evaluation of the effectiveness of the systems in place with a view to reducing waiting times
 2. Review the disability equipment allocation process and spend to determine efficiencies.
 3. Consideration of a performance management framework to review the range of measures available with a view to informing improved performance

The equipment review referred to in Appendix 1 has been subsumed within business as usual and is no longer part of this programme.

9. Risks

- 9.1 The table below (at Item 9.2) is an extract from the programme risks register and contains the risks with the highest rating for the programme as whole. There is a strong overlap with the workstream risks as shown in appendix 1.

9.2

| Id | Risk | Description | Risk Score | Last Score | Mitigation |
|----|--|--|------------|------------|---|
| 1 | Resources | All projects looking to the same key individuals for the completion of tasks in the same times scales. | 20 | 15 | Programme and workstream level resource requirements to be identified, quantified and reported to CEX Oversight meetings. |
| 2 | Anticipated financial benefit not realisable | After initial assessment there is a shortfall in the possible amount of money available against expectations (formal target not set yet) | 20 | 20 | Early project development to be scrutinised for focus and route to cashable efficiencies and when these will be delivered. Early response to areas of gap and request for change of projects. |

| | | | | | |
|---|---|--|----|----|--|
| 3 | Mismatch between identified projects and Programme Objectives particularly in relation to Improved outcomes | If the constituent projects are not aligned with delivering the objectives from the Programme Board resources may be being used inappropriately. | 15 | 20 | Progress to be scrutinised for ability to deliver both cashable efficiencies and transformation. Where issues arise, these will be escalated in the first instance to the CEO oversight meeting. |
| 4 | Covid 19 | Prioritisation of the transformational programme whilst in a continuing and faced paced period of Covid-19 related change. | 15 | 20 | Ongoing review of impact and escalation to project team and board if necessary. |

Designation: Executive Chief Officer – Health and Social Care

Date: 28 July 2021

Author: Fiona Malcolm, Interim Head of Integration Adult Social Care and John Robertson, Programme Manager

Background Papers:
Appendix 1 - Workstream updates as considered by the Project Board on 9 June

COMMUNITY LED SUPPORT

| A. Workstream Information (Please see RAG status definitions at the end of the document) | |
|--|---|
| Workstream Name | Community Led Support |
| SRO | Tracy Ligema |
| Component Projects: | N/A |
| Workstream Objectives | <p>CREATE: Resource directories/asset maps. Community Hubs. Baseline activity data set. Co-production with communities</p> <p>REDUCE: Waiting times. Use of statutory resources</p> <p>INCREASE: Use of voluntary and 3rd sector assets. Engagement with and support for community asset development. Range of tools and resources available to support individuals.</p> <p>MAINTAIN: Informal links across the system. Engagement with Community Planning Partnerships</p> <p>ELIMINATE: Duplication. Unnecessary hand-offs. Over reliance on statutory responses.</p> |

| B. Workstream Overview (Please see Guidance at the end of the Document on Overall RAG Rating) | | | | |
|---|---------------------------|------------------------|---------|----------------|
| Summary | Overall Workstream Status | Progress Against Plans | Savings | Other Benefits |
| This report | GREEN | GREEN | N/A | N/A |
| Last Report | N/A | N/A | N/A | N/A |
| Reason for RAG | Progress is satisfactory | | | |

| C. Executive Summary | |
|---|---|
| Highlights for the period | Issues this period |
| <ul style="list-style-type: none"> Local progress with asset mapping and building resource directories | <ul style="list-style-type: none"> Capacity for delivery of data/activity baseline |

- Setting up links with community groups regarding potential hub locations
- Planning for Blueprint Workshop 8th June
- Communications pack developed and first phase of staff engagement in place
- Establishing links with CPP leadership and community engagement roles

Lessons learned this period

D & E

There is a low expectancy that the Community Led support project will deliver savings in year 1. In preparing the business case for NDTI savings potential will be reexamined and an updated position reported where applicable.

F.1. Community Led Support

| Purpose : | | Implementation of Community Led Support principles and practice in the delivery of care to reduce reliance on statutory services with associated potential for cost avoidance. | Overall Completion Date | | | 31/03/2022 for pilot area implementation |
|------------------|---|--|--------------------------------|-------|-----------|--|
| ID | Key Milestone | Description | Date | BRAG | LAST BRAG | Comment |
| 1 | Develop financial and activity baseline | Identify the activity and costs that CLS will be expected to impact. | 30/06/21 | Amber | | Activity scoped and works ongoing. Deliverable at risk. |
| 2 | Completed local resource directories | Mapping local assets and services. | 30/09/21 | Green | | Mapping of local services commenced, and baseline directories established. |
| 3 | Revised referral and assessment process | Establishing new approaches to referral and assessment, developing and | 30/08/21 | Green | | Not yet commenced |

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| | | implementing processes and training to support these. | | | |
| 4 | Change management plan – staff culture and practice | Development and implementation of plan for training and development to support staff to adopt changes in culture and practice required to deliver CLS | 30/08/21 | Green | Not yet commenced |
| 5 | Revised standards for referral and assessment | Development of standards and SOPs to support new processes | 30/08/21 | Green | Not yet commenced |
| 6 | Pilot evaluation | Evaluation of the three pilot site implementations to determine way forward for roll out of CLS | 31/12/21 | Green | Not yet commenced |
| 7 | Develop and submit business case for NDTi support | Submission of business case seeking organisational support for engagement with NDTi to support delivery of CLS within required timescales and to national standards | 30/06/21 | Green | Business case in progress |

| G. Workstream Risks | | | | |
|--|------------|--------|-------|---|
| Description | Likelihood | Impact | Score | Mitigation |
| Local capacity and time pressures result in limited ability to progress implementation | 3 | 4 | 12 | Identifying project lead capacity locally, linking with external and community capacity |
| Difficulties identifying measures that demonstrate prevention may result in limiting opportunities to evaluate the true impact of CLS implementation | 3 | 3 | 9 | Utilisation of baseline activity data and review exiting measures |
| Outcome of consideration of NDTi business case may result in requirement to adjust programme timescales | 4 | 3 | 12 | Accept risk |

| H. Roles and Responsibilities | |
|--------------------------------------|---|
| Roles, individuals and Organisations | |
| Role | Name and Organisations |
| Operational Lead(s) | <i>Karen-Anne Wilson; Ros Philip; Michelle Johnstone plus local project leads</i> |
| Practice Lead(s) | <i>Ruth Macdonald</i> |
| Finance Lead | <i>Frances Gordon</i> |
| Partner Representative | <i>Isobel Murray (THC), Lynn Bauermeister (HLH) HTSi rep tbc</i> |
| Project Manager | <i>Claire Cameron</i> |

TRANSITIONS YOUNGER PEOPLE WITH COMPLEX NEEDS

| A. Workstream Information (Please see RAG status definitions at the end of the document) | |
|--|---|
| Workstream Name | Transitions/Younger Adults with complex needs |
| SRO | Fiona Malcolm |
| Component Projects: | 1) Transitions – Complex cases Children’s to Adults 2) Housing Options for younger adults with complex needs 3) Shared Lives/ Supported Lodgings |
| Workstream Objectives | <ul style="list-style-type: none"> To improve the transition of young adults with complex needs from the care of THC (Children’s Services) to NHH (Adult Services), ensuring the most appropriate and affordable care package at each stage of the transition and to clearly set out and streamline the legal and financial responsibilities. To minimise out of area placements for both children and adults with a view to managing expectations and resourcing cost at all key stages To develop a joint commissioning approach for those young people transitioning to adult services, |

that will reduce delays experienced when accessing services, as well as improve affordability in the transition from CS to AS.

- To review existing packages of care developed by Children’s Services, with a view to minimising cost prior to moving to AS and managing expectations of supported people and their families
- To implement new ways of working with Housing colleagues that will minimise delay, reduce cost and improve outcomes in the housing development and allocation process for younger adults with complex needs.
- To implement alternative models of care, such as the Shared Lives approach, building on the existing Children’s Services approach to supported lodgings which enables young people transitioning to adult services to remain in their communities in a non-residential environment. Consider how such a scheme could support younger adults with complex needs to remain in their communities with the support of a family and the wider community networks. Such a model would represent an alternative to supported living/ residential care.

B. Workstream Overview (Please see Guidance at the end of the Document on Overall RAG Rating)

| Summary | Overall Workstream Status | Progress Against Plans | Savings | Non- financial Benefits |
|-------------------|---------------------------|------------------------|---------|-------------------------|
| This report | Amber | Amber | N/A | N/A |
| Last Report | N/A | N/A | N/A | N/A |
| Reason for Change | | | | |

C. Executive Summary

| Highlights for the period | Issues this period |
|---|--|
| <ul style="list-style-type: none"> • PM appointed and started in post 11th May • Clarification on savings across the full programme in terms of CIP | <ul style="list-style-type: none"> • Some initial lack of clarity about where existing CIP work should sit when related to more than one workstream |

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| <p>sitting within workstream 2 and therefore focus on transformation</p> <ul style="list-style-type: none"> Agreement on approach to the workstream Workshop with wide range of stakeholders arranged for 3rd June to identify any additional potential options for savings and/or improved service provision | <p>leading to a slow start to transformational work</p> <ul style="list-style-type: none"> More development needed of shared lives project |
| Lessons learned this period | |
| Early checks for duplication of effort to be carried out. | |

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| D & E |
| Targets have not been set for year 1 as cost efficiency savings are being sought in Residential Transformational Programme and ASC Cost Improvement Programme workstream. In preparing the business the plans for the three key projects savings potential will be reexamined and an updated position reported where applicable. |

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| F.1. Transitions | | | | | | |
| Purpose : | To improve the transition of younger adults with complex needs from the care of THC (Children's Services) to NHHH (Adult Services), ensuring the most appropriate and affordable care package at each stage of the transition. | | | Overall Completion Date | April 2022 | |
| ID | Key Milestone | Description | Date | BRAG | LAST BRAG | Comment |

| | | | | | | |
|---|---|--|------------|-------|--|---|
| 1 | Business Case approved | Business Case to be developed for Prog. Board | Oct 2021 | Green | | |
| 2 | Review all existing care packages prior to transition to Adult Services | All existing complex case packages to be reviewed as per objectives (post age 14) with a view to ensuring that appropriate and affordable support is in place prior to transition to Adult Services. | Dec 2021 | Green | | Underway. Packages in scope have been identified and work is ongoing to determine to what extent they have been reviewed by the relevant team |
| 3 | Transition Protocol/Policy | Clearly define financial and legal responsibilities for Children's and Adult Services for all client groups at significant ages taking into account legal responsibilities in terms of corporate parenting responsibilities which is required in terms of both the Transitions Teams and those cases managed outwith that team in the areas. | Dec 2021 | Green | | Steering group has been established and has met to consider the previous (draft) protocols in place with a view to considering how they might be used to inform a revised joint procedure |
| 4 | Transitions Team remit, structure and governance | Remit and governance of existing Transitions Team agreed between both NHSH and THC and implemented. Approach will ensure affordable and appropriate levels of support package developed for Supported People as they transition from Children's to Adult Services. | Dec 2021 | Green | | Steering1 group has met and scoped out the issues which will require to be articulated within a paper to be agreed by both partner organisations |
| 5 | Joint commissioning approach | Develop a joint commissioning approach for those children transitioning to adult care services, that will reduce delays experienced when accessing services, as well as | April 2022 | Green | | This work will be informed by the work carried out at 4 and 5 above and further |

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| | | improve affordability in the transition from CS to AS. | | | | detail will be provided at a later date |
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| F.2 Housing Options | | | | | | |
|---------------------|--------------------------------------|---|-------------------------|-------|------------|---|
| Purpose: | | To implement new ways of working with Housing colleagues that will minimise delay, reduce cost and improve outcomes in the housing development and allocation process for vulnerable adults. | Overall Completion Date | | April 2022 | |
| ID | Key Milestone | Description | Date | BRAG | LAST BRAG | Comment |
| 1 | Collaborative planning approach | Process and roles and responsibilities to be clearly defined for both Social Care and THC Housing staff. This will facilitate a longer-term, collaborative planning approach with Housing and in turn, reduce requirement to address late emerging needs of client which can have significant cost implications and lead to delays in major developments. | Dec 2021 | Green | | A group of staff has been provisionally identified who will be able to take this work forward |
| 2 | Agreed Process for accessing housing | Prepare and implement a procedure which constitutes a defined process for addressing housing need of all supported people considering both new developments and existing housing stock. | April 2022 | Green | | This will be informed by item 1 above |

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|---|---|---|------------|-------|--|----------------------------------|
| 3 | Universal housing solution | Develop a more universal housing solution that can meet needs of a wider group of Supported People and reduce costs associated with bespoke solutions where possible. | April 2022 | Green | | This will be informed by 1 above |
| 4 | Guidance for service users and families | Publish clear guidance for supported people and their families on the support they can expect with regards to housing and support and the input they will have | April 2022 | Green | | As above |
| 5 | Staff training | Training for social work staff to best enable them to manage expectations | April 2022 | Green | | As above |

| F.2 Shared Lives | | | | | | |
|------------------|-----------------------------|--|------|-------|-------------------------|---------|
| Purpose: | | To implement alternative models of care, such as the Shared Lives approach building on the existing Children's Services approach to supported lodgings which enables supported people to live as independently as possible | | | Overall Completion Date | TBC |
| ID | Key Milestone | Description | Date | BRAG | LAST BRAG | Comment |
| 1 | Identify good/best practice | No detail has been provided here as this is a very provisional idea for which a business case will be prepared to allow meaningful consideration of whether this project ought to be taken forward. Any "in principle" view that the Programme Board may wish to set out would be helpful. | | Amber | | |
| 2 | Define client groups | | | Amber | | |
| 3 | Identify pilot areas? | | | Amber | | |

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| 4 | Resource to support pilot? | | | Amber | | |
| 5 | Develop training for carers and social work | | | Amber | | |
| 6 | Recruit carers | | | | | |

| G. Workstream Risks | | | | |
|---|------------|--------|-------|---|
| Description | Likelihood | Impact | Score | Mitigation |
| Transformational ideas may not result in savings | 4 | 4 | 16 | Identify savings opportunities early in the planning process along with an agreed approach to removing from budgets |
| Workstreams across the programme require input from the same key senior stakeholders creating pressure on resourcing of the workstreams. | 4 | 4 | 16 | Detailed planning to understand the input required and when. Senior stakeholders to delegate to subject matter experts at delivery stage where appropriate. |
| Stakeholders including the third sector and elected representatives may not be sighted on changes to process which may lead to misunderstanding in terms of service provision | 3 | 5 | 15 | Once revised service delivery is agreed a comprehensive information sharing programme and training needs to be widely disseminated |
| Lack of shared understanding of outputs and outcomes expected from workstream | 3 | 4 | 12 | Ensure PID is discussed and approved. |
| Pressure to deliver early has negative impact on quality | 3 | 3 | 9 | Ensure PID approved. |

| H. Roles and Responsibilities | |
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| Roles, individuals and Organisations | |
| Role | Name and Organisation |
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| Project Manager | Lynnsey Urquhart |
| Operational Lead(s) | Donellen Mackenzie, Malina MacDonald-Dawson |
| Practice Lead(s) | Donellen Mackenzie, Arlene Johnstone, Mairi Morrison |
| Finance Lead | Fran Gordon |

RESIDENTIAL TRANSFORMATION PROGRAMME AND COST IMPROVEMENT PROGRAMME

| A. Workstream Information (Please see RAG status definitions at the end of the document) | |
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| Workstream Name | Residential Care (Workstream 3). [Request renamed to ASC Residential Transformational Programme and ASC Cost Improvement Programme] |
| SRO | Simon Steer, Director of Adult Social Care. Fiona Malcolm, Interim Head of Integration (THC Lead on Workstream) |
| Component Projects: | a) Transformational Programme: planning in year 1 for delivery from year 2. b) Cost Improvement Programme: maximum delivery in year 1, continued focus in year 2 (and ongoing). |
| Workstream Objectives | This workstream 3 currently has the undernoted two key distinct activity areas . a) Adult Social Care Residential Transformational Programme has the following aims and objectives: <ul style="list-style-type: none"> • To deliver high quality, sustainable and cost effective residential based services to adults across NHS Highland, by: <ul style="list-style-type: none"> ○ supporting the development of a Strategic Commissioning Plan to identify transformational change actions within residential in house and commissioned provision, which meets individual and community needs, and which is sustainable and affordable; |

- undertaking the necessary steps to arrive at a costed capacity plan, as the basis of the Strategic Commissioning Plan;
- planning the implementation of the transformational changes within residential in house and commissioned provision during year 1 (2021-2022) for delivery from year 2 (2022-2023) and earlier if feasible;
- linked to the above, clarifying longer term role of NHH as an in house provider;
- pursuing short term (year 1) actions to ensure existing in house resources as used to maximum efficiency.

b) **Adult Social Care Cost Improvement Programme** has the following aims and objectives:

- To deliver improved, equitable and consistent cost efficiency opportunities across adult social care related expenditure, by:
 - Identifying, maximising and targeting efficiency opportunities in year 1 (2021-2022), for recurring benefits from year 2 (2022-2023) onwards;
 - **Improving compliance** - robust governance, professional management and compliance arrangements;
 - **Diverting and better managing demand** - appropriate, consistent, equitable and compliant approach to the allocation of available resources;
 - **Maximising efficiency** - to optimise efficiency in both in house and commissioned services and optimise contractual arrangements and maximise charging/income opportunities.

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B. 1 Workstream Overview (Please see Guidance at the end of the Document on Overall RAG Rating)
Transformational Programme

| Summary | Overall Workstream Status | Progress Against Plans | Savings | Other Benefits |
|-------------------|---------------------------|------------------------|----------------------|----------------|
| This report | AMBER | AMBER | N/A | NA |
| Last Report | N/A | N/A | N/A | NA |
| Reason for Change | | | Delivery from year 2 | |

B. 2 Workstream Overview (Please see Guidance at the end of the Document on Overall RAG Rating)
Cost Improvement Programme

| Summary | Overall Workstream Status | Progress Against Plans | Savings | Other Benefits |
|-------------------|---------------------------|------------------------|---|----------------|
| This report | GREEN | GREEN | GREEN | NA |
| Last Report | N/A | N/A | N/A | NA |
| Reason for Change | | | £1.6m risk adjusted, £2m unadjusted. | |

C. Executive Summary

| Highlights for the period | Issues this period |
|---|---|
| <ul style="list-style-type: none"> • Tangible and demonstrable progress around the cost improvement programme, as follows: <ul style="list-style-type: none"> ○ 4 x PIDs in delivery ○ 3 x PIDs at fully developed (awaiting QIA) ○ 1 x PID at opportunity | <ul style="list-style-type: none"> • Costed capacity plan required to inform strategic commissioning plan and direction. • Move from robust established NHS reporting method and discipline to emerging hybrid methodology. |

- 5 x further ideas for exploration
- Clarification on target, disaggregation and scope of workstream.
- Workstream continues to work well with good progress and momentum on the year 1 cost improvement focus.
- Continued clear direction from SRO and good accessibility and support from PMO.
- ASC directorate focus on transformational priorities and direction.

Lessons learned this period

Recently clarified target and scope has enabled complete attention to be focussed towards delivery.

| D. Financial Summary | | | | | |
|---------------------------|-------|----------------------------|--------|-----------------------------------|--------------------------------|
| Financial Targets (21/22) | | | | | |
| Service Categories | Year | Budget under consideration | Target | Current Position *(Risk Adjusted) | Current Position *(Unadjusted) |
| | 21/22 | £145m | £3.0m | £1.6m | £2.0m |

*See Notes at the end of document

| E. Savings Profiles | | | | | | |
|---|-------|---------|--------|--------|--------|---------|
| Current Year savings Profile for Workstream | | | | | | |
| | Year | QTR.1 | QTR.2 | QTR.3 | QTR.4 | Totals |
| Projected | 21/22 | £0.75m | £0.75m | £0.75m | £0.75m | £3m |
| Actuals (Risk Adjusted) | 21/22 | £1.63m | | | | £1.63m |
| Variance | 21/22 | +£0.88. | | | | -£1.37m |

| F.1. Transformational Programme | | | | | | |
|---------------------------------|---|---|-------------------------|-------|---|---|
| Purpose : | | To deliver high quality, sustainable and cost effective residential based services to adults across NHS Highland | Overall Completion Date | | Planning in year 1 for implementation from year 2 | |
| ID | Key Milestone | Description | Date | BRAG | LAST BRAG | Comment |
| 1 | Availability of costed capacity plan | Required to undertake modelling to inform strategic direction. | June 21 | Amber | | Expected completion in June |
| 2 | Further development of proposed strategic intent. | Strategic paper developed and considered by PMT. | July 21 | Green | | In development, further evolution required, plus consideration of costed capacity plan. |
| 3 | Provision of directional paper for PMB consideration. | Paper to PMB on: <ul style="list-style-type: none"> Proposed direction of in house and commissioned services; Proposed short term efficiency approach | 19/08/21 | Green | | Direction check proposed with PMB. |

| F.2 Cost Improvement Programme [Also refer to Appendix 1 attached] | | | | | | |
|--|------------------------|--|-------------------------|-------|--------------------------|--|
| Purpose: | | To deliver improved, equitable and consistent cost efficiency opportunities across adult social care expenditure | Overall Completion Date | | Focus on year 1 activity | |
| ID | Key Milestone | Description | Date | BRAG | LAST BRAG | Comment |
| 1 | As per individual PIDs | RCH04 Tighter controls on ASC packages | July 21 | Amber | | PID development |
| 2 | | RCH05 Reclaim of unused funds | April 21 | Green | | In delivery, progress being monitored. |
| 3 | | RCH06 ASC Grip and Control | April 21 | Green | | In delivery, progress being monitored |
| 4 | | RCH08 C@H N&W Pool Cars | April 21 | Green | | In delivery, progress being monitored |

| | | | | | | |
|---|--|---|----------|-------|--|---------------------------------------|
| 5 | | RCH09 Annual budget setting matching actual income | April 21 | Green | | In delivery, progress being monitored |
| 6 | | RCH10 ASC cost containment 2021-2022 | June 21 | Amber | | Awaiting QIA sign off |
| 7 | | RCH12 Residential short breaks for adults | June 21 | Amber | | Awaiting QIA sign off |
| 8 | | RCH20 Vacancy Management | June 21 | Amber | | Awaiting QIA sign off |

G. Workstream Risks

| Description | Likelihood | Impact | Score | Mitigation |
|---|------------|--------|-------|--|
| 1. Staffing input and resources to deliver workstream requirements. Delivery is conditional on identified resources. | 5 | 5 | 25 | <ul style="list-style-type: none"> Workstream to escalate to ensure resources available for when transformational programme and direction clarified. |
| 2. Care home placements increase. | 5 | 5 | 25 | <ul style="list-style-type: none"> Capacity costing work to progress and complete Clear strategic intent to be identified and then agreed by appropriate governance and direction. |
| 3. Impact of ongoing pandemic response | 3 | 3 | 9 | <ul style="list-style-type: none"> SRO to lead and provide direction on priority tasks and overall programme |
| 4. Transformational v business as usual | 2 | 2 | 4 | <ul style="list-style-type: none"> Definitions and scope now clearer. To discuss and clarify at Project Management Team meeting. |
| 5. Service modeling delay and insufficient information to inform strategic decisions around Care Homes. | 5 | 5 | 25 | <ul style="list-style-type: none"> P&P to prioritise analytical and planning support to workstream. |

| G. Workstream Risks | | | | |
|--|------------|--------|-------|---|
| Description | Likelihood | Impact | Score | Mitigation |
| 6. Reporting on progress is diverting energy from progressing delivery. Time commitment for supporting all workstreams for ASC colleagues. | 4 | 4 | 16 | <ul style="list-style-type: none"> Escalation to Project Team in terms of impact. |
| 7. Allocated target assumptions flawed or unachievable. | 3 | 4 | 12 | <ul style="list-style-type: none"> Escalation to Project Team in terms of feasibility. |
| 8. Shift of resources does not take place to reflect shift of activity from hospital to community | 5 | 4 | 20 | <ul style="list-style-type: none"> Included in NHS Financial Plan |

| H. Roles and Responsibilities | |
|--------------------------------------|---|
| Roles, individuals and Organisations | |
| Role | Name and Organisation |
| Senior Responsible Officer | Simon Steer, Director of Adult Social Care, NHSH (SRO) |
| Partner Representative | Fiona Malcolm, Interim Head of Integration (THC Lead on Workstream) |
| Operational Lead(s) | Rhiannon Boydell, Head of Community Services, NHSH |
| Practice Lead(s) | Jackie Hodges, Head of Registered Services, NHSH Ian Thomson, Head of Service (Social Work Standards), NHSH Ruth MacDonald, Head of Service (Professional Practice), NHSH |
| Finance Lead | Frances Gordon, Head of Finance |
| Other | Donellen Mackenzie, Depute Director (Adult Social Care), NHSH Gillian Grant, Interim Head of Commissioning, NHSH (current Joint Workstream Lead) James Bain, Transaction and Income Manager, NHSH, (current Joint Workstream Lead) George McCaig, Performance Manager, NHSH John Robertson, Programme Manager |

CHILDREN'S HEALTH SERVICE

| A. Workstream Information (Please see RAG status definitions at the end of the document) | |
|--|--|
| Workstream Name | Children's health services |
| SRO | Ian Kyle |
| Component Projects: | <ol style="list-style-type: none"> 1) NDAS 2) The Orchard 3) Performance Management framework for Child Health services 4) Children's health service cost efficiencies 5) Equipment review |
| Workstream Objectives | <ul style="list-style-type: none"> • To undertake whole service review in respect of the assessment provision for children and young people with potential neuro developmental issues through evaluating the existing need, national framework, local resource and to listening to the voices of children, families and stakeholders. This is short-term work to reduce current high levels of risk within the service and long-term transformation to improve effectiveness, reduce waiting times and improve outcomes. If there are cost efficiencies these will be determined as the review progresses. • Evaluate the Orchard Respite Unit through identifying need, outlining resource and determining better ways of working with potential efficiencies which ensure that all children and young people with complex health and social need in need, are able to access the specialist support within The Orchard. • Review and redetermine a range of outcome and performance measures then utilise this benchmarked data to determine efficiencies and evidence improvement. • Ensure governance and effective controls are in place to manage and scrutinise resource and spend across the range of health services for Children and Young People. • Review the disability equipment allocation processes for infants, children and young people across THC and NESH to determine efficiencies. |
| | |

B. Workstream Overview (Please see Guidance at the end of the Document on Overall RAG Rating)

| Summary | Overall Workstream Status | Progress Against Plans | Savings | Non- financial Benefits |
|-------------------|---------------------------|------------------------|---------|-------------------------|
| This report | Amber | Amer | Amber | N/A |
| Last Report | N/A | N/A | N/A | N/A |
| Reason for Change | | | | |

C. Executive Summary

| Highlights for the period | Issues this period |
|--|--|
| <ul style="list-style-type: none"> • PM appointed and started in post 11th May • Clarification on savings across the full programme and therefore focus on transformation • Lead Officer (Kayrin Murray) appointed to lead review of NDAS for 4 months • Equipment review: Review of the process of equipment allocation for children and families across NHS and THC is now underway. • Finance scrutiny underway | <ul style="list-style-type: none"> • Clarity is required on the savings from this workstream. • Continuing to manage the service and organisational risk around NDAS whilst the review is being undertaken |
| Lessons learned this period | |
| <ul style="list-style-type: none"> • The current change ideas identified within the Children’s Services workstream are likely to be transformational and early signs are not yet indicating cost savings. • The equipment review will not yield immediate financial savings although it is recognised that creating a clear process for equipment allocation/usage and re-usage will be more effective and timelier for families and may create opportunity for longer term savings. | |

| *D. Financial Summary | | | | | |
|---------------------------|-------|----------------------------|--------|-------------------------------|---------------------------------|
| Financial Targets (21/22) | | | | | |
| Service Categories | Year | Budget under consideration | Target | Current Position *(Qualified) | Current Position *(Unqualified) |
| | 21/22 | | £ | £0 | £0 |

*See Notes at the end of document

| *E. Savings Profiles | | | | | | |
|---|-------|-------|-------|-------|-------|--------|
| Current Year savings Profile for Workstream | | | | | | |
| | Year | QTR.1 | QTR.2 | QTR.3 | QTR.4 | Totals |
| Projected | 21/22 | | | | | |
| Actuals | 21/22 | | | | | |
| Variance | 21/22 | | | | | |

***The Children's Health Service Budget is still being assessed for savings potential. Results of the assessment will form the basis of a target.**

| F.1. NDAS | | | |
|-----------|---|-------------------------|--------|
| Purpose : | Evaluate the effectiveness of systems and processes of NDAS to determine efficiencies, reduce waiting times and improve outcomes for children, young people and their families. | Overall Completion Date | 1/6/22 |

| ID | Key Milestone | Description | Date | BRAG | LAST BRAG | Comment |
|----|--|--|-----------|-------|-----------|---------|
| 1 | Identify and Appoint appropriate person to Lead the review | Kayrin Murray has been appointed to lead the review for 4 months starting on 1st June | 1/5/21 | Blue | | |
| 2 | Short term plan to mitigate current service risk to be in place | Identify and examine the risks in the service, waiting times and mechanisms to mitigate and determine a plan to be implemented | 20/6/2021 | Green | | |
| 3 | Stakeholder engagement completed | Engage with all key stakeholders to understand current level of service provision and issues | 31/07/21 | Green | | |
| 4 | Assessment of best ways of achieving good outcomes for CYP and families assessed | Assess against best practice, metrics, resource available and stakeholder views. | 31/08/21 | Green | | |
| 5 | Changes to NDAS remit, structure and governance proposed (Business Case) | Remit, structure and alternative governance of Neuro developmental assessment agreed between both NHSH and THC | 30/09/21 | Green | | |
| 6 | Decision | Report published with recommendations to be implemented to address issues identified with Neuro Developmental Assessment | 1/12/21 | Green | | |
| 7 | Implementation plan | Self - Explanatory | 31/12/21 | Green | | |

| Purpose: | | Evaluate The Orchard services to determine better ways of working and identify potential efficiencies | Overall Completion Date | | TBC | |
|----------|---|---|-------------------------|-------|-----------|---------|
| ID | Key Milestone | Description | Date | BRAG | LAST BRAG | Comment |
| 1 | Initial scoping | To understand the problem and financial commitment from THC and NHH | 31/07/21 | Green | | |
| 2 | Business case developed | Dates for subsequent milestones tbc if required after this decision | TBC | Amber | | |
| 3 | Stakeholder engagement completed | Engage with all key stakeholders to understand current level of service provision and issues | TBC | Amber | | |
| 4 | Assessment of service completed | Assess against best practice, metrics and stakeholder views. | TBC | Amber | | |
| 5 | Changes to The Orchard remit, structure and governance proposed (Business Case) | Remit and governance of The Orchard agreed between both NHH and THC | TBC | Amber | | |
| 6 | Decision | Report published with recommendations to be implemented to address issues identified with the service | TBC | Amber | | |
| 7 | Implementation plan | This is dependent on business case approval | TBC | Amber | | |

F.3 Performance Management framework for Child Health services

| Purpose: | | Review and redetermine a range of outcome and performance measures then utilise this | Overall Completion Date | | 1/12/21 | |
|----------|--|--|-------------------------|--|---------|--|
|----------|--|--|-------------------------|--|---------|--|

| | | benchmarked data to determine efficiencies and evidence improvement | | | | |
|----|--|---|-----------|-------|-----------|--|
| ID | Key Milestone | Description | Date | BRAG | LAST BRAG | Comment |
| 1 | Data sets to be reviewed | In order to ensure data is fit for planning purposes | 1/08/2021 | Green | | |
| 2 | THC commissioned health service data set examined | As above | 1/08/21 | Green | | |
| 3 | Integrated Children's Service Plan outcome and performance measures examined | As above | 1/09/21 | Green | | |
| 4 | Health and Social Care outcome and priorities examined | As above | 1/10/21 | Green | | |
| 5 | Service Self-evaluation | As above | 1/11/21 | Green | | |
| 6 | Identification and agreement of new measures based on 1-5 | As above | 1/12/21 | Green | | Approval from HSCW Committee and NHS Board |

| F.4 Children's health service cost efficiencies | | | | | | |
|---|---|--|-------------------------|-------|-----------|--|
| Purpose: | | Ensure governance and effective controls are in place to manage and scrutinise resource and spend across the range of health services for Children and Young People. | Overall Completion Date | | 31/08/21 | |
| ID | Key Milestone | Description | Date | BRAG | LAST BRAG | Comment |
| 1 | Finance working group established | Working group established meeting fortnightly to progress | 31/5/21 | Blue | | Meets fortnightly |
| 2 | Total of CHS budget which currently sits outwith H&SC is identified | Clear identification of CHS spend currently out with the service – primarily this is within the new | 30/6/21 | Amber | | Partially complete – includes salary costs |

| | | | | | | |
|---|---|--|---------|-------|--|--|
| | | Education Service where a number of CHS staff are currently managed. | | | | |
| 3 | Total of CHS non family team budget is identified | This includes the total spend on CHS staff who do not sit in the family team structure but do sit within H&SC – these include A H Professionals/Child Protection Nurses/LAC Nurses | 31/5/21 | Amber | | |
| 4 | Total of Family Team Budget is identified | Examination of the totality of the Family Team Budget | 30/6/21 | Amber | | |
| 5 | Total of CHS spend within the family team is identified | Disaggregation of the CHS Spend within the family team budget and the social care spend | 31/8/21 | Amber | | |
| 6 | Identification of all post which are joint funded by THC and NESH | Consider better ways of working | End Aug | Amber | | £120k for breast-feeding support workers (currently delivered by NESH – CEYPs to have this function added – THC currently has capacity |

| F.5 Equipment Review | | | | | | |
|----------------------|--|---|-------------------------|-------|-----------|---------|
| Purpose: | | Review the disability equipment allocation processes and spend to determine efficiencies | Overall Completion Date | | 1/08/21 | |
| ID | Key Milestone | Description | Date | BRAG | LAST BRAG | Comment |
| 1 | Clear understanding of costs and stock of equipment held and where | Viability of use of an electronic system of stock control clarified or paper system updated | 1/06/21 | Green | | |
| 2 | Defined process and roles and responsibilities | | 1/08/21 | Green | | |

| | | | | | | |
|---|---|---------------------------------------|---------|-------|--|--|
| 3 | Budget for disability beds for CYP agreed and allocated | | 1/08/21 | Green | | |
| 4 | Savings identified and removed from budgets | Unlikely to be savings from this work | 1/08/21 | Green | | |

| G. Workstream Risks | | | | |
|--|------------|--------|-------|---|
| Description | Likelihood | Impact | Score | Mitigation |
| Resistance to change within NDAS means changes not embedded | 5 | 5 | 25 | Ensure stakeholder management and communications plan in place |
| Transformational ideas may not result in savings | 4 | 4 | 16 | Identify savings opportunities early in the planning process along with an agreed approach to removing from budgets |
| Workstreams across the programme require input from the same key senior stakeholders creating pressure on resourcing of the workstreams. | 4 | 4 | 16 | Detailed planning to understand the input required and when. Senior stakeholders to delegate to subject matter experts at delivery stage where appropriate. |
| Lack of shared understanding of outputs and outcomes expected from workstream | 3 | 4 | 12 | Ensure PID is discussed and approved. |
| Pressure to deliver early has negative impact on quality | 3 | 3 | 9 | Ensure PID approved. |

| H. Roles and Responsibilities | |
|--------------------------------------|-----------------------|
| Roles, individuals and Organisations | |
| Role | Name and Organisation |

| | |
|------------------------|---|
| Project Manager | Lynnsey Urquhart |
| Operational Lead(s) | Jane Park, Head of Health THC Caron Cruickshank, Divisional General Manager NHSH |
| Practice Lead(s) | Kayrin Murray PO AHP's THC |
| Finance Lead | Fiona Bremner TCH |
| Partner Representative | Caron Cruickshank, Divisional General Manager NHSH |
| Other | John Robertson Programme Manager |