

Agenda Item	<b>10</b>
Report No	<b>HCW-06-22</b>

**Committee:** Health, Social Care and Wellbeing

**Date:** 10 February 2022

**Report Title:** Programme Update Report

**Report By:** Executive Chief Officer Health and Social Care, The Highland Council and Chief Officer, NHS Highland

## **1. Purpose/Executive Summary**

- 1.1 This report sets out the progress with the NHH/THC Transformation Programme. The report covers first year savings and planning for transformation years 2 and 3 - 2022/23 and 2023/24 and beyond.

## **2. Recommendations**

Members are asked to:

- i. Note the contents of this report.

## **3. Implications**

- 3.1 Resource – There are no resource implications as a consequence of recommendations in this report, but it is necessary to bear in mind the availability of resources to support project.
- 3.2 Legal – There are no legal implications as a consequence of recommendations in this report.
- 3.3 Community (Equality, Poverty, Rural and Island) – There are no implications with regard to community impacts as a consequence of recommendations in this report. However, impact screenings and assessments will be required for all the projects that will be put in place in support of the programme.
- 3.4 Climate Change/Carbon Clever – There are no climate change implications as a consequence of recommendations in this report.
- 3.5 Risk – Risk registers are maintained for the programme as a whole and constituent workstreams.
- 3.6 Gaelic – There are no Gaelic consequences arising from the recommendations in this report.

#### 4. Background

NHS Highland and The Highland Council jointly instigated a transformation programme for the integrated service with the objectives of creating improved outcomes for services users and to identify and deliver efficiencies, cost improvement and a sustainable financial framework for the delivery of services looking to the future. The programme's constituent projects will relate to both adult care services and integrated children's services. Any revisions to the programme and how it is constituted will reflect the need to improve outcomes in terms of service delivery being mindful that the proposed service delivery will be reflected in a strategic plan.

The Committee will recall too that this is a partnership approach and as such any decisions about the delivery of the programme need to be considered by the Joint Monitoring Committee.

#### 5. Introduction

This report summarises: performance against savings targets and progress against planning for the future of the partnership. Central to the future is the role that communities, the third sector and other stakeholders can play in the co-production of services and the health and wellbeing of citizens.

#### 6. Overview of Progress

The table below represents a self-assessment of the progress for the programme based on the following the self-assessment framework shown below:

Red	There are significant issues with the project. One or more aspects of project viability - savings, progress or benefits is at risk
Amber	A problem has a negative effect on project but can be dealt with by the project or workstream
Green	The project is performing to plan. All aspects of project viability are within tolerance. However, the project may be late or forecast to overspend

ELEMENT	RAG Current	Last Reported	Reason for RAG Status
Savings	A	A	The savings position for year 1 is ahead of profile and there is a high degree of confidence that the year savings target will be met. The scale and likely complexity of projects to deliver savings for years 2 and 3 will benefit from having approved project plans in place as early as possible. Consideration maybe required to the governance route for the delivery of savings. .
Progress	A	A	Workshops held between partners were a helpful step in identifying the strategic direction for the programme and a draft vision. Building on this is there is now a need for re- framing the programme learning from co-production across both organisations to date and develop a collaborative, place-based approach to future models of care and support across the Highland region.

#### 7. Transformation and sustainability

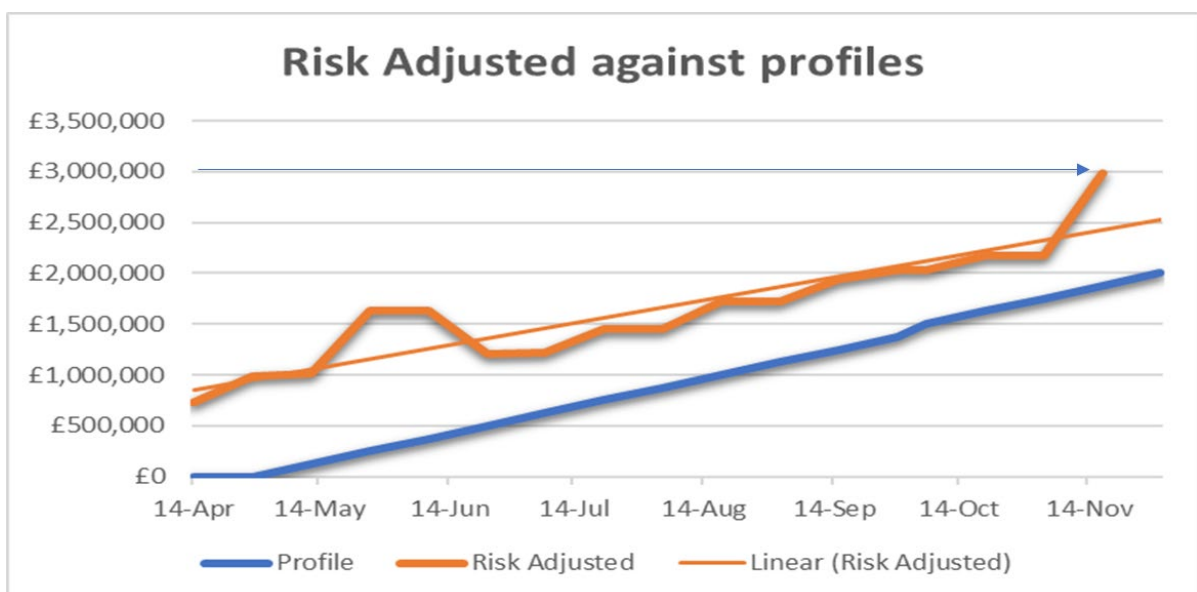
The programme to date has predominantly focused on savings and identifying projects that offer service improvement opportunities with the potential to lead to transformational impact in the longer term. A period of reflection on the current programme is underway now and a draft vision is being developed that provides a way to take forward engagement with communities, workforce, and partners. As part of this reflection, a reframed direction is being developed which will outline the approach to taking forward a dedicated programme of 'Designing Change Together' which aims to build on learning from co-production across both organisations to date and develop a collaborative, place-based approach to future models of care and support across the Highland region. This proposal will be taken forward separately to service improvement and cost saving work and will be shared with the committee to consider and offer feedback on the revised focus, approach, and structure.

## 7.1 Savings 21/22

The intended approach was to deliver savings in the early part of the programme through cost efficiency measures and as the programme progresses to identify new ways of working and opportunities for further efficiency through transformational change. A savings target of £3m for year 1 was agreed by the board on the 19<sup>th</sup> February 2021, for this target the greater the proportion of savings which are recurrent the better.

To deliver against the target in year one the Residential Transformational Programme and ASC Cost Improvement Programme workstream has for the early part of the year been focusing on cost efficiencies and has been delivered by NHS Highland. This workstream is looking at the entirety of the Adult Social Care Budget for savings in year 1 with a savings target of £3m.

The progression against year 1 savings is shown in the graph below. The risk adjusted pipeline total is £2.983 m. There is a further £309 k of savings identified to be delivered in the remaining months of the financial year and this is with a high degree of confidence meaning that the savings target for year 1 will be exceeded. All these savings have been delivered through the cost improvement element of the ASC Workstream. The majority of these savings - approximately 90% - are non-recurrent.



## 7.2 Transformation and Savings Years 2 & 3

For the second year of the programme, cost efficiencies will still form part of the totality of savings delivered but on a reducing basis given the emerging, iterative nature of transformation. Thereafter to ensure that there are recurrent savings and that better outcomes for service users are delivered, there is a need for transformative projects to be identified and developed. Four workstreams have been created to undertake the task of identifying, developing, and delivering these projects.

As the programme stands, workstreams continue to progress. These workstreams will be reviewed as part of the programme reflection period to understand the pathway – e.g., savings, service improvements, transformational way of working.

<b>Workstream Area</b>	<b>Lead</b>	<b>SRO</b>
Community Led Support	NHS	Tracy Ligema
Transitions – Younger Adults with complex needs	THC	Fiona Malcolm
Residential Transformation and Cost Efficiency	NHSH	Simon Steer
Integrated Children’s Health Service	THC	Ian Kyle

The review will be considered by the Joint Monitoring Committee and reported to this Committee.

### **7.3 Community Led Support**

Community Led Support seeks to change culture and practice in social care so that it becomes community focused on and built around the person in the community. In doing so it will better match provision to need and reduce unnecessary handoffs and an overreliance on statutory responses. Consequently, there will be a focus on the community support which is available. Such an approach will require new approaches to referral and assessment. Three pilot areas have been identified which will inform a broader implementation of the community led support ethos. These are Fort Augustus, Nairn, and Caithness.

In these pilot areas local CLS action plans are being implemented which will:

- Develop financial and activity baseline
- Map local assets creating or adopting resource directories
- Strengthen links with 3rd sector to develop these
- Revised referral and assessment process including standards
- Provide training on new assessment models

Progress with the action plan implementation in the pilot areas has been slow due to the operational pressures of the pandemic but the overall feeling from the teams on the ground is positive with good engagement from our partners. Each of the pilot areas have a delivery schedule in place and have identified venues & staff for the hubs. We will be submitting a business case to ask for £660 for the Outcome Star yearly licence. Outcome Star is the tool that staff in the HUB’s will use to support and evidence effective conversations. This yearly cost will need to build into the areas action plans we will ensure this is captured during the evaluation process. The pilots will be evaluated In July 2022 and plans adapted prior to rollout across Highland.

## **7.4 Transitions – Younger Adults with Complex Needs**

### **Transitions**

Significant progress has been made with the project. The Project Team has representation from both NHSH and THC and both operational and strategic roles have agreed a transitions pathway that supports the best outcomes for the young persons involved. Roles and responsibilities, (including financial responsibility) have been agreed and the refreshed pathway is currently being reviewed by the Transitions Team and the District Teams who will lead on these cases. The teams have been asked to provide feedback at the start of the year, which will be used to make any refinements necessary, along with informing the training, support and communications requirements of the business change plan. A revised financial protocol has also been discussed and will be escalated in the New Year for approval.

### **Housing**

A successful workshop was held on 10th December with a wide representation from NHSH, THC as well as a number of third-sector providers and advocates for supported people and their families.

Discussion was varied and covered what are considered the most challenging problems in housing young people with complex needs.

The team agreed on a number of projects to take forward. These are:

- 1) Identify isolated tenancies or clusters and agree a plan to consolidate and make more efficient use of both buildings and support
- 2) Housing/Adult Social Care planning and processes – how can we work better together and improve the experience of customers?
- 3) How do we provide accommodation and support solutions to individuals in complex needs that are experiencing crisis?
- 4) Joint commissioning of a facility and supporting services for young people with complex mental health and/or disability and is suitable for ages ranging from 16-30.

Next steps for this workstream are to complete project mandates and business cases in order for the Programme Board to approve.

### **Shared Lives**

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 and much better geographical spread of support across Highland.

## **7.5 Integrated Children's Health Service**

### **IT Transformation Programme**

Further to the Digital Imperatives consultation commissioned by NHSH E Health in early 2021, The Highland Council have worked with NHS Highland to progress digital solutions to support more efficient and effective ways of working and which better meet post pandemic need. This consultation will inform the transformation project for E Health for the commissioned health service. It is anticipated that opportunities will be

presented through the transformation of a more joined up approach to E record, policy and systems sharing.

### **Neuro Developmental Service**

NDAS is a joint agency, multi-disciplinary assessment process for children with neuro developmental need. In response to rising assessment waiting times, a review of the service was commissioned as part of the programme workstream. The review centred on:

1. Listening to the voices of children and young people.
2. An evaluation of systems, processes and data for the service in Highland
3. A review of the national specification (the review was completed in October 21 with the drafting of a final detail report, summary and report for C&YP).

#### Key findings

- There are currently 500 children waiting to be seen with around 200 in the assessment process. There are almost 40 different professionals across 4 disciplines over Highland contributing to the assessments at any given time. Some multi professional assessments can be completed in just a few contacts whilst the longest wait until diagnosis is recorded as 4 years
- Family's priority is for improved communication during the assessment process
- There could be better use of skill mix
- Systems and processes need streamlined
- Pathways into and through NDAS don't necessary join well with the GIRFEC process.
- The Highland picture is comparable to the rest of Scotland
- Models were examined across the UK and Europe however it is clear that one size doesn't fit all in terms of lifting to Highland need.
- Need for a whole system approach which takes account of wider workforce, processes, assessments, education etc

#### Next steps include

1. Clinical, Service and Financial governance of the assessment service needs to be secured. This includes the identification of a leadership position to implement key changes across systems, processes, and the workforce.
2. Waiting list initiative needs to be progressed to address the backlog. This would be through the use of an external provider therefore there would be resource implications
3. Implement a test for change, using SG funding, using the key worker model This supports the findings of families who need better communication through the process.

### **Children's Health Service Cost Efficiencies**

The integration of budgets across Health and Social Care enabled flexibility, efficiency, and effectiveness in targeting all support to achieve the agreed outcomes as articulated in Highland's Integrated Children's Service Plan. A number of the commissioned health service budgets currently sit within the family team integrated budget. The vast majority of the commissioned health service budget is for staff. Following service redesign, budget lines will be applied within Health and Social Care. It is anticipated that this process will identify where the integration of budgets will provide greatest opportunity for the delivery of effective, efficient, and safe services.

## **8. Programme**

The refreshed proposal to be put to the Joint Monitoring Committee is likely to offer a perspective on separate pathways for the components that the programme has focused on to date – savings, service improvements and transformational ways of working. The proposal will focus on the ‘transformational’ component with an emphasis on building relationships and trust with communities and taking forward a place-based approach through a co-production process. That work which is part of the workstreams outlined above in relation to Community Led Support and the workstreams – Shared Lives, Housing, etc - will link in with the ongoing work led by the Joint Monitoring Committee to develop a Strategic Plan for Adult Care Services. The approach to co-production will be outlined in the proposal. Discussion on pathways for the service improvement and cost savings aspects will be required.

The first part of that work will be to engage on the draft vision informing the Strategic Plan and this will tie in with developing a 3-year strategic plan for the health and social care partnership for integrated adult services.

## **9. Governance Development**

A revised governance structure will need to be considered if the proposal to refresh the current format of the delivery of the work outlined above and to date delivered by the programme is to be supported.

Designation: Fiona Duncan, Executive Chief Officer – Health and Social Care  
Louise Bussell, NHSH Chief Operating Officer

Date: 27 January 2022

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