Item 5.4

Report

Transformation and Change – Developing the Edinburgh Model
Edinburgh Integration Joint Board

8 February 2019

Executive Summary

1. This report sets out proposals for the further development of the Edinburgh Integration Joint Board's (EIJB) transformation programme and seeks agreement to ring-fence funding from within Integration Joint Board (IJB) reserves to support this ambitious programme of change.

Recommendations

2. The Integration Joint Board is asked to:

   i. Agree the case for change as set out in this paper and to the direction set out for transformation and change within the Edinburgh Health and Social Care Partnership (EHSCP);

   ii. Agree to ring-fence £2m non-recurring funding from reserves to support and fund the change programme;

   iii. Task the Chief Officer with developing further the programme structure and programme support as outlined in the paper;

   iv. Note that the governance reporting of this programme will develop in parallel to the wider IJB governance development agreed at the IJB meeting on the 14th of December 2018; and

   v. Agree regular updates on the development of the programme.

Main report

Introduction

3. It is widely acknowledged that we face unprecedented challenges to the sustainability of our health and care system: resource availability cannot continue to match levels of demand; the population is ageing, and we are facing a

reduction in the working age population which compounds the challenge in workforce supply as never before in recent memory. It is clear that our health and care system must change and must find new ways to meet these challenges. Health and care integration must be a key mechanism to address this.

4. Locally, we know we need to increase the pace and focus for our transformation and change efforts as a Health and Social Care Partnership (HSCP) to address some pressing areas of underperformance – Delayed Discharge, people waiting for care, assessment, and review. But, even more importantly we must increase our efforts as they relate to the wider change in demand, demographics and to create and build a sustainable, high quality health and care system for the future in this city.

5. We have an opportunity to recast our offer to the public as an organisation and shape our services to be fit for the 21st Century. This will involve us thinking and acting in radically different ways and in reframing our relationship with the public, our partners, and our staff to deliver a new Edinburgh model of care and support across the city.

6. The IJB is ambitious and supportive of this agenda. This paper builds on the planning work to date and sets out proposals for a streamlined programme structure for delivering real transformation, proper involvement of our partners and stakeholders, alongside a refreshed decision making and governance process that will enable and ensure decision making at the right level and for clear escalations of decisions that can and should only be made at the IJB. There is an opportunity now to ensure alignment of this transformation with our Strategic Planning ambitions and the next iteration of the draft Strategic Plan.

7. Overall the ambitious aim is to improve outcomes for people and communities and to reshape a health and care system fit for a sustainable future.

Key Aims and Ambitions

8. It can be useful, in refocussing our work, to recall the intent and purpose of the policy and subsequent legislation which brought about the integration of health and social care, Integration Joint Boards and Health and Social Care Partnerships.

9. Far more detail is set out in the legislation and guidance but, summarised, the integration of health and social care was set out to reshape and rebalance the whole health and care system in Scotland, with a specific vision. This was, that by working together and collectively we would be able to create new and sustainable services which keep people independent and well for as long as possible and, where services are needed, they are delivered at or as close to home as possible and are sustainable within a reducing public finance envelope.

10. It was recognised that we face unprecedented change in our health and care system; budgets are under pressure; the population is ageing, and we are facing a reduction in the working age population which compounds the challenge in workforce supply as never before in recent memory. Our health and care system must change and must find new ways to meet these challenges. Health and care integration is seen as a key mechanism to address this.

11. IJBs were set up in order to change the patterns of behaviour, planning and delivery across health and social care and, in large part, to achieve change through a more disruptive approach; deliberately setting strategy, planning and then, utilising delegated budgets directing and commissioning the NHS and Local Authority Partner organisations toward delivering more joined up, community-based models and in doing so, utilising resources 'locked' in traditional silos.

12. Key to delivering these changes is a different approach to working with people, communities, and the professionals within our organisation. We must focus on reducing and reshaping demand, improving people's health, wellbeing, and independence and in supporting professionals and teams to work in a far more joined up and integrated approach than we have ever achieved before. Audit Scotland in its report *Health and Social Care Integration*[i] emphasises the significant shift in the delivery of services required of Integration Authorities toward wellbeing and preventative approaches and shifting care from being hospital based toward the community-based services.

13. We now have an opportunity, in Edinburgh to create a health and care system that's fit for the future and which supports a radical shift in our relationship with the community and which enables and delivers a deeper partnership with our communities and our 3rd and independent sectors. In doing this we need to unlock the resources that are 'stuck' in outmoded forms of institutional care and enable this to be spent on community facing and embedded care and support models. In doing this, we create the capacity for change, a fairer distribution of resources and a more sustainable future for health and care in Edinburgh.

Need for Change

14. The case for integration has been set out in detail in the range of guidance and the economic case which accompany the legislation. The national challenge is also clear:

- Around 2 million people in Scotland have at least one long-term condition;
- 1 in 4 adults in Scotland has a long-term illness or disability;
- People in Scotland are living longer, but more of those people over the age of 75 are living with at least one long-term condition and/or significant frailty; and

- Overall the population of people over the age of 75 is expected to increase by 63% over the next 20 years[ii].

15. The Scottish Government estimates that the need for health and care services will rise by between 18% and 29% between 2010 and 2030. Coupled with a shrinking working age population and the known workforce supply challenges, it is clear the current model of health and care cannot be sustained and that it must change. The emphasis of change is toward more preventative and anticipatory approaches and those that are increasingly community-based with acute services being used only when there is no alternative and for as short a period as necessary and safe.

16. Audit Scotland undertook an early review into the changes being brought about through the integration of health and social care in its paper of March 2016. The report; *Changing Models of Health and Social Care*[iii] set out the challenge of increasing demand for services and growth over the next 15 years in Scotland. Among the pressures identified in this were:

- A 12% increase expected in GP consultations;
- A 33% increase in the number of people needing homecare and a 31% increase in those requiring 'intensive' homecare;
- A 35% increase in demand for long-stay care home places; and
- A 28% increase in acute emergency bed days and a 16% increase in acute emergency admissions.

17. These are all areas that we recognise in Edinburgh and our strategic planning work and this transformation and change programme need to consider our need to address these pressures. But we do so against a context of local challenge:

- Increasing pressure in primary care and an ambitious programme of development under the new General Medical Services Contract and our Primary Care Improvement Plan;
- Increasing demand for home care as we develop a future model alongside workforce supply issues in relation to recruitment and retention in the care market. In Edinburgh we have significant and well publicised challenges in availability of home care largely driven by the high cost of living in the city and the generally buoyant economy and jobs market. This has contributed to the challenges we have faced in areas of poor performance around delayed discharge and long waits for care in the community for people;

- Increasing demand for care home places but more beds closing and care homes reporting significant fragility in their operating model;

- Challenge of realising any efficiencies achieved from reducing bed days as we remain an over consumer of these services due to the number of beds days lost to delays.

18. The Audit Scotland report went on to say that based on these estimated increases in demand, the Scottish Government would need an increased annual investment of between £422 and £625 million in health and social care services in order to keep pace. That level of increased investment is simply not available. However, it is against this backdrop of increasing demand and decreasing budgets that the EIJB has had to develop its Strategic Plan and its transformation and change programme.

19. Transformation and change is necessary to make an impact in several directions:

- Absorbing these expected increased demands in the short to medium term with no corresponding increase in base budgets;

- Creating a significant shift in the balance of care and shift in the way people access advice, support, and services to continue to deliver within a reducing budget and with recognised workforce supply challenges;

- Activities and change to reduce demand, increase preventative approaches and promote resilience and wellbeing in the medium to long term;

- Improving people's experience of health and social care services and their health and wellbeing outcomes;

- Changing and developing a new culture within a brand-new organisation and in doing so create new roles, teams, and functions to enable us to meet the challenge;

- Improving the partnership's performance against local and national outcome measures; and

- Development and delivery of savings and efficiency programmes that ensure duty to balance the overall budget at year end.

20. In making these decisions and in taking forward these plans it must also be recognised that change at this scale and development of new models will take time. We may be rightly ambitious to make improvements quickly and in some areas we will. However, we must also be realistic regarding timescales to achieve the scope of change we plan.

21. Change at this scale and at the pace we want to achieve will require dedicated capacity alongside our professionals', teams' and partner engagement and leadership of the programme and its key projects.

22. In doing this, we have an opportunity to bring together and streamline the significant work that has taken place in the EHSCP over recent months and develop a single programme platform to include:

- Delivery mechanism for our Strategic Commissioning plans and ambitions;
- Improvement planning following the joint Inspection report for Older People's Services and associated action plan;
- Financial savings and efficiencies programme.

Key Performance Impacts

23. In the short term, we wish to make clear and sustainable impacts in areas of our current poor performance. Specifically, we know we need to:

- Reduce the number of people delayed in hospital when fit to go home (Delayed Discharge) in time we want to significantly reduce delayed discharges and be ambitious to meet standards around people getting home within 72 hours of being medically fit for discharge;
- Reduce length of stay and bed days lost to delays;
- Reduce unplanned admissions and re-admissions into acute hospitals;
- Reduce number of people waiting for an assessment and the length of time people wait for an assessment – in time we want waiting lists to be a thing of the past through new approaches to the 'front door' and by front loading our first contact with people into an intervention;
- Enable appropriate care capacity to meet needs with timely reviews to ensure we do not over provide for some, and thus be unable to provide for others – **in time we want to work differently and reviews of where people are will change;**
- We want a highly engaged, motivated, and supported workforce, able to utilise the full extent of their professional training and skills. We want to support and nurture high functioning teams that make the most of the skills across this organisation.

Planning to Date

24. A great deal of work has taken place and some of our market shaping ambitions are already set out in the Outline Strategic Commissioning Plans. While these are very useful in setting out our intentions in relation to the sorts of services we will wish to procure across condition specific groups, they will not, as and of themselves, deliver the scale and breadth of transformation we require in our system to both improve current levels of performance, and reshape and transform for the future

25. To that end we must reframe our planning to date within a wider programme of change and set out the investment and resource necessary to deliver this. Finally, we must set out the activities and actions under each and the anticipated impact and measures.

The Approach

26. The proposals for transformation and change within health and social care should be set out against a framework of best evidence of what works in changing health and social care and within principles for best practice in the planning and implementation of new care models. Having said that we must also recognise that there is a dearth of evidence of what works in health and social care integration and as such we need to take a pragmatic approach, using evidence where available but taking managed risk in areas where there is less evidence or in terms of testing good ideas.

27. Principles and approaches set out in the Audit Scotland report '*Changing Models of Health and Social Care'* - Learning from the use of the previous *Reshaping Care for Older People* Change Fund is useful here and the model set out there suggests a focus on:

- Development of a clear business plan detailing timescales, resources, costs, and estimated savings/efficiencies;
- A smaller number of significant models in priority areas and do these well, rather than trying to change too many things at once;
- Allowing sufficient time to test new ways of working and to gather the evidence of what works; and
- Basing models around small, local areas or clusters with groups of staff that know the local population.

28. We propose simplifying our overarching strategic vision and aligning current change and improvement work to a simplified and re-cast programme management approach.

29. This approach – the "3 Conversations" – engages our citizens in a clear and consistent relationship based upon the offer we are able to make alongside their own engagement and investment in their own health and wellbeing (where possible). It aims to establish a co-productive relationship in supporting wellbeing and reducing dependency on the health and care institutions and focus the resources within the system to those who most need them.

30. It is proposed that this '3 Conversations' model is adopted and that this used as a framework for radical, transformative change. In its application, the 3 Conversation model sets out a way of services working with people at the earlier possible point, thereby minimising the need to move further into the system with the intent to support – where possible – the individual to achieve early independence from services and therefore reduce the likelihood for more resolve.

31. The elements to the models are:

    1. Conversation 1 – Listen and Connect

    This element focusses our efforts in relation to Wellbeing, Prevention and Independence, Access and Community Capacity Building.

    2. Conversation 2 – Intensive Work with People in Crisis

    This is where we focus our short term, acute and reablement efforts with people. We will align this with our development of Acute Care at Home and in respect of change work in relation to intermediate care, and our bed base across the City.

    3. Conversation 3 – Build a Good Life

    In this work programme we will develop and further our activity in relation to longer term care and support, complex care and support needs, longer term accommodation and bed-based care as well as opportunities for new housing and support models.

Programme Governance and Structure

32. **Appendix 2** sets out a proposed programme structure with current and future workstreams and enablers mapped across it. Programme Boards will be set up under the senior leadership of a member of the EHSCP's Executive Team and a principle of engagement and participation with partners in the 3rd sector, professionals and clinicians, independent sector, and others, as appropriate – this is shown in **Appendix 1**. Given changes proposed following the review of the IJB's governance as set out in the Good Governance Institute report agreed at the December 2018 IJB, consideration will be given as to appropriate reporting and scrutiny of the programme.

Future Vision - 2020

33. The EIJB Strategic Plan has been reviewed and the Change and Transformation Programme will also be subject to ongoing review and evaluation. However, we must set an agreed direction of travel and a programme that will grow in momentum toward a vision for 2020 and beyond. Some of this is set out in the short and medium-term plan approved by the IJB in May 2018 but a recast of this is proposed here that refines statements of our ambitions and sets out realistic and achievable metrics for improvement.

34. The vision must build over time and upon our ambitions set out in the initial Strategic Plan and any revisions of this;

- We must redouble our efforts to improve **outcomes and experience** for people and we will strive to continue our **performance improvement** impact;

- We will focus on the **cultural change** required in line with our integrated approach and building on shift toward **community-based services, fully integrated teams** and the sorts of **good conversations** and **good relationships** that create and support **high performing teams;**

- This will be delivered through our **Locality Based Approach** and we will build on our approaches to truly integrated working and ensure these are fit for purpose, add value and are simple to access for citizens, and operate in for professionals and clinicians. These will ensure our offer and input is asset based, focussed on independence and wellbeing, and is predicated on supporting people to live at home or in a homely environment for as long as possible;

- We will have a clearly set out plan across those services that we deliver in house and the added value we gain from the higher cost of their delivery. Specifically, we will set out clear parameters and criteria for the use of **in-house home care** being focussed on areas of pressure for people and our partnership. This may support initial **care and support at home on discharge from hospital for people with more complex care** which in turn, will support more stability within external partner provision and reduce emergency readmissions to acute hospital care;

- Our **Locality Leadership** will be working in a co-productive way with communities and neighbourhoods and our third sector partners, supporting approaches to building **community capacity and resilience** that will support us in increasing community-based solutions to increasing demand, social isolation and availability or alternative supports;

- Recognition that services will be supporting a very different population at home with increasing levels of complexity and frailty – as such our community services – especially our **Hospital at Home** model – will be evaluated at scale and proposals for its sustainability come to the IJB;

- Related to this and our ongoing and significant improvement in use of Acute Services we will make more **efficient use of the Acute Sector** and only those with acute medical needs that cannot be cared for in a community setting occupying an acute bed. We will continue to work to prevent admission, divert referrals and ensure speedy discharge for those admitted for treatment and who are ready to go home. In doing so we will be able to **realise the efficiencies we have created and utilise the large set aside budget** toward investing in and sustaining community-based health and care capacity;

- Our **Community Links Worker** programme will be evaluated and be making a difference in supporting people who may otherwise utilise GP or other healthcare or statutory services. We anticipate this impacting loneliness and isolation; supporting our ambitions to signpost people to community services or other forms of community and self-support; and supporting greater family and personal resilience as well as reducing reliance on public services. This will be of benefit in our most **disadvantaged communities**;

- We will consider and review our approach to **Technology Enabled Care (TEC)** ensuring that more people can access this preventative support and stay at home safely. Coupled with this we will continue in our work to identify safe and effective approaches as an alternative to sleepovers;

- There will be a continuing relationship with housing colleagues both within City of Edinburgh Council and with our Registered Social Landlords and we'll develop **housing approaches** to meet the needs of people with complex needs in our communities. This will continue the work we've started on **repatriating those with complex needs** who are cared for out of region and support us in managing a good transition across Children's Services and into Adult Services for young people;

- Our **Localities** will have matured and developed and we'll be realising the benefits of single teams, reduced duplication and streamlining of effort. Teams will be better able to predict need, prevent crises and manage people with more complex needs within the skill mix and resources available in the locality;

- Our **Strategic Plan** and our work with **3rd and Independent Sector Providers** will recalibrate our relationship with providers of care across

the City. We will be working in a more co-productive way with them on the development of our next iteration of the care at home contract and through this maximising **re-enablement approaches, locality commissioning opportunities and self-directed support;**

- We will review our **bed base** within the health and social care partnership, ensuring that the care home service we provide and those within our (non-acute) hospital base are at a level we need and where we need them;

- We will continue to develop new approaches to **Primary Care** and deliver the IJB's vision for a long-term programme of change, delivering a modern, resilient model with a multi-professional, integrated approach, underpinned by greater collaboration and delivery at locality level and underpinned by **technological solutions, predictive and anticipatory approaches, and prevention**

35. While doing all of this we will continue to build the IJB's confidence, capability, and risk appetite to ensure good, robust governance, strategic direction, performance management and scrutiny, putting in place actions in response to the recent governance review.

Resources

Programme management team

36. This transformation represents a significant shift in the paradigm of our "offer and delivery" of health and social care services. Consequently, a change of this scope and scale will need resource to deliver. It's clear that a huge amount of activity is currently underway but also clear that there are some gaps in the project support in place.

37. Overall it is also suggested that there is a gap in leadership and management of this as a *programme* of work that is as a unified, holistic entity made up of many projects, but focusing on the wider agreed objectives of the IJB and our strategic plan. Linked to this, there is a lack of clarity in terms of how significant pieces of work are scoped, proposed, approved, planned and the resources and Executive decision-making support programmed and provided.

38. Significant inroads are also required in relation to delivering a sustainable service model and organisational size and structure in response to the ongoing financial challenges facing the partnership and focused effort and support in savings and change programmes will accelerate our ability to deliver plans.

39. A more detailed plan is in development pending the IJB's formal agreement, however this paper seeks the IJB's agreement in principle to ringfencing £2m of its reserves and to earmark this for the delivery of the change and transformation programme as set out in this paper. If approved this resource will support the

following activities and infrastructure as well as create capacity for further innovation across the programme:

- Programme Management support;
- Evaluation and analysis support;
- Engagement and participation;
- Governance support and development in line with agreed governance review;
- Infrastructure for tests of change;
- Tests of change utilising technology – capacity, capability and equipment; and
- Support for organisational development and culture change.

Delivery Support

40. Our support to deliver on a wide and complex change and savings programme is drawn currently from across the partnership and our partner agencies; the Council and NHS Lothian (NHSL). There is no single team and no clear programme management approach or governance. Coupled with this, change leadership and project management has been given to some of our operational managers at a time of wide ranging operational change and churn. Combined, this presents a twin challenge of lack of both leadership of change capacity, and reduced focus on the operational support to improve performance and address gaps in delivery. Finally, we have further recommendations from the Joint Inspection review visit to address which will also require focus within the context of the wider change and challenges set out above.

41. All of this is under review by the Executive Team as part of the recasting of the transformation plan and reviewing our operational delivery however it's clear from an overview of this that it's not a satisfactory position to be in if we want to deliver change at the scale and pace we do.

Governance

42. As set out above there is an opportunity to refocus the governance structure around a clear programme approach, evaluation model and appropriate resources.

Key risks

43. There is a risk that the IJB's approach to change and transformation is not delivered at the pace required to deliver a sustainable future model of care and support in Edinburgh.

Financial implications

44. The Board is asked to agree a use of some of its reserves to fund this transformation programme. The implication of not funding is linked to the risk set out at 43 above – non or only partial delivery of the IJB's ambitions and savings programmes.

Implications for Directions

45. The IJB will be asked to set a Direction or Directions in relation to changes as a result of this programme. There are no Directions required as an immediate result of this paper.

Equalities implications

46. The programme proposed aims to improve people's health and wellbeing and impact health inequalities.

Sustainability implications

47. The programme supports a shift toward a more efficient health and care service and would be anticipated to have a positive impact on the sustainability of the organisation as well as develop services within a community setting and closer to home.

Involving people

48. The programme would develop clear engagement and participation plans as work progresses and develop co-productive approaches with people, neighbourhoods, and localities.

Impact on plans of other parties

49. The programme will be a positive addition to wider planning across Edinburgh and the Lothians in its focus on early intervention, prevention, wellbeing and people's positive experience of health and care services.

Background reading/references

Health and Social Care Integration, Audit Scotland, December 2015 Finance Committee. 2nd Report, 2013: Demographic Change and an ageing population. Scottish Parliament 2013

[1] *Changing Models of Health and Social Care, Audit Scotland, March 2016*

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Appendices

Appendix 1	Draft Programme Scope
Appendix 2	Draft Programme Structure

[i] *Health and Social Care Integration*, Audit Scotland, December 2015
[ii] Finance Committee. 2nd Report, 2013: *Demographic Change and an ageing population.* Scottish Parliament 2013
[iii] *Changing Models of Health and Social Care,* Audit Scotland, March 2016

DRAFT SCOPE OF EHSCP TRANSFORMATION PROGRAMME

Appendix 1

8 February 2019

Scope of Programme

- The following slides set out the draft, high level scope of the revised transformation programme
- It is intended that the overall transformation programme be divided into 4 distinct programmes; 3 of these aligned to the stages of the 3 Conversations model and one to address required enablers and cross cutting areas of work
- It is anticipated that this will be a 3 – 5 year programme of change and much work is required upfront to create the resources, structures and culture for success
- Further work is in development, subject to IJB agreement to further define the detailed scope of the programme and plan its delivery
- Work will also take place to finalise membership of the governance boards, to ensure active participation from all key stakeholders

Programme Name: Conversation 1 – Listen and Connect (Access, Wellbeing and Prevention)

Implement a range of wellbeing, early intervention and prevention projects to help build individual and community capacity and resilience and to support individuals to live independently whilst avoiding the need for formal, traditional services. Review and improve access pathways, including redesign of the Social Care Direct model and improved web and digital access.

Projects and Workstreams	WELLBEING AND PREVENTION • Production of an overarching prevention strategy • Full review of grants programme and future approach • Development and implementation of the Carers' Strategy • Review of Family Group Decision Making and options to mainstream	NAVIGATING SERVICES • Develop and roll out accurate and complete community directory • Full review and redesign of "front door" access, including Social Care Direct model • Develop and roll out new digital access options

Programme Name: **Conversation 2 – Work Intensively with People (Crisis Intervention, Short Term and Acute Services)**

Programme will initiate and deliver a range of project activity which will strengthen the operation of the locality hubs, improve pathways from acute to community, enable more effective models of acute and short term care and improve interventions and outcomes for those in crisis.

Projects and Workstreams	COMMUNITY BASED CRISIS MANAGEMENT • Review of the hub operating model • Review of the Hospital at Home service • Review of community based crisis management teams • Alignment to the Flow Centre • Review and redesign of Gylemuir operating model • Review and redesign of palliative care approaches	HOSPITAL BASED CRISIS MANAGEMENT • Review of existing hospital based crisis management • Roll out of "discharge to assess"

Programme Name: Conversation 3 – Build a Good Life (Long Term Care, Complex Care, Accommodation and Bed Based Care)

Programme will oversee delivery of the Long Term, Complex and Bed Based programme, aligned to Conversation 3 in the "Three Conversations" model and to deliver a range of project activity which will improve the capacity and quality of ongoing care options and deliver better outcomes for service users.

Projects and Workstreams	SUPPORTING PEOPLE TO LIVE AT HOME • Review of care at home contract arrangements • Redesign of efficient assessment and review based policies, processes and ways of working • Development and implementation of overarching strategy for night time support services • Review and redesign of key internal services, for example, day care, home care and respite	SUPPORTING PEOPLE IN BED BASED CARE • Completion of a strategic bed based review setting out future requirements and plan • Review and redesign of internal care home model • Completion of phases 2 and 3 of the Royal Edinburgh masterplan

Programme Name: Cross Cutting Enablers

Programme will ensure that key infrastructure is in place to support the delivery of the Edinburgh Health and Social Care Partnership transformation and change programme. This will include the delivery of cross cutting, enabling projects which will implement improvements in relation to workforce and organisational development, IT and data, finance and business support and key business processes.

Projects and Workstreams	DIGITAL TRANSFORMATION • Development and roll out of a business digital strategy • Development and roll out of a technology enabled care strategy, as a key enabler of prevention • Data improvement project, to include data cleansing and compliance and development of new business operating processes	WORKFORCE, CULTURE AND ORGANISATIONAL DEVELOPMENT • Development and roll out of overarching workforce strategy and plan • Development and delivery of organisational development programme • Workforce redesign, including potential introduction of flexible, generic roles	FUTURE FOCUSED HOUSING • Programme of work with key partners to ensure housing models fit for the future CHARGING POLICY • Development of a new strategic approach to charging for services

Appendix 2 - Proposed Programme Governance Structure