



Integration Joint Board

22<sup>nd</sup> September 2016

This Report relates to  
Item 12 on the Agenda

# Stewartry Locality – Progress Report

*Paper presented by Stephanie Mottram*

*For Noting and Discussion*

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<b>List of Background Papers</b>	
<b>Appendices</b>	Galloway Gateway Project Summary (Appendix One)

## SECTION 1: REPORT CONTENT

<b>Title/Subject:</b>	Stewartry Locality – Progress Report
<b>Meeting:</b>	Integration Joint Board
<b>Date:</b>	22 <sup>nd</sup> September 2016
<b>Submitted By:</b>	Stephanie Mottram, Stewartry Locality Manager
<b>Action:</b>	For Noting and Discussion

### 1. Introduction

- 1.1 This Report provides an update to the Integration Joint Board (IJB) on the early progress being made in Stewartry to deliver the commitments set out in the Health and Social Care Locality Plan (2016-2019). The Report highlights the work being undertaken in respect of implementation of the Locality Delivery Plan for Year 1 (2016/2017).

### 2. Recommendations

- 2.1 **The Integration Joint Board is asked to:**
- 2.2 **Note our approach, progress to date and our key challenges going forward.**

### 3. Background

- 3.1 Following on from the launch of the Health and Social Care Locality Plan in April 2016, priorities have now been agreed and the Locality Delivery Plan (Year 1) has been developed in accordance with these priority areas. The Locality Delivery Plan is a “dynamic” document and has been developed in partnership across all 4 sectors (Health, Local Authority, Third and Independent Sectors). The plan will be reviewed on a quarterly basis to respond to new information about the needs and aspirations of local people and regional identified priorities (for example forthcoming Joint inspection Report on services for Older People). A structured programme approach has been adopted by the Locality to ensure successful implementation of the Delivery Plan. The Locality Planning and Improvement Group (LPIG) will oversee the programme of change.
- 3.2 The agreed priorities for Year 1 (2016/2017) are as follows:
  - Sustainable clinical model for in-patient services
  - Reducing delays in the system (patient flow, care and support pathways)
  - Embedding multi-disciplinary team working across the partnership

- Co-ordinated Health and Well-Being Support
- Community assets (planning and resilience)
- Workforce support and development
- Prescribing
- Supporting General Practice
- Housing (adaptations/equipment)

3.3 Six workstreams have been set up to take forward the action planning in relation to the above priorities:

- Cottage Hospitals
- One Team
- Health and Well-Being
- General Practice
- Housing
- Workforce

3.4 Each workstream has been provided with a draft project plan outlining the key aims and objectives which will support them with their detailed action planning. In addition, there are key considerations threaded through the workstreams as follows:

- Carers
- In-equalities
- Technology
- Regional Planning and priorities
- Participation and Engagement
- Quality and Performance
- Resources

### 3.5 Participation and Engagement

To ensure meaningful participation and engagement continues to take place across the Locality, each of the workstreams are required to develop a robust communication and engagement plan for their respective areas. This will be tailored to the nature of the workstream to ensure all relevant key stakeholders (eg staff, service users, families, carers, communities) are involved in planning and development of services. This approach has been signed off by the Scottish Health Council.

## 4. **Main Body of the Report**

4.1 The following section provides an overview and progress to date on the workstreams;

### 4.2 Cottage Hospitals

Aim: Develop Cottage Hospital Strategy

There are currently 2 Cottage Hospitals providing in-patient services within the locality, Castle Douglas (19 beds) and Kirkcudbright (12 beds). A scoping exercise

is underway to develop a list of sustainable service delivery options for appraisal which will inform and align with regional work in relation to developing our Cottage Hospital Strategy.

Running parallel to this work will be development of alternative community models which will enhance and complement the in-patient service provision.

#### 4.3 One Team

Aim: Develop and embed Multi-Disciplinary approaches across the Locality

We are currently reviewing our MDT processes across the Locality and whilst there is good practice evident, the pace and frequency is not conducive in reducing delays in the system, meeting individual outcomes and the most effective and efficient use of resources.

We have begun testing a Multi-Disciplinary Hub at Gardenhill. The Hub consists of representation from Social Work, Nursing, AHP (Allied Health Professional), STARS (Short Term Augmented Response Service), Social Prescribing, Mental Health, Patient Flow Co-ordinator.

The first test of change is underway with the Hub reviewing weekly information on delayed discharges, delays, un-met need, complex cases with a view to improving patient flow and encouraging creative solutions to meet individual outcomes. Once a baseline has been achieved, we are looking to move to a more rapid turn-around which would see the development of a virtual team who care communicating and implementing solutions on a daily basis.

#### 4.4 Health & Well-Being

Aim: (1) Develop co-ordinated Health & Well-Being support services (day services)  
(2) Develop Health & Well-Being capacity within communities.

There is a variety of Health & Well-Being support services provided across the Locality for example (Two Day Centres, Dementia Day Care, Food Train). The majority of these are stand-alone and work independently from each other. Co-ordinated delivery of these services across the Locality will ultimately enhance the outcomes for individuals and ensure effective and efficient use of resources.

A mapping exercise is underway to identify services available, the gaps and opportunities.

There are two Day Centres in Stewartry (Castle Douglas and Dalbeattie) and both Day Centres are keen to work with us to develop service provision. A workshop is planning for October to bring the 2 centres together to look at the opportunities for the future.

ICF funding has been made available to Food Train to develop a Befriending Service in Stewartry. This is due to commence in October 2016. This was identified as a gap in service provision.

#### 4.5 Developing Community Capacity

We have identified two communities (New Galloway and Auchencairn) to work with and support them to develop Community Health and Well-Being Plans. This work will be building upon the existing Community Resilience Plans which are in place with the Local Authority. Our Health & Well-Being Team are supporting the communities to set up their project groups.

New Galloway has introduced a Lunch Club to reduce isolation in their community as a starting point. An evaluation on this is due shortly.

We are due to meet Auchencairn community in September.

#### 4.6 General Practice

Aim: Supporting General Practice

There are significant challenges facing General Practice and the locality are committed to supporting General Practice in developing for the future. In particular Kirkcudbright (Solway Practice) currently has 2 vacancies which remain unfilled.

ANPs (Advanced Nurse Practitioner) – a regional recruitment process is underway and Stewartry Practices have expressed an interest in hosting a training post within the Locality.

Prescribing – our locality prescribing support team continue to work with and support all practices across the Locality to provide cost effective, clinically appropriate and safe prescribing. The Prescribing Group is fully aware of the need to address the financial and clinical challenges presented by the increase in volume and cost of prescriptions. The Locality Prescribing Group is also developing plans to help reduce waste, raise public awareness of the rise in cost and volume of prescriptions and, above all, ensure that we continue to prescribe in a clinically safe but more cost effective fashion.

#### 4.7 Housing

The focus is on adaptation and equipment and we are currently looking at ways to improve the process and system for timely access to reduce unnecessary delays in the care journey.

#### 4.8 Galloway Gateway Project

We are working in partnership with Loreburn Housing on this project and details of the project are attached in Appendix One.

A visit to Kings Court, Castle Douglas will form part of the IJB Locality Visit on 22<sup>nd</sup> September.

#### 4.9 Workforce

Aim: (1) Develop sustainable and flexible workforce for the future plans based on new models of care and support.

(2) Develop a staff Health & Well-Being Plan

Developing and supporting our workforce for the future is key to the success of the Locality. Once our new models of care and support have been identified through the workstreams, robust workforce planning will need to be undertaken. This will require review of skill-mix, introduction of new roles and development of staff roles across all areas.

A new Senior Charge Nurse post has been introduced across both Community and Cottage Hospitals. This will allow us to move to an integrated nursing team and provide a flexible workforce for the future.

Opportunities with vacancies have arisen within the Health & Well-Being Team and a skill-mix review has been undertaken. Two posts are being developed which will provide generic roles within the team to support the Health & Wellbeing agenda and build the necessary capacity to effectively engage with our communities.

A Staff Health & Well-Being Plan is being developed. The focus of this is around:

- Sustaining Healthy Working Lives Gold Award (detailed programme in place which includes activities such as lunch time walks, healthy eating, community bike rides, mindfulness sessions, Alcohol awareness). This has been opened up across the partnership (as previously NHS only).
- Leadership development for our Management Team and the Locality Planning & Improvement Group.
- Organisational Development (OD) Programme to complement the programme of change.

Training and development sessions are open to all partners in the Locality.

#### 4.10 Key Challenges

4.11 Medical cover for our Cottage Hospitals is proving difficult to sustain. This continues to be compounded by the recruitment challenges faced in General Practice. A short term plan is in place for the hospitals but work is on-going to develop a sustainable medical model for in-patient provision for the future.

4.12 Kirkcudbright (Solway Practice) are unable to recruit to 2 vacant positions. These have been vacant for over a year now.

4.13 Securing access to appropriate level of support at home services in the community with Colvend and Glenkens being particular hotspots for Stewartry.

4.14 Improving patient flow through our community hospitals; Delayed Discharges and delays in the care journey are evident in both our Cottage Hospitals and into the community. The introduction of the new Patient Flow Co-ordinator in the Locality will work to reduce unnecessary delay across the system.

- 4.15 Prescribing – addressing the rapid increase in the cost and volume of prescriptions.
- 4.16 Developing and recruiting a sustainable workforce, particularly within the Third and Independent Sector social care market.

## **5. Conclusion**

- 5.1 We have an ambitious plan for 2016/2017 and envisage that Year 1 will provide us with the detailed information required to make informed decisions to ensure that we shape our services to meet the needs of our local population and individual outcomes in an effective and efficient manner. Through our Performance Management Framework, we will monitor and review the delivery of our commitments ensuring to work with local people and local communities to improve individual Health & Well-Being in Stewartry.

## SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

### 6. Resource Implications

6.1. There are no resource implications arising from this Report.

### 7. Impact on Integration Joint Board Outcomes, Priorities and Policy

7.1. The Health and Social Care Locality Plan for Stewartry has already been approved by the IJB and delivering the commitments set out in the plan will have a positive impact on the 9 National Outcomes for Integration.

### 8. Legal & Risk Implications

8.1. There are no legal and risk implications arising from this Report.

### 9. Consultation

9.1. As this report does not propose a change in policy or strategy, it was not necessary to undertake a process of community engagement for developing this Report.

### 10. Equality and Human Rights Impact Assessment

10.1. As this report does not propose a change in policy or strategy, it was not necessary to complete an impact assessment.

### 11. Glossary

11.1.	<b>IJB</b>	Integration Joint Board
11.2.	<b>OD</b>	Organisational Development
11.3.	<b>LPIG</b>	Local Planning and Improvement Group
11.4.	<b>MDT</b>	Multi-Disciplinary Team
11.5.	<b>AHP</b>	Allied Health Professional
11.6.	<b>STARS</b>	Short Term Augmented Response Service
11.7.	<b>ANP</b>	Advanced Nurse Practitioner