



Dumfries and Galloway
IJB Performance and Finance Committee

23rd June 2021

This Report relates to
Item 5 on the Agenda

Sustainability and Modernisation Programme Update

Paper presented by David Rowland

For Discussion and Noting

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List of Background Papers:	<ul style="list-style-type: none"> • Sustainability and Modernisation Programme Update – 21 October 2019 • SAM Update – 23 January 2020 <p>Papers to IJB</p> <ul style="list-style-type: none"> • Sustainability and Modernisation Programme Update – 06 August 2020 • SAM Update – 03 December 2021 (In-Committee) • SAM Programme Update – 18 March 2021 (In-Committee) • IJB Workshop SAM Programme – 21 April 2021
Appendices:	Appendix 1 – Summary Progress Report

1. Introduction

- 1.1 The Sustainability and Modernisation (SAM) Programme was established in response to the significant financial challenges faced by Dumfries and Galloway Health and Social Care Partnership and NHS Dumfries & Galloway.
- 1.2 SAM is an IJB commissioned programme and in establishing the desired sustainability and service modernisation actions, directions should be set to clarify what changes require to be delivered by the Local Authority and NHS.
- 1.3 The Health and Social Care Partnership, as the operational arm is responsible for delivering the required change, as well as the associated performance monitoring and reporting of progress. This will be routinely overseen by the Health and Social Care Governance and Performance Group (HSCGPG).
- 1.4 This report sets out an overview of the progress made against the projects for which directions were approved by the IJB on 18 March 2021. These projects sit within the agreed workplan for the SAM Programme.

2. Recommendations

2.1 The IJB Performance and Finance Committee is asked to:

- **Note progress against the directions approved by the IJB in March 2021**
- **Note future priorities of the Sustainability and Modernisation Programme**
- **Provide guidance on the future reporting format and how members would like to receive updates in respect of the Sustainability and Modernisation Programme**

3. Background and Main Report

- 3.1 In August 2020, Gold Command set the direction for the Partnership through the identification of tactical priorities;
- Test and Protect
 - Flu Vaccination Programme 2020/21 incorporating the COVID vaccination programme
 - Redesign of Urgent Care – Implementation of a Flow Navigation Centre
 - Community based Health and Social Care – Implementation of Single Access Point (SAP) and Home Teams
 - Remobilisation of Planned Care
- 3.2 The SAM Programme assumed oversight for the latter three areas which were described in the SAM Refresh Report submitted to IJB in August 2020 and represent the modernisation element of the Programme. These were subsequently incorporated into the workplan for the programme as approved by the IJB in December 2020.
- 3.3 In order to formalise and ensure appropriate governance arrangements are in place for the implementation of the SAM workplan, fifteen directions were approved retrospectively at the meeting of the IJB in March 2021.

3.4 Whilst this was the case, members can be assured that ongoing discussion and development took place through HSCGPG with periodic reporting to the IJB throughout. **Appendix 1** outlines the reporting timeline during the period.

3.5 A summary progress report against each approved direction is attached at **Appendix 2**.

Further Priorities

3.6 With the modernisation element of the SAM Programme fully defined, work in the latter part of 2020/21 turned to specifying the focus for the sustainability element.

3.7 The Sustainability Workshop held in March 2021 brought together Executive Directors and Senior Management to identify opportunities for change and improvement and to begin to develop plans to quantify and deliver on key pieces of work that have the potential to make a significant financial impact. A key outcome from this event was agreement that, on an organisation-wide basis, there is a need to further explore and progress savings in respect of prescribing efficiency, effectiveness and improvement and also workforce efficiency and productivity.

3.8 In addition, Health and Social Care Governance and Performance Group on 29 April 2021 approved the process and timeline for the development of Directorate-based savings plans that were originally discussed at the Sustainability Workshop.

3.9 The Health and Social Care Governance and Performance Group, at its meeting on 27 May 2021, agreed to formalise the planning that has been undertaken into the sustainability element of the SAM Programme.

3.10 In doing so they agreed that:

- The Director of Pharmacy should convene and chair a Prescribing Improvement Steering Group to oversee the development and delivery of three-year Prescribing Improvement Plans from each Directorate, with the first drafts due to be submitted to HSCGPG by 31 July 2021.
- The Medical Director will lead the development of new arrangements to establish oversight and control of, as well as viable alternatives to, long-term locum posts, with these arrangements to be in place by 31 July 2021.
- The Workforce Director will lead the development of a workplan to ensure the local workforce are deployed and managed effectively, efficiently and productively, with vacancies subject to appropriate review and scrutiny and best value being delivered whenever bank or agency staff are required. This workplan should be drafted by 31 July 2021.
- The General Manager – Facilities and Clinical Support Services will begin to explore the infrastructure and accommodation requirements necessary to support agile working, with joint leadership for delivery being provided by the HR Manager - Head of Service when the National Policy has been published. The initial SAM PID to capture the infrastructure and accommodation changes is due to be completed by 31 August 2021.
- The SAM Team will be refocused to support each of these senior leaders deliver their respective components of the Sustainability element of the Programme.
- The Operational Directorates will submit their draft savings plans to HSCGPG on 24 June 2021.

3.11 A report on progress against the sustainability element of the Programme will be included in the next submission to the Performance and Finance Committee.

4. Conclusions

- 4.1 The IJB Performance and Finance Committee are asked to note progress against approved directions.
- 4.2 The SAM Team are engaging with senior leaders to progress the sustainability agenda for which directions will be submitted to the IJB as proposal develop and as deemed appropriate.
- 4.3 The SAM Programme Team will continue to engage with the wider partnership to design, define and support the delivery of a programme that will modernise, sustain and deliver a financially viable model for Health and Social Care Services, aligned with the priorities of the Strategic Plan. This will include horizon scanning to identify variation in practice and opportunities for learning drawing on the experience of others.

5. Resource Implications

- 5.1 The prime focus of the SAM Programme is the redesign and transformation of services in Dumfries and Galloway to ensure local people continue to access high quality, responsive assessment, treatment, care and support while addressing the underlying financial pressures across the Health and Social Care System.
- 5.2 At this time, the following funding has been allocated to the projects within the SAM Programme:

Pre-Existing Priorities			
Project	Funding Allocated	End Date	Anticipated Impact
Care and Support Service	£604,000	Ongoing	From January 2020, introduce an additional 515 hours of care and reduce the waiting list for Care at Home in Annandale and Eskdale
	£549,070	Ongoing	From January 2021, introduce an additional 440 hours of direct contact care and support per week in the DG1 and DG2 postcode areas and reduce the level of assessed but unmet care needs from 525 hours per week to 85 hours per week
Short Term Assessment & Reablement Service	£332,000	Ongoing	An additional 294 hours of care each week Increase requests for assistance by 25% Increase the number of reablement assessments at home by 25% Achieve Financial Savings of £106k per month by reducing the number of people receiving care at home packages following reablement Increase the percentage of people

			have regained independence from 50% to 55%
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Modernisation Priorities			
Project	Funding Allocated	End Date	Anticipated Impact
MyPreOp	£6,000	30/05/2021	Reduce the percentage of cancelled procedures related to pre assessment issues from 2.6% to 1% within 6 months Reduce the number of people that require face to face pre-op appointments from 90% to 40%
Ophthalmology	£88,000 (From Scottish Government)	02/04/2021	Reduce by 1,200 the number of people waiting for review Ophthalmic appointments
Dementia Care	£50,000 pa for 2 years (From Scottish Government)	TBC	Improve access to care and increased the number of people referred for assessment of memory concerns*
Urgent Care	£292,455 (From Scottish Government)	Await confirmation of future allocation	Reduce the number of people waiting in the Emergency Department and associated unnecessary travel*
Single Access Point	£4505.13 + VAT (met within existing budget) £20,040 pa (funding uplift approved by HSCGPG for four Call Adviser salaries in accordance with Council banding)		Reduce delays in transfers of care and referrals between community services* Reduce duplication between services and of assessments*

**Please note project documentation is still being developed for these areas and the anticipated impacts will be quantified through that process.*

Sustainability Priorities			
Project	Funding Required	End Date	Anticipated Impact
e-Communications	Circa £50k (met within existing planned spend against budget)	31-Mar-20 Non-recurring	Total anticipated recurring saving of £352,000 realised from Financial Year 2022/23

5.3 There will be costs associated with Community Based Testing work; this will be funded through the Primary Care Transformation Programme for which details will be brought forward as they become available.

5.4 In addition to this, work is underway to quantify the capacity required to deliver a model of care and support at home to enable Home Teams to assess, treat and care for people at home, including supporting their timely discharge from Hospital.

5.5 Any resource implications associated with this will be fully quantified and reported in future updates, while any request for additional funding will be brought forward under separate cover.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1 The SAM Programme aims to align with the national health and wellbeing outcomes and the local 10 priority areas set out by the Health and Social Care Strategic Plan. Specifically the SAM Programme will contribute to:

- Developing and strengthening communities
- Shifting the focus from institutional care to home and community based care
- Integrated ways of working
- Working efficiently and effectively
- Making the best use of technology

7. Legal and Risk Implications

7.1 While there are no legal implications associated with the focus and scope of the SAM Programme, there are significant risks for the Integration Authority should the programme not be delivered. These include:

- Continued underlying financial pressures, which may result in an inability to deliver services in line with local needs and / or to the standards desired by the Integration Authority;
- Continued provision of traditional models of care that cannot offer the capacity to meet local needs and demands associated with normal winter pressures;
- Continued workforce pressures that exacerbate the financial position and limit service capacity;
- Continued delivery of service models that unnecessarily risk exposure of those who use and provide services to Covid-19; and
- Continued focus on hospital based care for people of complex co-morbidities, resulting in increased levels of dependence and reliance on long-term care and support.

8. Consultation

8.1 The content of the programme described within this paper has been developed through direct engagement with the staff and services that have been included. The broad concepts contained within the programme have been explored with wider staff groups and agreed by the Health and Social Care Senior Management Team.

8.2 Wider consultation will be required on the constituent elements of the SAM Programme.

9. Equality and Human Rights Impact Assessment

9.1 This programme represents a framework under which the focus and efforts of the SAM Programme Team will be co-ordinated. While, as a planning tool, this framework does not require an Equalities Impact Assessment (EQIA), it will be necessary to assess whether one is required for each element of the workplan and where that is the case, ensure its timely completion and incorporation within the PID.

10. Glossary

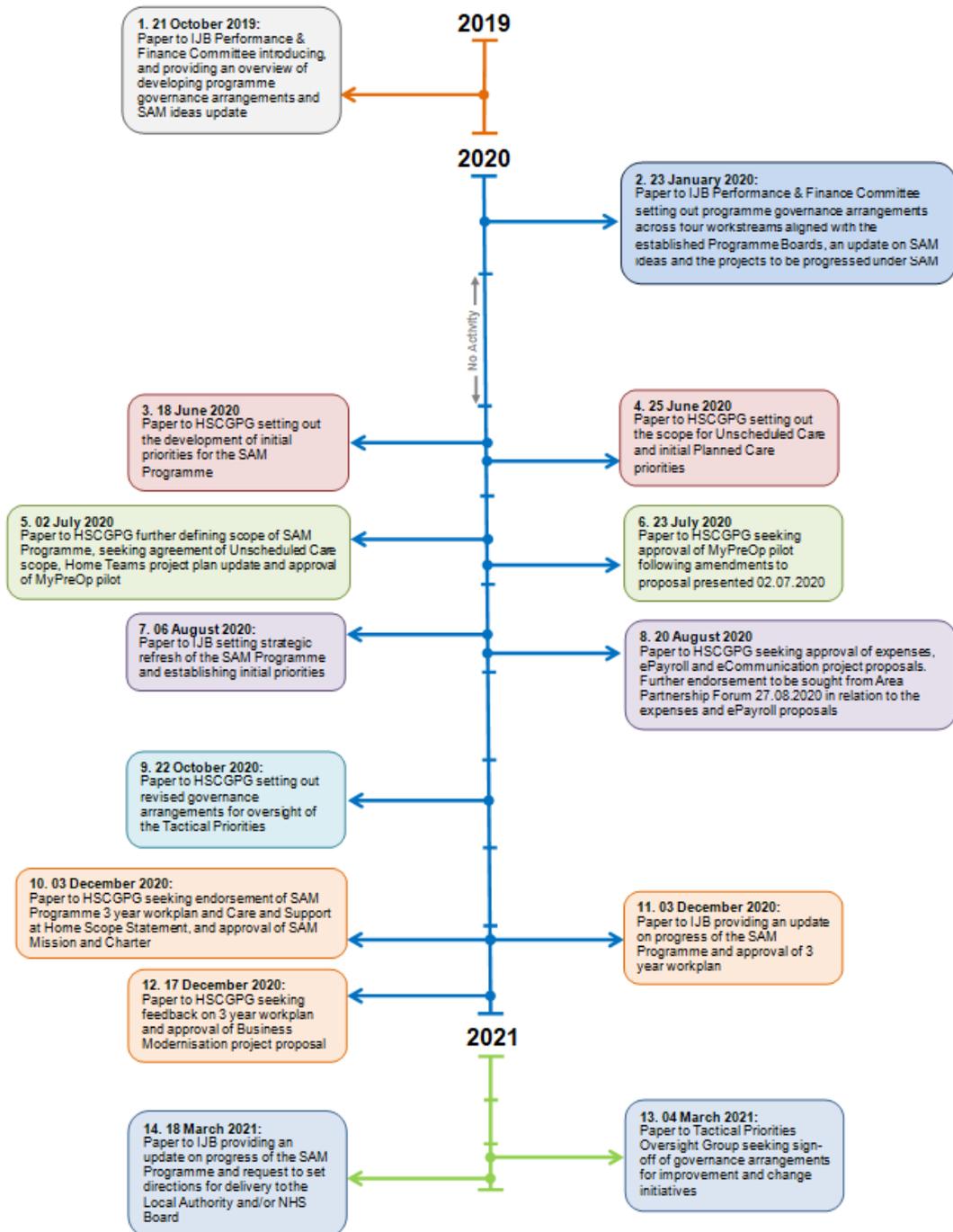
10.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

CASS	Care and Support Service
EQIA	Equalities Impact Assessment
HSCGPG	Health and Social Care Governance and Performance Group
IJB	Integration Joint Board
SAM	Sustainability and Modernisation Programme
SAP	Single Access Point
STARS	Short Term Assessment and Reablement Service

APPENDIX 1

SAM Reporting Timeline

The following captures key reporting episodes from 2019/20 to March 2021. Such episodes mark the development of the SAM programme to include specific pieces of work and project proposals along with seeking approval as required.



Sustainability and Modernisation Programme – Summary Progress Report

The following provides a summary position of progress against the directions approved by the IJB attributed to each stream of the SAM Programme.

The table below denotes the overall BRAG rating used to categorise the status of each project and associated definition.

Overall BRAG Rating	Definition
Blue	Project complete
Red	Project not yet started / significant issues impacting on ability to deliver or experiencing significant slippage
Amber	Project underway with some barriers to delivery identified or experiencing some slippage
Green	Project underway and on track with no significant barriers to delivery identified

Title of Direction	Full text of Direction	BRAG	Progress
Pre-Existing Priorities			
1.	Care at Home Block Contracts		To introduce block contracts with care at home providers to increase capacity within sheltered housing accommodation and to assist with timely discharge from a hospital setting.
		Blue	Block Contracts for Care at Home in Sheltered Housing Facilities and Dumfries town demonstrated some benefit in terms of reducing delays in transition of care but have not realised the anticipated benefits in terms of increased hours of care delivered. Initiative has concluded. The value however of the role of the Allocations Manager, continues to be evidenced and supported within the Community Health and Social Care Directorate, appointed to support this work in the oversight of packages and in creating a link with and between independent providers and statutory services.
2.	Investment in Care and Support Services (CASS)		To provide financial assistance to Care and Support Services to create capacity in the service to ensure safe timely discharge from a hospital setting.
		Amber	In late 2019/20 additional investment was allocated to CASS in order to reduce the waiting list for care and support in Annandale and Eskdale. While the service has achieved significant waiting list reductions during 2020/21, the full benefit of the additional capacity has not been sustained. This has been largely due to increased

			<p>absence during the Covid-19 Pandemic and the capacity the service offered to safely take people home from hospital at the start of the Pandemic and which they have continued to offer since. During 2020/21 further pressures have been experienced in terms of the number of people with assessed needs who are waiting on a Care at Home package. To mitigate this, addition investment has been made to develop the capacity of CASS, with a focus on addressing the waiting list within the DG1 and DG2 postcode areas.</p> <p>The intended impact has been limited by recruitment and retention challenges. This is being proactively managed by the Community Health and Social Care Directorate.</p>
3.	Short Term Assessment and Reablement Service	To provide financial assistance to increase Capacity of the Short Term Assessment and Reablement Service (STARS).	<p>The increased capacity in STARS has delivered a positive return on investment equivalent to 114% in the first year and 434% over the lifetime of the benefits (assumed to be 24 months for each service user). The additional investment in STARS of £332,000 over the year is estimated to have created savings in terms of avoided care at home costs of £379,107 in the first year, and a total of £1.65m over the lifetime of the benefits.</p> <p>In addition, benefits have been delivered in terms of working with SAS to support people who fall at home, and avoid hospital admission where possible. Data from the scorecard indicates 392 people were supported at home, providing an additional financial saving.</p>
Modernisation Priorities			
4.	Redesign of Urgent Care – Flow Navigation Centre	To establish a flow navigation centre to receive and schedule calls by NHS24 for people who currently self-present to the Emergency Department.	<p>The 7-day rolling average for the percentage of people who self-refer being seen at a scheduled appointment within the Emergency Department at DGRI has increased from approximately 25% to around 35% in the first 8 weeks of operation. This is from a baseline position of less than 10% on 30 November 2020.</p> <p>Discussions are underway to ensure an appropriate focus on the development of Community and Primary Care pathways from the Flow Navigation Centre to help divert</p>

				<p>people appropriately from attending the ED.</p> <p>This will inform phase 2 of the RUC Programme to be brought forward to a future meeting of HSCGPG.</p>
5.	GP Out of Hours	To establish a multi-disciplinary model of service delivery that ensures practitioners with the right skill mix, knowledge and experience are available to meet the needs of people access the GP OOHs service.		<p>Project initiation documentation in the process of being finalised for sign-off by HSCGPG.</p> <p>Following the PID Clinic 02 June 2021, it was identified that a full EQIA should be undertaken for the full function of the out of hours service.</p>
6.	Ophthalmology – Shared Care Pilot	To deliver the pilot scheme to ensure that those with deterioration in their condition are escalated to an urgent review for the hospital eye department to prioritise sooner and also assist in the reduction of those patients who are overdue their appointment on the glaucoma review waiting list ensuring patients are seen in a safe and timely manner minimising the clinical risk to the patient.		<p>The pilot continues to progress well, the eHealth solution is now in place and training is ongoing.</p> <p>The SAM Team presented an updated mid-point review of the pilot to HSCGCG in May 2021 with financial elements and future options included.</p> <p>This paper also sets out a proposed exit strategy to support decision-making process for either on-going delivery of this model of care or a return to an Ophthalmology delivered model depending on the decision made.</p>
7.	Orthopaedic Pathways	To redesign Orthopaedic pathways to maximise the opportunities to promote self-management, develop primary-care based pathways, offer direct referral to x-ray and embed enhanced vetting of new referrals to ensure those who need seen most can access services.		<p>The SAM Team undertook a comparative data analysis to assess impact of local Active Clinical Referral Triage, Patient Initiated Review, Waiting List Validation and Virtual Clinics, in line with NHS Lanarkshire Orthopaedics Review. This was requested in response to service update that these areas of improvement work had been undertaken locally. The SBAR to outline the analysis was presented to the Planned Care Steering Group and Tactical Priorities Oversight Group prior to being shared with the operational team in March 2021.</p> <p>In light of this and the work undertaken within NHS Lanarkshire, the operational team are developing a modernisation plan based on the learning derived.</p>
8.	Dementia Care	To build on the on-going improvement programme currently underway in MH,		Project initiation documentation is being finalised by the project team and will be brought forward to a PID Clinic in

		extending the scope of this work to attend to the needs of this group across the whole system, and for the duration of their condition.		<p>June 2021 prior to submission for sign-off to HSCGPG.</p> <p>This work has been guided and overseen by the Planned Care Steering Group to-date.</p>
9.	Virtual Consultations	To develop routine reporting systems and processes that illustrates increased efficiencies in service activity, particularly in relation to use of Near Me as an alternative to face to face consultations. To agree associated KPIs for areas of performance and service activity in relation to mode of delivery as described.		<p>Project initiation documentation in the process of being finalised for sign-off by HSCGPG but has been delayed due to difficulty in securing agreement to targets and trajectories.</p> <p>It has been requested that HSCGPG considers whether it is still appropriate for directorates to set targets and trajectories to establish monitoring and reporting or whether the SAM Team should be remitted to review national performance and set upper quartile targets against which local performance can be assessed.</p>
10.	Community Based Testing	To develop a plan for the delivery of Community Treatment and Care services in line with the GMS Contract for Scotland and the associated Memorandum of Understanding, ensuring phlebotomy, urine testing and ECG delivery across Dumfries and Galloway to support the work of General Practice and that of specialist, hospital-based out-patient services.		<p>Broad support has been received for the high level hub and spoke model that is under development and for the initial focus on phlebotomy services to respond to the current service pressures.</p> <p>More detail and a timebound project plan is under development with professional, managerial and clinical leadership established.</p>
11.	MyPreOp	To safely implement the use of MyPreOp for remote pre-operative assessment within NHS Dumfries and Galloway and to agree a method of collecting and collating feedback from both staff and patients on the MyPreOp system.		<p>The MyPreOp pilot is reaching its end, having demonstrated significant benefit, as illustrated by the data set for the first 3 months (see scorecard attached).</p> <p> MyPreOp Scorecard.pdf</p> <p>The next steps in moving to mainstream this service will be for Acute and Diagnostics to develop a Business Case.</p>
12.	Single Access Point	To establish Single Access Point (SAP)		Project initiation documentation is being progressed by the

		during 2020/21 that will fully integrate and co-locate Health, Social Work, Care Call and the Contact Centre		<p>project team following the PID Clinic in May 2020/21.</p> <p>Given the strong links between SAP and Home Teams, and the associated measures, it has been requested that HSCGPG endorse a short delay in bringing forward the SAP PID so that it can be presented along with the PID for Home Teams.</p>
13.	Home Teams	Establish 8 Home Teams across Dumfries and Galloway by August 2021.		<p>A successful process mapping event was held over a four day period, 19th, 20th, 25th and 26th May 2021. This event was attended by more than 40 frontline staff including staff side from across the partnership and was supported by Senior Managers, Professional Leads and Executive Directors who joined for the report out sessions each day taking the attendance to over 70 members of staff. The event was mapping the detail of current processes which are already in place across our professions and exploring how they could be streamlined to create a less complex process for Home Teams.</p> <p>Work is now underway to:</p> <ol style="list-style-type: none"> 1. Secure alignment of vision with Executive Directors and Professional Leads 2. Develop ODL session based on three horizon model to determine the different way of multidisciplinary working 3. Test the Discharge to Assess model in Stranraer area 4. Continue process mapping work with working groups from across the partnership 5. Undertake a scoring event in mid-June 2021 to determine the optimal model to provide short-term support for people on the Home Team caseload.
Sustainability Priorities				
14.	eCommunication	To create or procure a digital solution that will allow appointments to be sent to patients digitally, with the ability to send reminders.		<p>Project initiation documentation complete and reviewed through PID Clinic 12 May 2021. Documentation submitted to HSCGPG for formal sign-off and to determine arrangements for review 10 June 2021.</p> <p>Pilot scheduled to commence in one high volume specialty (Dermatology) June 2021 prior to learning and spread across all specialities thereafter. Public communication</p>

				materials developed and shared via the public website - https://www.nhsdq.co.uk/patient-hub/
15.	Business Modernisation	To undertake a review of time spent by clinic staff on administrative work, to identify areas where higher proportions of clinical staff capacity are spent undertaking such tasks. This will involve increasing admin support and reviewing the impact upon clinical staff and is intended to be achieved by redistributing administrative staff from other areas where workloads have decreased.		<p>To form a short life working group with representatives from; Women and Children's Services, Acute, Mental Health and Community Health and Social Care to undertake a 3 month test of change to release clinical staff capacity in line with the findings of the review.</p> <p>Work yet to be formally commenced with delivery against this element of the business modernisation project is scheduled for Qtr 2 – Qtr 3 2021/22.</p>