

SAM Idea / Project Proposal

➡ Please see Page 2 for guidance on how to complete your proposal

Your Details (If you would like to remain anonymous, please leave your name and email details blank)	
Name:	Gary Sheehan, Locality Manager
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Service / Department:	Community Health and Social Care
Is this proposal for implementation within your own service / department?	No
If no, please specify the proposed service / department:	Organisation Wide

Part 1 – Proposed Idea / Project					
What is your proposal?		To develop a new community beds model			
This proposal will (select all that apply):					
Improve Safety	<input checked="" type="checkbox"/>	Improve a process	<input type="checkbox"/>	Improve Productivity	<input checked="" type="checkbox"/>
Save Money	<input checked="" type="checkbox"/>	Support Staff	<input checked="" type="checkbox"/>	Improve people / carer experience	<input checked="" type="checkbox"/>
Mandatory	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		
Why do you want to do it?		<p>Dumfries and Galloway's draft Strategic Commissioning Plan sets out a vision of "People living happier, healthier lives in Dumfries and Galloway". It advocates a new model of health and social care which places people at the centre of a person centred, circle of support. Access to local hospital and residential care support is one layer of a wider circle of support. This project seeks to develop a flexible bed model across Dumfries and Galloway to support episodic assessment, treatment, care and support, rehabilitation, reablement, short breaks and palliative or end of life care that cannot be provided at home, and longer-term residential care when needs become increasingly complex. A flexible bed model will complement and align with other sources of support, particularly Home Teams and Care and Support at Home.</p>			

<p>Timeline</p>	<ul style="list-style-type: none"> <p>January 2022- April 2022;</p> <p>Form Project Team; undertake data gathering and analysis; develop key messages; and plan engagement and involvement.</p> <p>May 2022 – August2022:</p> <p>Begin engagement and involvement around the evolution and development of the model for Community Health and Social Care, linking this to the overarching model of care in the Draft Strategic Commissioning Plan; begin to develop and explore options; generate plans and recommendations. This may involve some testing and evaluation.</p> <p>September – December 2022:</p> <p>Undertake consultation on the plans and recommendations.</p> <p>Throughout this process some key decisions will be required to support ongoing service delivery while the longer-term plans are developed, refined and finalised.</p>

Outcomes and Impact	
What will it achieve?	<p>The development of a new, flexible community bed model which will contribute to the delivery of at least 2 key strategic commissioning intentions</p> <ul style="list-style-type: none"> • People are supported to live independently and well in their home - SCI1 • Safe, sustainable and effective care and support that improves people's chosen outcomes and lived experience – SCI3
What are the anticipated benefits / financial savings?	<p>People are supported by the right person, in the right place and at the right time</p> <p>Community Hospitals and Care Homes provide a flexible model of care which promotes the independence and safety of people and which maximizes the skills of staff</p> <p>Support the shift of care from bed based services to community based support</p> <p>A clear commissioning plan for Community beds which will help attract inward investment into the sector,</p> <p>The development and modernisation of health and care facilities in the heart of local communities as hubs from which integrated services can be delivered as part of a new model of health and social care and which could include new extra care housing.</p>
What are the potential risks?	<p>Resistance to change in developing new models of care and ways of working</p> <p>Political interference and drivers</p> <p>Capacity to recruit and retain a suitably qualified workforce</p> <p>Capacity to develop suitable accommodation in support of a new model of community beds</p>

	<p>Perception that this review is about cutting services rather than transforming and improving community bed provision</p> <p>Failing to fully engage all stakeholders in a complex transformation process</p> <p>Failing to fully resource this complex change project</p> <p>Failing to integrate this change project with other interdependent change projects</p> <p>Project Plan Development plan may vary from timescales for other interdependent change projects</p>
<p>Who or what other areas could be impacted?</p>	<p>The project would impact on and be impacted by other key tactical developments including</p> <ul style="list-style-type: none"> • Home Teams • Care and Support at Home • Scheduled and unscheduled care • Vaccination Programme • Review of management arrangements within Community Health and Social Care Directorate • Housing with Care and Support • 24\7 community nursing • Primary Care Transformation Programme • CTAC Programme
<p>What resources are required?</p>	<p>Recognising the complexity of this work, dedicated support would be required from</p> <ul style="list-style-type: none"> • Strategic Planning and Commissioning Team • Project Manager • Data Analyst • Communication and Engagement. • Workforce Business Partner

- Finance Business Partner
- Locality Manager – Community Health and Social Care
- Nurse Manager
- Social Work Manager
- Scottish Care
- Admin support
- AHP Manager
- GP rep
- Care Home Support Team
- Estates

At this stage, it is assumed that the majority of dedicated support would be provided within existing staff resources and members of project team would need to allocate 1 day per week or the equivalent of 0.20 wte. However the Nurse Manager and Social Work Manager are likely to be asked to allocate 2 days per week or 0.40 of their time in supporting the project. It is also assumed that full time, dedicated support would be provided by the lead officer for housing and residential care within the Strategic planning and Commissioning Team. Such support would need to be reflected in directorate and departmental workplans to ensure that key staff can be released to support the project.

There is a need to have additional, dedicated Project Management support at Band 6 for at least 12 months. This Project Management Support can be provided through the re-prioritisation of other project management resources within the Partnership. Other additional costs are estimated at

- Publicity and Information materials - £5k
- Attendance costs - £3K

Principles for Engagement

As well as the direct costs of the Project Team, the Community Beds review will have a strong focus on engagement which must be meaningful, offer real scope for influence and be approached with an open, enquiring mind. Local communities fully understand their

needs and preferences and the engagement process will ensure we actively listen to, hear and respond to these.

The current live consultation on the Draft Strategic Commissioning Plan will be the starting point from which the engagement, involvement and consultation plan for this work is developed, building on the foundations it offers.

Staff working in current community bed models, including General Medical Practitioners, have a long standing desire to support the local communities with whom they have a long and strong affiliation. The benefit of early and active involvement of staff in developing options for the future, recognising the support they can offer in engaging local communities in these discussions, will be a central plank in the successful delivery of the Community Beds review.

The Project Team will tie in with other key transformation projects to ensure consistent joined up messaging and not overwhelming or confusing the engagement process with numerous messages and individuals in accordance with the recommendations of the Communication and Engagement Reference Group.

Communication
 Recognising the importance of having clear and consistent messaging to support early stages of this work, communications will be developed highlighting:

- the needs of local people have changed, reflecting the recent Day of Care Audit;
- the local care model has not kept up with these changes;
- the community model now needs to change to reflect this and to deliver the model set out in the Draft Strategic Commissioning Plan; and
- the preparations that are required for winter in terms of pandemic planning, vaccination booster planning, and planning for anticipated increases in non-Covid-19 Respiratory Disease as well as wider winter pressures.

	It has been agreed that the Communications Team would support the development of key messages.
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Part 2 - Baseline Information (optional)

What research have you done?	<p>Learning from previous discussions on the future configuration of community-based beds will be drawn on with a focus on:</p> <ul style="list-style-type: none"> • Starting the conversation with local communities, including our staff and local GPs; • Recognising the significance of local healthcare facilities to the communities they have served; • Exploring potential future models through the lens of those who use services and their families; • Supporting people back to their usual place of residence as a norm; • Embedding planned changes within the context of the wider evolution and development of the Community Health and Social Care model where we are building capacity to better support people at home; • All of the community-based beds that currently exist and are likely to be available in the future, including Cottage Hospitals, Care Homes, Extra Care Housing, etc., redefining their roles to reflect the changing needs and preferences of local people; and • Delivering models of care that enhances the provision of Health and Social Care within local communities. • Utilising and analysing data from day of care of care audits • Utilising and analysing data from Turas • Utilising and analysing from Mosaic • Utilising and analysing Care Assurance and Care Inspection reports for care homes and community hospitals • Palliative Care – preliminary feedback has already been
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	<p>received in relation to Palliative Care services within local communities and the potential impact of changing the focus and role of some Care Home services. The importance of recognising Care Homes as people's long term homes and of ensuring any potential changes in how palliative care is provided in the future should respect the wishes and needs of all care home residents.</p> <ul style="list-style-type: none"> • Learning from previous Care Home Commissioning plans • Identifying and learning from best practice elsewhere in the development of new models of Community beds • Learning from Day of Care audits
<p>Have any interdependencies been identified?</p>	<p>The project would impact on and be impacted by other key tactical developments including</p> <ul style="list-style-type: none"> • Home Teams • Care and Support at Home • Scheduled and unscheduled care • Vaccination Programme • Review of management arrangements within Community Health and Social Care Directorate • Housing with Care and Support Strategy • Short Breaks Strategy • 24\7 Community Nursing • Primary Care Transformation Programme • CTAC
<p>What constraints do you anticipate?</p>	<ul style="list-style-type: none"> • Capacity of members of Project Team to be freed up to work on project because of competing priorities • Capacity of Care Homes to fully engage on engagement process because of impact of Covid • Restrictions on engagement process because of Covid • Need to make urgent decisions during engagement process which might undermine confidence in process • Delays in the implementation of other tactical priorities

	<ul style="list-style-type: none"> Difficulties in securing access to capital funding to ensure fit for purpose accommodation because of potential for conflicting demands on capacity across organisational priorities
What investment is required or has been committed?	The Community Beds review will identify the longer term investment resources required. At this stage, approval for the estimated cost of the project team is sought. The estimated cost cannot be concluded until agreement is reached to free up key members of the project team within existing staff resources.
Data / Baseline Measures	Tbc through development of PID

Guidance

Part 1 should be completed by the person / department making the proposal. Please give as much information as possible including details of; the impact on service user experience, productivity, financial savings and increased safety. Full consideration should be given to all departments that would be impacted by your suggested proposal. There are hints along the way to help you complete the proposal.

Part 2 is optional and should be completed as appropriate. If you have this information, give it a go.

Once completed the form should then be submitted to dg.asksam@nhs.scot

Your proposal will be reviewed by the SAM team and forwarded on to the SAM Governance Group for approval and we will notify you of the outcome.

Please note – If your proposal is approved this doesn't mean it will be started immediately. All projects are passed through a prioritisation matrix to allow projects to be scheduled.

For SAM Team use only		
SAM Project Criteria	✓ /x	Supporting Evidence
Recognises financial improvement initiatives that could be a result of operational, clinical and financial actions.		

Potential to deliver measurable, sustainable and recurrent outcomes.		
Creates fluidity and capacity in the system by making the current processes more effective, efficient and productive.		
Demonstrates feasibility from a resource and data standpoint.		
Offers redesign, development and service change to deliver better outcomes.		
Sign post to QI Hub		
Approval		
Proposal reviewed by:		
Date:		
Approval status (delete as appropriate):	Yes / No	
Approver comments:		

DRAFT