Dumfries and Galloway
Integration Joint Board

16th September 2021

This Report relates to
Item 12 on the Agenda

Sustainability and Modernisation Programme Update

Paper presented by David Rowland

For Approval

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List of Background Papers:	Sustainability and Modernisation Programme Update 21 October 2019 Sustainability and Modernisation Programme Update 06 August 2020 Sustainability and Modernisation Programme Update 03 December 2020
Appendices:	**N/A**

Direction Required to Council, Health Board or Both	**Direction to:**	
	1. No Direction Required	
	2. Dumfries and Galloway Council	

	3. NHS Dumfries and Galloway	✓
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

1. Introduction

1.1 Over the last twelve months, the Sustainability and Modernisation (SAM) Programme has been working closely with the Operational Directorates to identify priorities and to design and deliver new ways of working that will modernise local service provision while moving the system to a more sustainable position.

1.2 This report offers assurance to IJB Members on the progress being made through the SAM Programme.

2. Recommendations

2.1 **The Integration Joint Board is asked to:**

- **Note the progress being made across the SAM Programme and, subject to agreement direct NHS Dumfries and Galloway to develop and deliver the required plans and changes in relation to Prescribing Improvement and the Locum Spend Review**
- **Approve the issuing of Directions to NHS Dumfries and Galloway**

3. Background and Main Report

3.1 The 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.

3.2 Following a brief pause during the first phase of the Covid-19 Pandemic, the Sustainability and Modernisation (SAM) Programme was refreshed in August 2020, with an agreed focus on supporting services to modernise to remobilise in line with the Remobilisation Plans submitted to Scottish Government.

3.3 At that time, the resources available to the SAM Programme were prioritised to support the modernisation of Urgent and Unscheduled Care, Planned Care and Community Health and Social Care.

3.4 In January 2021, while work was continuing on the priorities for modernisation, the SAM Programme Team began to define projects designed to improve the sustainability of the local health and social care system. At a workshop in March 2021, it was agreed that while there is a need to support staff recovery from the Covid-19 Pandemic, the focus of the sustainability element of the programme should be on Prescribing Improvement and Workforce Efficiency. These priorities sit alongside the extant sustainability priorities of reducing travel costs, safely introducing electronic patient communication and enhancing uptake of e-Payroll.

3.5 At the end of April 2021, the Health and Social Care Governance and Performance Group agreed a standardised process for the development of Directorate-based Savings Plans and to the development of local Hybrid Working arrangements, in

line with emergent National Policy and the principles being developed by the Chief Executive and the Workforce Director.

3.6 With that agreement in place, the four components of the sustainability element of the SAM Programme were finalised and are being incorporated into a savings pipeline along with wider identified savings opportunities for which a delivery tracker will be developed to support ongoing monitoring. This is being developed from a toolkit that has worked for other Board areas and will support ongoing reporting across all levels of the organisation.

3.7 To further support this work and to ensure ongoing monitoring arrangements, a Financial Recovery Board (FRB) has been established as a standing item of the Health and Social Care Governance and Performance Group (HSCGPG) and will sit fortnightly commencing from 05 August 2021.

3.8 The following provides an overview of progress against each element of the programme with appendices attached to support the directions coming forward for approval.

Modernisation

Redesign of Urgent Care

Flow Navigation Centre

3.9 The Flow Navigation Centre was established in December 2020 and provides safe scheduled access to urgent care to those with non-life threatening conditions.

3.10 To support the planning and delivery of alternative pathways with a focus on improving those which direct people to community based care, dedicated resource has been allocated to this work from the SAM Team and from the Strategic Planning Team.

GP Out of Hours

3.11 The new model of GP Out of Hours has been delivered, moving to a multi-disciplinary team based model with increased contracted GP capacity.

3.12 It was agreed in consultation with the SAM Team and the Equality and Diversity Lead that this work would benefit from a whole system Equality Impact Assessment and therefore, is scheduled to be presented to HSCGPG as part of the Project Initiation Documentation for this project for approval. Following this it will be incorporated into the savings pipeline and delivery tracker for ongoing monitoring.

Community Health and Social Care

Single Access Point (SAP)

3.13 In May 2021 the Care Call team moved from Monreith House to Irish Street, this completed the co-location of all aspects of the SAP, including the Social Work Access Team and Professional Health Advisors.

3.14 The SAP Project Initiation Documentation will be finalised during Summer 2021 to ensure the Key Performance Indicators for this service are fully defined and the Financial Impact Assessment developed to enable ongoing monitoring of impact.

Home Teams

3.15 The region wide roll-out of Home Teams continues to progress, where a 3 day process mapping event took place in May 2021 to map processes with a view to refining these processes to ensure an efficient, effective and safe way of working is established.

3.16 Following the mapping event a referral and triage group / communication and engagement group were formed with members from across the partnership. The aim is to ensure staff on the ground are engaged in the continued development and refinement of the Home Teams model.

3.17 Each Home Team will be led by a team leader therefore, to appoint to these positions, it has been agreed within the partnership that this requires to progress through organisation change which is anticipated to conclude by October 2021.

3.18 Aligned to the team leader position, workforce allocation is underway to transition staff into a Home Team which is anticipated to conclude by October 2021. The Organisational Development and Learning Team will support staff through the transition.

3.19 Recruitment is underway to recruit to additional Health Care Support Workers and Allied Health Professionals who will be allocated to a Home Team.

3.20 The Home Teams Project Initiation Documentation will be finalised during Summer 2021 to ensure the Key Performance Indicators for this service are fully defined and the Financial Impact Assessment developed to enable ongoing monitoring of impact.

3.21 The plan is to bring together both SAP / Home Teams Project Initiation Documentation so as to ensure key deliverables / outcomes are aligned.

Care and Support at Home

3.22 In late April 2021 the Health and Social Care Governance and Performance Group approved the plan that had been developed for Care and Support at Home in Dumfries and Galloway.

3.23 In doing so, the Group remitted the implementation of the short-term action plan to the Directorate of Community Health and Social Care and the Care and Support at Home Oversight Group. At the same time, the Strategic Planning and Commissioning Team were asked to develop a longer-term strategy, underpinned by the voices of those with lived experience, based on the direction that had been set in the approved plan.

3.24 A care and support at home tactical group has been established to support the development and delivery of a refined care and support at home model to manage the increasing pressures across the partnership.

3.25 The group has identified key areas of work that can be achieved in the short term to support the improvement in flow and capacity within the care at home setting. A key piece of work that is being taken forward is setting up a review group to re-evaluate all current and outstanding packages to prioritise and reprioritise packages within the system.

3.26 Furthermore, this work will be supported by reviewing what Assistive and Inclusive Technology (AIT) can be used to alleviate the requirement for double handed packages of care, as appropriate.

3.27 Project Initiation Documentation will be finalised during Summer 2021 to ensure the Key Performance Indicators for this service are fully defined and the Financial Impact Assessment developed to enable ongoing monitoring of impact.

Remobilisation of Planned Care

Dementia Care

3.28 Work is progressing well on the development and rollout of models to improve access to assessment for people who are suspected of having a diagnosis of dementia as well as to Post Diagnostic Support where the diagnosis is confirmed.

3.29 Project Initiation Documentation has been developed for this project and will be presented to the HSCGPG on 02 September 2021 for formal approval and sign-off of the associated measureable benefits. Thereafter details will be incorporated into the savings pipeline and delivery tracker for ongoing monitoring.

Orthopaedics

3.30 As part of the local commitment to delivering the Centre for Sustainability Annual Workplan, the use of Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) features in the savings pipeline with work ongoing to define the anticipated impact. This is in line with the original areas of focus for Orthopaedics, identified in late 2020. Progress will be monitored through the delivery tracker.

Ophthalmology

3.31 The SAM Team presented an updated mid-point review of the pilot to HSCGPG in May 2021 with financial elements and future options included. This paper set out a proposed exit strategy to support decision-making processes for either on-going delivery of this model of care or a return to an Ophthalmology delivered model depending on the decision made.

3.32 Discussions are underway with operational management as to how this work should be incorporated into the future service model as appropriate to include exploration of ongoing funding options. Discussions are ongoing with Scottish Government colleagues to secure the funding required to sustain the shared care model until the longer-term plan is agreed.

Community Treatment and Care (CTAC)

3.33 The 2018 General Medical Services Contract states that by April 2021, a Community Treatment and Care Service (CTAC) will be a Health & Social Care Partnership/NHS Board Service.

3.34 A Community Treatment and Care (CTAC) Project Group has been established to oversee the implementation of a CTAC model of care.

3.35 The Memorandum of Understanding (MoU) outlined that a Community Treatment and Care Service includes, but are not limited to, phlebotomy, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, suture removal, ear syringing and some types of minor surgery as locally determined as being appropriate. Given this

service draws primarily on a nursing workforce, local areas should also consider how CTAC services and the Vaccination Transformation Programme could be aligned to increase the pace of implementation and efficiency.

3.36 The project team attended the Contract Development Group where the following was agreed:

- Agreed a Service Model for implementation based on the interventions outlined within the MoU
- Agreement to undertake a region wide survey of each GP Practice to gather a region wide understanding of the demand / workforce requirements
- Take forward discussions with GP Practice staff to establish workforce to transfer via TUPE, and as a consequence build the workforce model outlining financial implications / additional staff required
- Agree to phased rollout across the region.

3.37 The project team has identified early adopter sites to commence the rollout which is anticipated to commence in October 2021.

3.38 Project Initiation Documentation will be finalised during Summer 2021 to ensure the Key Performance Indicators for this service are fully defined and the Financial Impact Assessment developed to enable ongoing monitoring of impact.

Virtual Consultations

3.39 There continues to be ongoing monitoring and review of service level usage of Near Me and telephone consultations. Directorate level targets are in the process of being set, this has been delayed due to operational pressures experienced by teams.

Sustainability

Harnessing the Benefits of Technology

3.40 In late summer 2020, the Health and Social Care Governance and Performance Group agreed that plans should be brought forward to achieve the potential savings that had been identified through the use of technology.

3.41 A particular area of interest related to the introduction of an electronic appointment notification system, Patient Hub, to reduce stationery and postage costs. The Project Initiation Documentation for this project was approved by the HSCGPG in June 2021 and implementation plans are progressing.

3.42 This project has however experienced some slippage resulting from technical issues impacting on staff training and also from staff absence over the holiday period. Progress will continue to be monitored through the delivery tracker.

Prescribing Efficiency, Effectiveness and Improvement

3.43 Given the financial challenges facing Dumfries and Galloway Health and Social Care Partnership, IJB must be assured that:

1. Unwarranted variation in prescribing is minimised across all sectors;
2. Formulary compliance is maximised across all sectors;

3. Medicines wastage is minimised in all care settings; and
4. Opportunities to modernise and deliver the most cost effective pathways are maximised.

3.44 In support of this, 3-Year Directorate-based Prescribing Improvement Plans have been developed and whilst the current focus is on year one, they will be further developed to cover 22/23 and 23/24.

3.45 Prescribing Improvement Plans were presented to the FRB on 19 August 2021 for detailed discussion. Work continues to incorporate improvement initiatives and savings targets into the savings pipeline and delivery tracker for regular monitoring. The next prescribing update will be presented to FRB on 30 September 2021.

Workforce Efficiency and Productivity

3.46 Given the financial challenges facing Dumfries and Galloway Health and Social Care Partnership, the IJB must be assured that:

1. Staff are being deployed and managed effectively, efficiently and productively;
2. Lessons are learned where the application of organisational policies result in additional, external costs being incurred;
3. Every vacancy signed-off for recruitment and each fixed-term contract that is extended are critical to the delivery of service locally; and
4. Best value is being delivered when using bank or agency staff.

3.47 The Workforce Efficiency and Productivity Workplan has been drafted and was agreed by the FRB 05 August 2021. The Senior Responsible Officer for this work is progressing this and will need further support from the operational directorates to quantify the anticipated impact of the initiatives, so that these can be added to the pipeline in due course.

Locum Spend Review

3.48 A review has been undertaken of historic spend on medical locum engagement and agreement secured on a high level action plan at FRB 05 August 2021. A Task and Finish Group has since been convened to develop the action plan into an implementation plan with a focus on process standardisation across directorates, along with establishing a price cap, tenure cap and mandating of Direct Engagement. This will be presented to the FRB for consideration on 16 September 2021 and, subject to agreement, implementation will be monitored and reported to Committee thereafter.

3.49 The aim is to establish Executive level oversight to monitor, review and report the engagement of medical locums and to lead the development of plans to reduce reliance on such engagement over time, as well as the associate costs. This will include standardised approaches are in place to:

- Assess viable alternatives to locum / agency use, with any associated risks specified and mitigated, and operational leaders supported to utilise these;
- Request and engage medical locums;
- Ensure adherence to clear and explicit standards in terms of price caps, tenure caps and mandating of Direct Engagement;
- Enable rapid escalation to Executive Director for support and, where necessary authorisation, where there is an operational need to step outwith those organisational standards; and

- Consider where service redesign may need to be considered in relation to long-term reliance on locums for operational delivery.

Directorate-based Savings Plans

3.50 Directorate-based savings plans were reviewed as part of the finance session of the Health and Social Care Operational Group 29 June 2021 and will be scheduled for monthly review by the FRB, along with monitoring through the savings pipeline and delivery tracker.

Hybrid Working

3.51 Work is underway to progress opportunities for Hybrid Working, working collaboratively between Facilities and the Workforce Directorate. Project Initiation Documentation has been developed and approved to progress to detailed planning by the FRB on 19 August 2021. The project plan to drive this work will be brought forward to FRB on 30 September 2021 to include detailed resourcing requirements.

Programme Architecture

3.52 In support of the development of the savings pipeline, a series of workstreams have been identified against which savings opportunities will be aligned and targets assigned.

3.53 Accountability for each workstream is attributable to an Executive Director and Senior Responsible Officer. It will be within their remit to ensure that workstream objectives are delivered and the associated savings and/or efficiencies realised.

3.54 This is illustrated by Table 1 below and forms the basis for the programme architecture which is in line with the toolkits used by other areas and will be overseen by the FRB.

Table 1 – Programme Architecture

Workstream		Accountable Executive Director	Senior Responsible Officer
1	System Wide Service Modernisation	Chief Officer/Chief Operating Officer	TBC
2	Community Health & Social Care	Chief Officer/Chief Operating Officer	Deputy Chief Operating Officer
3	Acute & Diagnostic Services	Chief Officer/Chief Operating Officer	GM Acute & Diagnostic Services
4	Mental Health	Chief Officer/Chief Operating Officer	Deputy General Manager Mental Health
5	Primary Care	Medical Director	Head of Primary Care
6	Women, Children's &Sexual Health Services	Chief Officer/Chief Operating Officer	GM Women, Children's & Sexual Health Services
7	Estates & Facilities	Chief Officer/Chief Operating Officer	GM Facilities & Clinical Support Services
8	eHealth	Chief Officer/Chief Operating Officer	GM eHealth
9	Corporate	TBC	TBC
10	Prescribing Improvement	Medical Director	Director of Pharmacy
11	Locum Expenditure	Medical Director	Medical Director
12	Hybrid Working	Director of Finance	GM Facilities & Clinical Support Services/HR Manager - Head of Service
13	Workforce Efficiency & Productivity	Workforce Director	HR Manager - Head of Service
14	Procurement	Director of Finance	Deputy Director of Finance - Governance & Financial Accounting

4. Conclusions

4.1 Work continues to progress across all areas of the SAM Programme in accordance with service pressures.

4.2 As a result of this there has been a focus on the sustainability elements of the programme, identifying savings opportunities whilst enhancing local processes and controls across Prescribing Improvement, Locum expenditure, Workforce Efficiency and Productivity and Hybrid Working.

4.3 To effectively oversee this work, a savings pipeline is under development underpinned by defined programme architecture with clear lines of accountability to support delivery.

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 Project Initiation Documentation also contains a Financial Impact Assessment for the planned change. When finalised by the operational teams and approved by the Financial Recovery Board or Governance and Performance Group, these will be available for review.

5.3 Staff side colleagues have been closely involved in the refresh of the SAM Programme and maintain oversight through the Health and Social Care Governance and Performance Group/Financial Recovery Board.

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.

7.2 For each individual project, Project Initiation Documentation also contains an assessment of the risk associated with the planned change, along with plans to mitigate. Further, the documentation also contains an assessment of risk associated with delivery of the associated project plan, again with plans to mitigate. When finalised by the operational teams and approved by the Health and Social Care Governance and Performance Group/Financial Recovery Board as appropriate, these will be available for review.

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 and will be captured by Project Initiation Documentation.

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. Documentation has been developed to support this process in accordance with local policy.

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.

ACRT	**Active Clinical Referral Triage**
CTAC	**Community Treatment and Care**
EQIA	**Equalities Impact Assessment**
FRB	**Financial Recovery Board**
HSCGPG	**Health and Social Care Governance and Performance Group**
IJB	**Integration Joint Board**
NHS	**National Health Service**
PIR	**Patient Initiated Review**
SAM	**Sustainability and Modernisation Programme**
SAP	**Single Access Point**

Dumfries and Galloway Integration Joint Board

DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	**Title of direction and Reference Number**	Prescribing Efficiency, Effectiveness and Improvement
2	**Date direction issued by Integration Joint Board**	
3	**Date from which direction takes effect**	
4	**Direction to:**	NHS Dumfries and Galloway
5	**Does this direction supersede, amend or cancel a previous direction – if yes, include the direction title and reference number**	No
6	**Functions covered by direction**	Prescribing across all directorates; Acute and Diagnostics, Community Health and Social Care, Women, Children's and Sexual Health and Mental Health, and Out of Area prescribing.
7	**Full text of direction**	NHS Dumfries and Galloway should develop 3-Year Directorate-based Prescribing Improvement Plans to deliver improvement and assurance in respect of: • Unwarranted variation in prescribing is minimised across all sectors • Formulary compliance is maximised across all sectors • Medicines wastage is minimised in all care settings • Opportunities to modernise and deliver the most cost effective pathways are maximised
8	**Budget allocated by Integration Joint Board to carry out the direction**	Circa £58,000,000
9	**Desired outcomes**	To harness savings opportunities within the prescribing budget across all service areas.
10	**Performance monitoring arrangements**	The development of each scheme will be tracked through the savings pipeline and reported fortnightly to the Financial Recovery Board (FRB). Once fully developed delivery will be monitored by Finance and reported to FRB with periodic reports to the Performance and Finance Committee.

11	**Date direction will be reviewed**	31 March 2024

Dumfries and Galloway Integration Joint Board

DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	**Title of direction and Reference Number**	Locum Spend Review
2	**Date direction issued by Integration Joint Board**	
3	**Date from which direction takes effect**	
4	**Direction to:**	NHS Dumfries and Galloway
5	**Does this direction supersede, amend or cancel a previous direction – if yes, include the direction title and reference number**	No
6	**Functions covered by direction**	Locum use across all operational directorate; Acute and Diagnostics, Community Health and Social Care, Women, Children's and Sexual Health and Mental Health.
7	**Full text of direction**	NHS Dumfries and Galloway should establish Executive level oversight to monitor, review and report the engagement of medical locums and to lead the development of plans to reduce reliance on such engagement over time, as well as the associate costs. This will include standardised approaches are in place to: • Assess viable alternatives to locum / agency use, with any associated risks specified and mitigated, and operational leaders supported to utilise these; • Request and engage medical locums; • Ensure adherence to clear and explicit standards in terms of price caps, tenure caps and mandating of Direct Engagement; • Enable rapid escalation to Executive Director for support and, where necessary authorisation, where there is an operational need to step outwith those organisational standards; and • Consider where service redesign may need to be considered in relation to long-term reliance on locums for operational delivery.
8	**Budget allocated by Integration Joint Board to**	£XXXX

	carry out the direction	
9	**Desired outcomes**	• Develop viable alternatives to locum / agency use • Establish formal processes to request locum / agency use and that the organisation is assured of their consistent application across all Directorates • Develop clear and explicit standards to assure the organisation of the quality of locum / agency staff engaged; minimising of spend through price caps; and length of time for which locum / agency staff are engaged • By mandating Direct Engagement, driving the average cost per hour to the average cost per grade for NHS D&G as a whole, and securing successful recruitment to current vacancies across consultant (5) and middle (8) grades then a potential saving of £2.4m could be made across the Retinue contract in 2022/23
10	**Performance monitoring arrangements**	The development of this scheme will be tracked through the savings pipeline and reported fortnightly to the Financial Recovery Board (FRB). Once fully developed delivery will be monitored by Finance and reported to FRB with periodic reporting to the Performance and Finance Committee.
11	**Date direction will be reviewed**	31 March 2023