# **NHS Ayrshire & Arran**



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 28 March 2022

Title: East Ayrshire System Pressures Investment Plan

Responsible Director: Craig McArthur, Director of East Ayrshire Health and Social

**Care Partnership** 

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**East Ayrshire Health and Social Care Partnership** 

# 1. Purpose

This is presented to the Board for:

Awareness

This paper relates to:

- Government policy/directive;
- NHS Board/Integration Joint Board Strategy or Direction.

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

# 2. Report summary

### 2.1 Situation

This report relates to the local System Pressures Investment Plan developed following the announcement of national investment of £300M. The report sets out key areas of investment in home first/discharge without delay, care at home, MDT locality working, Allied Health Professionals, Social Work and Mental Health Officer capacity, transitions, interim care and programme management, finance, HR and business support enablers.

## 2.2 Background

The Cabinet Secretary for Health and Social Care announced in a statement to the Scottish Parliament on 5th October 2021 a significant investment of £300M for health and social care. The Cabinet Secretary highlighted a number of key principles underpinning this whole system investment. These are: maximising capacity – through investment in new staffing, resources and facilities; caring for staff wellbeing; ensuring system flow through improved discharge planning and access to the range of community-based care and supports, and; improving outcomes in terms of care and

support in the right place and right time. The confirmed allocation for East Ayrshire IJB is £7.162M. The remainder of this report gives further detail on the targeted areas for investment and local investment plans.

The direction of travel and content of the Plan has been the subject of considerable consultation through Senior Leadership Group, Partnership Management Team, Senior Management Team and Professional Advisors for Nursing and Allied Health Professionals and was considered at IJB on 9<sup>th</sup> February 2022.

### 2.3 Assessment

The System Pressures Investment Plan has been developed as a whole system response to identified challenges across the system. These relate to increasing complexity of need, constrained flow through the system, capacity in key services areas and discharge planning. Responding to these challenges, the Plan is firmly located within the IJB's Strategic Plan 2021-30 and its vision and priority themes. The Plan draws on evidence-based 'high impact changes'. The full Plan is included at Appendix I. In summary, the Plan focuses on the following areas of investment:

- Home First / Discharge Without Delay;
- Care at Home and Rehabilitation and Enablement;
- Enhancing Locality MDT Working;
- Community AHP Workforce;
- Enhanced Front Door Service in the Community;
- Social Work and MHO Capacity;
- Health Improvement in Mental Health;
- Developing Transitions across settings;
- Programme Management, Implementation Support and Evaluation; Integrated Finance Support; Developing Integrated Care Records; HR and OD support
- Interim Care, and;
- Wellbeing support.

## 2.3.1 Quality/patient care

The System Pressures Investment Plan has implications for supported people and unpaid carers in increasing capacity within community-based care and support services, improving flow within the health and care system and in contributing to improved outcomes for individuals. The underlying principles for the national investment emphasise this.

## 2.3.2 Workforce

The Human Resource implications arising from the System Pressures Investment Plan are significant. There will be significant recruitment implications and ongoing need for day-to-day HR support. HR colleagues have been consulted throughout. The table below shows WTE across the areas of investment set out at para. 2.1. It should be noted that immediate recruitment has proceeded for Health Care Support Workers in line with the Scottish Government letter of 5<sup>th</sup> October 2021 with 10.4WTE recruited for East Ayrshire HSCP.

Table I: Staffing by Area of Investment

System Pressure Investment Plan	Area of Investment	Staffing (WTE)
EAHSCP_001	Home First / Discharge Without Delay	14
EAHSCP_002	Care at Home and Rehabilitation and Enablement	38
EAHSCP_003	Enhancing Locality MDT Working	36.4
EAHSCP_004	Community AHP Workforce	17.2
EAHSCP_005	Enhanced Front Door Service in the Community	13.5
EAHSCP_006	Social Work and MHO Capacity	5
EAHSCP_007	Health Improvement in Mental Health	2
EAHSCP_008	Developing Transitions across settings	3
EAHSCP_009	Enablers	26

#### 2.3.3 Financial

The System Pressures Investment Plan relates to the local allocation from £300M of national investment as announced on 5<sup>th</sup> October 2021 and the financial implications are significant. As noted at para. 2.3 above, the total financial implication of the report is £7.162M on confirmed distribution. Finance colleagues have been consulted throughout. A further financial implication is linked to the ability to spend the full allocation within the financial year. This will be limited, given the need for substantial recruitment, and will require flexibility. Investment proposals include one-off set-up costs for IT equipment of £0.047M and recurring licensing and data costs of £0.011M.

## 2.3.4 Risk assessment/management

The report is in line with the Risk Appetite Statement of the IJB in terms of investing in high quality care and support, an openness to designing innovative services and the high appetite for addressing workforce challenges. The report also links directly to the openness to moving towards prevention and early intervention in relation to collaborative commissioning with Delivery Partners.

## 2.3.5 Equality and diversity, including health inequalities

The System Pressures Investment Plan has been assessed for relevance in relation to the General Duties and Fairer Scotland Duties. The assessment found low relevance with respect to the Plan itself. The Plan enhances existing approaches and does not change policy direction. The System Pressures Investment Plan will increase access to community care for people with support needs. This is expected to have a positive impact on protected characteristics, specifically age and disability. Collaborative commissioning with Delivery Partners related to early intervention and prevention

contributes more widely to fostering good relations between people who share a relevant protected characteristic and those who do not. Individual Plan workstreams should be subject to early detailed equality impact assessments to ensure protected characteristics are given due regard. Metrics and baselines should be disaggregated by relevant protected characteristics and these monitored.

## 2.3.6 Other impacts

The report contributes to the wellbeing delivery priority of the Community Plan.

## 2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate through the Partnership Management Team, Strategic Planning Group and Stakeholder Forum members.

## 2.3.8 Route to the meeting

This Plan has been considered by the following groups as part of its development:

- Senior Management Team and Professional Advisors for Nursing and Allied Health Professionals – 3<sup>rd</sup> November 2021
- EAHSCP Senior Leadership Group 2<sup>nd</sup> December 2021
- EAHSCP Partnership Management Team 20th January 2022
- East Ayrshire Integration Joint Board 9th February 2022

### 2.4 Recommendation

For awareness: Members of the Board are asked to take assurance from the system pressures investment plan report developed by the HSCP for the deployment of the new investment in line with Scottish Government guidance and Key Performance Indicators.

# 3. List of appendices

The following appendices are included with this report:

Appendix No 1, System Pressures Investment Plan

#### EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

#### SYSTEM PRESSURE / WINTER INVESTMENT PLAN

#### **PURPOSE**

This report introduces the planned areas of spend related to the System Pressure / Winter Planning resource announced by the Cabinet Secretary on 5<sup>th</sup> October 2021 and subsequently followed up in correspondence from SG on 5<sup>th</sup> October and 4<sup>th</sup> November 2021.

#### **VISION**

Investment plans will continue to be driven by the vision and themes of the Strategic Plan. The vision for health and social care in East Ayrshire is set out in our Strategic Plan as:



The core themes of the Strategic Plan 2021-30 are as shown below <a href="https://tinyurl.com/5489u2fd">https://tinyurl.com/5489u2fd</a>

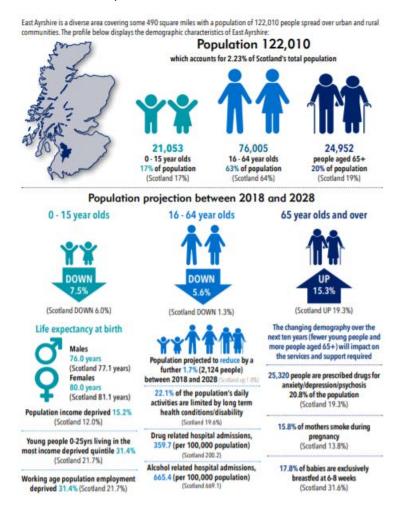


The policy context for this is summarised in the Health and Wellbeing Strategic Policy Context which accompanies the current Strategic Plan for 2021-30 <a href="https://tinyurl.com/vkeahs5e">https://tinyurl.com/vkeahs5e</a>

In support of this policy context the Strategic Plan 2021-30 centres on place-based partnership working, multi-disciplinary teams, valuing the workforce, digital connections and aiming to ensure that more people are able to live independently and according to their wishes because they are able to better manage their own health and have easy access to local, effective support for long term conditions and disabilities.

#### **CHANGING DEMOGRAPHY**

An infographic from East Ayrshire's Strategic Plan shows the changing demographic background to this investment plan.



From this and other joint strategic needs assessment sources, including ScotPHO, Public Health Scotland and East Ayrshire by Numbers <a href="https://tinyurl.com/5x7tzsj5">https://tinyurl.com/5x7tzsj5</a>, the key demographic changes are:

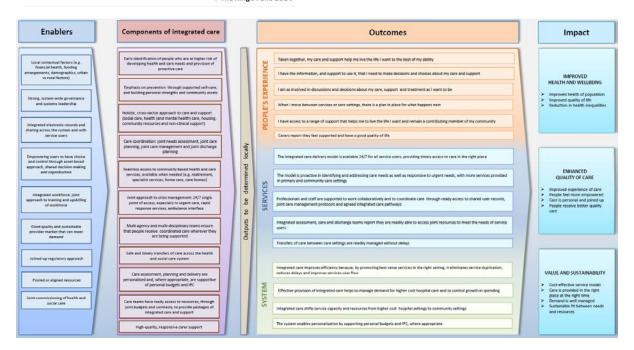
- Changing population dynamics of ageing and increasing diversity of need;
- A more rapid increase in the number of people aged over 85;
- Increasing need for direct personal care over the medium and long-term;
- Increasing number of households headed by someone living on their own;
- A rise in the number of people living with more than one long-term condition;
- Increasing complexity of need;
- Socio-economic inequalities and poverty exacerbating poorer health and wellbeing outcomes across the population;
- A doubling of the number of people living with dementia over the long-term, and;
- Changing population expectations related to choice and control over care and support.

#### **HIGH IMPACT CHANGES**

It is important that we make investment in effective interventions that also build on and enhance our existing model of care. The Kings Fund research and SCIE Logic Model helped guide these discussions, with the summary of policy direction and approach to using the logic model illustrated below.



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In summary, the policy direction is one premised on integrated care and support across the life course to deliver better outcomes, with prevention and early intervention being integral to the management of demand.

High impact changes relate to multi-disciplinary team working, early identification and planning, proactive management of long-term conditions, managing variation in admission, managing variation in discharge, home-first and discharge to assess approaches, rehabilitation and enablement.

#### **ENGAGEMENT IN DEVELOPING INVESTMENT PROPOSALS**

Three HSCP workshops were held in October/November 2021 with wider team engagement being led by Senior Managers and Professional Leads. Short proposals were submitted following this. The Senior Leadership Group and Partnership Management Team have discussed outline proposals from this engagement. The Strategic Planning Group discussed community engagement on plans and a participatory budgeting approach will be taken to developing further prevention and early intervention investment aligned to national third sector funding.

#### SYSTEM PRESSURE INVESTMENT PLAN

The table below summarises that proposed system pressure investment and the alignment of these with the policy intent and funding conditions set out by the Scottish Government.

System pressure investment will also align with agreed plans for the developing model of care at East Ayrshire Community Hospital (EACH).

Detailed proposals are illustrated in the table below. In outline these are for:

Home First / Discharge Without Delay	Multi-disciplinary Home First Team: discharge without delay and home first principles driving a team that brings together the specialist social work Hospital Team, Home from Hospital, and strengthens alignment with Community Rehabilitation Team, ICT, SAS, Advocacy, TSI. Investment includes an enhanced presence at UHA, management of interim care beds, investment in managerial oversight, AHPs, support assistants and business support.
Care at Home and Rehabilitation and Enablement	Additional Community Care Officers, Area Lead, AHP, Rehabilitation and Support Assistant capacity plus management overview and MHO Social Work Capacity, enablement review capacity.
Enhancing Locality MDT Working	Team Leadership to each of the three MDTs. Specialist Practitioner Community Nursing B7s. Additional Social Work capacity at locality level. Technology Enabled Care.
Community AHP Workforce	Additional capacity for OT, SLT, Dietetics and Community Rehabilitation, HCSW, and orthotic sessions.
Enhanced Front Door Service in the Community	Building on multidisciplinary FDS through skills mix, partner involvement and rehabilitation and enablement capacity
Social Work and MHO Capacity	Locality and specific MHO investment to fulfil statutory duties, respond to and plan for increasing levels of demand for MH(C+T)S, AWI (S) to undertake complex assessment and ensure rights are respected. Early intervention to avoid delayed discharge.
Health Improvement in Mental Health	Physical health checks and to better meet the National Clozapine Standards and better outcomes in accessing mainstream wellbeing programmes utilising Health Care Assistants.

Developing Transitions across settings	Support Assistants in Learning Disability and Mental Health Teams to enable early intervention and smoother transitions across services and better engage with individuals for future needs
Programme Management, Implementation Support and Evaluation; Integrated Finance Support; Developing Integrated Care Records.	Programme Management and Implementation Support to coordinate the delivery of activities, business change and benefits realisation. Investment in integrated finance and financial planning to support understanding of impact of interventions on system efficiency, operation financial control, longer-term planning and risk and reward. Programme and development capacity to develop the capability of modern information systems interoperability to better support multi-disciplinary working. HR and Business Support to an increased workforce.
Interim care capacity	Providing interim care - to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting
Wellbeing support	Detailed programme being developed through Wellbeing Group

Ref	Scheme	Outline	Staffing	Estimated Investment	Suite of measures link	Maximising		Ensuring	Improving	a	b	С	d	e	f g	h	ı i	i	j	k	I	m	n c	р	$\Box$
		·	e	-		capacity	staff wellbeing	system flow	outcomes		~	~	~	~	*	~	*	*	~	~	*	~	*	~	*
EAHSCP_001	Home First / Discharge Without Delay	Multi-disciplinary Home First Team: discharge without delay and home first principles driving a team that brings together the specialist social work Hospital Team, Home from Hospital, and strengthens alignment with Community Rehabilitation Team, ICT, SAS, Advocacy, TSI. Investment includes an enhanced presence at UHA, management of interim care beds, investment in managerial oversight, AHPs, support assistants and business support.		4 862,41	Multi-Disciplinary Working - Integrated assessment teams to discharge people fron hospital with care and support in place, working in partnership with unpaid carers	٧	V	V	٧	٧	V	٧	V	V	V		٧	٧	V	V	V	٧		V	
EAHSCP_002	Home and Rehabilitatio n and	Additional Community Care Officers, Area Lead, AHP, Rehabilitation and Support Assistant capacity plus management overview and MHO Social Work Capacity, enablement review capacity.		1,815,64	Expanding Care at Home capacity - expanding existing services; funding a range of preventative services; Technology Enabled Care	√	٧	٧	٧	٧	٧				٧		٧	٧	٧	٧	٧	٧			
EAHSCP_003	Enhancing Locality MDT Working	Team Leadership to each of the three MDTs. Specialist Practitioner Community Nursing B7s. Additional Social Work capacity at locality level. Technology Enabled Care.	36	1,804,98	Multi-Disciplinary Working - Integrated assessment teams to discharge people fron hospital with care and support in place, working in partnership with unpaid carers	√ n	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	V V	
EAHSCP_004	Community AHP Workforce	Additional capacity for OT, SLT, Dietetics and Community Rehabilitation, HCSW, and orthotic sessions.	17	2 607,35	Expanding Care at Home capacity - Funding a range of approaches to preventing care needs from escalating, such as intermediat care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.	2	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	VV	
EAHSCP_005	Enhanced Front Door Service in the Community	Building on multidisciplinary FDS through skills mix, partner involvement and rehabilitation and enablement capacity	13	.5 553,09	Multi-Disciplinary Working - Rapid- response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	√	٧	٧	٧	٧	٧	٧	V V	

EAHSCP_006	Social Work and MHO Capacity	Locality and specific MHO investment to fulfill statutory duties, respond to and plan for increasing levels of demand for MH(C+T)S, AWI (S) to undertake complex assessement and ensure rights are respected. Early intervention to void delayed discharge.	5	249,544		٧			٧	√	V	٧	٧	√	٧	٧	٧	٧	٧	٧	٧		
EAHSCP_007	Health Improvemen t in Mental Health	Physical health checks and to better meet the National Clozapine Standards and better outcomes in accessing mainstream wellbeing programmes utilisaing Health Care Assistants.	2	61,074	Better outcomes - through our collective investment in people, capacity and systems to deliver the right care in the right setting.	٧			٧						٧	٧	~	٧	<b>&gt;</b>	٧	٧		
EAHSCP_008	Developing Transitions across settings	Support Assistants in Learning Disability and Mental Health Teams to enable early intervention and smoother transitions across services and better engage with individuals for future needs	3		Better outcomes - through our collective investment in people, capacity and systems to deliver the right care in the right setting.	٧			٧							٧	٧	٧	٧	٧	٧		
EAHSCP_009	,	Programme Management and Implementation Support to coordinate the delivery of activities, business change and benefits realisation. Investment in integrated finance and financial planning to support understanding of impact of interventions on system efficiency, operation financial control, longer-term planning and risk and reward. Programme and development capacity to develop the capability of modern information systems interoperability to better support multi-disciplinary working.	26		Enablers	٧		٧	٧	٧	٧				V								٧
EAHSCP_010	Wellbeing support	Detailed programme being developed through Wellbeing Group	1	100,000	Ensuring staff wellbeing – ensuring that they can continue to work safely and effectively with appropriate guidance and linemanagement and access to timely physical, practical and emotional wellbeing support.	٧	٧	٧	٧						٧								
EAHSCP_011	Interim Care	Commissioning three beds across localities to support interim placements as dose to an individual's desired outcome destination. Interim beds to be managed through the HomeFirst/Discharge Without Delay manager and MDT Coordinators. Placements would be facilitated by AHP in-reach to ensure an enablement focus. Included in EAHSCP_01 home from hospital/discharge without delay	0		Providing interim care - to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting	٧		٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	٧	

- a) Number of people delayed in their discharge from hospital
- b) Number of people who have been discharged to an interim care home
- c) Number of people who have moved on from the interim placement by the agreed date for the placement to end
- d) Average length of interim care placements
- e) Significant reductions in delayed discharge and occupied bed days
- f) Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute
- g) Increase in assessments carried out at home rather than hospital
- h) Evidence of a reduction in the number of people waiting for an assessment
- i) Evidence of a reduction in the length of time people are waiting for an assessment
- j) Reduction in number waiting for an assessment for care
- k) Reduction in number waiting for a care at home service
- I) Reduction in unmet hours of care
- m) Evidence of the types of services and activity funded, and the number of people supported by these
- n) % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision
- o) Evidence of resource to support the use of technology and digital resources