

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 24 AUGUST 2022

RESHAPING CARE

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

- 1.1 Review the workstreams which were under the Reshaping Care agenda.
- 1.2 Understand which of those workstreams have been carried forward following the conclusion of Reshaping Care.

2 Directions

- 2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3 Risk

- 3.1 IJB Risk 1 – Sufficiency and affordability of resource – our approach to Reshaping Care encompasses a number of interdependent transformational and service redesign initiatives with the overarching aim of delivering safe, effective and sustainable services within available resource.
- 3.2 IJB Risk 8 – Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right time and place – this work is focused on ensuring we have models of care which meet the needs of our population and are fit for the future.

4 Background

- 4.1 The Aberdeenshire Health and Social Care Partnership (HSCP) Reshaping Care Programme Board was established in November 2017 to lead on local delivery of the Scottish Government's 'Reshaping Care for Older People: A Programme for Change 2011-2021'. This strategy set the direction for Local Authorities, and subsequently HSCPs, in developing support for older people which is fit for the future. This was followed by publication of the national update report in 2013, 'Reshaping Care for Older People - Getting On'.
- 4.2 The vision of the initial, and subsequent paper, was that 'Older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting'. Significant 'Change Fund' funding came to Partnerships to support the programme.
- 4.3 The key driver behind the programme was the increased life expectancy of our older population – by 2032 the population aged 65 years and over is expected

to increase by almost half (49%); and during the same period the population aged 90 and over will increase by one and a half times (149%).

- 4.4 The programme aimed to celebrate our older population whilst planning for any challenges. At the start of the programme more than half (60%) of the funding for support for those over 65 years old was spent on hospitals and care homes and there was a recognition that some admissions are preventable. Improving access to care packages in the community was recognised as important in ensuring older adults did not spend any longer in hospital than was necessary. People's expectations of care and support were changing, and it was identified that future services needed to be available locally, be community based and meet individual need.
- 4.5 With a focus on preventative spend, local empowerment and organisations working together, a Reshaping Care programme board was developed within Aberdeenshire to oversee a range of workstreams contributing to the Reshaping Care agenda.
- 4.6 The Aberdeenshire programme included a number of workstreams with specific objectives. When Covid occurred in early 2020 these projects were at different stages, with some already having been incorporated into 'business as usual' work including mainstream homecare, the ARCH responder service, Joint Equipment Service, technology enabled care, Virtual Community Ward and integrated team working.
- 4.7 As previously reported to the IJB the pandemic has created a changed context and challenges for many services and workstreams. In some cases this has led to work having to be paused, reviewed or accelerated where required to ensure the safe and sustainable delivery of care. A summary of the projects still in place prior to the pandemic, their initial objectives and current status is included at Appendix 1.
- 4.8 With the national Reshaping Care strategy having concluded in 2021, the HSCP will still retain a focus on Reshaping Care moving forward as one of its five strategic priorities under its Strategic Plan. This will now be undertaken under the auspices of the HSCP's revised strategic delivery plan ensuring a clear reporting structure for projects through the new organisational governance arrangements. In particular this will be closely aligned to the new Social Care Sustainability Programme Board being established to deliver the agreed vision and improvement objectives for the HSCP relating to social care sustainability.
- 4.9 For example work has commenced on an internal home care review with the aim of addressing the fundamental challenges facing the service and exacerbated by the pandemic, in particular in relation to addressing unmet need in care provision and staff recruitment and retention. Enablement is also being refreshed to ensure older adults are provided with every opportunity to maintain their independence. Other elements of the programme will be reviewed/considered as capacity allows to ensure that we continue to benefit from the extensive work undertaken through this programme.

5 Summary

- 5.1 The Reshaping Care programme has supported Aberdeenshire, as a key priority within our Strategic Plan, to focus on services close to home placing the older person at the centre. Many of the elements are now part of our 'business-as-usual' work.
- 5.2 The HSCP will maintain a focus on Reshaping Care as one of its strategic priorities with projects to be redefined and/or commenced in line with the development of its revised Strategic Delivery Plan. Reports on progress will continue to be brought to the IJB as part of the performance governance and reporting arrangements underpinning the Strategic Delivery Plan.
- 5.3 Implementation will remain cognisant of and responsive to any new or emerging national developments for example through implementation of the National Care Service and the Health and Social Care Strategy for Older People.
- 5.4 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6 Equalities, Staffing and Financial Implications

- 6.1 An equality impact assessment is not required because this report is for information on progress made to date by the Reshaping Care Programme. As projects move forward as part of the revised HSCP Strategic Delivery Plan each individual project will be required to complete an Integrated Impact Assessment. This will mitigate against potential negative impacts when designing the service improvements.

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References:

Scottish Government (2011) Reshaping Care for Older People 2011 – 2021.
Source: <https://www.gov.scot/publications/reshaping-care-older-people-2011-2021/>

Scottish Government (2013) Reshaping Care for Older People 'Getting On'. Source: <https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2013/09/reshaping-care-older-people-update-paper/documents/reshaping-care-older-people-getting/reshaping-care-older-people-getting/govscot%3Adocument>

Appendix 1 Reshaping Care – Overview of Projects and Status as at August 2022

Project ID	Project	Project Objective / Outcomes	Status
RC1	Mainstream Home Care	Develop 4 key themes of rehabilitation and enablement (R&E); Responder service; End of life care; Care in remote & rural communities. Internal home care service with highly trained staff only focusing on 4 Pillars arrangements with external providers predominately delivering regular and stable care packages.	Internal homecare review commenced May 2022 led by Janine Howie, Location Manager, with aim of improving recruitment and retention and ensuring the sustainability and quality of service delivery to meet unmet need and service users' outcomes. An aligned piece of work has involved the HSCP actively moving to a higher commissioned/in house split of provision, although likely to be impacted by the pandemic and National Care Service. Ayrshire model is being considered where around 80% provision is in-house and professionalising of the care workforce.
RC4	Technology Enabled Care	Expand as technological advances occur and embed within Multi-Disciplinary Team assessment process. More people at home supported with an appropriate level of technology leading to reduced care packages.	Project Manager moved to pan-Grampian post but continues oversight of BP scale up/Florence projects. HSCP Digital Project Manager post to be recruited. Near Me now business as usual but continued support for Near Me Group - Consultation waiting areas and adoption of new functionality to allow for group consultations.
RC5	Virtual Community Ward (VCW)	Continue to develop model across Aberdeenshire. More people supported at home with a reduced need for hospital admission.	VCW approach (GP-led model which brings together multidisciplinary health and social care teams to provide care for patients who need regular or urgent attention, with the aim of avoiding unnecessary hospital admissions) has been sustained through Covid. Incorporated as business as usual but review planned.
RC11	Integrated Working	Accelerate the progress of multi-disciplinary integrated working to ensure effective and efficient processes, providing positive outcomes for service users. Promote integrated, partnership working, reduce duplication	Continuous theme and incorporated as business as usual. HSCP focus remains that central point of our provision is integrated, community-based care. To be taken forward as part of development of community hub model under revised strategic delivery plan.
RC13	Homely Settings	A coordinated approach to all accommodation options for older people in Aberdeenshire. More people supported in a homely environment with reduced need for hospital admission and intensive care packages.	Very Sheltered Housing (VSH) and Care Homes now considered as part of our Care Home oversight process. Post covid further consideration of VSH in relation to Care Homes and Housing will be required. Work underway to review VSH model in Central linking with Housing review of sheltered housing.

Project ID	Project	Project Objective / Outcomes	Status
RC14	Rehabilitation and Enablement and Intermediate Care	For 75% of referrals to the Aberdeenshire Health and Social Care Partnership Core Teams, enablement will be the default pathway for supporting all individuals across Aberdeenshire, whether in their home or a homely setting, to ensure individuals remain as independent as possible.	Review and refresh of Enablement underway led by Shona Campbell, Location Manager, to ensure consistency of approach post Covid. Intermediate Care - Pre covid was delivered via agreed beds in either or internal or external care homes. This stopped during covid. We have considered again if our Aberdeenshire care homes would be willing to consider intermediate care and commissioning colleagues are seeking interest. We have also explored a group of beds in one care home – staffing for care homes has been an issue, the ability of a local team including primary care to support the rehab and facilitate onward placement and the geography issues of transferring patients on an interim basis somewhere many miles from home/community.
RC15	Delayed Discharges	To co-ordinate the improvement / development action plan in order that a positive impact on rates of delayed discharge across community and acute settings is achieved.	Oversight of Delayed Discharges continues via operational management teams through monthly audit and 3 x weekly summary. Plans for Aberdeenshire-wide improvement work in development. Challenges continue in relation to access to care and care home placements but significant operational activity and focus around this on an ongoing basis.
RC16	Technology and Information	Delivering the technology, systems and data sharing options required for integrated working between Partnership staff on Council and NHS networks and any other technology solutions. Ability for staff to access data and the latest technology to deliver the most effective and efficient AHSCP services.	Rapid expansion of digital technologies through the pandemic has driven significant change in ways of working and supported staff to safely work, collaborate, consult, and monitor remotely and virtually. Replacement for Social Care Case Management System is now well underway. Work to identify community nursing/AHP system solution to be undertaken.
RC18	Risk Assessed Care	Ensure care support for moving and handling is determined by risk assessment rather than custom and practice. Local policy barriers to implementation of risk assessed care will be removed. Risk assessed care approach will be implemented by internal home care service and commissioned providers. There will be sufficient numbers of health and social care staff who are appropriately trained and skilled to deliver risk assessed care.	Work continues led by Kerry Adam, Location Manager. Wider links have now been developed and work underway with NHS Grampian moving and handling advisors.