East Ayrshire Health and Social Care Partnership

Community Health and Care Service

Service Improvement Plan

2019/20

East Ayrshire Council
Comhairle Siorrachd Àir an Ear

NHS
Ayrshire
& Arran

April 2019

Contents

SECTION 1: INTRODUCTION

This service improvement plan for Community Health and Care Services is set within the context of the East Ayrshire Community Plan 2015 – 2030, particularly the Wellbeing Delivery Plan 2018-21 and the East Ayrshire Health and Social Care Partnership Strategic Plan 2018 – 2021.

Service Improvement plans (SIPs) are a key part of the Health and Social Care Partnership's performance management and improvement framework. This plan sets out our vision and priorities; our performance framework; risks and opportunities; improvement actions for 2019/20; and progress made in 2018/19.

The SIP is structured around improvements in Community Health and Care Services as these contribute to creating positive local outcomes within the strategic planning context.

The Community Health and Care Management Team reviews progress against the service improvement plan objectives at management team meetings and also maintain an overview of performance and risk management.

The Service Improvement Plan covers the following:

- Service description;
- Review of 2018/19;
- Policy context;
- Improvement plan;
- Performance scorecard;
- Planned efficiencies, and;
- Risk.

SECTION 2: SERVICE DESCRIPTION

The vision for Community Health and Care is:

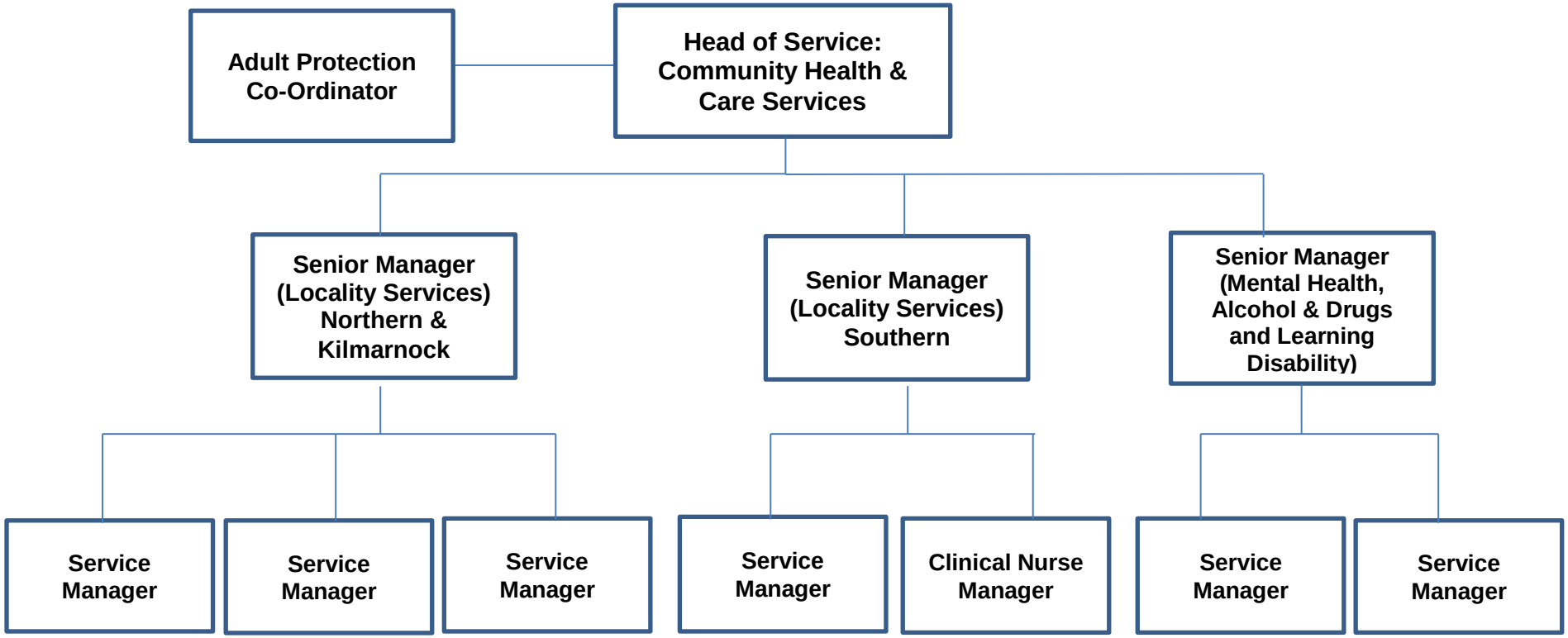
"East Ayrshire communities have reached their potential for healthy, independent lives."

and the values, which underpin its work are:

Community Health and Care services cover the following key elements:

- Locality Community Care Teams;
- Day services;
- Care at home;
- Care homes;
- Physical disabilities;
- Sensory impairment;
- District nursing;
- Frail elderly services;
- Intermediate Care Team (East);
- East Ayrshire Community Hospital services;
- Purchasing budget;
- Commissioning and contracting of services for adults and older people;
- Acute strategic liaison;
- Adult Support and Protection;
- Housing support;
- Mental health services;
- Learning disability services;
- Alcohol and drugs services;
- Winter planning;
- Unscheduled care;
- Pulmonary Rehabilitation;
- Locality Occupational Therapy;
- Palliative & End of Life Care;
- Moving and Handling;
- Review Teams;
- Hospital Social Work;
- Community Equipment and Adaptations;
- Community Responder;
- Front Door service;

The Organisational Structure of the service is shown below:



The budget for the service for 2019/20 is shown below:

Service Area	Total Delegated Budget 2019/20 £m
Core Services	
ADULT SUPPORT & PROTECTION	0.196
LEARNING DISABILITIES	16.683
MENTAL HEALTH	5.68
PHYSICAL DISABILITIES	2.336
OLDER PEOPLE	36.304
ADDICTION	1.324
SENSORY	0.225
COMMUNITY NURSING	4.134
TRANSPORT	0.473
INTERMEDIATE CARE AND REHABILITATION	0.833
RESOURCE TRANSFER / JOINT PLANNING / ADP	9.911
COMMUNITY HOSPITALS	4.148
	82.247

No specific “set aside” resource has yet been identified as part of the NHS Ayrshire & Arran budget setting process for 2019/20. Work is ongoing to finalise the sum to be allocated.

The “set aside” budget is for large hospital services, which are used in a predominantly unscheduled way. Service areas within the set aside budget are accident and emergency; inpatient services for general medicine, geriatric medicine, rehabilitation; respiratory and learning disability psychiatry, and palliative care services provided in hospital.

SECTION 3: POLICY AND PERFORMANCE CONTEXT

A number of key policy developments continue to shape and influence the delivery of services, alongside developments at parent body, regional and UK level that need to be recognised in our activities. The detail of this context is set out in Section 6 of the HSCP Strategic Plan 2018-21.

East Ayrshire Community Plan 2015-30: is the sovereign and overarching planning document for the East Ayrshire area, providing the strategic policy framework for the delivery of public services by all partners. The vision set out in the Community Plan is that:

"East Ayrshire is a place with strong, safe and vibrant communities where everyone has a good quality of life and access to opportunities, choices and high quality services which are sustainable, accessible and meet people's needs."

Strategic Priorities 2018-2021: the Community Planning Partnership Board has agreed to focus on the following:

- Improving outcomes for children and young people, with a particular focus on looked after children/young people and young carers;
- Older people: adding life to years – with a particular focus on tackling social isolation; and
- Community led regeneration: empowering communities – building community resilience

and expect to see a demonstrable difference in performance during the period. Implementation is through three thematic Delivery Plans, namely Economy and Skills, Safer Communities and Wellbeing. The Health and Social Care Partnership ("the Partnership") has a lead role in taking forward the Wellbeing theme as well a key contributory role in the delivery of the Economy and Skills and Safer Communities themes.

Community Plan Wellbeing Theme- Strategic Priorities:

- Children and young people, including those in early years and their carers, are supported to be active, healthy and to reach their potential at all life stages.
- All residents are given the opportunity to improve their wellbeing, to lead an active, healthy life and to make positive lifestyle choices.
- Older people and adults who require support and their carers are included and empowered to live the healthiest life possible.
- Communities are supported to address the impact that inequalities have on the health and wellbeing of our residents.

By focussing on these, progress will be made towards the following local outcomes:

- Starting Well: Children have the best start in life.
- Living Well: People are able to look after and improve their own health and wellbeing and live in good health for longer.

NHS Ayrshire and Arran Transformational Change Improvement Plan 2017-2020: and associated Delivery Plan 2017-18. This is the local delivery plan for NHS services and includes delegated services. It describes how transformational change programmes will deliver improvements designed to meet the needs of the local population.

East Ayrshire Council Transformation Strategy 2: "Closing the Gap" sets out the Council's proposals for transformational change in local authority services between 2017-2022. The strategy is currently being developed via engagement and consultation with partners and communities and continues the message of a definitive shift in spending towards outcomes based services built around people and communities, towards prevention and early intervention and a fundamental, innovative redesign of services to achieve financial and organisational sustainability.

Health and Social Care Partnership Strategic Plan 2018-21: the Partnership's vision is of:

"Working together with all of our communities to improve and sustain wellbeing, care and promote equity."

Strategic Priorities: the Partnership's focus over the course of the Strategic Plan 2018-21 is on:

- Early Intervention and Prevention
- New Models of Care
- Building Capacity in Primary and Community Care
- Transformation and Sustainability

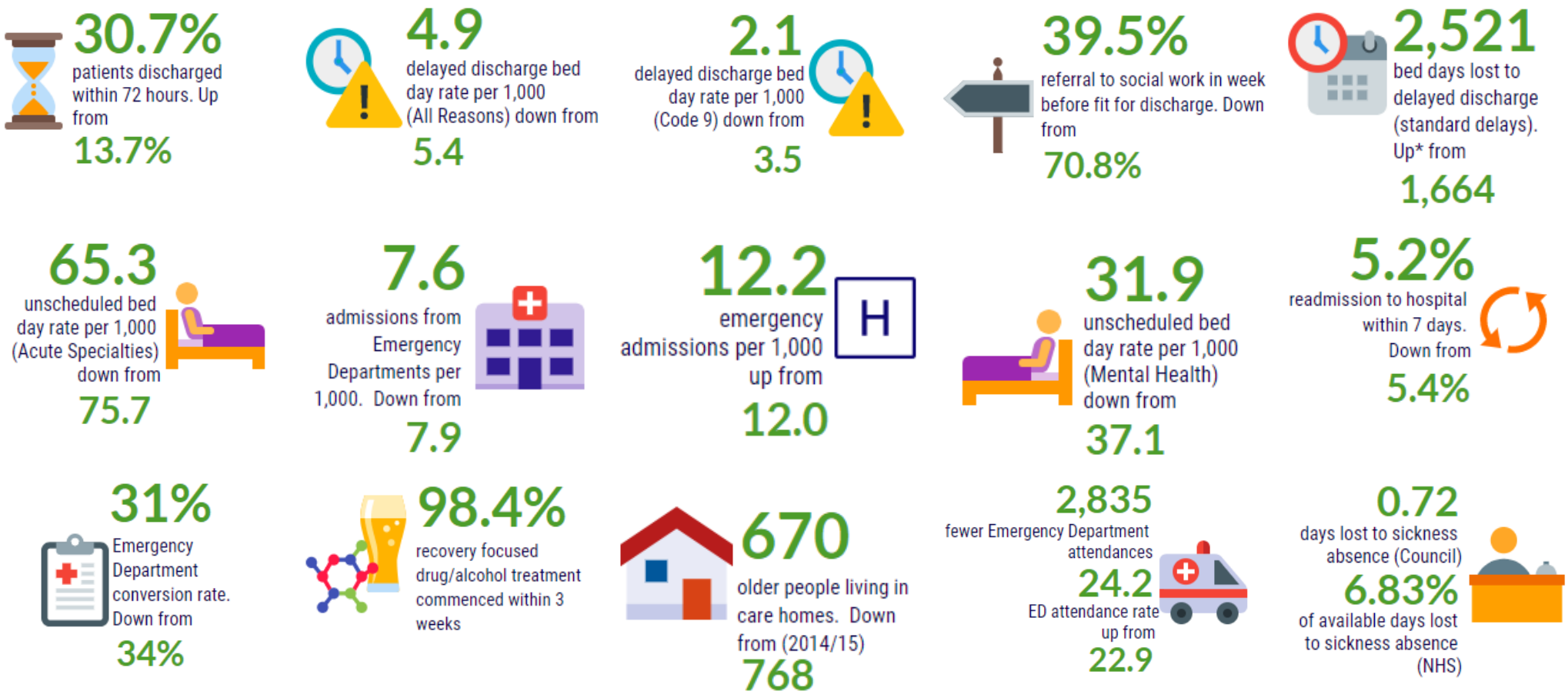
Community Health and Care Service Priorities 19/20: to contribute towards the Partnership's Strategic Plan and the Wellbeing Delivery Plan, improvements in Community Health and Care services over the course of this Service Improvement Plan 2018-19 are focussed on:

- Prevention and Early Intervention:
  - Mental Health
  - Maximising Independence and Reducing the Need for Formal Supports
- New Models of Care[1]:
  - Front Door and Multidisciplinary Services
  - Rehabilitation and Reablement
  - Unscheduled Care
  - Palliative and End of Life Care
- Transformation and sustainability cut across all the improvement areas; and
- Older people: adding life to years – with a particular focus on tackling social isolation

[1] Please note programmes currently under review

SECTION 4: REVIEW OF 2018/19

Service improvements have been evidenced in a number of areas and key areas for improvement are recognised:



* Change in recording system in-year resulting in data increase.

SECTION 5: SERVICE IMPROVEMENT PLAN 2019/20

Code	Theme	Service Priority	Action Area	Outcome(s)	Responsible	Timescale
1	Prevention & Early Intervention	Mental Health	Implement Phase 1 Actions of Primary Care Mental Health Team Review	• Services facilitate timeous access, minimise dependence on medication, promote recovery and use minimum level of intervention wherever possible. • People get timely access to the right support. • Shift in balance of care/resources from formal services to community alternatives/self-management.	Senior Manager Mental Health, Alcohol & Drugs and Learning Disabilities	March 2020
2	Prevention & Early Intervention	Mental Health	Implement Community Health and Care Year 1 actions within East Ayrshire Mental Health Delivery Plan and contribute to delivery of wider delivery, together with partners.	• Services facilitate timeous access, minimise dependence on medication, promote recovery and use minimum level of intervention wherever possible. • People get timely access to the right support. • Shift in balance of care/resources from formal services to community alternatives/self-management.	Senior Manager Mental Health, Alcohol & Drugs and Learning Disabilities	March 2020
3	Prevention & Early Intervention	Front Door & Multidisciplinary Services	Implement Alcohol & Drugs Services Front Door.	• Services facilitate timeous access, minimise dependence on medication, promote recovery and use minimum level of intervention wherever possible. • People get timely access to the right support. • Shift in balance of care/resources from formal services to community alternatives/self-management. • Employees are engaged in the development of service models.	Senior Manager Mental Health, Alcohol & Drugs and Learning Disabilities	March 2020
4	Prevention & Early Intervention	Maximising Independence	Implement Day Services Review Phase 1 and develop Phase 2.	• Day services fit with policy and resource context and opportunities for alternative service delivery models are identified. • People are supported in a way that is personal to them, close	Senior Manager Mental Health, Alcohol & Drugs and	March 2020

				to home and maintains/improves their community connections. • Shift in balance of care/resources from buildings to community- based.	Learning Disabilities	
5	Prevention & Early Intervention	Maximising Independence	Review Adult Services Social Work Teams.	• Services operate to manage demand in line with financial sustainability and transformation objectives. • People are supported close to home in a way that; is personal to them, maximises their independence, improves their wellbeing and maintains/improves their community connections.	Senior Manager Mental Health, Alcohol & Drugs and Learning Disabilities	March 2020
6	New Models of Care	Maximising Independence	Implement Phase 1 of New Models of Assisted Living Programme, in line with East Ayrshire Council's Strategic Housing Investment Plan.	• Services are in place to enable independent living and appropriate risk taking with support. • People with complex needs are able to live as independently as possible in the community.	Senior Manager Mental Health, Alcohol & Drugs and Learning Disabilities	March 2020
7	Prevention & Early Intervention	Maximising Independence	Continue to review provision of 24 hour packages of community based supports: Right Support in the Right Way at the Right Time.	• Community based support makes best use of Smart Supports and redesign opportunities to maximise independent living are identified. • People are supported in the right way, in the right place at the right time. • Shift in balance of care/resources from care at home type supports to Smart Supports.	Senior Manager Mental Health, Alcohol & Drugs and Learning Disabilities	March 2020
8	New Models of Care	Maximising Independence	Implement preferred option for re-providing very complex and end of life care and/or associated	• People are supported close to home in a way that; is personal to them, maximises their independence, improves their wellbeing and maintains/improves their community connections. • People with complex needs are able to live as independently as possible in the community.	Senior Managers	March 2020

			housing model.	• Services are in place to enable independent living and appropriate risk taking with support.		
9	New Models of Care	Rehabilitation & Enablement	Implement new Community Rehabilitation service model	• People are supported close to home in a way that; is personal to them, maximises their independence, improves their wellbeing and maintains/improves their community connections • Shift in balance of care/resources from buildings to community- based.	Senior Manager Locality Services (Northern and Kilmarnock)	March 2020
10	Prevention & Early Intervention	Maximising Independence	Develop effective delivery of integrated community equipment and adaptations	• People are supported close to home in a way that; is personal to them, maximises their independence, improves their wellbeing and maintains/improves their community connections. • People with complex needs are able to live as independently as possible in the community. • Services facilitate equal and timeous access and are in place to enable independent living and appropriate risk taking with support. • Services operate in line with financial sustainability and transformation objectives.	Senior Manager Locality Services (Northern and Kilmarnock)	March 2020
11	New Models of Care	Front Door & Multidisciplinary Services	Develop Community Health and Care Front Door Enablement role	• Services operate to manage demand in line with financial sustainability and transformation objectives. • People are supported close to home in a way that; is personal to them, maximises their independence, improves their wellbeing and maintains/improves their community connections. • Shift in balance of care/resources towards community-based alternatives to formal supports.	Senior Manager Locality Services (Northern and Kilmarnock)	March 2020
12	Transformation & Sustainability	Technology	Implement electronic scheduling	• Services operate more effectively as a result of efficient scheduling.	Senior Manager Locality Services	March 2020

					(Northern and Kilmarnock)	
13	New Models of Care	Maximising Independence	Review Care at Home Services	• People are supported close to home in a way that; is personal to them, maximises their independence, improves their wellbeing and maintains/improves their community connections. • Services operate more effectively	Senior Manager Locality Services (Northern and Kilmarnock)	March 2020
14	New Models of Care	Unscheduled Care	Further embed Pulmonary Rehabilitation programme.	• People with complex needs are able to live as independently as possible in the community. • Shift in the balance of care/resources towards community-based support.	Senior Manager Locality Services (Southern)	March 2020
15	New Models of Care	Palliative and End of Life Care	Further develop and implement a range of effective palliative care and end of life care models through joint working, including with carers.	• People and their carers can confirm they are cared for in a way that maintains their dignity and independence and respects their choices.	Senior Manager Locality Services (Southern)	March 2020
16	New Models of Care	Rehabilitation & Enablement	Develop East Ayrshire Community Hospital alternative models of care, implementing recommendations of national review.	• Reduction in variability of healthcare practice. • People are enabled to return home more quickly.	Senior Manager Locality Services (Southern)	July 2019

SECTION 5B: PERFORMANCE SCORECARD

Customers					
Measure	**18/19 Result**	**Baseline (17/18)**	**Target**	**Aim**	**19/20 Result**
Number of complaints (baseline total 2017/18)	44	45	N/A	N/A	**TBC**
Number of Older Aged Residents in Care Homes (as at March)	670	670	N/A	N/A	**TBC**
Number of Care at Home Service Users Aged 65+ (as at March)	1,541	1469	N/A	N/A	**TBC**

Outcomes					
Measure	**18/19 Result**	**Baseline (17/18)**	**Target**	**Aim**	**19/20 Result**
Bed days lost to delayed discharge for standard delays	2,521*	1,664	1,664	Minimise	**TBC**
Number of delayed discharges number over two weeks	1	0	0	Minimise	**TBC**
Referral to social work in week before fit for discharge	39.5%	70.8%	50%	Minimise	**TBC**
% of patients discharged within 72 hours	30.7% (provisional)	13.7%	N/A	Maximise	**TBC**
% of Emergency Attendances Converted to Unscheduled Admissions	29.9%	32.3%	30%	Minimise	**TBC**
Readmission to hospital within 7 days (baseline 2017/18)	5.2%	5.4%	4.3%	Minimise	**TBC**
Readmission to hospital within 28 days (baseline 2017/18)	11.2%	11.1%	9.2%	Minimise	**TBC**

People					
Measure	**18/19 Result**	**Baseline (17/18)**	**Target**	**Aim**	**19/20 Result**
Council EAGER/PDP Review - % with EAGER in place (March)	73%	76%	95%	Maximise	**TBC**
NHS PDR- % of PDRs completed & signed off by both parties at the end of the month (March)	20%**	56% (Jan)	95%	Maximise	**TBC**
Sickness absence days per person (LA) (March)	0.72	0.72	0.67	Minimise	**TBC**
Sickness absence - % of available days (NHS) (March)	6.83%	7.09%	4%	Minimise	**TBC**

Process					
Measure	**18/19 Result**	**Baseline (17/18)**	**Target**	**Aim**	**19/20 Result**
Recovery-focused drug treatment within 3 weeks (2017/18)	98.4%	98.4%	90%	Maximise	**TBC**

* Change in recording system in-year resulting in data increase.

** Systems issues with TURAS. Numbers will start increasing as people become more familiar with system.

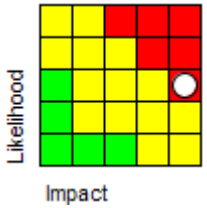
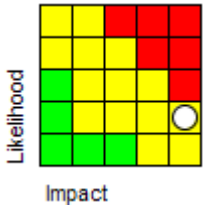
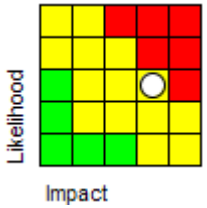
SECTION 6: PLANNED EFFICIENCIES

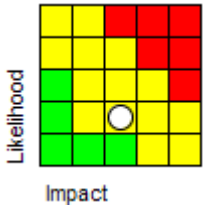
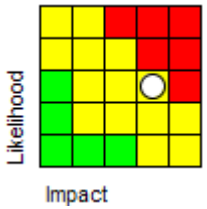
The detail of planned efficiencies for the local authority parent body is set out in the Transformation Strategy, with periodic reporting on this provided through East Ayrshire Performs.

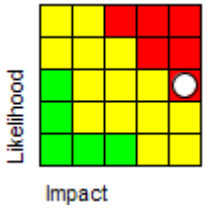
The detail of planned efficiencies for the Partnership in 2019/20 is set out in the published Financial Recovery Plan, with periodic reporting to the Integration Joint Board. Specific action to be taken forward during 2019/20 relates to:

No	Option	EAC £m	NHS £m	TOTAL £m	Additional Comments	Management Action or Consultation
1.	Adult Day Care Services	(0.250)	(0.00)	(0.250)	Review in line with Older Day Care Services	Management Action
2	24 hour care review – geographical responder service	(0.250)	(0.00)	(0.250)	Linked to ongoing transformation programme	Management Action
3	24 hour care review – supported accommodation	(0.200)	(0.00)	(0.200)	Hurlford - linked to ongoing transformation programme	Management Action
4	Bield service review	(0.040)	(0.00)	(0.040)	Staffing review (2 posts) / property rental	Management Action
5	Utilise ICF funding balance	(0.120)	(0.00)	(0.120	Direct support to mitigate pressures in CHCS	Management Action
6	Service re-design	(0.00)	(0.300)	(0.300)	Non-recurring at this stage – includes half year saving of 4 commissioned beds	Management Action
	TOTAL	**(0.860)**	**(0.300)**	**(1.160)**		

SECTION 7: RISK ASSESSMENT/MANAGEMENT

Code	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
CHCRISK01	**Failure to be sustainable** That the reduction in public services funding, coupled with demographic pressures, means we are unable to commission and deliver services which meet our strategic priorities or fulfil our statutory duties.	**3**	**5**	**15**			Maximise partnership working and the potential benefits of integration. Transformational change programmes and service redesign that seek to attract additional investment, release capacity and recurring savings, or stop activity that no longer delivers positive outcomes for people we support. Anticipate demand and identify activity that will reduce demand for services. Realise CRES savings.
CHCRISK02	**Failure to protect people** That the complexity of public protection, coupled with the increasing complexity of the needs we are meeting, means we are unable to ensure the safety of vulnerable and people at risk of abuse.	**2**	**5**	**10**			A robust Adult Support & Protection Team is in place supporting front line practice by developing appropriate policies and procedures. Focus group work is also taking place. Public Protection Service. Council Officer Forums. Liaison with Care Inspectorate. Self-evaluation work. Staff training and screening for risk.
CHCRISK03	**Failure of external service providers** That financial pressures, poor quality of care or poor leadership lead to the failure of external service providers to meet contractual obligations, and consequently mean we are unable to meet our strategic priorities or fulfil our	**3**	**4**	**12**			Contract monitoring and review officers. Care Inspectorate. Robust adult support & protection processes. Contingency planning to provide emergency cover are in place across care homes. Implement Care Home Audit.

Code	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
	statutory duties.						Risk registers in place with mitigations.
CHCRISK04	**Failure to meet standards of care** That inconsistent practice means we are not meeting people's needs in a way that is safe for them, is of good quality, or that meets our own or statutory standards.	**2**	**3**	**6**			SSSC codes of conduct. Duty of candour. Care plan audits. Clinical audits and improvement plans. Supervision in place. Incident reporting and learning. Spot checks. Robust care governance in place. Professional codes of conduct.
CHCRISK05	**Failure to move to a more preventive and early intervention delivery model** That we fail to re-balance our models of care, meaning people are unable to access appropriate support at an early stage, and so become reliant on more intensive supports and hospital admissions; and that in turn this leads to unsustainability of the health and social care system.	**3**	**4**	**12**			New Models of Care Programme. Invest in Vibrant Communities and Third Sector. Programme of service reviews that test for prevention / early intervention. Continuing the service change programme (including FDS, ICT East, and management of supported tenancies). Improved co-ordination of planning & performance support. Practice developed and embedded.

Code	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
CHCRISK06	**Failure to manage and support change** That staff become disengaged from the transformation agenda and our strategic priorities, leading to inconsistent practice across services and poor morale, in turn leading to increased staff absences and further pressures on meeting demand.	**3**	**5**	**15**			Management and team development sessions. An effective OD programme that includes at least annual team development sessions. Practice development. Engagement and workforce development programme. Healthy Working lives programmes. Access to resilience building opportunities. Monitoring of professional registration.