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WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

Integration Joint Board 21.06.18
Agenda Item: 5.2
Purpose: Approval

IJB INVESTMENT STRATEGY

PURPOSE OF REPORT

1. This report sets out our broad strategy for investing IJB reserves. The investment is designed to support service transformation, grow a sustainable workforce and enhance digital and physical infrastructure.

COMPETENCE

2. There are no immediate legal or HR matters arising from the paper. The financial investment proposals are set out in the detail, and further work will be undertaken across all investment lines, reporting back through the IJB as appropriate.

SUMMARY

3. Since 2016, through careful financial management, better than anticipated income generation and ongoing recruitment challenges, the IJB has developed reserves which are capable of being invested in our long-term strategic objectives. Our recent Strategic Plan Refresh outlines a number of new priorities, including the reform of primary care. Allied to enduring systemic challenges around population retention and a sustainable workforce, we have developed a five year investment plan, focused on three broad areas:
 - £1.1m in support of a Sustainable Workforce
 - £1.9m in support of Digital Innovation and Infrastructure
 - £1.1m in support of Service Transformation
4. These baskets of reform align with our strategic priorities. We also intend to hold some of the resource in reserve to provide some protection against the cost of increasing service pressures.
5. The reserves have increased in part because we have realised greater than anticipated income from residential care, including by clearing a backlog in financial assessments. Where this income relates to services before April 2016, the point at which the IJB comes into existence, our advice from external audit is that the monies should accrue to the Comhairle. It is suggested that insofar as those monies emerged from residential care, the Comhairle should be invited to reinvest that resource in the sector.

RECOMMENDATIONS

6. It is recommended that the IJB:
 - a. Agrees to the investment plan set out at Annex A and notes the earmarked reserves highlighted at Annex B;
 - b. Agrees that the Chief Officer should seek the Comhairle's approval to reinvest any newly accrued residential income generated prior to 2016 in the care home estate.

Ron Culley
Chief Officer, Health and Social Care
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BACKGROUND

7. The integration of health and social care is a flagship Scottish Government policy which has received significant backing in the context of the Scottish budget. As part of the 2015/16 settlement, Ministers top-sliced core NHS funding to ensure that resources were passed to IJBs for investment in primary and community care and to support the process of delivering more sustainable community based health and social care services.
8. There are a number of change funds that have been delegated to the IJB for the purposes of long-term investment:
 - The Integrated Care Fund – £640k of baselined funding to support the implementation of the strategic plan.
 - Delayed Discharge Fund - £192k of baselined funding to address delayed discharge by delivering quality care and supporting people at home or in a homely setting.
9. When the IJB Strategic Plan was agreed in March 2016, our investment strategy focused on three broad areas: mental health redesign (to support short-term double running costs), intermediate care (the absence of which was contributing to delayed discharges and which had been picked up as part of the joint inspection), and the redesign of the residential estate in Lewis (to boost long-term care capacity as part of a move to a mixed economy of care).
10. This led to a number of investment proposals being agreed by the IJB in December 2016:
 - **Community Equipment Store.** This involved £110k per annum ongoing commitment to the maintenance of the community equipment store, thereby ensuring faster response times for people with assessed needs (both community based and delayed in hospital)
 - **Long-term Care.** An ongoing cost in respect of the expansion of long term care beds (via the development of respite beds in Bethesda). This cost has been met until 2018/19, at which point a part year cost of £164k will be required and going forward £365k will be found from the baselined Integrated Care Fund. In addition, to boost core capacity, the four remaining external care home beds in Blar Buidhe and Leverburgh were targeted at a cost of £120k per annum.
 - **Intermediate Care.** A baselined investment of £250k per annum to support bed based reablement (step-up/step-down).
 - **Mental Health Redesign.** This involved a £45k one year commitment to a mental health redesign programme manager, £250k per annum for two years to support double running costs which could emerge as a result of disinvestment from hospital wards, and baselined £250k per annum to support the transition of Clisham ward patients to long-term care.
11. In addition to the investment made from the specific change funds, wider redesign initiatives have opened up opportunities for reinvestment, not least because of the redesign of the homecare service and the Mobile Overnight Support Service. This allowed investment to be targeted at future reforms, such as the development of emergency social care capacity out of hours.
12. Over the course of 2016/17 and 2017/18, we have been putting arrangements in place to deliver on these proposals. The Community Equipment Store is functioning well and has benefited from stability of investment: it has allowed us to retain core capacity in the community and supported wider reforms around delayed discharge. The expansion of long-term care has now been maximised locally and provides us with additional community capacity as we continue to reduce the number of people delayed in hospital. The mental



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health redesign is now firmly underway, although the transitional monies have not been required to support the ward closures – these monies may now be repositioned to invest in additional care home staffing to support the transition of patients from Clisham. The intermediate care service has started to operate, although key posts remain unfilled. While this improves each month, we are nonetheless without a range of reablement workers and a physiotherapist.

IJB RESERVES

13. In addition to the programme of investment outlined above, the IJB has developed its reserves, which have amassed as a combination of recruitment challenges, higher-than-anticipated care home income, fragile and complex packages being held without the need for further investment, and better than planned for efficiency savings. To that end, we now need to consider how best to make use of the reserves we hold to ensure that we optimise the delivery of health and social care services locally. In line with our strategic priorities, it is suggested the Joint Board invests in a sustainable workforce, service transformation and digital innovation and infrastructure.

A Sustainable Workforce

14. Recognising that we have an ageing workforce (with concomitant health at work challenges), general depopulation across the islands, and a shrinking working age population, it is crucial that we take proactive steps to address our workforce challenges. In the absence of this, we will find services increasingly unable to function at optimal levels.

15. We have already decided to invest £500k in an apprenticeship scheme to support the development of new recruits into social care and it is now recommended we do the same for healthcare. We will set aside £250k to invest in three areas in particular: pharmacy, AHPs and mental health. Detailed proposals will be worked up on the back of this investment being earmarked for this purpose.

16. We also propose to set aside a modest sum of £135k over three years to support our external marketing and support specific recruitment to hard-to-fill posts. Our working hypothesis is that while health and social care professionals who work on the Scottish mainland may understand the quality of life dividend that can be achieved by working in the Western Isles, it is too often seen as detrimental to career development. Our job is to proactively tackle that misconception. This resource could also be used to recruit to hard-to-fill posts. For example, the Medical Director is currently working on new arrangements that could entice consultant physicians into post in the Western Isles Hospital, thereby consolidating the service and avoiding the instability and cost that comes with a locum based model.

Digital Innovation and Infrastructure

17. Ensuring that the Western Isles is leading the agenda around investing in new infrastructure will be an important part of our transformation. There are a range of key projects that we want to support with investment, including the digitization of home support services like telecare. We have the possibility of going far beyond a simply community alarm system to introduce more sophisticated home monitoring for people with support needs. This will contribute to people remaining safe at home. We have set aside £500k over two years to support this work, subject to the objectives of our emerging digital strategy.

18. Finally, we are seeking to invest a substantial sum of £1.4m in capital investment projects in Lewis. This would support the development of a multi-purpose campus on the west side of Lewis, as well as advance our interest in the further development of Ardseileach to allow for



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

the repatriation of people with learning disabilities from mainland placements. It will also maintain fidelity to the source of the investment, which was raised from care home income.

Service Transformation

19. Given that the financial outlook continues to look challenging, and given the demographic and epidemiological context which is contributing to growing demand, it is incumbent on us to focus hard in delivering transformation across health and social care. Though 'transformation' is an overused concept, it nonetheless captures the idea of moving from one mode of service delivery to another.
20. We have highlighted the primary care agenda as a good example of how we can change the way our local health and care system operates, and it is therefore recommended that we invest an additional £300k into that process. The Scottish Government resource for primary care transformation will be loaded onto the back-end of 2021, meaning that in year two of our reform programme, we will have limited additional resources to invest in change. We want to change that by boosting local investment and speeding up the programme.
21. Related to this agenda, more time and energy will be required to spend developing multi-disciplinary arrangements, and we have therefore set aside a modest amount of £15k per year for three years to support development days (to pay for back-fill etc.)
22. Palliative care is another area profiled in our strategic plan refresh. In our emerging commissioning plan, we have identified the provision of emergency respite cover as being pivotal to supporting people to die at home. To that end, we want to invest £150k over five years in a programme designed to boost this capacity, with a review after two years to assess impact.
23. Finally, we have put money aside to better support the IJB's community development work and to better support locality planning processes. This is in line with the Health and Sport Committee's recommendations and fits with a key area of improvement within the annual report.
24. While we have been careful to guard the change funds and direct them towards reform, the reality is that the IJB will have to oversee a programme of change moving forward which is premised on a real terms reduction in core budgets. In other words, we do not have sufficient resource to fund the existing establishment into the future. Until now, we have managed pressures in-year through efficiency targets and by controlling spend, but we now need to see a step-change in the way that we plan future service provision. Each Head of Service is overseeing individual transformation arrangements which describe how the service will operate over time. Our aspiration is not simply to describe the deficits but rather to cast this as an opportunity to work differently.
25. At the same time, we recognise that in health and social care, demand management can be challenging and as such we continue to operate an appropriate reserve which will guard against service pressures.

Earmarked Reserves

26. In order to ensure that the IJB is fully transparent about its use of earmarked resources, Appendix B sets out specific investment across primary care and mental health. It will be important for our national partners and auditors that there is a clear line of sight to the resources in question. We have specific plans in place against all lines, and intend to fully utilise the resources for their intended purposes. We anticipate additional earmarked



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WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

resource will be made available for mental health and primary care during 2018/19, and we will ensure that there is complete transparency around how these resources will be utilised.

NEXT STEPS

27. Should the IJB agree to the outline investment strategy, work will be taken forward to ensure that each proposal is properly ventilated and discussed ahead of implementation. This will flag any legal or HR issues, as well as ensure the appropriate policy and clinical/care governance interests. The Integrated Corporate Management Team will be asked to oversee the investment strategy, including deciding on the merits of any business cases that require to be developed. Where the investment processes require the employment of a new member of staff, this will be channeled through the existing HR arrangements within the Comhairle or NHS Western Isles.

CONCLUSION

28. The IJB is invited to agree the proposed investment proposals outlined in Annex A and to note the earmarked reserves at Annex B.

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ANNEX A – INVESTMENT PROPOSAL

Short Term Project < 5years and in year pressures		2018/19	2019/20	2020/21	2021/22	2022/23	Total
		£'000	£'000	£'000	£'000	£'000	£'000
Short Term Projects							
<u>Transformational Change</u>							
	Mental Health Redesign (Transitional Funding)	214	250	-	-	-	464
	Palliative Care - Respite and Training	30	30	30	30	30	150
	Transformation of Primary Care	80	140	80	-	-	300
	Organisational Development	15	15	20			50
	Community Development and Communication	30	40	40	-	-	110
		369	475	170	30	30	1,074
<u>Workforce Sustainability</u>							
	Apprenticeships (CnES)	250	250	-	-	-	500
	Apprenticeships (HB)	-	125	125			250
	Co - Location of Teams	100	100	-	-	-	200
	Marketing and Recruitment	40	55	40			135
		390	530	165	-	-	1,085
<u>Digital Innovation and Infrastructure</u>							
	Lewis Residential Care (capex)	-	893	250	250	-	1,393
	Digital Homes	-	250	250			500
		-	1,143	500	250	-	1,893
In Year Cost Pressures							
	CnES Placements	400	-	-	-	-	400
	NHS Acute Mental Health	200					200
	General IJB Cost Pressures						-
		600	-	-	-	-	600
Reserves Total							
		1,359	2,148	835	280	30	4,652



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ANNEX B – EARMARKED RESERVES

Primary Care Transformational Fund - £216,588

The Western Isles is undertaking a review of its pharmacy function, which includes both clinical governance and managerial oversight arrangements, and overall capacity within front-line primary care teams. We are finalising a proposal which is likely to involve Band 7 pharmacy capacity being developed in order to free-up the Chief Pharmacist to assume a wider managerial and governance function. This has been budgeted at £100k over a two-year period, which will be assessed as a test of change.

As part of the preparation for the reform of primary care under the auspices of the new GP contract, we have sought to direct previous PCTF monies to existing tests of change in order to ensure that the Primary Care Improvement Plan can be fully resourced in line with the strategic priorities which emerge from that process. As such, we intend to direct £55k into ongoing test of change around support for people with Long-term Conditions, and to continue work on a primary care-led diagnostic pathway for people with dementia, through funding a band 6 nurse to link between GPs and Psychiatry.

Urgent Care Programme - £52,093

This fund was ear-marked for Out of Hours Urgent Care Transformation and is situated within the wider pot used to support the reform of primary care. Having worked through initial job-scoping and HR processes, we are now ready to recruit a full-time programme manager at Band 6. This post will run for one-year, which will allow us to undertake the required development work by way of workforce change, training and programme management.

Mental Health, Psychological Therapies £66,387

The Mental Health Innovation Fund and Psychological Therapies allocation pays for a Mental Health OT and contributed to the psychological therapy services. There was a time lag between receiving the first allocations and the appointment of the therapists and Mental Health OT. This money has been carried forward. It will be used to fund a test of change, which will allow patients to access remote CBT, within a recognised system of clinical governance.

Local Enhanced Service with Practices– £72,002

The aim of the reserve is to allow practices to develop a robust system of Anticipatory Care for Cardiovascular conditions. The reserve supports GP practices to choose how they wish to arrange screening in the future. In addition, the funding of Alcohol Brief Interventions is incorporated into the reserve. The elements of the programme are:

- CVD ASSESSMENT (Targeted, Age Range 30+)
 - Use of an approved CVD screening tool (e.g. ASSIGN, QRISK or JBS-3 dependent on practice preference) to identify patients at high risk of Cardiovascular Disease
 - Assessment for Familial Hypercholesterolemia (FH) for those eligible after initial screen based on Simon Broome criteria
 - A pulse check and appropriate investigation for those found to have an irregular pulse
- ALCOHOL BRIEF INTERVENTIONS (ABI) (Age Range 18+)
 - Use of the FAST screening tool opportunistically by practices for all patients over 18 years of age.
 - Completion of an ABI where indicated from the FAST screen.

All practices are supported by training from the Cardiac Nursing team and Health Promotion throughout the LES.



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Alcohol and Drugs Partnership (ADP) C/F 2017/18 - £33,485,

The carry forward will be allocated throughout the year together with the in year allocation by the ADP Committee to specific projects.

Digital Services Fund for GP- £25,000

After the recent security breach and the subsequent risk of back up not being undertaken the Board will be moving GPs to a partial managed service. Each GP will have a modern server but there will be direct links to cloud where backups will be undertaken regularly on our behalf. This mitigates the risk of GP data being lost due to insufficient backups and moves us to joint data controllers