



ORKNEY HEALTH AND SOCIAL CARE PARTNERSHIP

FINAL REPORT - JIT PROGRAMME

DECEMBER 2009



1. PURPOSE

- 1.1 To inform the Orkney Health and Care Joint Directorate Management Team (JDMT) and Shadow Community Health and Social Care Partnership Board on the work to date and outcomes of the Joint Improvement Team Intensive Support Programme.
- 1.2 To assess progress against the anticipated outcomes identified by the partnership.
- 1.3 To identify a sustainability programme against key action areas and continuity in context of the CHSCP Development Plan.
- 1.4 To identify and agree any follow up support from JIT.
- 1.5 To provide an evaluation of the perceived impact of the JIT Programme by the partnership.

2. SUMMARY

- 2.1 JIT was invited to work with Orkney Health and Social Care Partnership in August 2007 to support and further develop effective joint working arrangements to achieve improved outcomes for people who use services and their carers.
- 2.2 The initial scoping was undertaken by JIT in September 2007 and an action plan agreed by the Joint Management Team (JMT) in October 2008, and thereafter further developed and refined. The Action Plan was reviewed by the JMT and latterly by the new Joint Directorate Management Team (JDMT) established in April 2009 in context of the Shadow Community Health and Social Care Partnership arrangements. The JIT Programme lead was in attendance at JMT and JDMT meetings.
- 2.3 The JDMT oversees the co-ordination of partnership development and activity including the development and implementation of the CHSCP

Development Plan. An interim Joint Director, accountable to the NHS and Council chief executives, was appointed in April 2009 to provide strategic leadership and operational responsibility for agreed joint programmes. The JDMT is supported by a number of work stream groups covering the key joint health and social care priorities.

- 2.4 The Shadow CHSCP was established in April 2009 with work taken forward to consider the scope and potential for a substantive CHSCP. The JIT /Partnership Programme reports into the CHSCP, previously reporting to the Public Sector Reform Board as a key programme of work in context of shared services.
- 2.5 A review of the JIT programme was undertaken in December 2008 and an interim report presented to the Joint Management Team. This report highlighted progress to date and identified priority areas requiring focused work prior to considering the exit of the JIT from a period of intensive support by autumn 2009. A Telecare review was also undertaken by JIT and an action plan agreed.
- 2.6 JIT allocated significant resources to the programme through a number of JIT Associates and Action Group members (see Appendix 1) throughout 2008 and to October 2009 along with a financial allocation of £150,000 with additional resources allocated to support Telecare developments, Obligate Network for Mental Health and the Integrated Resource Framework (see Appendix 2).

3. ACTION PLAN AND PARTNERSHIP PRIORITIES

3.1 The Action Plan addressed 6 key activity areas:

- Implementation Framework
- Joint Governance – Vision and Cohesion
- Shifting the Balance of Care (Capacity Plan and Joint Commissioning Strategy)
- Personalised services for people with Learning Disability.
- Mental Health Improvement Plan
- Outcomes based performance management arrangements

3.2 In addition, Orkney participated in the early pilot Talking Points (previously User Defined Service Evaluation Tool) programme focusing on a personal outcomes approach to assessment, care planning and review. Work has also recently commenced on the Phase 1 mapping to support the potential development of an Integrated Resource Framework (IRF).

3.2 The Interim Report of December 2008 identified progress against the action areas and outlined priorities for the remainder of the programme. In March 2009, following discussion with the Interim NHS Chief Executive, Director of Social Work and senior officers, it was agreed that JIT would focus on a small number of key areas between March and summer /early autumn in advance of the final review being undertaken.

These were:

- Review of work to date and focus required on joint commissioning strategy in context of Shifting the Balance of Care
- Implementation of the Intermediate Care services
- Joint Performance Management Framework
- CHSCP Development Support
- Organisational Development (as appropriate)

Table 1 below sets out progress against priority areas in the action plan.

Table 1 Summary of progress against key priorities –Orkney /JIT Action Plan

Action Area and Outcomes Expected	Summary Progress at October 2009
<p><u>1. Implementation Framework</u></p> <p>A framework is in place to develop, co –ordinate, monitor and evaluate the action plan with agreed lines of accountability for individuals and groups and improved engagement and communication with key stakeholders</p>	<p>Effective engagement and communication arrangements are in place to co ordinate and manage the Partnership work plan through JDMT and work stream groups with reports to the CHSCP Shadow Board.</p> <p>The original JIT work plan is now an integral part of the CHSCP Development/Work Plan with work being progressed on a communication strategy, organisational development plan and developing work on integrated financial arrangements through the Integrated Resource Framework (IRF).</p> <p>There has been an opportunity to extend individual and service partnership networks by participating in visits to other areas and in learning networks to inform local developments and decision making.</p>
<p><u>2. Joint Governance – Vision and Cohesion</u></p> <p>There is a clear vision for the Partnership with effective joint</p>	<p>During 2008/09 JIT facilitated a number of events with key stakeholders and supported the development of a model for integrated governance arrangements for Orkney with a shadow CHSCP formed in April 2009</p>

<p>governance arrangements agreed to ensure streamlining of decision making processes and improved partnership working and joint planning arrangements</p>	<p>and appointment of an interim Joint Director. In December 2009 Orkney NHS Board and OIC agreed to form a substantive CHSCP, subject to Ministerial approval, to be operational from April 2010. Joint Planning arrangements are in place and reviewed in context of the CHSCP.</p>
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Action Area and Outcomes Expected	Summary Progress at October 2009
<p data-bbox="154 344 607 449"><u>3. Shifting the Balance of Care (Capacity Plan and Joint Commissioning Strategy)</u></p> <p data-bbox="154 489 607 848">Robust data is available to inform effective planning and commissioning for older people services and there is agreement on shared vision and models of care and support to shift the balance of care. Implementation plan is in place with agreement on finance, resources and timescales.</p>	<p data-bbox="630 380 1495 667">Initial work was progressed in relation to the development of a joint capacity plan for older people to inform design of integrated health and social care facilities and associated services. A joint commissioning development session was held in July 09 to identify further work required to complete a joint commissioning strategy and development of associated Action Plan. Initial work is being undertaken to support application of the IRF.</p> <p data-bbox="630 709 1495 814">Early work focused on development of effective care pathways and hospital redesign linking to the NHS Shaping Up programme.</p> <p data-bbox="630 856 1495 1035">JIT has supported the service redesign for health and care facilities, planning for the bed profile of a new hospital and commissioning, training and implementation of a community based intermediate care service with associated inpatient bed closures to support SBC.</p> <p data-bbox="630 1077 1495 1255">JIT, working with LTCC (Long Term Conditions Collaborative), is providing ongoing support for an integrated approach to anticipatory care and development of a Long Term Conditions (LTC) / frailty / palliative care MCN (Managed Care Network) framework.</p> <p data-bbox="630 1297 1495 1402">Delayed discharge standards are being met with JIT support for discharge planning and tackling delays ongoing as required.</p> <p data-bbox="630 1444 1495 1759">JIT supported a telecare review and associated action plan with progress being made on interface with telehealth. Sheltered housing warden provision has been reviewed and agreement reached on the development of a mobile responder service. This is anticipated to more effectively address a range of service user and carer needs including supporting the developing telecare service. More robust call handling arrangements for telecare are currently under consideration.</p>

Action Area and Outcomes Expected	Summary Progress at October 2009 (updated December 2009)
<p>4. <u>Personalised services for people with Learning Disability.</u></p> <p>Joint commissioning plan for people with learning disabilities is in place with agreement on appropriate and cost effective models of care and support.</p>	<p>JIT supported initial workshop sessions with key stakeholders, along with visits to other areas to inform local developments. Further work now requires to be taken forward.</p>
<p>5. <u>Mental Health Improvement Plan</u></p> <p>An agreed mental health strategy along with a dementia strategy to support delivery of integrated mental health services is in place. Care network arrangements established to support access to the range of specialist support.</p>	<p>An initial review of Mental Health services undertaken with associated implementation of action plan supported by the appointment of a joint manager.</p> <p>Initial work progressed on a dementia strategy - with further work required.</p> <p>An Obligate Network with Orkney, Shetland and Grampian is now established to support local service delivery.</p>
<p>6. <u>Outcomes based joint performance framework</u></p> <p>Robust integrated performance management arrangements in place and agreed data set/methodology to ensure effective prioritisation of resources evaluation.</p>	<p>The Shadow Health and Care Board adopted a joint outcome-based performance framework in September 2009. This was developed with support from JIT and is based on key workstreams (with nominated lead officers) which underpin each outcome. The framework links with national and local reporting arrangements, supporting the golden thread from individual practitioner activity to corporate and joint performance and back again. This is reinforced by the use of data and information derived from Talking Points style assessment care plans and review to understand performance in improving outcomes for individuals and for their carers.</p> <p>Perhaps equally as important is the direct improvements to service generated as a result of Talking Points activity and qualitative data gathered at individual and team level; for example, the institution of very small mutual friendship groups in Kirkwall.</p>

4. Commentary

4.1 Improvements/What Worked Well

It is important to focus on the success in developing and delivering more integrated and effective joint working arrangements and what has contributed to this. This will inform the 'sustainability plan' and what now needs to happen.

- NHS Orkney and Orkney Islands Council (OIC) robust and sustained leadership and vision, initially supported through the Public Sector Reform Board and latterly the shadow CHSCP Board, has facilitated and supported significant improvements in joint working and delivery of sustainable and cost effective services for the residents of Orkney.
- NHS Orkney and OIC have made significant progress in developing a joint strategic vision and implementing joint governance arrangements, including appointing a Joint Director, establishing a Shadow CHSCP and associated arrangements. In December, the NHS Board and OIC approved the revised scheme for the establishment of a substantive integrated CHSCP, to be known as 'Orkney Health and Care', with effect from 1 April 2010.
- The commitment by NHS Orkney Board and OIC to the development of innovative and integrated models for delivery of a range of inpatient health and residential social care and housing services with inreach/outreach support to achieve significant shifts in the balance of care and transfer of resources from hospital to community services.
- Agreement on a joint financial framework between NHS Orkney and OIC to support the development of the new integrated joint health and care facilities in Kirkwall and St Margaret's Hope. Architects have been appointed for the two developments, and plans are being consulted on. Work is ongoing to identify location(s) and further develop the model, staffing and pathways and implementation plan to support.
- An effective shift in resource and balance of care involving the closure of beds in Piper ward and establishment of the new intermediate care services.
- Development of an Integrated Performance Management Framework to support delivery of improved outcomes.

- Development and application of the Talking Points Personal Outcomes Approach, in all community care team reviews, including reporting on findings from the first year, an example of best practice.
- Direct improvements to service generated as a result of Talking Points activity and qualitative data gathered at individual and team level; for example, the institution of very small mutual friendship groups in Kirkwall.
- Telecare review successfully completed, action plan agreed and being implemented. This secured additional funding to the Orkney Partnership of £151,393 for 2008/9 & 2009/10.
- An Obligate Network with Grampian and Shetland established in 2008 to support the delivery of mental health and learning disability services.

4.2 Sustaining Improvements – What Needs to Happen

- Implementation of the CHSCP Development plan and new arrangements including consideration of best arrangements for contributing to the community planning partnership and the Orkney Single Outcome Agreement.
- Development of short term arrangements for recruitment of a Joint Director for the CHSCP; joint management arrangements and detailed scheme of delegation pending agreement on implementation of a formal CHSCP.
- Development of Organisational Development programme to support changes to behaviour and culture required.
- Further develop and evaluate the Intermediate Care service with a focus on spread, sustainability and shared learning opportunities through the national Intermediate Care Learning Network.
- Development of telecare and integration with telehealth care. Orkney is now in an excellent position to begin to consider developing much better links between these activity areas, which have been progressing on parallel tracks to date.
- Implementation of responder service and development of new/revised calls handling service.

- Implementation of joint performance management framework - focussed energy and regular reporting are now required to ensure that the key workstreams develop appropriate models to link activity and outputs with the agreed outcomes. These need to be owned and understood by individual practitioners to ensure a buy-in to the performance management framework at all levels.
- Implementation of outcomes focussed shared assessment and planning to build on the good progress already made around reviews. Implementation of the Talking Points approach beyond the Community Care Team to include NHS and providers and dissemination of the information gathered through these processes across the partnership.
- Further development and evaluation of the Mental Health and Learning Disability Obligate Network with effective links to local governance and planning arrangements.
- Development of dementia strategy and implementation plan.
- Sign off of the review of joint commissioning priorities and development of an action plan as the basis for the ongoing short to medium term planning and development of services and related workforce capacity.

4.3 Opportunities

4.3.1 The partnership has an opportunity to consolidate and sustain progress in the future by harnessing the support available from a range of national improvement programmes and learning networks that contribute to aspects of the Action Plan.

4.3.2 These include:

- Long Term Conditions Collaborative
- Mental Health Collaborative
- LEAN
- Productive Ward / Community Hospital / Community Team
- Community Care Outcomes Community of Practice

- JIT Telecare Programme and learning network
- Recent involvement in the national Telecare Development Programme Board, representing ADSW
- JIT Rural and Remote programme relating to integrated out of hours and generic rural support worker role
- JIT Intermediate Care demonstrators and learning network
- Emergency Access Support team

4.3.3 Progress can be further supported through implementation of the Shifting the Balance framework recommendations, National Minimum Information Standards and in the context of the Community Care Outcomes Framework and the emerging Reshaping Care for Older People programme and national Dementia Strategy.

4.3.4 The Integrated Resource Framework (IRF) presents an opportunity for the Partnership to set the current patterns of resource use against performance on individual and population level outcomes. The Council is also engaged in the IRF Social Care Reference Unit Cost project.

4.3.5 Through Phase 1 of the IRF, the Partnership has been allocated £50k over two years to map total NHS and adult social care resources to locality and CHP level. By relating this to population characteristics in each locality and to locality level outcomes, the Partnership will be able to assess the equity and efficiency of existing resource allocation and utilisation. This will provide a rich source of information to inform future commissioning decisions.

4.3.6 The work on the IRF together with the emerging national work on Reshaping Care for Older People presents an ideal platform for the partnership to progress and implement its commissioning strategy for older people.

4.3.7 Following the completion of the JIT Intensive Support programme in November 09 a number of opportunities for some further targeted thematic JIT support to the partnership have been identified.

- Short term focus on the development of detailed governance and management arrangements to support the establishment of the CHSCP in April 2010 including a focus on the Quality Improvement Strategy
- Learning Disability Service redesign of day services and focus on personalisation
- Application of the Integrated Resource Framework (IRF) ¹
- Ongoing advisory support with the development of the joint health and social care facilities
- Support to 'bed in' the integrated performance management framework
- Development of telecare and telehealth ²
- Support with the development of a Shifting the Balance of Care Strategy including shared learning with other areas on home care redesign and re-ablement
- Application of new guidance on equipment and adaptations
- Consideration of wider HR and organisational development issues, in collaboration with Orkney and other partnerships, relating to joint recruitment/joint posts and development of tools and frameworks to support local application

4.3.8 In addition JIT (and other) support is already available to Orkney from the programmes describes at 4.3.2.

5. Evaluation of JIT Impact

5.1 Individual members of the partnership who were involved with the JIT were invited to evaluate the impact of the JIT programme using the Partnership Enhancement Evaluation Tool (PEAT). In addition a focus group discussion was facilitated by a JIT Associate, not involved in the Orkney programme.

¹ As part of the national IRF programme

² As part of the national telecare programme

5.2 The Orkney PEAT returns were scored and the results and interpretation are as follows:

Table A

Section 1: Style of Support and Intervention (Max Score 24)	Section 2 : Partnership Awareness (Max Score 24)	Section 3: Partnership Impact (Max Score 24)	Overall Score (Max Score 72)
20.2: 84.16%	18.25: 76.04%	17.6:73.29%	56.6: 78.68%

Table B

Section 1: Style of Support and Intervention	Section 2: Partnership Awareness	Section 3: Partnership Impact	OVERALL IMPACT OF JIT INVOLVEMENT
The experience of working with JIT was highly positive and brought significant gains to the local partnership	Understanding of the nature and benefits of joint working has improved in some important ways following JIT support	Some limited change in joint service outputs can be identified as a result of JIT support	JIT intervention has had some beneficial impact and there is evidence to show enhanced partnership capacity and some likelihood of sustainability amongst the local partners

5.3 The JIT support was viewed as being very positive by the partnership. There was a strongly held view that the JIT had made a significant difference. At times JIT had been seen to be the driving force in achieving change and helped people to seek positive opportunities through partnership. The mix of backgrounds and skills within the JIT team was felt to be extremely valuable along with the specialised input from the team. There was recognition that the agenda and priorities had been set locally although people did at times find the requirements of the programme put a strain on individuals and the local system. There was a shared view that the partnership could continue to benefit from further JIT support.

5.4 A synopsis of the main points that emerged from the PEAT evaluation and the focus group/telephone discussions is contained in a separate report.

6. Conclusions and Recommendations

- 6.1** It is clear from the above that much has been achieved although an ambitious programme around joint governance and sustainable models of support requires to be realised. This report provides an assessment and overview of the outcomes of the JIT Action Plan, undertaken with the Orkney Health and Social Care Partnerships from October 2007 – October 2009.
- 6.2** There have been a number of significant developments during the course of the JIT programme including the ongoing development of the Single Outcome Agreement. In the future substantial demographic pressures will be combined with a very serious level of resource constraint. In these circumstances the partnership will require to continue to maximise opportunities and innovate to sustain system improvements already achieved and deliver positive outcomes for individuals with health and social care needs. The national Reshaping Care for Older People Programme will be a key area in setting out sustainable support for older people over the next 20 years and beyond
- 6.3** JIT is available to provide some focussed follow up support as described at Para. 4.3.7 and will be happy to consider further requests for support in the future.

6.4 It is recommended that:

- (i) JDMT consider this report and identify specific action required to develop a sustainability plan to support ongoing improvement. The final report will be submitted to the Shadow CHSCP Board in January 2010.
- (ii) The JDMT confirm any further/follow on support from JIT
- (iii) The Partnership can link to relevant national initiatives as described at Para. 4.3.

Dr Margaret Whoriskey,
Joint Improvement Team

Appendix 1

Associates and Action Group – Orkney Partnership

Dr Margaret Whoriskey	JIT Programme Lead
David Pigott (Oct 07 – March 09)	JIT Associate
Dr Anne Hendry	JIT Associate
Tony Homer	JIT Associate
Alex Davidson	JIT Associate
Ailsa Cook/Emma Miller	JIT Action Group
George Hunter (from Oct 09)	JIT Action Group
Andrew Reid (Oct 07 - March 08)	JIT Associate

Appendix 2

Budget – October 2009

	2007 – 08	2008 -09 – 09/10	2009/10	Total
Support for Commissioning Strategy for Older People	£90,000			£ 90,000
Intermediate Care redesign		£50,000		£ 50,000
OD support to JMT		£10,000		£ 10,000
Telecare	£75,000	£28, 250	£123,000	£226,250
Integrated Resource Framework			£50,000	£ 50,000
Total allocation to Orkney				£426,250
Obligate Network – Orkney; Shetland and Grampian (allocation via Grampian)		£60,000		£ 60,000