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Agenda Item: 9

Integration Joint Board

Date of Meeting: 27 October 2021.

Subject: Improving Outcomes.

1. Summary

1.1. The financial challenge faced by public services is likely to be greater than ever as the nation emerge from the pandemic. For health and social care, managing limited budgets in the context of ageing demographics and increased levels of need, will be hugely challenging. It will not be sufficient to simply consider year on year budget allocations and, instead, the Board will need to plan for transformation that can bring longer-term safe and sustainable services for the people of Orkney.

1.2. There are areas of current service delivery where opportunities exist to notably improve outcomes for people whilst being more efficient. It should be recognised, however, that to effectively transform how the Health and Social Care Partnership work will take time, will require adequate resourcing and significant focus.

2. Purpose

2.1. This paper outlines a series of proposals designed to help the Board balance its responsibility to meet the health and social care needs of the Orkney communities with the need to find financial balance.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. The ongoing financial challenge and the significant pressures on health and social care budgets to meet the needs of the population.

3.2. The ageing demographic and the increased level of need arising from this.

3.3. The predicted rise in demand for supports and services as the nation emerges from the pandemic. The National Suicide Prevention Leadership Group, for example, commissioned research suggesting that mental health presentations are likely to rise by 8% as a direct consequence of the impact of the pandemic.

3.4. The increase in social isolation and reduced activity experienced by many people over the last 18 months and the impact of this on their health and wellbeing.

3.5. The backlog of interventions postponed through the varying stages of lockdown measures and the impact of this on individuals, as well as the challenge on services to begin catching up.

It is recommended:

3.6. That the Board agrees that an approach to service transformation presents the greatest opportunity to find longer-term financial sustainability.

3.7. That the Board agrees to the following four proposed areas for focusing efforts in improving outcomes and being more efficient:

- Adopt an Asset-Based Community Led approach to supports and services.
- Work with communities to transform Primary Care provision.
- Develop the workforce plans to reduce reliance on agency staff.
- Embed the approach to realistic medicine and prescribing.

4. Background

4.1. Asset-Based Approach and Community Led Support

4.1.1. When services in Orkney's Health and Social Care Partnership (HSCP) assess people's needs and how best to meet these, many of the processes continue to be deficit-based. The assessment paperwork for adults, for example, has not been reviewed for some years and does not currently reflect some of the best practice approaches being adopted elsewhere. Although we have developed and embedded a reablement approach within the Care at Home Service, designed to reduce longer-term reliance on services and maximise people's independence, this type of approach has not been adopted consistently across all service areas. As such, there are some examples where the HSCP has over-provided, created dependency, and stymied individuals' ability to maximise their potential.

4.1.2. Whilst there are significant assets and expertise across the health and social care system in Orkney, it must also be recognised that the assets exist within individuals, families and communities. A Community Led Support approach that maximises these assets and brings them together to provide a continuum of support, from prevention and early intervention through to specialist interventions, will be necessary.

4.1.3. The existing spend on the highest cost care packages shows that there are 17 individuals receiving supports that cost £2.4 million per annum. Whilst some of this spend is entirely appropriate, a new approach to assessment and care planning has the potential to impact positively on that spend profile whilst significantly improving outcomes for individuals.

4.1.4. There are already positive examples of this approach working well. Over the last six months, a few individuals have been supported to return to their local community from expensive placements elsewhere. These moves have significantly improved the outcomes for the individuals concerned whilst the supports now provided are approximately £300,000 less than the previous costs.

4.1.5. Prior to the pandemic, Orkney had begun to make good progress in developing a Community Led Support approach to better involve communities in service design and delivery. Much of this was stood down as Orkney responded to the pandemic but the aim is to reinstate this work over the coming months.

4.2. Primary Care Provision

4.2.1. The current model of primary care provision, particularly on the outer isles, is unsustainable. This has been highlighted over the last few months where arrangements, across a number of islands, have been altered to ensure safe and appropriate cover. The continual need to make such temporary arrangements, often at short notice, leads to challenges for staff and managers and potential confusion for residents of the islands affected.

4.2.2. The current model of provision is fragile, inefficient, and unable to effectively meet the full range of health needs that exist across our isles.

4.2.3. A number of new models that look at strengthening the capacity of provision during the day whilst maximising the expertise of NHS 24 out of hours, are being explored.

4.2.4. Plans are being developed to discuss the current challenges with isles' residents, examine new models of provision and agree the most effective solutions.

4.3. Workforce

4.3.1. Across Orkney, health and social care has been reliant on agency and locum cover for a number of specialist roles. The IJB has spent approximately £1.5 million per annum on agency social care costs in each of the last few years. The bulk of this spend is specifically related to qualified Social Work staff.

4.3.2. The statutory requirements to deliver adult and child protection, justice and mental health officer functions means that an adequate supply of suitably qualified staff is available. With vacancies increasingly difficult to fill and high levels of sickness absence, it has not been possible to maintain this supply without the use of agency staff.

4.3.3. The regular use of agency staff, whilst fulfilling our statutory responsibilities, has not helped to deliver consistency of care and many individuals and families have experienced regular changes of practitioner.

4.3.4. The cost of agency staff is significantly higher than the costs associated with employing staff. In addition, there are associated accommodation and travel costs, and these add to the financial burden of bolstering the staff resource in this way.

4.3.5. Plans are being developed to employ 6-8 Social Work Assistants who, over the first four years of employment will be supported to complete their Social Work qualification. This would present an ideal opportunity for local people to consider a career in Social Work and be supported through their degree to become part of the Orkney Social Work workforce of the future.

4.3.6. Discussions with the Council on supporting this approach will be necessary. Although the plan will strengthen resilience, improve consistency of care and, ultimately, reduce reliance on agency spend, in the short-term additional funds will be required to develop this workforce whilst still responding to statutory requirements.

4.4. Prescribing

4.4.1. Across the country there have been various challenges related to prescribing spend. The absence of appropriate mental health resources linked to GP practices has, arguably led to higher levels of anti-depressants and anti-anxiety medications being prescribed. Likewise, the shortfall in physiotherapy resource has been responsible for a greater reliance on analgesics. The HSCP has, through the Primary Care Improvement Plan, recently introduced a first point of contact physiotherapist and a mental health practitioner and the impact of these roles will be closely monitored to inform future planning.

4.4.2. Last year, the IJB spent £5.2 million on prescribing and it is therefore important to ensure that the principles of realistic medicine are used and prescribing practices are aligned to the development of new services and approaches.

4.4.3. As part of the Primary Care Improvement Plan, the pharmacotherapy services have already begun significant work on poly-pharmacy reviews, and this will continue.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	Yes.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	Yes.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
Sustainability: To make sure economic and environmental factors are balanced.	No.

6. Resource implications and identified source of funding

6.1. There are no immediate resource implications arising from this report. It is likely, however, that resource will need to be identified to ensure that appropriate support is available to deliver the changes required.

7. Risk and Equality assessment

7.1. There are no risk or equality implications directly arising from this report.

8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

9. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Author

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11. Contact details

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