



# **Redesign of Health & Social Care Services in the Forres Locality Area**

## **Transformation Plan**

**Programme Sponsor**

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**For Consultation**

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## **1.0 Introduction**

This Transformation Plan outlines changes that will support the delivery of sustainable health & social care services in the Forres area.

Part of this plan will include a blueprint outlining how these services can be further developed to deliver improved personal health and well-being outcomes for people living in this locality through a re-ablement focused approach to care.

It was the original intention that this document would be consulted on as part of a plan to determine how health and social care services could be reconfigured in anticipation of the possible future closure of Leancoil Community Hospital. However, the reduction of nurse staffing levels and challenges around recruitment, below a safe operating threshold has resulted in the early, temporary closure of Leancoil Community Hospital, September 2018. This means that it has now been necessary to accelerate the implementation of this Transformation Plan.

Some elements of this plan have therefore already been implemented and these changes are referred to in the past tense.

While Leancoil Community Hospital is temporally closed, the plan has been developed on the premise that Leancoil Community Hospital will remain non-operational.

It is however important that people living in Forres and the surrounding area, the health & social care workforce and all partners involved in the provision of care and support have an opportunity to comment on how a more focused preventative and reactive service can be developed.

Comments received from the consultation exercise will be used to further refine this Transformation Plan before it is presented for approval at the Health & Social Care Moray Integration Joint Board in November 2018.

## 2.0 Executive Summary

The following is a summary of the benefits that the changes identified in this plan intend to achieve.

- A new multi-disciplinary team structure will be established. For the first time in the Forres locality area, District Nurses, Occupational Therapists, Physiotherapists, Podiatrists, Home Carers and Social Workers will be based alongside GP's at Forres Health Centre. Co-locating staff from different professional disciplines will help improve communication and will lead to a more integrated and responsive service for people accessing health and social care services.
- A re-ablement and a rehabilitation recovery service will be created at Varis Court. Following the closure of Leancoil Community Hospital and the testing of a new model of nursing care at this Hanover (Scotland) Housing Ltd complex, a dedicated 24 hours/7 days a week nursing team will be established to support short-term admissions to 5 units at Varis Court. Unlike a hospital ward setting, this more homely environment will support faster re-ablement and recovery and is intended to prevent re-admissions to an acute hospital setting.
- Nursing beds will be commissioned at the Residential Care Homes located in the Forres area. Leancoil Community Hospital has in the past been used to care for patients who were waiting for legal guardianships to be processed. In many cases, there had been no other alternative than to admit a patient to Leancoil Community Hospital. The commissioning of beds at local residential care homes provides a more appropriate caring environment for people who have recently been discharged from hospital and who are frail and elderly.
- The new Multi-disciplinary Team Structure will improve the retention and recruitment of Nursing Staff. The testing of a new model of care at Varis Court was considered to be an attractive career opportunity for nursing staff. It is the intention that this new organisational structure -with a greater focus on empowerment- will be seen as an exciting career opportunity for nurses thereby leading to the better retention and recruitment of the nursing workforce.
- A redesign of health & social care services in the Forres area will be financially sustainable. While Leancoil Community Hospital has served the Forres community well for many years, it is estimated that Health & Social Care Moray would require to spend in the region of £4-5 million to ensure that the building provides a safe environment for patient care. In the context of current budgetary restraints, meeting these repair and maintenance costs for Leancoil hospital is not financially sustainable.

### **3.0 Background**

This Transformation Plan has been developed by the Forres Locality Professional Core Group.

Prompted by a concern that nurse staff levels at Leancoil Community Hospital were dropping below a safe level, Health & Social Care Moray decided that a Forres Locality Professional Core Group would be established with the task:-

*“To develop a Transformation Plan that will support the delivery of sustainable primary and secondary health & social care services in the Forres locality area which are safe and will lead to improved personal health and social care outcomes”.*

The membership of this group reflects the key partners involved in delivering health and social care services in the Forres area. This includes representation from Primary Care (Culbin and Varis Practices), District Nursing, Leancoil Community Hospital Staff, Social Work, the Residential Care, FAWN (Forres Area Wellness Network), and the Independent Care Providers. The membership of this group is listed in **Appendix 1**.

Underpinned by a project plan, meetings of this group took place on a monthly basis from December 2017 with the intention that a Transformation would be developed, consulted by the public and presented for consideration to the Health & Social Care Moray Integration Joint Board (IJB) in November 2018.

Running in parallel to these meetings was a series of public meetings held in the Forres. As noted in this plan, the comments raised by members of the Forres community were used to test key propositions and inform the contents of this blueprint.

### **3.1 Scope**

Please note that the focus of this plan is the inhabitants of the Forres area -who are registered with the Varis and Culbin Forres Health Centre Practices- and who are aged 18 years and over. In particular, the plan is concerned with the care and support for the elderly who are the main recipients of health and social care services.

## **4.0 Key Drivers for Change**

The Forres Locality Professional Core Group developed the following blueprint for change (see section 6) in response to 4 key drivers that would either mean that the way in which health & social care services in the Forres area is no longer sustainable or could be further developed. These key drivers for change are described in this section.

### **4.1 Nurse Staff Recruitment & Retention at Leancoil Community Hospital**

It has been widely reported that across all NHS Boards in Scotland, there is a significant challenge in filling qualified nursing posts. In 2017, official figures recorded that the nursing and midwifery vacancy rate was at 4.5% (Source: Scottish Government Information Services Division).

The challenges in filling nursing posts are most acutely felt in the community hospital sector and Moray is no exception.

Despite regular nurse recruitment initiatives, it has not been possible to recruit sufficient numbers of qualified nurses at Leancoil Community Hospital. As a short term measure, nursing staff from Stephen (Dufftown) and Seafield (Buckie) Community Hospitals have been temporarily redeployed to ensure nursing care is in place. Due to staffing pressures at Moray's other community hospitals it is not possible for this arrangement to be a long-term solution.

Consequently, to ensure that safe nursing staffing levels are in place, patient beds at Leancoil Community Hospital have been reduced from their maximum level of 9 beds in 2016 to 4 beds in 2017 and down to 1 bed in 2018.

The reduction in capacity of beds at Leancoil Community Hospital has resulted in patients often having to be cared for out-with Forres at one of the other community hospitals or to remain longer than necessary at Dr Gray's.

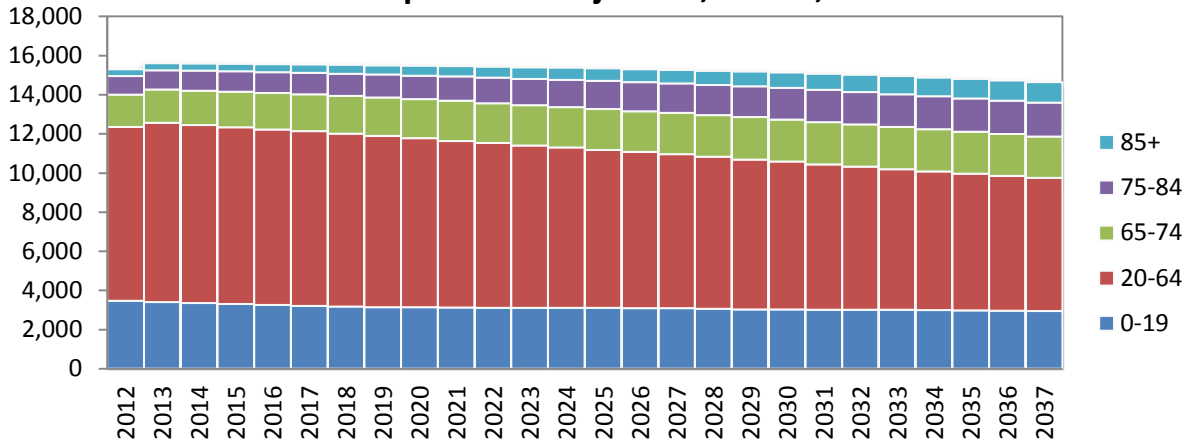
In addition to placing unnecessary pressure on the health and social care system across Moray, this often results in a less than satisfactory patient and informal carer experience.

### **4.2 An Increasing Older Forres Population**

Additional pressure on community hospitals beds will also result from a growing older population.

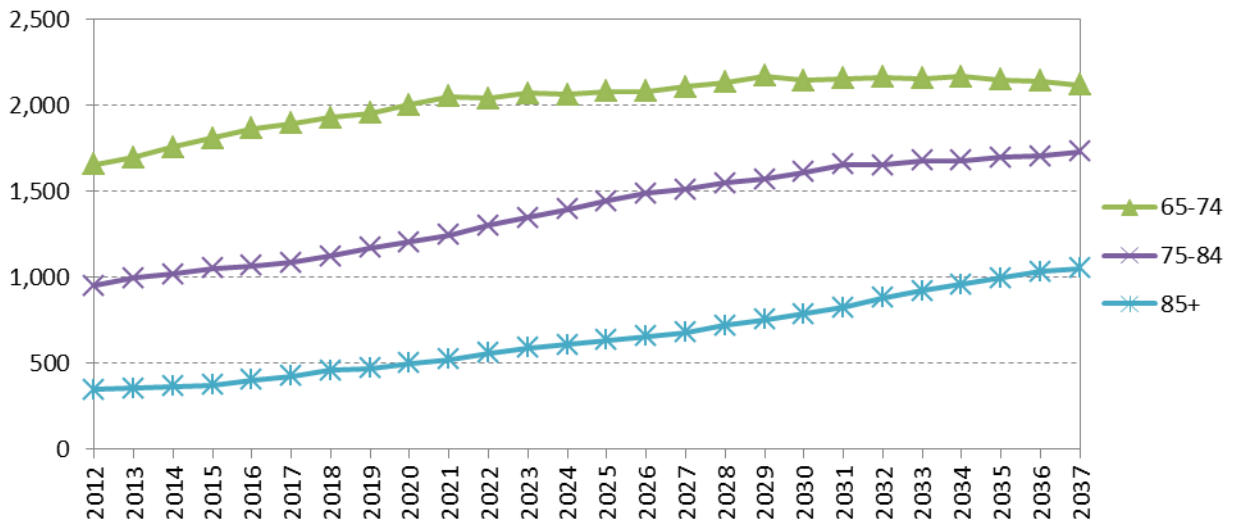
In 2012, the make-up of Forres very much reflected the wider-Moray population; however by 2037 Forres will see a greater proportion of its population in the 65+ age groups. Furthermore, whilst those in the 20-64 age group will comprise about half the Moray population, in Forres this proportion is expected to drop to about 46%. In both Forres and Moray, those under the age of 20 will comprise a fifth of the population in 2037.

### Whole Population Projection, Forres, 2012-2037



The principal projection for the three 65+ age bands is shown in more detail in the diagram below. Whilst the 65-74 age bracket comprises the highest proportion of those aged 65 and above, this age band is expected to peak in 2029 at 2,170 before levelling off, whereas the two older age groups are expected to continue increasing. The size of the 75-84 age group is likely to nearly double by 2037 (1,729 up from 952 in 2012). The 85+ age band is set to triple by 2037, with an estimated population of 1,052 (up from 346 in 2012).

### Population Projection, Forres, 2012-2037, 65+ Age Bands



Based on the premise that there is a correlation between an increase in the number of older people with frailty and poor health, any redesign of the provision of health and social care services in the Forres Locality Area will need to accommodate the demands placed on the health and social care system from this growing older population.

### **4.3 Finance**

Leancoil Community Hospital was built in 1892 and needs a substantial amount of repair and maintenance work to ensure that it meets modern standards of care. The cost of the refurbish, maintenance and repair costs is estimated to be no less than £4m which would be a prohibitive cost for Health & Social Care Moray to meet.

In the context of the wider cost pressures currently being faced by Health & Social Care Moray, meeting this cost is therefore not financially sustainable.

### **4.4 Further Embedding a Re-ablement and a Rehabilitation Approach**

Leancoil Community Hospital was built at a time when an institutional approach to care -based on patient recovery in a ward setting- was the dominant approach to patient care.

However, in recent years far more emphasis is placed by health and social care practitioners in supporting patients to recover at home or in a non-hospital environment by encouraging them to be active agents in their recovery through re-ablement and rehabilitation approaches to care.

Re-ablement and rehabilitation is based on providing support that maximises an individual's independence.

While not appropriate for all patients, re-ablement is commonly used after an admission to hospital or following a period of ill health and focuses on health and social care interventions that help the person to help themselves. These interventions are for relatively short periods of time usually from 2 to 6 weeks.

A rehabilitation approach to care shares many of the same characteristics of re-ablement. However, rehabilitation usually requires a higher level of support from an Occupational Therapist or Physiotherapist and the duration of input may be longer than that of a reablement approach.

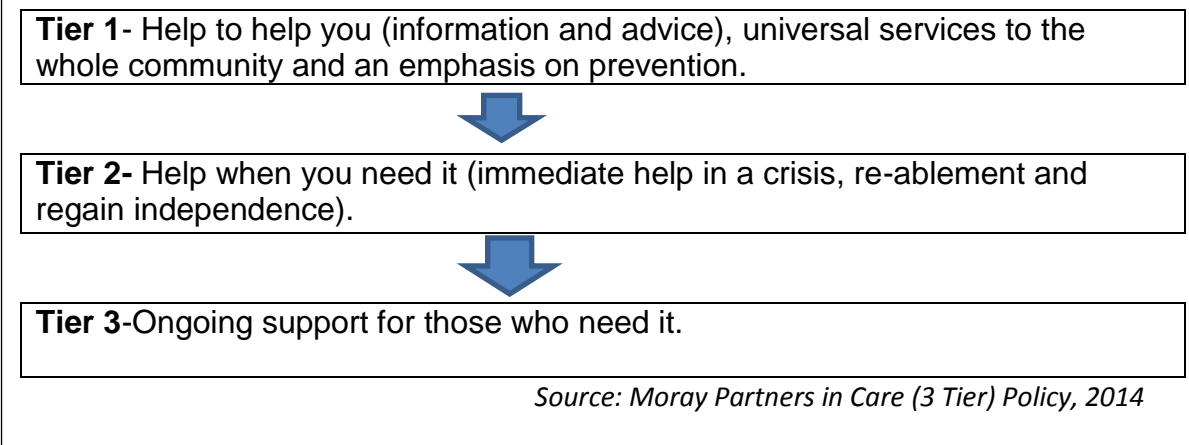
In the last 10 years, academic studies have been carried out that demonstrate the benefits of a re-ablement and rehabilitation approaches to recovery in terms of maximising an individual's independence. Thereby reducing the potential number of care hours and community support required.

In Moray, these approaches has been widely mainstreamed and are one of the three tiers in the joint health & Social Care Policy, 'The Moray Partners in Care (3 Tier Policy)'.

As part of the overarching process of supporting an individual to maximise their independence, the second of the three tiers of this policy relates to re-ablement and rehabilitation (See box below).



For this model to be effective, it is necessary for Allied Health Professionals (such as Occupational Therapists and Physiotherapists) to be in a position to respond quickly to an individual who has recently experienced an injury, illness or disability resulting in a loss of function. This is addressed using a joint case management approach with other health and social care professionals. The MDT structure outlined in the following section intends to achieve this aim.



As part of the approval of the Moray Integration Scheme, the re-ablement/rehabilitation ethos and the emphasis on independent living is also reflected in the vision statement for Health & Social Care Moray.

*“To enable the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities, where everyone is valued, respected and supported to achieve their own goals.”*

*The Moray Integration Scheme*

Consistent with this vision, at a Forres Public Engagement Event, a person centred approach was seen as the most important underpinning principle for the redesign of health and social care services in the Forres area.

#### 4.5 Summary

While Health & Social Care Moray, have either no or limited influence on the demographic changes affecting the Forres locality area, the number of nurses that can be recruited and the finance that can be made available to meet the future maintenance and repair costs of Leancoil Community Hospital, there is nevertheless an opportunity to redesign the pathway for Forres patients based on re-ablement and rehabilitation based approaches to recovery. This would acknowledge that Leancoil Community Hospital does not meet the modern direction of supporting people to get well in a more homely environment.

The following sections will therefore provide a blueprint that encompasses both the physical environment for recovery and the reconfiguration of the Forres Multi-Disciplinary Team.

## 5.0 Design Principles

Based on an acknowledgement of the above key drivers for change, the Forres Locality Professional Core Group has used the following principles as the basis for informing the redesign.

### **For People using Forres based Health & Social Care Services**

- A reduction in the length of stay in treatment or in hospital;
- faster re-ablement and recovery;
- improved social interaction and less social isolation;

### **For Informal Carers**

- improved informal carer experience when visiting relatives;

### **For Health & Social Care Moray and the joint workforce**

- a more rewarding workplace and environment for staff;
- A reduced number of hospital admissions; and

### **Affordability**

- A reduced comparative capital and operating cost in providing care.

Through discussions at the Forres Public Engagement Events, it was re-affirmed that the redesign of health and social care services would also need to be Forres focused.

## **6.0 The 'To be' Blueprint**

The design principles outlined in the previous selection are applied to both the physical environment and to the future Forres Locality Multi-disciplinary Team (MDT).

Each element of this blueprint will be taken in turn.

The first section will outline the outcome of the building options appraisal.

### **6.1 The Physical Environment**

As well as Leancoil Community Hospital, there are a number of other buildings and associated services that are an important part of the health and social care system in the Forres area.

### **6.2 Hanover Housing- Varis Court and the Augmented Care Units**

Varis Court was originally commissioned by Health & Social Care Moray to provide affordable accommodation that meets the demand for sheltered and extra-care housing for older people with complex care needs in the Forres area.

The relatively large number of units contained within this new build meant that 5 of these apartments could be leased to Health & Social Care Moray on a trial basis as a test site for the delivery of inpatient care based on a re-ablement approach. These units were named as the Augmented Care Units (ACU's).

In contrast to a hospital ward setting the provision of 2 bedroomed apartments with kitchen facilities would be more beneficial in supporting recovery and reduce the risk of institutionalisation.

The location of the units near the centre of Forres -and being part of a wider community development- could also be beneficial to the health and well-being of the people admitted to the ACU's and in promoting social inclusion.

In terms of staffing, a 24 hour/7 day a week nursing team (later named as the Forres Neighbourhood Care Team -FNCT) was recruited to support the ACU's. In addition to supporting people within the ACU's, this team provides a significant amount of support for people recovering in their own homes. The structure of the FNCT and its relationship to the proposed MDT model will be outlined in section 6.8.

Although at the time of writing this plan, the final evaluation report for the ACU/FNCT development is in the process of being completed, the Forres Locality Professional Core Group considered that the interim evaluation report (March 2018) demonstrated that there was enough evidence to support the view that the ACU development facilitated re-ablement. The Group were however also of the view that the ACU development would not by itself meet the needs of the very frail elderly who did not have the potential to be re-abled.

**6.3 Cathay & Meadowlark Residential Nursing Homes**

Through membership of the Forres Locality Professional Core Group, representatives from local residential care homes at Meadowlark and Cathay indicated that it was possible that nursing beds at these Homes could be provided for the frail and elderly who would not be able to benefit from a re-ablement/rehabilitation approach to care. This could include patients who are in a stable palliative condition.

In the Forres area, nursing beds at residential care homes are not a service currently commissioned. However, it is possible that beds could be secured through a Service Level Agreement with these Nursing Homes.

**6.4 Hanover Housing- Cameron Court**

Cameron Court is an 18 bed unit also run by Hanover (Scotland) Housing Ltd as an extra facility.

It was noted that during a site visit undertaken by members of the Forres Locality Professional Core Group, that the provision of hoists in the bathroom and the complex being on one level would mean that this facility could also be utilized as either a respite resource for the very frail and elderly -who are unlikely to benefit from a re-ablement/rehabilitation approach to care- or for patients waiting for guardianship issues to be addressed.

**6.5 Building Options Appraisal**

Working with the parameters of the above design principles and desired outcomes, the Forres Locality Professional Core Group has identified the following building options.

Leancoil Hospital is provided as the ‘status quo’ and as a benchmark for considering all other options identified. Each option lists the positive and negative attributes in the context of the above design principles.

<b>Option 1</b>	<b>Leancoil Community Hospital</b>
<b>Description</b>	Located on the outskirts of Forres, Leancoil Hospital can provide inpatient care for 9 patients.
<b>Positive attributes</b>	<ul style="list-style-type: none"> <li>• The community hospital has provided health care to the people and the surrounding area of Forres for over 100 years. There is therefore a strong sense of civic pride in this institution;</li> <li>• Since the hospital is located in Forres, it is relatively more accessible for Forres based informal carers to travel to than</li> </ul>

	other community hospitals elsewhere in Moray;
<b>Negative attributes</b>	<ul style="list-style-type: none"> <li>• The hospital is no longer fit for purpose and would need a significant amount of investment in terms of its repair and ongoing maintenance;</li> <li>• Health &amp; Social Care Moray are unable to recruit enough nurses to ensure safe staffing levels to maintain the 9 beds;</li> <li>• Its traditional ward structure undermines re-ablement and recovery approaches;</li> <li>• The limited number of beds impedes its contribution to supporting timely discharge and prevention of admission to an acute hospital.</li> </ul>
<b>Affordability</b>	<p>Leancoil is not financially sustainable.</p> <ul style="list-style-type: none"> <li>• The cost of refurbishment would be approximately £3m (based on a 2013 estimate) and an additional £1m repair and maintenance cost</li> <li>• The cost of a bed at Leancoil Hospital is estimated to be £214 to £250 per day.</li> </ul>

<b>Option 2</b>	<b>Varis Court Augmented Care Units (ACU's)</b>
<b>Description</b>	<p>A test site at Varis Court is being used to explore the possibility of an alternative model of supporting re-ablement, recovery and the prevention of admission to an acute hospital setting in the Forres Area.</p> <p>The test site consists of 5 Augmented Care Units (ACU's) within a newly built 33 unit extra care Hanover Housing Development. The ACU's are supported by a 24/7 dedicated nursing team (FNCT)</p>
<b>Positive attributes</b>	<ul style="list-style-type: none"> <li>• There is evidence that this test site has supported re-ablement, recovery and the prevention of admission to an acute hospital setting;</li> <li>• There is evidence that location of the ACU's near the centre of Forres has contributed to recovery;</li> <li>• There is evidence that informal carers welcome the central location of the ACU's in the Forres town centre;</li> <li>• The lease arrangement with Hanover (Scotland) Housing Ltd</li> </ul>

	<p>means that there is flexibility to increase or decrease the number of beds available;</p> <ul style="list-style-type: none"> <li>• The recruitment and retention of nursing staff were a strength of this test site;</li> </ul>
<b>Negative attributes</b>	<ul style="list-style-type: none"> <li>• Gathering additional data is ongoing;</li> <li>• Future lease costs will need to be negotiated with Hanover Housing. These costs are anticipated to marginally increase;</li> <li>• Forres GP's consider that while this option may meet the needs of people who have the potential to be re-abled, it does not meet the needs of the very frail and elderly who are non-ambulant and who do not have the potential to be re-abled.</li> <li>• Forres GP's note in particular, that the ACU corridor is narrow.</li> </ul>
<b>Affordability</b>	<p>This option is considered to be financially sustainable.</p> <ul style="list-style-type: none"> <li>• The cost of a bed per day is £225. This compares to £214-£250 for Leancoil Hospital. Costs still subject to confirmation.</li> <li>• There are no additional maintenance and repair costs. These are covered in the lease and the above cost.</li> </ul>

<b>Option 3</b>	<p><b>Provision of Varis Court ACU's (as per option 2) combined with commissioning nursing beds at Forres locality residential care homes (for people who are non-ambulant/frail elderly).</b></p> <p><b>This option would also include possible future respite provision at Hanover Varis Court and Cameron Court.</b></p>
<b>Description</b>	<p>Feedback from Forres GP's noted that while the ACU development (option 2) was appropriate for people who had the potential to be re-abled, it was not considered appropriate for the very frail and elderly who were non-ambulant.</p> <p>Option 3 would therefore combine the ACU development with commissioning nursing beds at local residential care homes.</p> <p>This option would therefore provide appropriate care for people who are frail/elderly as well as people who would not benefit from a re-ablement support through the ACU development.</p> <p>In addition, respite units could be secured at Hanover Varis Court and Cameron Court.</p>

	The main benefits of this hybrid option are noted below.
<b>Positive attributes</b>	<ul style="list-style-type: none"> <li>• Combined with the Varis Court ACU's, the utilisation of local residential nursing beds would address the gap in service provision for the frail elderly (non-ambulant) ;</li> <li>• Commissioning nursing beds at local residential care homes would allow flexibility in terms of meeting possible fluctuating levels of future demand;</li> <li>• For respite, Cameron Court is on one level, with wide corridors and bathrooms with hoists. It is considered that this could make care for the very frail and elderly easier;</li> <li>• This option could be an attractive career proposition for Nursing and AHP staff; and</li> <li>• This option would mean that maximum levels of patient care and support would be provided within the Forres locality area. This has been identified as an important issue at the Forres public engagement events.</li> </ul>
<b>Negative attributes</b>	<ul style="list-style-type: none"> <li>• A Service Level Agreement (SLA) would need to be developed before nursing beds at residential care homes could be utilised;</li> <li>• Local residential care homes would need to have appropriately qualified nursing staff in place before patients could be admitted;</li> <li>• Hanover would need to agree for the additional units to be commissioned by Health &amp; Social Care Moray. These units would also need to become available before they could be secured for respite; and</li> <li>• If patients are being looked after at more than one site in the Forres area, there is a possible issue in terms of the length of time it would take GPs to visit these multiple locations.</li> </ul>
<b>Affordability</b>	This option would require to be fully costed but, as per option 2, there would be no maintenance and repair costs to be made. The cost of commissioning nursing beds from residential care homes would also need to be confirmed.

## **6.6 Outcome of Options Appraisal**

When the Forres Locality Professional Core Group considered the strengths and weaknesses of the above 3 options, the following points were highlighted in relation to each option.

In relation to **option 1** (Leancoil Hospital), the key points were that this option was not financially sustainable and did not help foster a re-ablement/rehabilitation approach to care.

In relation to **option 2** (Varis Court ACU's), the key points were that while this development had a re-ablement focus it would not be able to meet the needs of the frail/elderly who would not be able to benefit from a re-ablement approach to care.

In relation to **option 3** (a combination of the Varis Court ACU's along with commissioning nursing beds at local residential care homes); the key points were that this hybrid approach could meet a wide range of patient needs. This would include people who would benefit from a re-ablement/rehabilitation approach to care along with providing care for the frail and elderly who would not benefit from such an approach.

Furthermore, maximising the opportunities to work with both the independent and residential care sectors will help ensure an effective patient flow where beds at residential care homes can be secured as and when required.

Based on this assessment, the Forres Locality Professional Core Group selected option 3:-

### **Provision of Varis Court ACU's combined with commissioning nursing beds at Forres locality residential care homes (for people who are non-ambulant/frail elderly).**

The Forres Locality Professional Core Group considers that this option provides a strong locality based approach to the redesign of health and social care services in the Forres area and a strong foundation for the creation of Multi-disciplinary Team structure.

## **6.7 Supporting Patient Flow and Timely Discharge**

The model of care outlined above aims to provide the flexibility to meet any future fluctuation in demand. This can be achieved through increasing or decreasing the commissioning of care beds at Varis Court or at the residential care homes (as per option 3).

The number of units and beds to be commissioned is based on an understanding of the present demand for care and support in the Forres area.



A snap shot of the patient flow of people with a Forres postcode, aged over 40 (including elective and emergency), who were admitted to Dr Gray's Hospital and then transferred to one of the community hospitals in Moray for the period from 1 October 2017 to 31 July 2018, showed that there were 38 admissions involving 33 patients.

The average age on admission was 77 and there was on average 4 transfers per month to a community hospital. The percentage breakdown of the transfers was 42% to Leancoil, 18% to Seafield, 16% to Fleming, 13% to Stephen and 11% to Turner Community Hospitals.

During this 6 month period, there has been on average 4 people per month, from the Forres locality area, that would need an alternative resource if a community hospital in the Forres area was not available. It is proposed that 4 -9 ACU's at Varis Court along with the 2 nursing beds at local residential care homes would provide a sufficient and a safe level of care and support for these 4 people.

In the context of the relatively small number of people who have needed community hospital care, the impact of the commissioning approach, outlined in this blueprint, will mean that health and social care professionals can, on a case by case basis, ensure that the right support and care is provided at the right time and right place for the people of Forres.

## **6.8 The Forres Multi-Disciplinary Team**

Health and Social Care staff personnel have for many years been split over various sites in the Forres area. The main sites were:-

- The Social Work team and Occupational Therapist were located at Auchernack;
- The District Nursing Team was operating from Forres Health Centre;
- Physiotherapist and Podiatry Personnel are operating at Forres Health Centre;
- The FNCT is based at Varis Court; and
- The Nursing Team and Health Support Workers were based at Leancoil Hospital.

Since the completion of Forres Health Centre in 2014, it has always been the aspiration to co-locate health and social care professionals at this complex. The redesign of health and social care services therefore offered the opportunity to finally realise this aspiration and, with the exception of the FNCT, all staff teams have now migrated across to Forres Health Centre.

## 6.9 Design Principles

In addition to the design principles previously noted, the reconfiguring of the Forres workforce is also based on the following principles.

### **Integration of Staff Teams**

In 2014, the legislation that was passed by the Scottish Government, leading to new governance arrangements for the integration of health and social care services, also aimed to create the right conditions for organisational culture change. This was intended to allow the historic barriers hampering the integrated working of the NHS and local authorities to be broken down and closer working relationships of professionals between the two respective organisations to be formed.

One of the benefits of creating an integrated MDT structure will therefore be to further embed a re-ablement/rehabilitation approach to care across all teams.

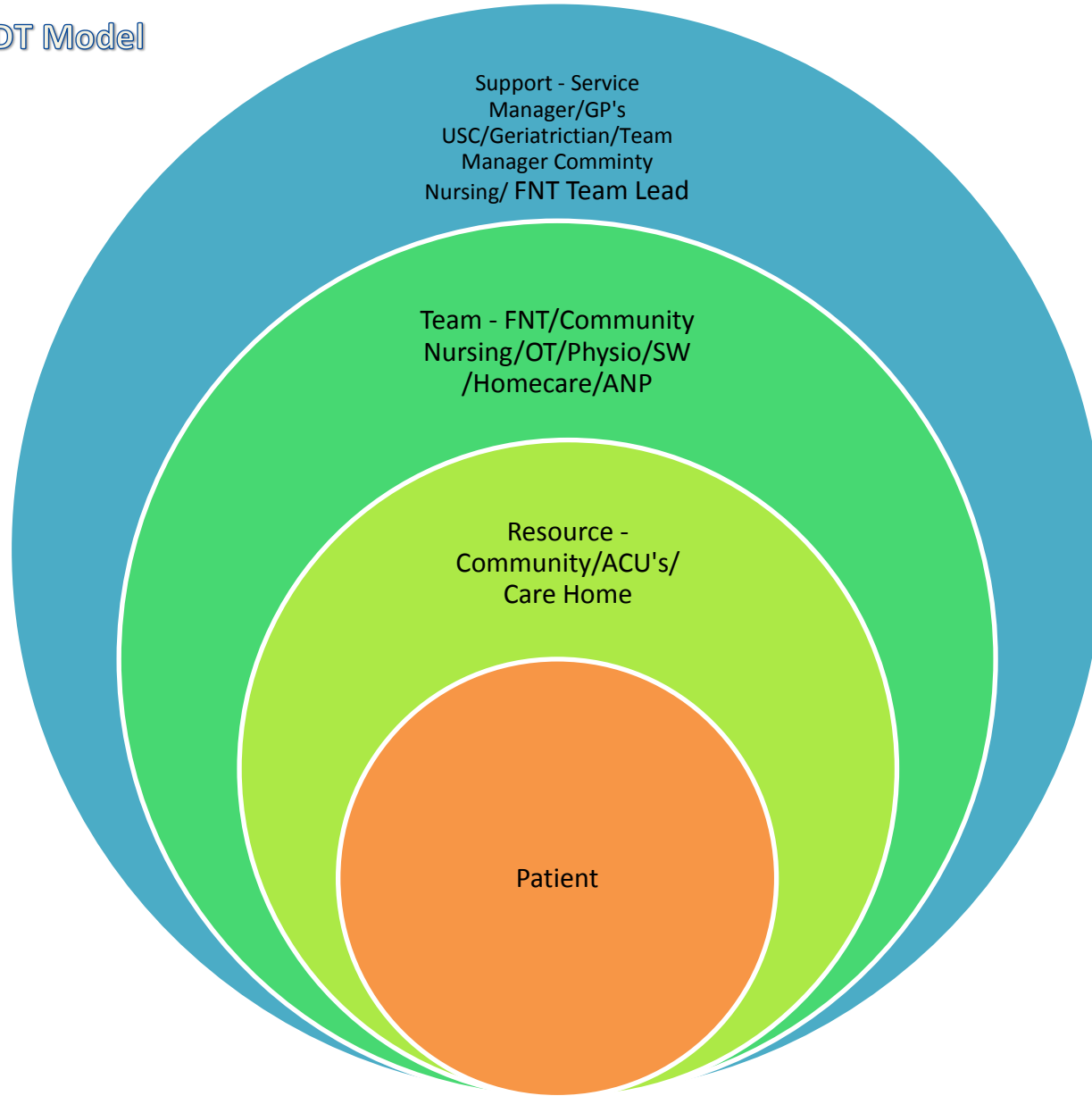
A key design principle is therefore, wherever possible, to bring teams closer together in a unified MDT structure.

### **Co-location of Staff Team**

Forres Health Centre was originally designed as a resource that could provide a central hub for both health and social care staff teams operating in the Forres area. Many staff teams, including District Nurses and Podiatry have already moved to the Centre and there is additional space to accommodate more teams.

The co-location of health and social care teams will help improve communication and will be complementary to the design principle of creating an integrated team structure.

# Forres MDT Model



- Abbreviations:**
- GP's** – General Practitioners
  - USC** – Unscheduled Care
  - FNT** – Forres Neighbourhood Team
  - OT** – Occupational Therapy
  - Physio** – Physiotherapy
  - SW** – Social Work
  - ANP**- Advanced Nurse Practitioner
  - ACU** – Augmented Care Unit

ForrAbrev

## 6.10 MDT Structure

Through fostering better communication and networking across professional boundaries and further embedding a re-ablement/rehabilitation approach within the Forres locality, the following benefits aim to be secured from the adoption of this more cohesive joint working approach (see above diagram). This includes:-

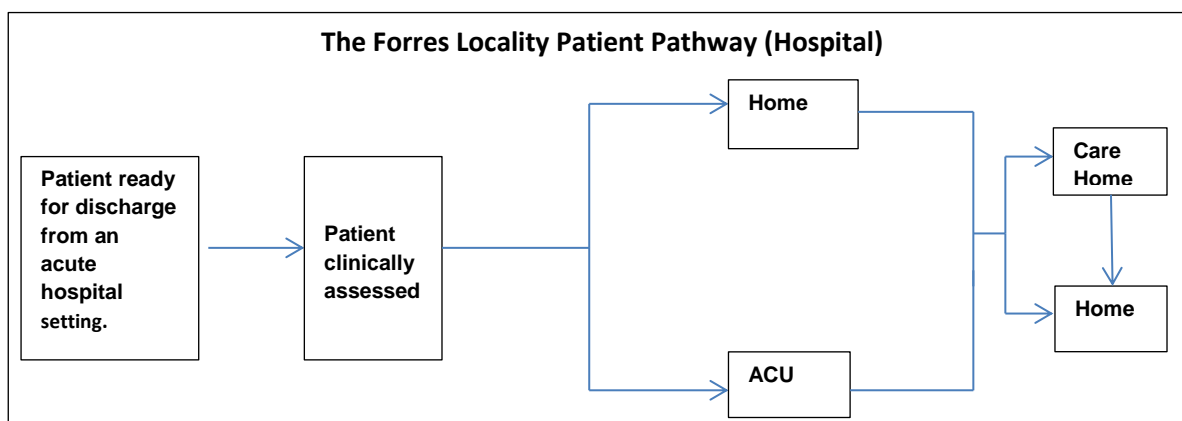
- a more responsive service for the vulnerable elderly (in crisis) who need a care home;
- through the ACU development, decrease the number of admissions to out of area community hospitals and acute hospitals;
- Support the timely discharge of patients from the acute hospitals (Dr Gray's, ARI and Raigmore) through the provision of nursing beds at the residential care homes and the ACU development;
- Provide a reactive/preventative reablement/rehabilitation service that supports faster recovery;
- Provide an out of hours responsive service; and
- Closer working between the FNCT and District Nursing Team that will address duplication and provide an enhanced out of hours service (24/7) that will support people to live independently and recover in their own homes.

## 6.11 Assessment Criteria and the Patient Pathway

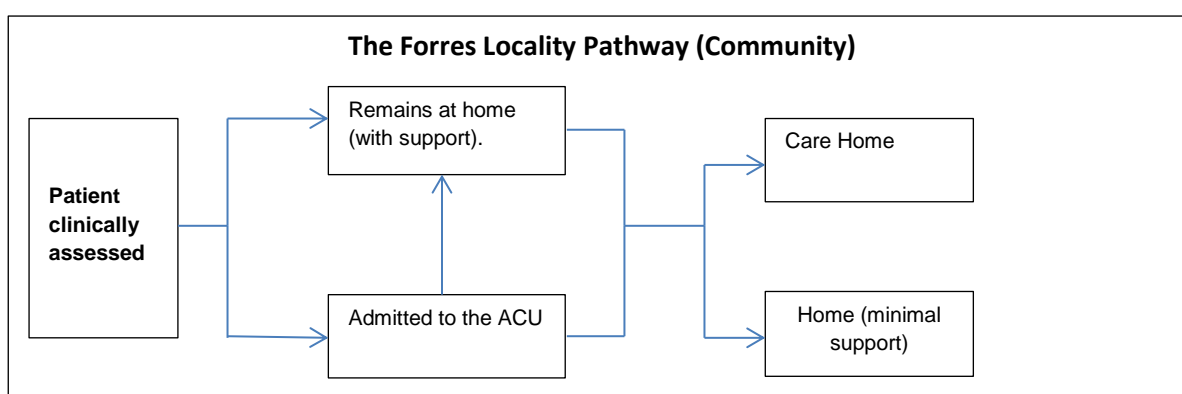
Underpinned by a re-ablement/rehabilitation approach and informed by the design principles, the Forres Locality Professional Core Group have developed and agreed revised admissions criteria for patients being admitted to the Varis Court ACU development (**See Appendix 3**).

Based on undertaking a clinical assessment by either a Culbin or Varis GP, a Geriatrician or the FNCT Nurse Lead Practitioner, the Assessment Criteria is designed to support the timely discharge of patients from an acute hospital setting and that referrals are appropriate for an re-ablement/rehabilitation approach to care.

The patient pathways for the Forres Locality area can therefore be presented in the following diagrams. The first diagram relates to an assessment while an individual is in an acute hospital setting. The second diagram relates to an assessment for an individual who is in a community setting.



The second diagram relates to an assessment for an individual who is in a community setting.



In contrast to other locality areas, the Forres pathway is different in that the ACU development provides an opportunity for patients who clinically no longer require to be in an acute hospital (e.g. Dr Gray's) but who not be able to recover at home. The ACU therefore provides a valuable re-ablement resource to support an individual to return home as soon as possible.

## 6.12 ICT

In terms of the discharge process from Dr Gray's Hospital, the FNCT Advanced Nurse Practitioner provides the link to the weekly Dr Gray's Huddle via video-conferencing. This role/process includes prior linking with the GP's at Varis and Culbin Practices that supports discharge planning. The FNCT Advanced Nurse Practitioner will also then feedback following the huddle to both Practices.

## 6.13 Organisational Culture

Part of the ACU/FNCT test site was to explore how the principles associated with a Buurtzorg Model could be applied to the Forres Nursing Teams.

The Buurtzorg Model focuses on empowering staff through creating a flat organisational structure with minimal bureaucracy and emphasising the importance of links with the local community.

At the time of developing this Transformation Plan, this element of the project is in the process of being independently evaluated by researchers at Dundee University. However, the interim evaluation report indicated that this approach was considered beneficial to FNCT staff. One FNCT Team member made the following comment.

*“Change of management structure makes me feel empowered to do the 'right thing' for patients and their families. I feel that I have the freedom to choose how I fulfil my role in the best interest of service users. This could be sitting with a dying patient or doing a jigsaw. Very much outwith the traditional 'medical model.’*  
FNCT member

Subject to the outcome of the Dundee University evaluation report, it is hoped that the learning from this test will help address the historic staff recruitment challenges previously outlined in this report.

#### **6.14 Addressing Nurse Staff Recruitment & Retention**

Giving Nursing staff more professional autonomy could therefore be an important factor in addressing nursing recruitment issues. Through temporary secondments, the ACU/FNCT test site was able to successfully recruit to these temporary FNCT positions, albeit short of 3 WTE vacant posts. This contrasts with the recent experience of filling nursing posts at Leancoil Hospital.

If a project is therefore innovative in design, then it is proposed that there is greater likelihood of being able to recruit and retain nursing staff. Anecdotally, this insight is substantiated by other innovative projects delivered by Health & Social Care Moray.

Since the difficulties experienced in recruiting sufficient numbers of nurses for Leancoil Community Hospital has been a key driver for a more sustainable model of delivering health and social care services in the Forres locality area then this, insight from the ACU/FNCT test site, is an important point to be considered in the development of a new MDT staff structure.

#### **6.15 Cost Profile**

This cost profile is based on providing a sustainable model for the future delivery of health and social care services in the Forres Locality area.

The financial configuration recognises that certain funding streams that have been available in the past will no longer be appropriate.

The future 'to be' cost estimates are also based on the outcome of the building options appraisal, as identified in section 6.5 of this plan, and the proposed MDT Structure, as outlined in section 6.10, of this Plan.

'As Is' (based on 2018 estimates)		'To be' (Estimates based on this Plan)		
	Service	Cost	Service	Future Cost
1.	Forres District Nurse Team	£297K (with applied efficiency saving)	Community Nursing Team with ACU's	£392K (includes £38K Phlebotomy plus £24K supplies) £541K (top point) plus £55K(rent) (funded from Social Care Fund recurring budget)
2.	FNCT/ACU	£574K		(Costs incorporated above.)
3.	Leancoil Hospital	£631K		£0
4.	Forres Health Centre	£331K(NHS Grampian Health Board funded at present)		£535K (funded through redesign of services within Forres for sustainability – Board funding no longer sustainable)
5.	GP contract	£45K		£45K
6.			Care Home Retention	£81K (based on max occupancy over 12 month period)
<b>7.</b>	<b>Total</b>	<b>£1.878M</b>		<b>£1.649M</b>

The following key points should be noted in relation to each row of this table.

1. The 'As Is' cost is based on the District Nursing Team operating as a separate unit to the FNCT. The 'To be' model is based on the integration of the District Nursing and FNCT.
2. The 'As Is' cost of £574k represents the cost of the FNCT and ACU test site. If there is agreement to implement this Transformation Plan, this cost will be incorporated within (1) Community Nursing Team with ACU's.
3. For the test site period, the 'As Is' is based on double running costs associate with operating Leancoil Community Hospital and the ACU & FNCT. The 'To Be' model is based on the premise that Leancoil Community Hospital will not be operational in future. It should also be noted that the costs for ongoing maintenance and refurbishment of Leancoil Hospital would also be avoided which have been estimated to be in the region of £4-5M.
4. The 'To be' cost of £535k for the Forres Health Centre is an unavoidable cost regardless of the future model of delivery selected.

5. Both Varis and Culbin Practices have a contractual arrangement with Health & Social Care Moray for the delivery of medical care for patients. This is the same cost if the support is provided at Leancoil Community Hospital or the ACU's at Varis Court.
6. For the very frail and elderly, nursing beds will be provided at Cathay and Meadlark Residential Care Homes. This is part of the future 'to be' model of delivering health and social care support. The provision of these beds and nursing support will cost no more than £81k per annum.
7. In addition to the avoidance of the £4-5m maintenance and repairs costs for Leancoil Community Hospital, it is estimated that there will be annual recurring saving of £229K.



## 7.0 Implementation

The implementation of the Transformation Plan comprises 5 key themes. These are:-

- The Patient Pathway
- The MDT Structure
- Cultural Change
- Community and Staff Engagement
- The Built Environment

Due to the closure of Leancoil Hospital for the admission of patients, the underpinning tasks associated with the above themes have required to be escalated prior to the consideration of this plan.

The progression of other elements will be subject to the consultation and subsequent decision to approve this plan or not by the Moray IJB.

### 7.1 Programme Summary

This chart provides an overview of the timeline for the implementation of the key tasks relating to the above 4 themes, for the deployment of this blueprint. The chart indicates which of the tasks are already complete.

	Task	Month 2018/19								Status
		Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
<b>1</b>	<b>Theme: The Patient Pathway</b>									
1.1	SLA for Nursing beds in place									Complete
1.2	Revised GP Contract agreed to support referrals to ACU's.									Complete
1.3	Patient Pathway submitted for consideration by the public									Ongoing
<b>2</b>	<b>Theme: The MDT Structure</b>									
2.1	Staff engaged regarding the proposed MDT structure									Ongoing
2.2	Public Information on the new pathway is circulated									Ongoing
<b>3</b>	<b>Theme: Cultural Change</b>									
3.1	Forres Workforce Development Plan in place									Ongoing
3.2	Workforce Development Plan implemented									Ongoing
<b>4</b>	<b>Theme: Staff &amp; Community Engagement</b>									
4.1	FNCT Evaluation Report prepared and submitted to the IJB									Ongoing
4.2	Leancoil staff relocated due to the closure of Leancoil									Complete
<b>5.</b>	<b>Theme: The Built Environment</b>									
5.1	Supporting staff ICT infrastructure in place at Forres Health Centre									Ongoing
5.2	Alterations complete at Varis Court to enhance ACU referrals									Ongoing
5.3	Staff migrate to Forres Health Centre is complete									Complete

A more detailed implementation plan will be developed on the basis that this Transformation Plan is approved. It is also proposed that this plan will be subjected to review 3 months after the date of its approval.

## 7.2 Risk Management

During the implementation phase, a detailed risk and issues log will be regularly reviewed by the Forres Locality Professional Core Group and the H&SCM Senior Management Team.

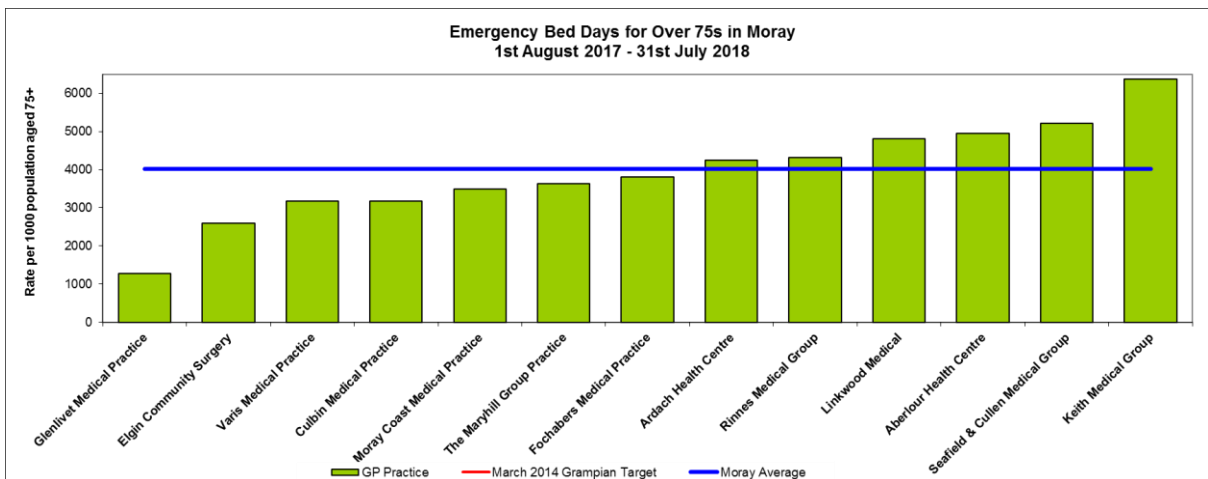
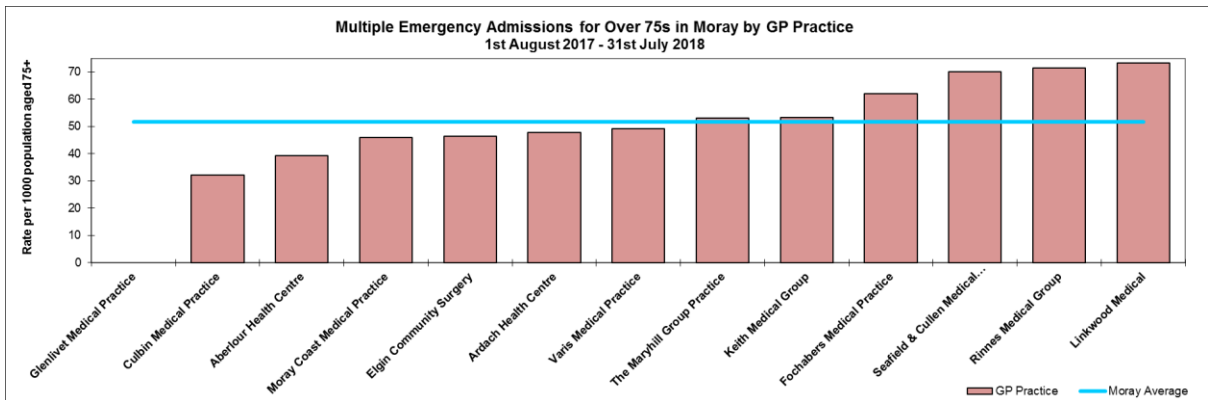
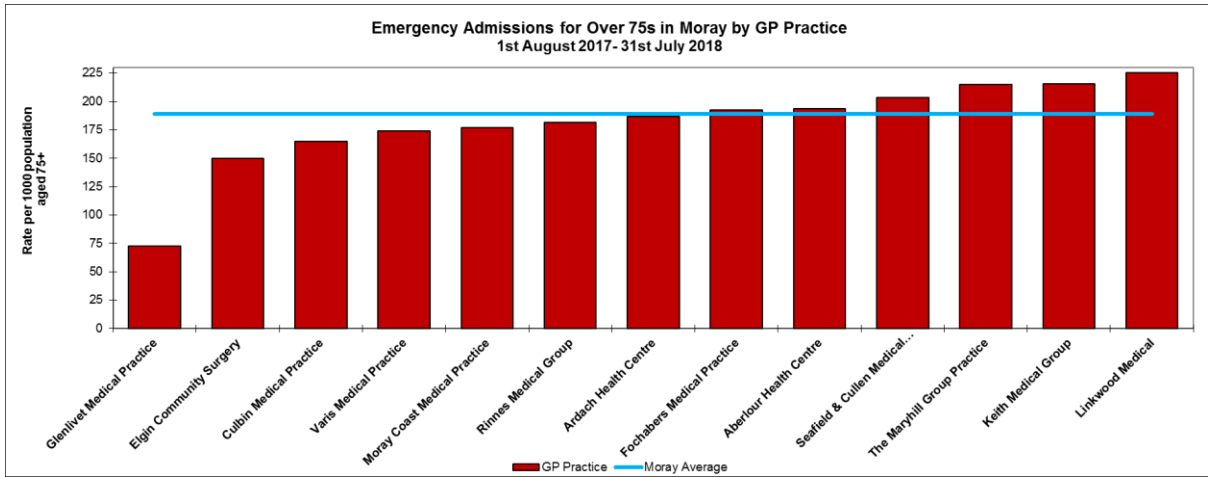
The following table identifies the high level project risks and the proposed mitigating actions.

Risk	Impact	Mitigating Action
1. There is insufficient capacity at either Varis Court or the residential Care Homes to meet patient demand	This will result in an increase in delayed discharges.	The proposed approach allows a flexible approach to be taken with independent and residential care providers in terms of the commissioning of beds. This can accommodate spikes in demand or the growing number of older people.
2. There is a failure to recruit and retain sufficient numbers of nursing staff to operate new model of care.	This will mean that patients cannot be discharged to the Forres area from Dr Gray's or ARI.	The redesign is based on giving the maximum amount of autonomy to nursing staff. The ACU/FNCT test site indicates that this would be the best approach.
3. There is a risk that a re-ablement focused approach to care is not further embedded in the MDT structure.	This would mean that an individual's recover would be impaired and that care hours would be greater than if this approach was successfully deployed.	Further embedding a re-ablement approach to care will be part of the Workforce Development Plan.
4. The health and social care workforce do not agree to the key proposals outlined in this blueprint.	This would mean that the effectiveness of the new operating model would be undermined.	In addition to staff being involved in the development of this plan, staff engagement sessions will be held with both the health and social care workforce.
5. The Forres community is unclear how this this blueprint will work in practice	This would undermine confidence in the overall delivery of health and social care services in Moray.	Public meetings will be held to explain this new way of working. Leaflets will also be developed to explain the approach to be taken.

## 7.3 Performance Management: What Does Success Look Like?

Despite the challenges presented by the reduction of nursing beds at Leancoil Community Hospital, the Forres locality continues to perform strongly against the other GP areas in Moray.

As noted below, the quarterly performance reports for Grampian identify that both Varis and Culbin Practices maintain performance trends in relation to emergency hospital admissions, multiple admissions and emergency bed days for the over 75's below the Moray average.



This therefore provides a strong foundation for further continuous improvement. The table below notes how performance in relation to this redesign will be measured following the implementation of this plan.

<b>Design Principle</b>		<b>Proposed Measure</b>
<b>1.0</b>	<b>For People using Forres based Health &amp; Social Care Services</b>	
1.1	A reduction in the length of stay in treatment or in Hospital	<ul style="list-style-type: none"> <li>• Number of admissions and multiple admissions to Dr Gray's Ward 7.</li> </ul>
1.2	Faster re-ablement and recovery	<ul style="list-style-type: none"> <li>• Comparison with a control group (as per ihub collaborative evaluation approach).</li> </ul>
1.3	Improved social interaction and less social isolation	<ul style="list-style-type: none"> <li>• Qualitative data collated from patients referred to the ACU's.</li> </ul>
<b>2.0</b>	<b>For Informal Carers</b>	
2.1	Improved informal carer experience when visiting relatives	<ul style="list-style-type: none"> <li>• Qualitative data collated from patients referred to the ACU's.</li> </ul>
<b>3.0</b>	<b>For Health &amp; Social Care Moray and the joint workforce</b>	
3.1	a more rewarding workplace and environment for staff (including a co-located and integrated workforce)	<ul style="list-style-type: none"> <li>• Review of the Forres workforce recruitment and retention rates;</li> <li>• Continued use of the staff satisfaction survey (as used for FNCT)</li> </ul>
<b>4.0</b>	<b>Affordability</b>	
4.1	A reduced comparative capital and operating cost in providing care.	<ul style="list-style-type: none"> <li>• Financial monitoring reports will be generated on a quarterly basis.</li> </ul>

It is proposed that performance reports will be generated no less frequently than on a quarterly basis and will be circulated to the Forres Locality Professional Core Group.

## **8.0 Conclusion**

This Plan is presented by the Forres Locality Professional Core Group and is the result of a partnership approach by the key partners who provide health and social care services in the Forres Locality Area.

The output of this plan is based on maximising the skills and expertise of not just the NHS Grampian and the Moray Council health and social care workforce but also providers from the independent and residential care organisations working alongside public sector staff.

It is the intention that the approach taken and the Transformation Plan will make a significant contribution to the health and wellbeing of the people of Forres and the surrounding area for many years to come.

## Appendix 1: Membership of the Forres Locality Professional Core Group

<b>Role</b>	<b>Assigned Officer</b>	<b>Brief Role Description</b>
<b>Programme Sponsor</b>	Jane Mackie	Operational Manager (Health & Social Care Moray)
<b>Project Sponsors</b>	Fiona Abbott Lesley Attridge	Community Hospital Manager Intermediate & OT Manager Will assist in unblocking project risk and issues and interfacing with the IJB
<b>Project Manager</b>	Robin Paterson	Chair Group Meetings
<b>Core Group Member</b>	Hillary O'Connor	District Nurse Team Leader
<b>Core Group Member</b>	Gill Walker	Leancoil Representative
<b>Core Group Member</b>	Claire Power	Primary Care Manager
<b>Core Group Member</b>	Linda Harper	NHS Grampian Nurse Lead
<b>Core Group Member</b>	Barbara McGrath	Leancoil Staff Representative
<b>Core Group Member</b>	Fiona Harris	Health Centre Manager
<b>Core Group Member</b>	Emma Vail	AHP Lead (Physio)
<b>Core Group Member</b>	Dawn Duncan	AHP Lead (OT)
<b>Core Group Member</b>	Paula Harte	OT Team Leader
<b>Core Group Member</b>	Carol MacDonald	District Nurse Team Manager
<b>Core Group Member</b>	Dr P Kelly	GP Representative
<b>Core Group Member</b>	Dr E Janousek	GP Representative
<b>Core Group Member</b>	Dr M Simmons	GP Representative
<b>Core Group Member</b>	Dr M Neison	GP Representative
<b>Core Group Member</b>	Kay McInnes	Health & Social Care Rep
<b>Core Group Member</b>	Matt Offer	Varis Court ACU Representative
<b>Core Group Member</b>	Stephen Lindsay	Workforce Representative
<b>Core Group Member</b>	Fiona Graham	Public Participation Forum Representative (Forres Area)
<b>Core Group Member</b>	Janette Topp(Hanover)	Independent Sector Representative
<b>Core Group Member</b>	Elaine Crawford (Cathay)	Residential Care Sector Representative
<b>Core Group Member</b>	Dr Vic Henderson	Geriatrician
<b>Core Group Member</b>	Nathan Matthews	Domestic Facilities Manager
<b>Output Lead</b>	Lesley Attridge	Will support the completion of key project outputs
<b>Output Lead</b>	Tracie Wills	Will support the completion of key project outputs relating to Commissioning
<b>Output Lead</b>	Bob Sivewright	Will support the completion of key project outputs relating to Finance
<b>Output Lead</b>	Fiona McPherson	Provide communication and public involvement advice and support to the project
<b>Project HR Officer</b>	Karen Innes (NHS)	Provider human resource advice and support to the project

NB- Not all of the above Officers attended each meeting.

## Appendix 2: Assessment Criteria

### **VARIS COURT ACU ADMISSION CRITERIA & TREATMENT BY THE FORRES NEIGHBOURHOOD CARE TEAM (FNCT)**

Patients registered with Culbin or Varis Medical Practice may be admitted to the Acute Care Unit (ACU) at Varis Court if they require an in-patient facility and treatment by the Forres Neighbourhood Care Team (FNCT) to meet their needs and achieve their goal of maximum independence.

<b>Essential Referral Criteria:</b> <ul style="list-style-type: none"><li>• Patients must be registered with Culbin or Varis Medical Practice</li></ul>	<b>Suggested Referral Criteria:</b> <ul style="list-style-type: none"><li>• Infections requiring IV treatment</li><li>• Falls assessments</li><li>• Syncope</li><li>• Blackouts</li><li>• Collapse</li><li>• Frailty</li><li>• Functional decline</li><li>• Polypharmacy</li><li>• Mild dehydration</li><li>• Unsafe to discharge without support at home</li></ul>
<b>Number of ACU beds:</b> <ul style="list-style-type: none"><li>• Currently 5 patients (but could facilitate up to 9 patients if fully staffed, depending on appropriateness of unit sharing – i.e. 5 units, with 2 bedrooms in each unit and one bedroom currently providing office facility for staff)</li><li>•</li></ul>	
<b>How to Refer:</b> <ul style="list-style-type: none"><li>• Contact the FNCT on xxxxxx (8am-8pm) to make a referral then please forward any details to <a href="mailto:nhsq.acuvaris@nhs.net">nhsq.acuvaris@nhs.net</a></li><li>• The team will take details and advise you when they will see the patient</li><li>• Please advise the patient that we will be calling them to arrange a visit.</li><li>• Please ensure that any concerns which may affect the safety of staff visiting are highlighted.</li><li>•</li></ul>	

#### **Essential Admission Criteria:**

- Clinical risk has been assessed, and considered appropriate to support admission, by one of the following:
  - A Culbin or Varis GP
  - A geriatrician
  - Matt Offer
- If transferred from another hospital facility, all patients must be supplied with Cardex (or equivalent medication/treatment plan) and emergency medication if these are necessary (e.g. palliative care patient)
- All patients must have an admission plan, which will include:
  - Relevant clinical information, including confirmed diagnoses
  - Confirmation that patient is medically stable
  - Clear purpose of admission
  - Agreement that complex investigations are not required
  - Outline of planned treatment
  - Plan for rehabilitation, with appropriate service support

- Anticipated length of stay, usually no longer than 2-3 weeks, including on-going management plan
- Relevant clinical information, proposed treatment plans and anticipated length of stay must be communicated to the nursing staff, patient and relative/carers.
  - Admission must be driven by patient need and their best interests, including family and carer needs.
  - All admissions will be expected to take place within the hours of 8am-6pm, Monday to Friday.
  - Where there are any doubts as to the appropriateness of admission, the decision will be taken by a Practice GP.

**Discharge Criteria:**

- Discharge home will be facilitated when a patient no longer requires to be an inpatient to have their needs met.
- Patients who have been discharged home may still require the services of the Forres Neighbourhood Care Team, or the Community Nursing Team, to provide a degree of nursing care in their own home, until they achieve their maximum goal of independence.
- If it is found that discharge home is not possible within 3 weeks of admission, due to additional health needs which cannot be addressed in the current setting or social needs which are awaiting a suitable care package, the patient will be transferred to a more appropriate facility so that they are not blocking a bed in the ACU (utilising Moving On protocol if appropriate).
- FNCT will work with Social Care Teams, through MDT discussion, to facilitate a timely discharge and ensure no delayed discharge due to social care needs
- It is the responsibility of the FNCT to ensure all patients are safely discharged with a robust MDT discharge plan, if appropriate.
- The Discharge Planning process should be commenced from admission in conjunction with the rehabilitation teams, social care, the patient and family/carers.
- **CLINICAL DEVELOPMENT NURSE IN CHARGE OF VARIS COURT ACU/FNCT – MATT OFFER [matthew.offer@nhs.net](mailto:matthew.offer@nhs.net)**



## Glossary of Terminology and Abbreviations

Term	Description
ACU's	An abbreviation for the Augmented Care Units. This refers to the beds commissioned by Health & Social Care Moray at Varis Court supported by a 24/7 Nursing Team.
AHP's	This is an abbreviation for 'Allied Health Professionals.' This is the collective term that covers Occupational Therapists, Podiatrists, Speech and Language Therapists, Physiotherapists.
Buurtzorg	Refers to the Dutch term for 'neighbourhood care' and focus on support for the holistic health and wellbeing needs of the patient
Commissioning	An approach to identifying a need and then securing a service. This can be in relation to the procurement of an internal or external service.
FAWN	Forres Area Wellness Network.
FNCT	An abbreviation for the Forres Neighbourhood Care Team. This is the Nursing Team that is based at Varis Court
ICT	Stands for Information Communication Technology.
IJB	Abbreviation for the Integration Joint Board. This is the high level governance group that determines the strategy and budget for H&SCM.
Informal Carer	Refers to the unpaid role of someone who supports and cares for someone who is in poor health or has a learning disability. This is often a close family member.
Transformational Change	This refers to an initiative that reflects a completely new way of delivering a service. It contrasts to incremental change which is focused on smaller scale changes or improvements.
H&SCM	Abbreviation for Health & Social Care Moray. This is the organisation that brings together NHS Grampian and Moray Council Community Care Services in terms of the delivery of integrated health and social care services for adults in the local area.
MDT	An abbreviation for Multi-Disciplinary Team. Refers to a group of different health and social care professionals working towards a common goal.
Palliative	Refers to the process of dying. This can however be over a long period of time, sometimes years.
Personal Outcomes	Refers to the impact and difference a health and/or social care intervention has on an individual's life.
Re-ablement	Refers to a short term health and social care intervention (usually no more than 6 weeks) that aims to increase an individual's independence through re-learning skills of daily living.
Respite	This refers to support for an informal carer which provides a break from their caring role. This sometimes means that the cared for person is looked after by a third party.
The Forres Locality Professional Core Group	This refers to the group who have created this plan. See Appendix 1 for a list of the members of health, social care and community representatives.