Aberdeen City Health & Social Care Partnership
A caring partnership

Appendix 1

STRATEGIC COMMISSIONING & TRANSFORMATION

PRINCIPLES & STRATEGIC PROCESS

Introduction

This paper sets out the principles for the development of a strategic commissioning approach underpinned by the additional transformation funding available to the partnership. It is considered that focussing on a smaller number of significant transformation projects will have the biggest effect on the whole system and support us in delivering the shift toward a more person centred and community focussed health and care economy, in line with our statement of intent and strategic plan. This approach has been endorsed in the most recent Audit Scotland report[1] into health and social care integration which emphasised the need to move at pace and for ensuring robust business cases being developed for the scale of transformation expected.

Principles of the Approach

The approach set out in the following pages provides a framework to support the development of our strategic commissioning proposals. It sets out the impact we are seeking to make as range of hypotheses.

A 'hypothesis' can be defined as an idea or explanation that is tested through study and testing or experimentation. Outside science, a theory or guess can also be called a hypothesis. A hypothesis is something more than a wild guess but less than a well-established theory. This is particularly helpful as way of thinking about the transformation of health and social care we are currently embarked upon as there is no large or well established evidence base of what will work in regard to the system change required to address the challenges of demographic change and financial pressure we will continue to experience, as a system, in the foreseeable future.

Each of the strategic commissioning priorities described in this paper is set out against a hypothesis of what we believe will change through the investment and delivery of the programme – in doing this, setting out to answer the questions: *'What impact do we think this will have?' 'What will this change in relation to the challenges we face?', 'How does this fit to our Strategic Plan and our appetite for Risk' and 'What will embed and sustain this investment in time?'*

[1] http://www.audit-scotland.gov.uk/report/changing-models-of-health-and-social-care-0

Investment Assumptions

The Integrated Care Fund and other transformational budgets are now mainstreamed (and require to be considered in the context of the wider financial challenges of the sector). This mainstreaming means that we can plan in the medium term – enabling opportunity to focus on big shifts and complex processes – without the need for immediate payoff. However, we will also need to demonstrate where we see that pay-off and sustainable happening if we believe that this will be in the medium to longer term. If we can achieve the cyclical planning processes as set out in the approach we will be able to disinvest in some areas of work or ways of working in order to support the next cycle of change required.

The total transformation funding available to the Partnership is as follows:

FUNDING AVAILABLE				
	2016/17	2017/18	2018/19	
	£ million	£ million	£ million	
Integrated Care Fund	3.750	3.750	3.750	
Integrated Care Fund c/f from 2015/16	1.950			
Delayed Discharge	1.125	1.125	1.125	
Delayed Discharge c/f from 2015/16	0.900			
Winter resilience (non recurring) c/f from 15/16	0.190			
Additional investment	4.750	4.750	4.750	
Primary Care Transformation	0.400	0.400	0.400	*
	13.065	10.025	10.025	

* indicative value based upon potential allocation. funding bid submitted but not yet confirmed.

This paper does not set out the finer detail of the investment programme but seeks the IJB's agreement to the broad principles for investment proposals as being aligned to its strategic priorities as set out in the Strategic Plan.

It is recognised that the complex projects set out below will take some time to plan, test and realise outcomes from. It is therefore anticipated that the delivery of these priorities will require a three year investment programme in the first instance with a rolling evaluation and programme thereafter. However, it is not anticipated that these activities will utilise all our transformation funding and the remaining funding will be utilised for supporting locality based innovation tests as well as smaller scale change.

The detail of the investment required will develop during the planning period, and future year projections will be reviewed and revised on a periodic basis.

Process Undertaken to Develop Proposed Strategic Priorities

The process undertaken to develop our strategic priorities has included involvement of a range of partners:

- **Integration and Transformation Programme Board** – participated in a workshop to identify a number of "Big Ticket" items that are key building blocks for delivery of the partnerships strategic ambitions as set out in the Strategic Plan. These "Big Ticket" items were mapped, against the partnership's strategic priorities.
- The **Strategic Planning Group** - considered the outputs of the workshop of the Integration and Transformation Programme Board workshop and synthesised these in the context of ensuring the delivery of our strategic plan.
- The **Integration and Transformation Programme Board** then considered and agreed the six priority strategic commissioning areas as set out in this report, noting that further work would be undertaken to finalise the total strategic commissioning investment to be agreed by the IJB, and to recommend that transformational funding is also made available to support locality transformation and smaller scale innovation.

Strategic Priorities

Our investment priorities are:

1. Acute Care@Home	
Hypothesis	• We can provide person centred and effective care and support for people with multiple health and care needs, out-with an acute hospital setting. • We need to shift the balance of care toward community settings and reduce acute beds if we are to address financial and demographic challenges and ensure sustainable services in the future. • We can only reduce the number of beds in hospital and institutional settings if we shift the balance of care and resources toward the community and new models of care there. • In order to do this we need to enable 'double running' costs and to build the capacity and capability in the new system and test it while delivering safe and effective services as normal.

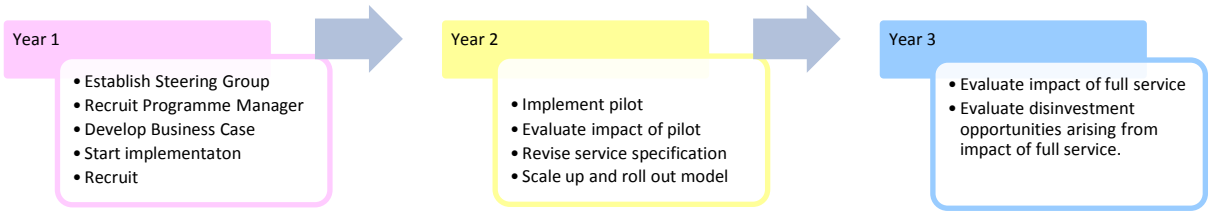
	• The new system will be required to support people with more acute and complex care needs and developing this service and the skills and support it will need, will require investment of funding, staff and programme management. • We will sustain this new system through de-commissioning the elements of the current service that are demonstrably no longer required. • There is a growing evidence base across Scotland that this kind of model is effective in shifting the balance of care and is cost effective.

Strategic Commissioning Intentions.

To progress this, it will be necessary to:

- Invest in the double running costs to maintain current bed base and outcomes while building the new model;
- Invest in new capacity and capability to build a new community focussed service that can care for people with more acute needs and complex care needs than we can do now;
- Invest in necessary capital costs in areas such as diagnostics, premises and infrastructure to deliver;
- Invest in the programme management capacity to deliver this from business case to implementation; and
- Undertake evaluation as the programme progresses

It is believed over a 3-year time frame, this will go from requiring investment to a clear implementation, disinvestment and sustainability plan.



Proposed Financial Allocation:

Year One: £650k
Year Two: £1.3M*
Year Three: £500k*

*Indicative projections

Strategic Reference.

The development of a hospital at home model fits with our statement of intent that was highlighted in the introductory chapter of our strategic plan. We cannot continue to deliver services as we have traditionally done but must instead configure and deliver them differently with a stronger preventative emphasis.

Our risk appetite statement confirms that the IJB has a low to moderate risk tolerance in relation to innovation outcomes which predict clearly identifiable benefits and can be managed with statutory safeguards.

This proposed investment supports the following priorities:

- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for as long as reasonably possible.
- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

It will also help fulfil the following outcomes:

- People, including those with disabilities or long term conditions or who are frail are able to live as far as is reasonably practicable independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of service users.
- People who use health and social care services are safe from harm.

2. Supporting Management of Long Term Conditions – Building Community Capacity	
Hypothesis	• Pressures on mainstream primary and community care services cannot be reduced through a 'more of the same' approach; • A number of referrals and appointments in primary care currently relate to social issues and low level anxiety/depression; • There is some evidence from our own system (Silver City Project) and internationally (Nuka, Southcentral Foundation in Alaska) that we can reduce this pressure through new 'lower level' support and link posts, embedded in the community and in our locality teams; • Such link workers can help to improve people's resilience through linking more

	closely with their communities and opportunities in the community; • We also know that shifting our relationship with communities will require support in communities to enable them to work with us. Community Building roles have been demonstrated to be effective in other areas and we would wish to test this model, building on the work we have started in terms of Asset Based Community Development (ABCD), supported by Community Builder roles.

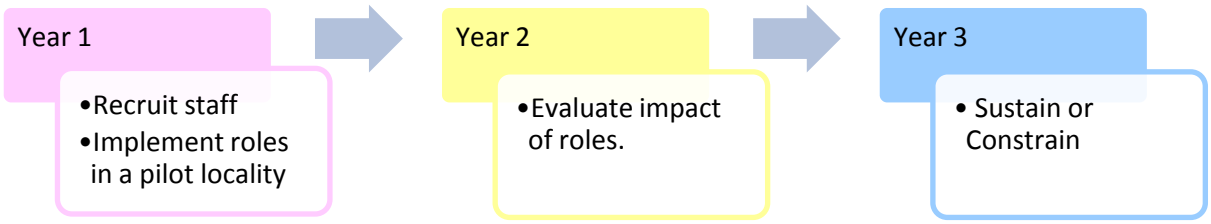
Strategic Commissioning Intention.

In order to deliver population level impact and change we need to go beyond small tests of change and develop an at scale service. We will seek to invest in a critical mass of posts in each locality (Link workers; Care Navigators and Community Builders) as this will be critical in delivering this improvement at a measureable scale.

We will seek to invest in the following:

- Link workers, as developed in the 'Silver City' model supported by the Wellbeing Team
- Care Navigator role some evidence is emerging that this role, co-ordinating a virtual ward and team support in new integrated localities has an impact in reducing duplication and delivering seamless and effective care;
- Community Builders – Community Members supported to act as a bridge between our localities and its assets and strengthening community approaches and resilience.

The intended timeframe for implementation and delivery is as below:



Proposed Financial Allocation.

Year One: £750k**
Year Two: £750k
Year Three: £750k

**Anticipated to be some lag due to time required to recruit posts

Strategic Reference

There is a strong consensus across the partnership in support of developing these roles and there is clear alignment with what our statement of intent says in relation to improving health and wellbeing, reducing health inequalities, taking greater responsibility for our health and wellbeing and letting innovation flourish in our localities.

The aspiration within our risk appetite statement to develop a collaborative and innovative, local service provision will be strongly helped by the establishment of these roles.

This proposal supports the following strategic priorities:

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.
- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

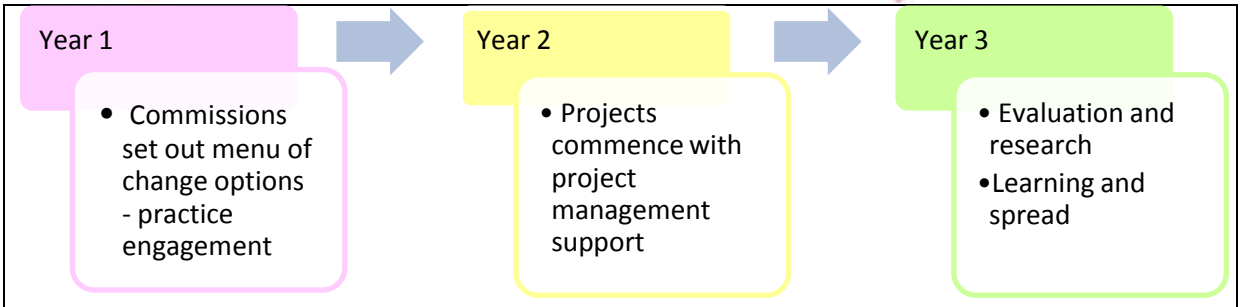
It will also help fulfil the following outcomes:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live as far as is reasonably practicable independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of these services and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of service users.
- Health and social care services contribute to reducing health inequalities.
- People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

3. Modernising Primary Care

Hypothesis	• A volunteer group of practices, who work collaboratively for change, will help to create sustainable change across primary care; • Collaborative working, in locality hubs, with increased pharmacist provision, social work links and GP-led beds will help to reduce admissions to hospital, prescribing costs and provide more sustainable primary and social care services; • Locality Hubs will be supported by the design of integrated health and care teams, local communities (including people and organisations linked to the ABCD approach described above) and a 'Team Aberdeen' and person centred culture and ethos throughout our wider organisation; • Different approaches may include models such as the 'Buurtzorg'[2] model and Advanced Nursing and AHP roles in the community; • There are a range of elements that will help modernise and develop primary care and while no 'one size fits all' an approach that offers a menu of change for primary care to test, will give the widest spread of change activity, enable practices to step in at a level they can manage and will grow new models appropriate for their context; • The new GP contract provides an opportunity to develop our ideas across the city and we can learn from current practice also.
Strategic Commissioning Intention	

[2] The Buurtzorg model is a community nursing model developed in the Netherlands. It focusses on self-organising nurse led teams who provide total care for their clients. It's being promoted in Scotland by the Scottish Government as a potential model to implement and we have provided an expression of interest to test a version of this in the City. At the time of writing we have had no update.



There are a range of activities where we believe there is good evidence of their impacting primary care and we are developing these as a menu of options and within a service specification for practices to engage with:

- New clinical roles – physician associates, community pharmacists, Advanced Nurse Practitioners, Primary Care Mental Health Workers, Social Workers embedded in practice, access to care staff;
- Closer working with the new roles to be developed as set out above;
- GP led step up/step down care home beds;
- Further investment in Anticipatory Care Planning;
- Remote Home Monitoring for long term conditions;
- Collaboration across 'back office' services;
- Shared and collaborative approaches to meeting service demand.

At the same time we have an opportunity to develop integration and modernisation approaches with other primary care contracts including our independent pharmacist. An element of this funding would support this area of development within our locality approach.

Proposed Financial Allocation

We have made a bid against the Scottish Government's Modernising Primary Care funding and there is potential that this will be in part at least, funded from that source. At the time of writing there was no information available on the progress of our bid.

In order to progress the modernisation of primary care, we will need several commissions including from specialist agencies, as well as double running costs while new models are tested prior to resource shift.

Proposed Financial Allocation

Year One: £780k
Year Two: £1.2m
Year Three: £1.1m

Strategic Reference

This proposed investment has a strong resonance with much of what our statement of intent says. It recognises that given our current challenges we need to reshape our services differently and offers a strong contribution to our ambition of improving the health and wellbeing of our local population and supporting the development of our communities and localities.

Our risk appetite statement accepts that there may be additional scrutiny of IJB decisions which are of interest to the public and other key stakeholders. There is no tolerance of risk of harm to the people who use our services however there is recognition that innovation may challenge established relationships and working practices. Our innovation will be managed within existing statutory safeguards.

This significant proposal will support the following priorities:

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Value and support those who are unpaid carers to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired.
- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

It will also help fulfil the following outcomes:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live as far as is reasonably practicable independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of service users.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.
- People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do
- Resources are used effectively in the provision of health and social care services, without waste.

4. Culture Change/Organisational Change	
Hypothesis	• The appropriate organisational culture will be an essential core building block to ensure the successful delivery of all of our strategic commissioning priorities. • We will be unable to embed the transformation we need without changing the culture of our organisation and the people who make it. • A new 'Aberdeen City' culture is required to support this that builds on our shared public sector values in support of our strategic plan. • We need to develop new leadership models and capacity in order to drive the system transformation. Our new leaders deserve the right support and our system needs to remain safe in the transition. • Organisational culture considers our system from the widest perspective, including; partnership, employees, people who work for partner agencies and our independent and third sectors • We need to recognise and address the anxiety many of our staff will feel as we transition into our new partnership and integrate at every point of delivery

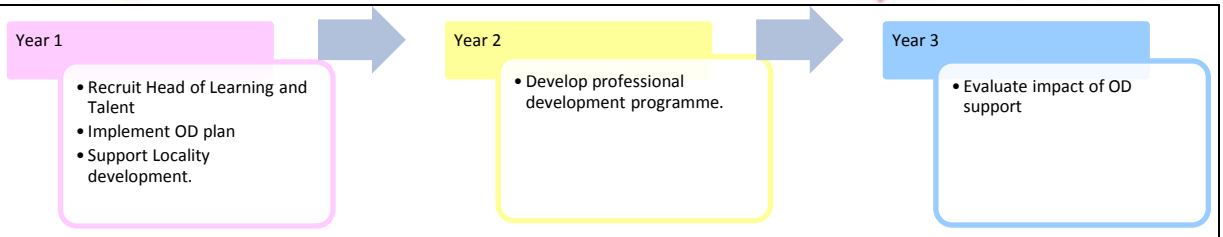
Strategic Commissioning Intentions.

In order to accomplish this, the following work streams are proposed:

- Organisational development for locality leads
- Organisational development for locality teams
- A comprehensive 2 year rolling programme – an 'Aberdeen Qualification' and Future Orientation programme for everyone working in the Health and Social Care Partnership (in addition to current programmes within employing organisation)
- An ongoing development programme fit for the new organisation's purpose; and
- Ongoing Board development, systems and governance testing.

By undertaking this, it is hoped to transform the organisation over a 5 year time scale, taking it from a collection of 2,500 people under the IJB to an organisation with a strong collective culture, in agreement that:

'We are the Aberdeen Health and Social Care Partnership. We are proud to work within the partnership and would recommend it as a place to work, learn and develop a career.'



Proposed Financial Allocation.

Year One: £735k
Year Two: £335k
Year Three: £235k

Strategic Reference

This proposal underpins the ambitions outlined in our statement of intent for the partnership to be recognised as innovative and an 'employer of choice'. Reshaping our services in order to deliver them differently will require the partnership to invest in its workforce.

Our risk appetite statement recognises the importance of ensuring that our services are safe, of a high quality and sustainable and that ongoing engagement with, amongst others, our staff is conducive to confidence and attainment.

This proposal will support the following priorities:

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Value and support those who are unpaid carers to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.
- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

And it will fulfil the following outcomes:

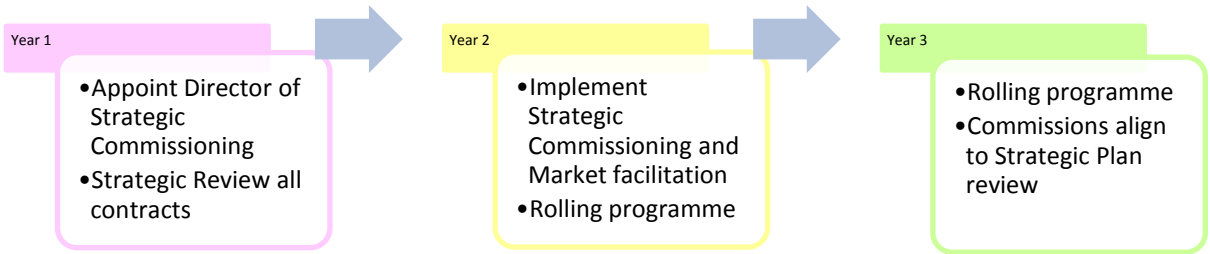
- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at

home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

5. Strategic Commissioning and Development of Social Care

Hypothesis	• A significant proportion of the Partnership's overall health and social care budget is used to commission care at home, care home placements and deliver self-directed support; • Without a commissioning model and strong IJB-led market management, the 3rd and independent sectors will not be able to develop the innovative new models that we need; • We are vulnerable to market/provider failure and appropriate market support and facilitation is key to mitigating against that risk • There are financial risks inherent in the current model; • We can maximise the potential from our third and independent sectors by working with them, setting out our market management approach, commissioning intentions and opportunities to commission at a locality level; • We need to build up this capacity as a core function within the senior team as there are risks if we embed at locality level in the new structure too early in the development of those roles.

Strategic Commissioning Intentions.



Proposed Financial Allocation.

Year One: £550k
Year Two: £500k
Year Three: £450k

Strategic Reference

This proposal is fundamental to our ambition to work with our partners across all sectors in reshaping the services that we deliver to address the common challenges that we face. A coherent commissioning approach will be pivotal to the people who use our services having improved experiences and outcomes.

This proposal will support the development of safe, good quality services. It recognises the value of working with our partners to achieve mutual benefits and also accepts that being innovative and challenging established conventions in areas that are of interest to our stakeholders will give rise to additional scrutiny.

The proposal will support the following priorities:

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Value and support those who are unpaid carers to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.
- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes

And it will help fulfil the following outcomes:

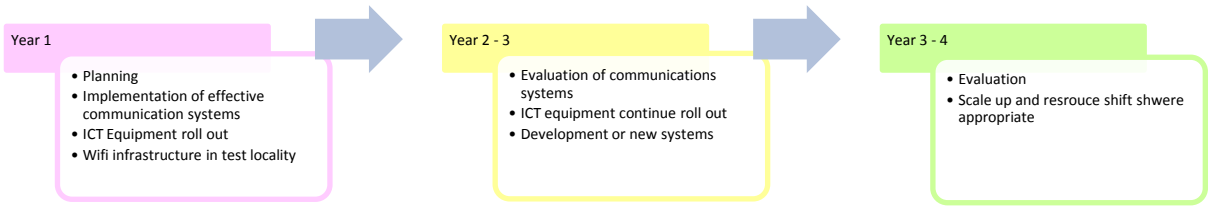
- People are able to look after and improve their own health and wellbeing and live in good health for longer
- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- Health and social care services are centred on helping to maintain or improve

the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
- Resources are used effectively and efficiently in the provision of health and social care services

6. Information and Communication Technology and Technology Enabled Care

Hypothesis	• Effective and linked ICT systems will be an essential component of the various integration and transformation themes; • We will need an integrated IT system and associated equipment and infrastructure that reflects and supports the alignment of our multi-disciplinary teams with our localities; • Our ambitions to innovate and transform will be hampered if there is a continued reliance on current, single service systems; • The effective use of ICT will also assist in the bringing together of our new organisation and help to ensure that our staff and wider partnership community have opportunities to participate and engage with our planning and service delivery processes, including being able to influence and identify innovation opportunities; • We have the opportunity to build effective Technology Enabled Care, home monitoring and at patient testing and this fits with our strategic ambitions.

Strategic Commissioning Intentions



Proposed Financial Allocation

Year One: £230k
Year Two: £680k
Year Three: £1.1M

Strategic Reference

Improved personal experiences and outcomes for the people who use our services is a key ambition of the partnership. The necessary transformation of our services in order to achieve this will require investment in our support services, especially IT. Our ongoing development as a partnership needs an IT system that reflects our structures and mechanisms and meets our business needs.

The proposal will support the following priority:

- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes

And it will help fulfil the following outcomes:

- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- Resources are used effectively and efficiently in the provision of health and social care services

Delivering the Model, Developing the Team

In order to deliver these proposals in a timely and effective manner we need to develop the capacity and capability of our infrastructure to support the emerging Senior Leadership Team (Chief Officer, Director of Business and Resources (Chief Finance Officer), Clinical Lead and Director of Operations). We propose to establish the following posts:

- **Director of Strategic Commissioning** – to lead our Strategic Commissioning with 3rd and Independent Providers and support development of a vibrant and sustainable market in Aberdeen (covered in section 5 above);
- Lead Officer - **Learning and Talent** (OD); (section 4)
- **Acute Care at Home Programme Manager** (fixed term); (section 1)
- **Project Managers**
- **Community Builders**
- **Link Workers**

The costs of establishing these posts are built into the proposed financial allocations under each of the strategic priorities. Additional costs of £400k will be required for posts to support the overall transformation programme (2 x Lead Planning Managers, 2 x Project Managers, 1 x Project Officer, 1 x Administrative support), some of which are existing posts.

Financial Summary

The total cost of all the proposals outlined above is:

Year One: £4.0m
Year Two: £5.1m
Year Three: £4.5m

The table below summarises the funding available and the total cost of the proposals outlined above, together with current commitments against the Integrated Care Fund and Delayed Discharge Fund. It also then shows the level of funding uncommitted at this stage, and which will be available to support further proposals to create additional capacity, additional transformation projects and primary care transformation projects.

The funding assumes that unspent balances will be carried forward from 2015/16 from the Integrated Care Fund, £1.95m, Delayed Discharge Fund £0.725m and winter resilience non-recurring funding £0.190m.

	2016/17	2017/18	2018/19	
	£ million	£ million	£ million	
FUNDING AVAILABLE				
Integrated Care Fund	3.750	3.750	3.750	
Integrated Care Fund c/f from 2015/16	1.950			
Delayed Discharge	1.125	1.125	1.125	
Delayed Discharge c/f from 2015/16	0.900			
Winter resilience (non recurring) c/f from 15/16	0.190			
Additional investment	4.750	4.750	4.750	
Primary Care Transformation	0.400	0.400	0.400	*
	13.065	10.025	10.025	
* indicative value based upon potential allocation. funding bid submitted but not yet confirmed.				
PLANNED COMMITMENTS				
Acute Care at Home	0.636	1.236	0.500	
Long Term conditions and Building Capacity in the Community	0.757	0.757	0.752	
Modernising Primary Care	0.780	1.230	1.130	
Strategic Commissioning of Care Model	0.544	0.494	0.444	
ICT	0.228	0.682	1.087	
Organisational Cultural Change	0.735	0.335	0.235	
Other	0.404	0.404	0.404	
Delayed Discharge projects committed	1.314	0.240		
other Integrated Care Fund commitments	0.890	0.386		
Charging Policy	0.500	0.500	0.500	
	6.787	6.263	5.051	
Uncommitted	6.28	3.76	4.97	

Uncommitted Funding

As set out in the table above the proposals set out in this paper do not commit the total amount of transformational funding available to the IJB. This will enable the IJB to consider several options over the course of the year:

- Consider new models and programmes as the year progresses, commensurate with our capacity to deliver them;
- Maintain reserves against any unforeseen pressures in year; and
- Devolve an element of this and the decision making to the Integration and Transformation Programme Board for delivery of Locality Change projects.

Evaluation

We will develop an evaluation framework that sets out key principles and methodology for use against all our commissioned projects, irrespective of scope. This framework will provide us with appropriate information that demonstrates what works and what we can/should scale up so that we can then make informed decisions of our next steps.

Governance

The Integration and Transformation Programme Board will oversee all of our transformational activities and projects and will monitor progress against expected outcomes and timescales.

The Chair of the Programme Board will report progress, developments and any escalating risks to the Chief Officer, the Executive Group and the Audit and Performance Systems Committee.