



INTEGRATION JOINT BOARD

Date of Meeting	Audit and Performance Committee (Jan)
Report Title	Progress Report – Aberdeen HSCP Strategic Commissioning Implementation Plan (2018)
Report Number	HSCP.18.124
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Name: Anne McKenzie Job Title: Lead Commissioner (Interim) Email Address: anne.mckenzie@nhs.net
Consultation Checklist Completed	Yes
Appendices	No

1. Purpose of the Report

- 1.1. This report provides an update on progress made against the Aberdeen City Health & Social Care Partnership's (ACHSCP) Strategic Commissioning plan 2018 - 2022

2. Recommendations

- 2.1. It is recommended that the Audit Performance Committee:
- a) Note the content of the report

3. Summary of Key Information

- 3.1. The ACHSCP Strategic Commissioning Plan was approved by the Integration Joint Board (IJB) in 2018. This plan set out the ACHSCP's commissioning intention over the next four to five years, to help to reshape services in the face of financial and demographic challenges. The plan was to be considered amongst other key strategic documents – the Carers Strategy, the Learning Disability strategy, the Mental Health Strategy, the



INTEGRATION JOINT BOARD

Strategic Plan and the four locality plans. The plan also set out the partnership's ambition to stabilise and grow the available market to support the implementation of its strategic ambition

- 3.2. In 2018, the IJB approved all of the above strategies and plans with the exception of the Mental Health strategy. The actions plans associated with these other key strategic documents are created and are being implemented. Locality plans are formed and associated action plans are currently being implemented.
- 3.3. (The strategic commissioning plan identified not only the principles which would underpin commissioning for the future, but also key areas of focus, with associated timescales for completion.
- 3.4. It should be acknowledged that during the course of 2018 there was a period of significant change within the organisation, both with a change in leadership, and a delay in the move to operational delivery through a locality model. This has undoubtedly reduced the productivity against the recommendations made in the plan
- 3.5. 2019 offers a better opportunity for achievement of the recommendations. The leadership within the organisation is stable; the locality structure is under review with a sound ambition to maximise the opportunity for partnership working, and improved outcomes for the population of the City and the strategic plan is being refreshed. The overall ambitions of the organisation remain constant – to improve the outcomes for people who require Health and Care.
- 3.6. The Strategic Commissioning Plan identifies key priority areas (listed below) and the remainder of the report will provide an update against each priority
 - Care at home
 - Reablement
 - Residential care for older people and people with a physical disability
 - Residential care for people with a learning disability
 - Residential care for people with mental health needs
 - Intermediate care
 - Out of hours and responder capacity
 - Joint equipment store



INTEGRATION JOINT BOARD

- 3.7. Care at home** – the ambition to move to an outcomes focussed model of delivery, shifting away from time and task remains constant. Our ambition to work in partnership with local providers was evident recently with local providers absorbing the care packages previously provided by Allied healthcare. One further example of progress has been our reduction in the number of hours of unmet need – achieved to a great extent through improved relationships and communication between service managers and care providers. The current contract for Care at Home comes to an end in 2020 and work will start shortly on making preparations for a new contracts which reflects our ambitions.
- 3.8. Reablement** – We await the evaluation of the reablement approach adopted by Bon Accord Care. Our ambition is for this approach to be adopted by all providers, and will feature in the revised Care at Home contract.
- 3.9. Residential care for all people** - We await the revised National Care Home contract, currently under review. We have had an opportunity to shape this contract through local representation at the negotiations. As part of our medium term financial strategy, we have established working groups to review our current bed base, and our out of area placements. It is anticipated that the output from these groups will advise and inform our decision making for the number and function of our bed base for the future, and how we fund these beds. There has been a recent example of redesigning nursing home provision at Kingswells, where there has been a provision of service to accommodate people with mental health as a ward in Cornhill closed.
- 3.10. Intermediate care** - We continue to block purchase a number of beds within our nursing homes – predominantly but not exclusively for interim placements for people who no longer require hospital care. These beds are well utilised.
- 3.11. Out of hours** - A working group has been established to progress how we respond to unscheduled requirements for health and care services. It is anticipated that this group will consider the demand for services outwith normal working hours.
- 3.12. Joint equipment store** - The partnership is committed to the provision of one equipment store within the City, and a working group has been established to progress this work
- 3.13. Transformation Programme ‘Big ticket items’** - Strategic Commissioning is considered as one of the six “big ticket” items. Progress against some other identified workstreams is as follows:



INTEGRATION JOINT BOARD

- Acute care at home – work to refine this model of care continues, with tests of change and associated learning. This model has incorporated early supported discharge. Further work will continue to explore this model, under the wider banner of unscheduled care.
- Supporting self-management of long-term conditions – building community capacity – the first tranche of Primary Care Link Workers are recruited and operational within GP practices across the City. Recruitment to the remaining capacity is imminent. Three GP practices signed up to the House of Care model with differing degrees of success. Work is underway to create a National service directory which will allow people to access information about local services to support them to manage their long-term condition
- Modernising primary and community care – our Primary Care Implementation plan is approved and actions are being implemented.

3.14. Market facilitation - We have established “provider of last resort” through Bon Accord Care. There is no change to our values with respect to market facilitation, nor in our ambition to work in partnership with our providers within the context of our strategic ambitions. Appreciation of our available market, understanding our future needs and developing a market to provide for those needs will underpin our strategic commissioning plan for the future. We have plans to meet regularly, in partnership with providers on a 6-8 weekly basis in order to further develop our relationship and mutual respect and work jointly to address some of the key issues which we face – we see this as key to market facilitation. Key principles will underpin this relationship – outcomes focussed, person led care, incorporating technology as usual business, financially achievable and sustainable, collaborative working. We will also investigate a means of ensuring acceptance of learning for people in caring roles across different organisations.

4. Implications for IJB

- 4.1. Equalities** - There are no equalities implications arising from the recommendations of this report.
- 4.2. Financial** - There are no financial implications arising from the recommendations of this report.
- 4.3. Workforce** - There are no implications for our workforce arising from the recommendations of this report.



INTEGRATION JOINT BOARD

4.4. Legal - There are no direct legal implications arising from the recommendations of this report.

5. Management of Risk

5.1. Identified risks(s)

This report provides an update against the recommendations made in the Strategic Commissioning Plan. There are no identified risks within this update



Aberdeen City Health & Social Care Partnership
A caring partnership



INTEGRATION JOINT BOARD