

| Date of Meeting | 26.03.2019 |
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| Report Title | Progress Report – Aberdeen HSCP Strategic Commissioning Implementation Plan (2018) |
| Report Number | HSCP.18.146 |
| 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 Integration Joint Board:
 - 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.







- **3.2.** The plan was to be considered amongst other key strategic documents
 - the Carers Strategy,
 - the Learning Disability strategy,
 - the Mental Health Strategy,
 - the 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

- **3.3.** 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.
- **3.4.** 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.
- 3.5. 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
- 3.6. 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.
- **3.7.** 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
- 3.8. 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. Work has commenced on preparation to recommission the Care at Home provision within the City. The anticipated date for completion is the 31st March 2020.
- **3.9. 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.
- 3.10. 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.
- **3.11. 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.
- 3.12. 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.
- **3.13. 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







- **3.14.** 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:
 - 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.
- 3.15. 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. Plans are in place 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. The first meeting will take place on the 26th March, Key principles will underpin this relationship – outcomes focussed, person led care, incorporating technology as usual business, financially achievable and sustainable, collaborative working. We will explore the feasibility of creating a training passport within the City with Leaders of Health and Care professions and regulatory bodies on the 4th April. We regard this as a key contributing factor to market stability in the future,
- **3.16. Strategic commissioning –** The revision of the strategic plan affords us with the opportunity to consider our approach to strategic commissioning, We will use our knowledge of the needs of our local population, our knowledge of the evidence base and best practice example triangulated with involvement of our communities and staff to determine how best to meet people's needs and







fulfil the aims of the strategic plan. Fundamental to this process is our developing relationship with our providers, We foresee a shift away from a traditional procurement based relationship to one which reflects a partnership approach, working with partners and the public to co produce outcome focussed services for the future. We recognise that this method may require longer negotiation and consequently a requirement for extension to current contracts. Assuming that time well spent in designing the service will allow us to enter in to longer term contracts with more confidence of the outcome which allows both parties the opportunity to plan for the longer term. Our expectation is that innovation is central to provision. We will revise our strategic commissioning plan and this will reflect our priorities over the next three years.

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.
- **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.







| Approvals | |
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| Condra Poss | Sandra Ross (Chief Officer) |
| AL | Alex Stephen (Chief Finance Officer) |











