

HEALTH & SOCIAL CARE INTEGRATION - COMMISSIONING & IMPLEMENTATION PLAN

Introduction

- 1.1 The Strategic Plan for the Scottish Borders Health & Social Care Partnership will be published on 19th April 2016. This articulates nine local objectives to address the continuing improvement in the delivery of our services to ensure improved outcomes for the people of the Borders. These were determined through a range of consultation and engagement activities, focused on ensuring that our delivery focus reflects the needs of our communities, as well as developing our approach on a co-production basis.
- 1.2 The key challenges that were identified in the process of developing the Strategic Plan include the following aspects:
 - People living with multiple long term conditions
 - Disability
 - Dementia
 - People living with complex and intense needs
 - Deprivation in the Borders
 - Carers in the Borders.
- 1.3 This resulted in the development of nine local objectives, which drive the planning and delivery of our services, both at the individual service level, and as a partnership as a whole.
- 1.4 The Commissioning & Implementation (C&I) Plan sets out how this will be achieved. This will continue to develop and evolve as we move through the first year of the official implementation of the Integration Authority, under the governance of the Integration Joint Board (IJB).
- 1.5 This is also being developed with, and is closely linked to, the Performance Monitoring Framework (PMF). Similarly, this plan contributes to, and is reflected within, both the NHS Borders local delivery plan and the Scottish Borders Council corporate plan for 2016/17.
- 1.6 For year one, the focus will be on ensuring that business as usual can continue, whilst key strategic change processes are delivered, to enable us to move efficiently to a fully integrated service in the second and subsequent years. Through both the Integrated Care Fund (ICF) and the Social Care Fund (SCF) we will deliver services which will reflect the key priorities of integration, including the introduction of new models of care which will be tested to inform strategic decisions on further investment.
- 1.7 To that end, formal Directions to the two public bodies for 2016/17 from the IJB will effectively be a statement to continue delivery as planned by the existing services and associated planning activity. As we progress through year one, moving our strategic focus and our service development activities to the locality approach and testing of new models of care, these Directions will become more specific and will be reflected in the emerging C&I plan at that time. This may mean reprioritisation of

certain services, disinvestment in others whilst clearly identifying areas for further investment which demonstrate a direct impact on achieving our outcomes.

- 1.8 This approach will continue to build our commissioning approach, enabling us to deliver transformational change in the way that the people of the Borders experience health and social care services.

Aims of Commissioning & Implementation Plan

- 2.1 The document aims to ensure that commissioning arrangements link to each partner's mainstream activities and budget processes. It has been produced on the basis of existing plans and processes within both NHS Borders and Scottish Borders Council, as well as the work that is underway via the ICF. In term of timescales for delivery, this will be our focus for year one and we will continue to develop the plan for subsequent years.
- 2.2 In line with our focus on co-production and community involvement, we will carry out a programme of consultation and engagement in the further development of the C&I plan. This is currently being worked on in the development of the overall Communications and Engagement plan, which will be brought to the IJB in due course.
- 2.3 Additionally, this will be a key part of our locality planning activity so that we reflect the needs of each locality in delivering our services. In the future, locality planning will play a much more significant role in driving commissioning.

Development of Commissioning & Implementation Plan

- 3.1 We have developed the plan with reference to the nine local objectives, which form the basis of our Strategic Plan. These are:
 1. We will make services more accessible and develop our communities.
 2. We will improve prevention and early intervention.
 3. We will reduce avoidable admissions to hospital.
 4. We will provide care close to home.
 5. We will deliver services within an integrated care model.
 6. We will seek to enable people to have more choice and control.
 7. We will further optimise efficiency and effectiveness.
 8. We will seek to reduce health inequalities.
 9. We want to improve support for Carers to keep them healthy and able to continue in their caring role
- 3.2 These in turn, have been mapped to the nine National Health and Wellbeing Outcomes and our planning approach ensures that the delivery of our services is focused on these, taking into account local priority needs.
- 3.3 For year one, in line with the NHS Borders Local Delivery Plan and the Scottish Borders Council Corporate Plan, we have identified two target areas for us to focus our activities in meeting the local objectives - **supporting people at home and the wellbeing of our staff.**

3.4 Therefore, we will be prioritising work that will contribute to improving performance against the following indicators:

- Percentage of people who are discharged from hospital within 72 hours of being ready (Health & Wellbeing Outcomes 2, 3 and 9)
- Number of bed days people spend in hospital when they are ready to be discharged (Health & Wellbeing Outcomes 2, 3, 4 and 9)
- Overall rates of emergency hospital admissions (Health & Wellbeing Outcomes 1, 2, 4, 5 and 7)
- Readmissions to hospital within 28 days of discharge (Health & Wellbeing Outcomes 2,3 , 7 and 9)
- Admissions to hospital in the over 65s as a result of falls (Health & Wellbeing Outcomes 2, 4, 7 and 9)
- Percentage of adults with intensive care needs receiving care at home (Health & Wellbeing Outcome 6)
- Proportion of employees who would recommend their workplace as a good place to work (Health & Wellbeing Outcome 8).

3.5 These are our priorities and we will develop these as we progress in line with our commissioning arrangements and the development of directions for future years, refining these as we continue to monitor performance against these indicators and taking into account the results of our consultation and engagement activity.

3.6 As we move forward we will focus on mainstreaming the ICF projects and we will monitor how these are impacting and delivering the shift in overall resources in line with the Strategic Plan.

Action Plan for Service Delivery 2016-17

4.1 We have developed a detailed view of the actions that we will take in the first year of the Integrated Authority and this is shown at the Appendix to this document. This is a work in progress, demonstrating the range of activities that will be carried out to ensure that we carry on with critical business as usual service delivery, whilst implementing key aspects that are required to effect transformational change (including those that will be delivered through the ICF and Social Care fund).

4.2 In line with our focus on supporting people at home, the priority activities against each objective have been identified and are as follows:

1. We will make services more accessible and develop our communities through:

- Review Primary Care Premises Modernisation programme to review and increase capacity for services available to local communities and assess opportunities for co-location
- Development of Community Capacity Building delivered through the Eildon work and Locality planning and implementation.
- Improve access to social care and health from local communities and GP practices (test first point of contact model)

- Review Day Hospitals providing day services delivered within a locality model and providing a local resource to the wider communities for health and social care
2. *We will improve prevention and early intervention through:*
- Ensuring that Anticipatory Care Plans (eKIS) are updated remains an essential focus and will feed in to the Transitional Quality Arrangements for 2016/17 in the revised GMS contract
 - Personalised care planning and self-management as part of the Long Term Condition management improvement work (supported by ICF)
 - Promoting healthier lifestyles for patients, staff and visitors through our health improvement campaign 'small changes, big difference'
3. *We will reduce avoidable admissions to hospital through:*
- Development of the Eildon Community Ward and links with the Health & Social Care coordination project to provide a proactive case management approach for people with multiple complex co-morbidities most at risk of hospital admission and readmission. (supported by ICF)
 - GP Enhanced Services to support the management of patients in the community or at home, such as near patient testing, warfarin and services to people in care homes.
 - GPs working with BGH consultants via direct access by phone to discuss any cases for early ward or clinic review by a Specialist team
 - Reviewing Mental Health Crisis Team input to the Emergency Department
4. *We will provide care close to home through:*
- Working with care providers to develop different models of care that will support people to stay at home for as long as possible.
 - Development of Technology Enabled Care models to maintain independence and care closer to home
 - Commissioning of 24 Specialist Dementia care beds to support people with high level dementia care needs and provide specialist in-reach nursing services to support providers
5. *We will deliver services within an integrated care model through:*
- Quality agenda within the Transitional Year GP Contract to develop processes with the full involvement of Practices
 - Linking to GP practices to ensure communication and speedier access
 - Linking to the third and independent sector locally to improve access to services and coordinate between the services
6. *We will seek to enable people to have more choice and control through:*

- Embedding co-production within the care management and assessment approach and deliver at a locality level
- Completion of the review of the Physical Disability Strategy
- Increasing overall uptake of Self Directed Support

7. We will further optimise efficiency and effectiveness through:

- Continuing to employ service improvement methodology across a range of services to enable staff to spend increasing time with service users and patients improving the quality of service provision

8. We will seek to reduce health inequalities through:

- Development of locality plans to identify how to include those who are hard to reach within our communities and implement change
- Revision of the Mental Health Commissioning Strategy

9. We want to improve support for Carers to keep them healthy and able to continue in their caring role through:

- Ongoing identification of Carers within GP Practices and signposting to Carer support such as the local Carer Centre
- Ongoing information and education for Carers across the range of health and social care services
- School Nursing Services continuing to support young carers and their physical and mental wellbeing

4.3 The full set of activities is shown in the Appendix, with the above priorities highlighted in bold text.

4.4 In line with our focus on the wellbeing of our staff, we are developing a plan to address this key target area. We have established a Workforce Project team who will be taking this forward. Among the activities that will be included in the delivery plan are:

- Engagement in a series of communication activities with staff across NHS Borders and Scottish Borders Council to build awareness and identify key training and development needs
- Working with individual teams to develop appropriate support requirements to help them operate in a seamless way with colleagues across organisational boundaries
- Implementing solutions to improve access to, and sharing of, key patient and client information to support staff in delivering together within joint teams.

Responsibility and Accountability for Commissioning

5.1 As the statutory body responsible for ensuring the successful delivery of health and social care for the people of the Borders, the IJB is accountable for the commissioning activity. Aligning our planning to the local objectives will provide a

basis for measurement of our performance in relation to these. In addition, each of these objectives contributes to, and has been mapped to, the nine National Health and Wellbeing outcomes.

- 5.2 This approach has been adopted in the development of the Performance Management Framework which is intended to support and enhance the commissioning activity. This will provide assurance to the IJB and the reporting against the framework will enable the IJB to take strategic decisions as we move through the commissioning cycle.

Risk

- 6.1 Implementation of the C&I plan will be considered and assessed in relation to corporate risks in the context of the IJB.

Conclusion and Next Steps

- 7.1 In line with the formal Directions from the IJB, we will engage and consult with key stakeholder groups to implement the C&I plan within the financial budgets set out and the agreed strategy. We will develop a communication plan to support this.
- 7.2 We are working on developing a locality framework for delivery of the strategic plans for each locality. This will include developments such as the Eildon Community Ward and the Transitional Care Facility. We will bring a report on our progress towards our locality plans to the IJB meeting in June 2016.
- 7.3 This document, and the Appendix, is draft at this time and we will continue to develop this through our communication and engagement activities, the plan for which will be submitted to the IJB in due course.
- 7.4 The IJB is asked to note the work that has been undertaken to develop the C&I plan and to approve the approach to its continued development. The IJB is also asked to confirm that the priorities and actions to address them are in line with expectations and the overall strategic direction.
- 7.5 Using the key performance indicators we will baseline activity and measure change, improvement and progress towards the outcomes