



SUBJECT:	Strategic Commissioning Plan
TO:	Integration Joint Board
Lead Officer for Report:	Chief Accountable Officer
Author(s) of Report	Head of Planning, Performance and Quality Assurance
DATE:	23.01.18

1. PURPOSE OF REPORT

This paper is coming to the IJB

For approval <input type="checkbox"/>	For endorsement <input type="checkbox"/>	To note <input checked="" type="checkbox"/>
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This paper will set out progress against the Strategic Commissioning Plan and process for agreeing future commissioning intentions.

2. ROUTE TO THE IJB

This paper has been:

Prepared by: Head of Planning, Performance and Quality Assurance	Reviewed by: Senior Leadership Team	Endorsed
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3. RECOMMENDATIONS

3.1 The IJB is asked to:

- Note the contents of the report
- Request further updates on progress.

4. BACKGROUND/SUMMARY OF KEY ISSUES

- 4.1 In March 2017, the Integration Joint Board approved the Strategic Commissioning Plan, 'Achieving Integration', which set out the commissioning intentions for 2017/18 and the supporting pillars of the commissioning framework.
- 4.2 The commissioning intentions and supporting pillars are described in appendix 1.

4.3 Progress against implementation of all ten commissioning intentions is described below:

Intention	Workstream	Progress	Issues identified	Completion Date
1. Expanding multidisciplinary Locality Teams	Service Review Board	<p>Service Review Board will set the direction of travel for the creation of Integrated Locality teams. Implementation will be led by the two Partnership Boards, Children and Families and Justice workstreams.</p> <p>A planning session was held on 21st December to agree the future Locality structures to support the implementation of the review. A second session on the Area-wide Services structures takes place on 26th January 18.</p> <p>A full implementation plan will be completed for presentation at the February 2018 IJB meeting.</p>		<p>ISRB output to IJB on 23rd November 2017.</p> <p>Implementation of new integrated teams and structure 2018.</p>
2. Strengthening Rehabilitation Service	Adult Community Support and Care	<p>The rehab implementation pilot commenced in Motherwell Locality on 18th September 2017, creating a single integrated team of twelve practitioners across Physiotherapy and Occupational Therapy staff from the acute hospital, Community Assessment and Rehabilitation Service, domiciliary health teams and Social Work OT. The team are co-located in Scott House and early developments have included the introduction of a single point of access for all requests for rehabilitation or assessments for aids and adaptations, with collective triage of new cases and also existing waiting lists.</p> <p>By December, waiting lists for both OT and Physio had fallen from 12wks to 4.5wks, highlighting some early success in coordinating care.</p> <p>The model will roll out to all Localities in 2018 and Quality Improvement input has been organised to support ongoing</p>	<p>This pilot is supporting to develop a fuller understanding of the challenges in integrating frontline services. Current issues being progressed include:</p> <ul style="list-style-type: none"> • IT – staff are co-located in a SW building, which has posed difficulties for health staff to access systems. In addition, current systems are not able to communicate as effectively as they could • Developing a generic assessment could reduce duplication of effort and support a more coordinated approach 	<p>Interim analysis of test of change in March 18, with incremental roll out then taking place across all 6 Localities in 2018.</p>

Intention	Workstream	Progress	Issues identified	Completion Date
		evaluation and learning.		
3. Reconfiguring Home Support	Adult Community Support and Care	A cross-party working group has been established in NLC to create proposals on the future model of Home Support. The group aims to agree recommendations in time for the IJB's February meeting.		New model to be confirmed by Feb 18, with implementation immediately thereafter.
4. Jointly funded SDS	Adult Community Support and Care	At present, there is only one jointly funded SDS package in North Lanarkshire. In line with the statutory framework, plans are being progressed with the initial focus on highly complex cases requiring ventilation within the community. This development is taking place in parallel with NHSL's Long Term Ventilation Review. One individual within these criteria has been supported back into the community with ongoing support and review.	The cases being targeted are highly complex, as evidenced by the first patient supported back into the community setting. The case required significant focus and engagement across the whole system, including acute colleagues, to ensure outcomes were met.	Ongoing incremental roll out supported by Integrated Care Fund
5. Bed Redesignation	Bed Modelling	<p>The bed modelling group (pan Lanarkshire) has developed an outline plan, which aims to support a number of aims, such as maximising the in-house estate, repatriating out of area placements where possible and reviewing the model of intermediate care to maximise the impact of community hospitals. This work is at an advanced stage, setting out a proposed workplan for implementation over the next 3 years.</p> <p>A review group for intermediate care has commenced, which will form a key commissioning intention in 2018/19, with the aim of creating a more rehabilitation/reablement focused service to improve patient outcomes, delayed discharge performance and hospital flows.</p>		<p>Bed modelling actions set out from 2017/18 through to 2020/21.</p> <p>Interim report on the new model of intermediate care scheduled for February 2018.</p>
6. Universal HV Pathway	Children's Services Executive	Following a successful pilot of the 13-15 month review in Coatbridge, which saw the number of children with no developmental delay at 27-30 months reach over 95%, this model has now been rolled out across all six Localities.	Health Visitor recruitment remains a challenge across Scotland. Whilst we remain on trajectory in NL with recruitment,	In line with national programme, full implementation of pathway by March 19.

Intention	Workstream	Progress	Issues identified:	Completion Date
		<p>Work has been undertaken with the national data team at ISD to provide full reports on the 13-15 month review alongside the 27-10 month data by February 2018.</p> <p>Health Visitor recruitment remains on track, with a further cohort of training organised to commence in January 2018.</p>	<p>the ability to roll out of the wider Health Visitor pathway is directly linked to staff numbers, hence the incremental approach adopted.</p>	
7. Family Nurse Partnership Expansion	Children's Services Executive	<p>Management of Family Nurse Partnership has transferred to the IJB from 1st September 2017. Staff have been recruited to increase the reach of the programme, with staff aligned to the six Locality areas.</p> <p>Since the last meeting, additional funding has been identified from Scottish Government for 5wte B7 Nurses and 1wte B8a Nurse, allowing the FNP programme in Lanarkshire to become universal for all individuals meeting the service criteria. Recruitment to these posts is underway.</p>	<p>A major issue with the Family Nurse Partnership approach in North Lanarkshire has been capacity, meaning that the service could not be offered universally to all who meet the criteria. This issue has been resolved with the announcement of additional national funding for the programme.</p>	Increased programme reach on track and further review planned for September 2018.
8. Campaigns and Messaging	Prevention	<p>Four campaign topics have been identified – Care Academy, Making Life Easier, Anticipatory Care Plan and Winter Planning. Work to date has focused on what has already been done on each area and links have been made across all of the implementation workstreams.</p> <p>Following the launch of Making Life Easier at the annual conference in September, a public campaign is being developed to promote the new website and the theme of self management more generally, including Anticipatory Care Plans. Work on developing the Winter Planning campaign commenced in August.</p>		Campaigns planned throughout the 17/18 year.
9. Staff OD	Programme Office	<p>Staff OD plan agreed for 2017/18, covering a range of areas including cohort 1 (Senior Leadership Team), Locality Action Groups and Collaborative Leadership in Practice (CLIP) with GPs, Mental Health, Locality Management</p>		Programme for 2017/18 agreed and on track.

Intention	Workstream	Progress	Issues identified	Completion Date
		<p>Teams, Planning and Performance and Children and Families team which are on-going.</p> <p>The first H&SCNL Annual Conference Took place in September with over 300 staff attending.</p> <p>Locality engagement events have taken place in Motherwell to involve staff in the AHP Demonstration project and keep updated on Performance, Finance and the Integrated Service Review Board.</p> <p>Engagement events to be planned as part of the consultation on the Integrated Service Review Board.</p>		
10. Technical Solutions for IT and info sharing	Programme Office	<p>An external consultancy firm have explored the potential of creating a shared infrastructure across NLC, SLC and NHSL. Doing so would make information sharing solutions much more straight forward than at present. A draft business case was approved at the Strategic Leadership Team, which will now go to NHSL's eHealth Strategy Board and the respective IT departments in North and South Lanarkshire Councils.</p> <p>Work is continuing with the respective IT departments to finalise agreement. Meetings are scheduled for January 2018 to finalise.</p>	To gain a fuller understanding of the costs and development work required to deliver this solution, there may be a requirement to fund some more detailed exploratory work in the short term.	Planned date was to agree the final solution by December 2017, which has been delayed slightly though anticipate agreement by February 2018.

4.5 In addition to the commissioning intentions, some new areas were identified for development through our wider engagement, with progress as follows:

Intention	Workstream	Progress	Issues identified	Completion Date
1. Developing Community Transport	Achieving Excellence	Work is being coordinated on a pan-Lanarkshire basis through the Achieving Excellence work group, with a 1yr pilot commencing in June 2017. A SPT transport hub has		1yr pilot June 17 – June 18

Intention	Workstream	Progress	Issues identified	Completion Date
		<p>been created, which manages all external transport requests with the aim of streaming requests to the most appropriate mode. This has already seen benefits in supporting patients to access services and has reduced the demand for private taxis. One of the main areas for focus has been supporting patient transport between the acute sites, supporting the model of centres of excellence. Service user representation has been identified for North Lanarkshire to support the work of the group.</p>		
2. Housing Contribution	Programme Office	<p>The Housing Contribution Statement has been completed and published. Housing are presenting the work at the next Strategic Planning Group on 8th September.</p>		Completed
3. Palliative Care	Achieving Excellence	<p>Palliative Care is a hosted service in South Lanarkshire, covering all aspects of hospice care. The review of Palliative Care was signed off by North and South IJBs in December 2017, for roll out across 2018/19.</p>		Completed
4. Out of area care	Bed Modelling	<p>See bed modelling progress update above.</p>		As above

4.6 Progress against the ten supporting pillars is outlined in appendix 2. Completed documents are now with graphic design to be formatted into the corporate style before being published on the H&SCNL website.

4.7 On 13th December, the second Strategic Planning Group for 2017/18 took place, reviewing progress against the 2017/18 commissioning intentions and looking at the key priorities for delivery in 2018/19. Discussion focused on the implementation of the Integrated Service Review Board Report, Children's Services Plan and the Community Justice Improvement Plan.

5. CONCLUSIONS

5.1 Progress is being made against the range of commissioning intentions identified for 2017/18, with a monthly Programme Board in place to monitor and drive implementation.

5.2 Future intentions for 2018/19 and beyond are under developments and will be presented to IJB members for approval in due course.

6. IMPLICATIONS

6.1 NATIONAL OUTCOMES

This work has implications for all nine national outcomes

6.2 ASSOCIATED MEASURE(S)

A performance plan setting out the strategic measures, and associated trajectories for delivery, that the NLJIB is required to deliver will be presented once the Scottish Government have confirmed the measures that are to be used.

6.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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6.4 PEOPLE

The workforce plan will set out the implications of the implementation of the commissioning intentions noted in this paper by June 2017

6.5 INEQUALITIES

EQIA Completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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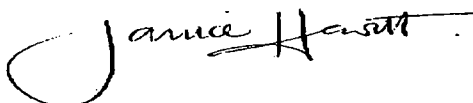
Each commissioning intention will develop an EQIA as required.

7. BACKGROUND PAPERS

8. APPENDICES

Appendix 1: Achieving Integration Delivery

Appendix 2: Supporting Pillars



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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Ross McGuffie on telephone number 01698 858293

health and social care programme board 2017/18 Intentions



Locality Development Lead: Owen Waters		Care at Home Executive Lead: Anne Armstrong		Bed modelling Lead: Janice Hewitt		Children's Services Executive Lead: Anne Armstrong / Alison Gordon		Prevention Lead: Gabe Docherty		Programme Office Lead: Ross McGuffie		From engagement	2018/19
1	2	3	4	5	6	7	8	9	10				
Expanding our multidisciplinary Locality teams	Strengthening rehabilitation services within our communities	Reconfiguring our home support service to provide more choice and control, particularly for older people	Piloting jointly funded self directed support packages	Bed redesignation	Implementing the universal health visiting pathway	Expanding the provision of our family nurse partnership	Developing campaigns and messaging for the public	Delivering more organisational development for staff	Developing technical solutions and data sharing mechanisms to improve care delivery	Community Transport	Community capacity building and carer support		
Lead: Owen Waters / Morag Dendy	Lead: Owen Waters / Janie Thomson	Lead: Bobby Miller	Lead: Bobby Miller / Anne Armstrong	Lead: Ross McGuffie	Lead: Anne Armstrong	Lead: Anne Armstrong	Lead: Sharon Simpson	Lead: Alison Jack / Sharon Simpson	Lead: Ross McGuffie				
What we will do We will bring together staff from different professional backgrounds to create multidisciplinary teams in our communities. This will ensure that a single team has all the skills that it needs to deliver support and care to people in their own homes and across our community facilities and care homes.	What we will do We will ensure that Allied Health Professionals are part of the wider locality teams and are more accessible to community supports and services. This group of professionals include physiotherapists, occupational therapists etc. We shall strive to have a single team spanning hospital and community sites working together to ensure continuity of care for people.	What we will do We will redesign the service to provide more care at moments of crisis and focus on supporting people to regain their independence. We will offer service users more choice and control over how the service is delivered to people. We will ensure that we are able to respond quicker when people need us most.	What we will do We intend to increase joint assessment, support planning and review of people with highly complex health and social care support needs and where appropriate, utilise a joint SDS budget.	What we will do We will ensure that we have the best geographical and service mix within our community facilities to complement both hospital and enhanced community services. The service will support people to regain their independence wherever possible to enable them to remain within the community.	What we will do We will implement the universal pathway to ensure that we can make eleven home visits to families, eight in the first year of life and three child health reviews between 13 months and 4-5 years old. We will equip HV's with electronic devices to assist with client management and recording timely information.	What we will do We intend to extend the family nurse partnership to other young mothers who can benefit from this service.	What we will do We are currently running a number of workshops to develop a campaign to inform people about what the changes to health and social care mean to them. We intend to run a number of campaigns in 2017/18 and beyond. We will ensure locality services are well advertised. We will use social media as a more extensive means of communication.	What we will do We will develop a shared culture across all those who plan and deliver health and social care services to maximise the strengths that they bring. We will develop a programme of Organisational Development across the whole system. Encourage staff to set work related objectives and pursue personal development.	What we will do We will ensure that staff have access to the information that they need, when they need it and that the time spent recording information is minimized.	Housing Contribution	Carers (Scotland) Act 2016		
										Palliative care	Supporting the redevelopment of Monklands Hospital		
										Out of Area Care	Children's services		
											Criminal Justice		
											Alcohol and Drug Partnership		

Supporting Pillars										
1	2	3	4	5	6	7	8	9	10	
Joint Strategic Needs Assessment that tells us how the needs of the population are expected to change over the next ten years.	Prioritisation model that supports our work to identify which changes are likely to deliver the greatest benefits.	Resources plan that sets out our estimated budget for the next three years.	Workforce plan that sets out the current workforce challenges and the implications of implementing the changes we are looking to make for staff.	Performance plan that sets out the strategic performance goals for health and social care north Lanarkshire.	Engagement plan that sets out how we will engage with our stakeholders.	Market facilitation plan that sets out the implications for the third and independent sectors of implementing the changes we propose to make.	Technology strategy that will ensure we have the right integrated technology to deliver new models of care.	Housing contribution statement that will ensure that the vital contribution that housing makes in delivering the national health and wellbeing outcomes is fully captured.	Care Academy We will lead opportunities for all ages in North Lanarkshire to have a career in care.	
Lead: Ross McGuffie	Lead: Elspeth Russell / Kern Todd	Lead: Marie Moy	Lead: Anne Armstrong	Lead: Ross McGuffie	Lead: Sharon Simpson	Lead: Gen McCormack	Lead: Ross McGuffie	Lead: Margaret Kelly	Lead: Anne Armstrong / Lizanne McMurch	

Appendix 2: Supporting Pillars

Timeline for developing the commissioning framework

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Progress
Needs assessment (G.Docherty)															
Prioritisation Model (G. Docherty)															Complete
Resources Plan (M. Moy)															Complete
Workforce Plan (A. Armstrong)															Complete
Performance Plan (G. Cowan)															Complete
Engagement Plan (S. Simpson)															Complete
Market Facilitation Plan (G. McCormick)															
Technology Strategy (R. Forman)															
Housing Contribution Statement (M. Brown)															Complete

Officers are further developing the underpinning commissioning framework. This includes ten key pieces of work that will be taken forward over the course of the next year. These are;

1. Needs assessment – To develop a comprehensive joint strategic needs assessment that projects future need over a three, five and ten year period;
2. Prioritisation Model – To support the integrated service review to prioritise redesign, investment and disinvestment from current service models;
3. Resources plan – To set out estimated budgets for the coming years;
4. Workforce plan – To set out the current workforce challenges and the implications of implementing the commissioning intentions for staff;
5. Performance plan – To set out the strategic performance goals of the JIB;
6. Engagement plan – To set out how we will engage with stakeholders;
7. Market facilitation plan – To set out the implications for the third and independent sectors of implementing the commissioning intentions;
8. Technology Strategy – To set out a comprehensive plan that ensure we have the right integrated technology to deliver new models of care;
9. Housing Contribution Statement – To set out the vital contribution that housing makes to delivery of national health and wellbeing outcomes.
10. Care Academy – To lead opportunities for people of all ages in North Lanarkshire to have a career in care.