

WEST LOTHIAN STRATEGIC PLANNING GROUP

Date: 23 Feb 2016

Agenda Item: 6

JOINT COMMISSIONING PLANS UPDATE

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide an update to the Strategic Planning Group on the schedule for the development of care group commissioning specific plans.

B RECOMMENDATION

1. To note the progress of the development of various care group commission plans.
2. To agree that a report on the progress of the various care group commission plans be presented to the Integrated Joint Board (IJB) meeting of 23 March 2016.
3. To agree that terms of reference including membership be drafted to cover the remit of the commissioning groups responsible for drafting the relevant commissioning plan be prepared for approval by the IJB.

C TERMS OF REPORT

Introduction

In August 2011 the West Lothian Community Health and Care (CHCP) Board noted the development of an overarching strategy (Appendix 1) for the joint commissioning of health and care services within West Lothian. The strategy outlined the approach to be taken in the subsequent development of a series of care group commissioning plans. Outcomes for people were to be at the centre of the approach and an integral element of the drafting of the plans would be engagement with all key stakeholders, including users of the services, their carers, and service providers.

Since then, strategic commissioning has become central to the Scottish Government thinking in respect of the integration of health and social care services. Reshaping Care for Older People partnerships were required to produce joint commissioning plans for 2013-14 and 2014-15. More significantly, guidance in respect of the Public Bodies (Joint Working) (Scotland) Act 2014 made it a requirement of the new partnerships to produce strategic commissioning plans covering all activities within the scope of the partnership.

As a result of the CHCP decision in 2011, West Lothian IJB is well placed to meet the requirements for strategic commissioning under the new legislation.

The process of joint commissioning was new to the CHCP and much experience has been gained since the initial work commenced. In addition the external support of agencies such as the Joint Improvement Team helped to develop the expertise within the CHCP. Unsurprisingly the quality of the various plans varies, with those more recently produced or reviewed being of closer to the standard that will be expected of the Scottish Government for the integrated partnerships.

The previous joint commissioning plans within the remit of the CHCP were developed by the management group appropriate to the client care group. This general structure is proposed within the draft IJB strategic plan, however the membership of these groups has still to be confirmed by the IJB. It is recommended that terms of reference including membership be drafted to cover the remit of these commissioning groups to be approved formally by the IJB.

Substance Misuse

At present the responsibility for commissioning of substance misuse services sits within the remit of the Alcohol and Drug Partnership (ADP). In governance terms, the ADP reports through the IJB to the Community Planning Partnership.

In many respects the ADP has led the way on strategic commissioning in West Lothian. The ADP was first to adopt the practice of a formal needs assessment as a preliminary to planning resource deployment as part of a commissioning cycle. The first iteration of the ADP commissioning plan was from 2012-2015. The Scottish Government required ADPs to produce 3 year delivery plans using a standard format and report annually against these. Technically the scope and style of the delivery plan differed from the commissioning plan, for example the scope only covered the Scottish Government direct funding. However, in essence the approach was broadly similar and the ADP used the commissioning plan as the key partnership mechanism to oversee progress against performance and where appropriate to modify resource deployment.

The ADP updated its needs assessment early in 2015 and the second iteration of the commissioning plan was finalised in July 2015. For this plan the ADP ensured that the style and scope was consistent with the Scottish Government's delivery plan. This plan has since been approved by the Scottish Government with positive feedback and a request to use the plan as an exemplar for other partnerships.

It is anticipated that in time the requirement for ADPs to report separately to the Scottish Government may well cease, with the activity being absorbed within the standard governance framework of the IJB.

Learning Disabilities

The CHCP produced a joint commissioning plan for Learning Disabilities in 2011. This plan was limited in scope, with limited input from NHS Lothian, and the quality of the initial needs assessment was not of the most rigorous standard. The plan is due for a revision; this work has started and the needs assessment is in an advanced state and expected to be finalised within the next week or so.

The subsequent preparation of the commissioning plan will be informed by ongoing work of the Lothian Learning Disabilities Collaborative. The schedule is to have a final draft of the Learning Disabilities Commissioning Plan presented to the IJB by May 2016.

Physical Disabilities

The CHCP produced a joint commissioning plan for Physical Disabilities in 2011. This plan was limited in scope and the quality of the initial needs assessment was not of the most rigorous standard. The plan is due for a revision; this work has started and the needs assessment is in an advanced state and expected to be finalised within the next week or so.

The subsequent preparation of the commissioning plan will be developed through the Physical Disabilities commissioning group. The schedule is to have a final draft of the Physical Disabilities Commissioning Plan presented to the IJB by May 2016.

Mental Health

The CHCP produced a joint commissioning plan for Mental Health in 2012. This plan was limited in scope and the quality of the initial needs assessment was not of the most rigorous standard. The plan is due for a revision. It will be important to ensure that the needs assessment is conducted thoroughly and that the scope reflects the scope of the IJB's responsibility. There has been some discussion with Public Health to consider whether they have the capacity and expertise to carry out the needs assessment; the initial indications are that Public Health will not have the capacity for such a significant piece of work and that it will probably be necessary to commission this from an external source.

The subsequent preparation of the commissioning plan will be developed through the Mental Health commissioning group. This group has been in abeyance for some time. It is recommended that group is re-established as a priority for the incoming Mental Health manager. The proposed schedule would be to conclude the needs assessment by 31 May 2016 and to have a final draft of the Mental Health Commissioning Plan presented to the IJB by September 2016.

Older People

The CHCP produced a joint commissioning plan for Older People in 2012; this was a requirement of the Scottish Government Older People's Change Fund. This plan was limited in scope to the responsibilities of the CHCP and made only passing reference to the acute sector. Since then the CHCP in conjunction with the acute sector has established a Frail Elderly Programme with the main objective of a whole system redesign to deliver a quality, financially sustainable and cost effective service provision, which meets the health and care needs of frail elderly adults, reducing hospital admission and re-admission and minimising delayed discharge. Much of the work of this programme has a strong relationship with the strategic commissioning approach and should provide solid foundation to establish a revised Older People's commission plan.

Although the Frail Elderly Programme has included various analytical elements, these do not comprise a comprehensive needs assessment and it is recommended that the IJB does not compromise on this. It will be important to ensure that the needs assessment is conducted thoroughly and that the scope reflects the scope of the IJB's responsibility. There has been some discussion with Public Health to consider whether they have the capacity and expertise to carry out the needs assessment; the initial indications are that Public Health will not have the capacity for such a significant piece of work and that it will probably be necessary to commission this from an external source.

The subsequent preparation of the commissioning plan will be developed through the Frail Elderly Programme Board. A programme board by definition exists only for the duration of the programme and so it will be appropriate in due course to establish an ongoing management group with responsibility to oversee and update the commissioning plan for Older People.

The proposed schedule for the Older People's commission plan would be to conclude the needs assessment by 31 May 2016 and to have a final draft of the Older People Commissioning Plan presented to the IJB by September 2016.

D CONSULTATION

- Relevant council and health board officers
- Relevant service users groups
- Independent sector providers and representative bodies
- Third sector providers and representative bodies

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- Scottish Government Guidance and Advice - <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>
- CHCP Joint Commissioning Plans for Older People, Adults with Learning Disabilities, Adults with Physical Disabilities, Mental Health, Addiction Services (ADP)

F APPENDICES

1. West Lothian CHCP Commissioning Strategy 2011 – 2021

G SUMMARY OF IMPLICATIONS

Equality/Health	<p>This report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.</p> <p>Note that the commissioning plans will be subject to an equality impact assessment.</p>
National Health and Wellbeing Outcomes	<p>The commissioning plans will address relevant National Health and Well-Being Outcomes</p>
Strategic Plan Outcomes	<p>The commissioning plans outcomes will be aligned to relevant Strategic Plan outcomes</p>
Single Outcome Agreement	<p>The commissioning plans outcomes will be aligned to relevant Single Outcome Agreement outcomes related to health and social care</p>
Impact on other Lothian IJBs	<p>None</p>
Resource/finance	<p>None</p>
Policy/Legal	<p>Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance</p>
Risk	<p>None</p>

H CONTACT

Contact Person:
Alan Bell, Senior Manager Community Care Support & Services
<mailto:Alan.bell@westlothian.gov.uk>

Tel 01506 281937

23 February 2016