

# Report

## Outline Strategic Commissioning Plans

### Edinburgh Integration Joint Board

2 March 2018



#### Executive Summary

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1. In the Statement of Intent presented to the Edinburgh Integration Joint Board (IJB) in November 2017, the senior management team of the Health and Social Care Partnership committed to producing five outline strategic commissioning plans (one each for disabilities, mental health, older people and primary care). This report provides an update on the progress in developing these plans.

#### Recommendations

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2. The Integration Joint Board is asked to:
  - a) note that the draft outline strategic commissioning plans for physical disabilities and primary care were considered by the Strategic Planning Group on 2 February 2018
  - b) note that the Strategic Planning Group recognised the good progress that had been made in the development of the plans and was happy with the content of the plans, but believed further work was required before they were presented to the Integration Joint Board and became public documents
  - c) approve the summaries of the outline strategic plans for physical disabilities and primary care attached as Appendices 1 and 2 as the means of communicating progress to date and action plans for the next 12 months
  - d) agree to use the IJB development session scheduled for 27 April 2018 to consider the draft final outline strategic plans in detail prior to approval at a formal meeting
  - e) note the timetable for the ongoing development of the strategic commissioning plans set out in paragraph 13

## Background

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3. In November 2017, the senior management team of the Edinburgh Health and Social Care Partnership presented a Statement of Intent to the Integration Board which gave commitments regarding actions to be taken in seven key areas one of which was developing strategies.
4. It became clear that the production of outline strategic commissioning plan for primary care should take account of the details of the new GP contract; and that separate plans should be produced for learning and physical disabilities, rather than combining them into a single plan. It was therefore agreed that the outline strategic commissioning plans for physical disabilities and primary care should be presented to the Strategic Planning Group on 2 February 2018.
5. The draft outline strategic commissioning plans for physical disabilities and primary care were discussed by the Strategic Planning Group when it met on 2 February 2018.

## Main report

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6. The Strategic Planning Group recognised that good progress had been made in respect of the content of each of the outline strategic commissioning plans for physical disabilities and primary care. However, as with the previous outline strategic commissioning plans, the Group wanted the plans to include more consideration of cross-cutting issues, such as housing. The Strategic Planning Group had a short discussion to begin to list these themes, and will discuss them in more detail at the next meeting of the Group in March. The Strategic Planning Group endorsed the content and direction of travel set out in the outline strategic commissioning plans, and noted further work was required before final drafts were presented to the IJB. This would also provide the opportunity for outline financial frameworks to be developed in respect of each of the plans, which will begin to highlight choices that need to be made about the use of resources going forward.
7. Following the discussion at the Strategic Planning Group, officers agreed to produce two page summaries of each of the draft outline strategic commissioning plans, setting out the context, current position, aspirations, priorities and an overview of the action plan for the next 12 months. The summaries are attached as Appendices 1 and 2.
8. It is proposed that discussion of the final drafts of all five outline plans takes place at the Integration Joint Board development session on 27 April 2018, prior to presentation at a formal meeting of the Board for approval.

9. Chairs have now been identified for all four Reference Boards, which will oversee the development of the outline strategic commissioning plans into full strategic commissioning plans. The first meeting of the Reference Boards for learning disabilities, mental health and older people will take place in February 2018, with the others commencing in March. The table below provides details of the chairs of the Reference Boards and the officers leading on the development of the plans:

Strategic Commissioning Plan	Reference Board Chair	Lead Officers
Learning and physical disabilities	Angus McCann and Ella Simpson	Mark Grierson <a href="mailto:mark.grierson@edinburgh.gov.uk">mark.grierson@edinburgh.gov.uk</a>  Bruce Dickie <a href="mailto:Bruce.dickie@nhslothian.scot.nhs.uk">Bruce.dickie@nhslothian.scot.nhs.uk</a>
Mental health	Mike Ash	Colin Beck <a href="mailto:Colin.beck@edinburgh.gov.uk">Colin.beck@edinburgh.gov.uk</a>  Linda Irvine <a href="mailto:Linda.irvine@nhslothian.scot.nhs.uk">Linda.irvine@nhslothian.scot.nhs.uk</a>
Older people	Derek Howie	Katie McWilliam <a href="mailto:Katie.mcwilliam@nhslothian.scot.nhs.uk">Katie.mcwilliam@nhslothian.scot.nhs.uk</a>  Bruce Dickie <a href="mailto:Bruce.dickie@nhslothian.scot.nhs.uk">Bruce.dickie@nhslothian.scot.nhs.uk</a>
Primary care	Melanie Main	David White <a href="mailto:David.white@nhslothian.scot.nhs.uk">David.white@nhslothian.scot.nhs.uk</a>

10. In parallel to the production of the final outline strategic commissioning plans for presentation to the Integration Joint Board, it is proposed that the existing draft plans be shared informally with stakeholders. This will allow the draft documents to form the basis for work to continue on both the development of the final plans and implementation of the action plans, as set out in the attached appendices.
11. EVOC, on behalf of the Third Sector Strategy Group, has proposed a set of principles that should underpin the development of the outline strategic commissioning plans. Other members of the Strategic Planning Group have agreed to work with EVOC to develop principles that are acceptable to all stakeholders. These will be presented to the Integration Joint Board for approval, along with the final drafts of the outline strategic commissioning plans.
12. Whilst there is absolute commitment that the final strategic commissioning plans should be produced with the full collaboration of stakeholders, the extent to which stakeholders have been involved in the production of the outline plans has varied across the two plans.

13. The table sets out the next steps and timescales in respect of the five outline strategic commissioning plans.

<b>Month</b>	<b>Milestones</b>	<b>Outcomes</b>
<b>February 2018</b>	<p>2 February – OSCPs for Physical Disability and Primary Care presented to IJB Strategic Planning Group</p> <p>First meeting of Reference Boards for Mental Health, Older People, and Learning Disabilities (6-weekly thereafter)</p>	Approval to move onto next stage – presentation to IJB.
<b>March 2018</b>	<p>2 March progress report on outline strategic commissioning plans to IJB</p> <p>9 March – consideration of report on cross-cutting themes by Strategic Planning Group</p> <p>First meeting of Reference Boards for Physical Disabilities and Primary Care</p>	<p>Approval for proposed approach to develop draft final outline plans with outline financial frameworks</p> <p>Clarity regarding approach to cross cutting themes</p>
<b>April 2018</b>	<p>27 April</p> <p>14. discussion of draft final outline strategic commissioning plans for learning disabilities, mental health, older people, physical disabilities and primary care at IJB development session</p> <p>15. IJB approval of five outline strategic commissioning plans at formal meeting</p>	<p>Approval to move onto next stage – development of Strategic Commissioning Plans</p> <p>Draft Directions to NHS Lothian and City of Edinburgh</p>
<b>November 2018</b>	Informal circulation of Strategic Commissioning Plans	
<b>December 2018</b>	Presentation of Strategic Commissioning Plans for Older People, Mental Health, and	

	Learning Disabilities to Strategic Planning Group	
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## Key risks

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16. The outline strategic commissioning plans need to provide a clear vision of the direction of travel and priorities of the Integration Joint Board in respect of major areas of health and social care services, with action plans for delivery. There is a risk that publishing a set of documents that do not have common look and feel will be perceived as indicating a lack of a coherent and joined up approach.
17. Lack of financial detail in previous plans has resulted in them being seen as not fit for purpose. Publishing documents without a level of financial detail will not meet the recommendations of the joint inspectorates.

## Financial implications

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18. The proposals contained in this report require the commitment of £132k from the Integrated Care Fund for a further year to 31 March 2019. Monies for this are available within the budget for 2018/19.

## Implications for Directions

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19. Whilst there are no Directions arising directly from this report the action plans set out in Appendices 1 to 2 will help to deliver a number of existing Directions. Existing Directions will be reviewed prior to the presentation of the draft final outline strategic commissioning plans to the Integration Joint Board to identify any existing Directions that have been completed or need to be withdrawn or amended. Any new Directions required in relation to the outline strategic commissioning plans will be presented to the Board in due course.

## Equalities implications

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20. There are no equalities implications arising directly from this report. However, Integrated Impact Assessments will be undertaken on the proposals in the final outline strategic commissioning plans, where appropriate.

## Sustainability implications

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21. There are no sustainability implications arising directly from this report. However, Integrated Impact Assessments will be undertaken on the proposals in the final outline strategic commissioning plans, where appropriate.

## Involving people

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22. A number of stakeholders have been involved in the development of the draft outline strategic commissioning plans. Engagement with stakeholders and partners, including people who use health and social care services and unpaid carers, as part of the process of developing the outline plans into final strategic commissioning plans.

## Impact on plans of other parties

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23. There are no direct impacts on the plans of other parties arising from this report. Any implications arising from the specific outline strategic commissioning plans will be discussed with the relevant partner organisations.

## Background reading/references

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[Report to Edinburgh Integration Joint Board – Statement of Intent – November 2017](#)

## Report author

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## Appendices

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<b>Appendix 1</b>	Physical Disabilities Outline Strategic Commissioning Plan
<b>Appendix 2</b>	Primary Care Outline Strategic Commissioning Plan

## Appendix 1 – Physical Disabilities Outline Strategic Commissioning Plan

### Context

Physical disability is a term used when a person has a physical impairment that affects their ability to do normal daily living tasks. The impairment can be from birth, it can arise suddenly though injury, or it can develop through illness. People's needs may be short term and/or long term; they may experience some level of recovery, or their condition may continue to progress.

Some people will have complex needs; these might include sensory impairment, Multiple Sclerosis, Spina Bifida, Huntington's, Stroke, Head Injury or Spinal Cord Injury. The list of conditions is extensive; however, they will be severe and likely to cause a combination of impairments, both physical/psychological and cognitive. In Edinburgh, stroke is the condition that is the most prevalent in the population, with an increase in people under 65; this is followed by Multiple Sclerosis.

The Edinburgh Health and Social Care Partnership knows of 25,510 people with a physical disability in the city, 1,494 of whom are in receipt of services from the Partnership. The population of adults with a physical disability is predicted to increase by 1.4% each year.

### Current Position

Current pathways for treatment for medical interventions with specific conditions include services from the Royal Infirmary, Astley Ainslie and Western General Hospitals. The Astley Ainslie Hospital is in need of replacement and NHS Lothian is taking forward a business case for this, with the intent to re-provide services on the Royal Edinburgh Hospital campus. There are opportunities in the change programme for the Astley Ainslie to consider how some services could be provided in the community. This will help achieve the Partnership's aim of delivering more care and support in local communities.

NHS Lothian is a provider of highly specialised neurological services and so is in a different position to some other Health Board areas, but there is work to be done to improve the community elements, which fall under the remit of the Integration Joint Boards. There is a commitment to establish a collaboration partnership to work on delivering the pathway from hospital or acute rehabilitation to people's home in the community.

### Aspirations

Housing that meets the needs of people with a physical disability needs to be a key element of the strategic commissioning plan. Properties

need to be fully accessible, with embedded e-health and assistive technology. Core and cluster would offer a model of care based on shared support. There is a sustained demand for properties for individuals aged under 65 years of age, that are fully accessible; this should include capacity for tracking hoists, wet room shower and be suitable for people with bariatric conditions.

Plans are underway for a Smart house to be constructed in the Longstone hub as part of Edinburgh's Technology Enabled Care Expansion Project (February 2018). The purpose is to engage practitioners actively through demonstration in using and prescribing technologies that can support safe and independent living. This is in partnership with Blackwood Housing who have developed smart housing in other cities in Scotland. Citizens and their families will benefit from the opportunity to see and try this equipment to enable their independence to flourish.

#### Priorities for the future:

- The move from the Astley Ainslie Hospital to the redesigned Royal Edinburgh Hospital will offer opportunities to review current bed use and outpatient services.
- Strengthening services that can support people to be more independent in their community.





- Identification of a range of housing and support options for people with physical disability, with a particular focus on core and cluster services.
- Reducing the cost of night care by developing a night support service, with the option of on-call responders.
- Reviewing the number of community navigators.

## Action Plan

Delivery timescale	Design	Implementation
<b>Q1 (Jan – Mar'18)</b>	<ul style="list-style-type: none"> <li>• Support the redesign of the Astley Ainsley to move from hospital care to community care</li> <li>• Develop Commissioning Plan for people with a learning disability</li> <li>• Build adapted tenancies that can meet the needs of a range of conditions</li> <li>• Develop the overnight strategy</li> <li>• Provide 21<sup>st</sup> homes a definitive number for properties</li> </ul>	<ul style="list-style-type: none"> <li>• Convene the partnership meetings</li> <li>• Convene SCP reference group, chaired by IJB member</li> </ul>
<b>Q2 (Apr – Jun'18)</b>	<ul style="list-style-type: none"> <li>• Develop Communication plan that meets all citizens covered by term physical disability</li> <li>• Create day support for end of life care</li> <li>• Commission under 65 residential care</li> </ul>	<ul style="list-style-type: none"> <li>• Build 9 tenancies for complex care</li> <li>• Commission tenancies for forensic support</li> </ul>
<b>Q3 (Jul – Sept'18)</b>	<ul style="list-style-type: none"> <li>• Work with providers and third sector to deliver option 2 in new models of support</li> </ul>	<ul style="list-style-type: none"> <li>• Carry forward above actions as required</li> </ul>
<b>Q4 (Oct – Dec'18)</b>	<ul style="list-style-type: none"> <li>• Draft of Strategic Commissioning Plan presented at IJB</li> </ul>	<ul style="list-style-type: none"> <li>• Draft of Strategic Commissioning Plan produced</li> </ul>
<b>Ongoing (throughout 2018 and further)</b>	<ul style="list-style-type: none"> <li>• Continue work on the 2019 Strategic Commissioning Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Carry forward above actions as required</li> </ul>



## Appendix 2 – Primary Care Outline Strategic Commissioning Plan

### Context

The production of a Primary Care Improvement Plan by 1 July 2018 is a Scottish Government requirement for all IJBs, and is focused on how to stabilise and transform General Medical Services over the next four years. The plan therefore has a narrow focus on the workforce required to both relieve the current and future pressure on Primary Care (GMS) and to accommodate inevitable population growth. The plan does not address key supporting areas such as premises, IT and the wider primary care team such as midwives, district nurses and community mental health staff. These elements will be picked up by the Edinburgh Primary Care Strategic Commissioning Plan later in 2018.

Since 2014 many practices have become clinically/financially unstable and required additional support. A series of ad hoc arrangements were fused into 'The Primary Care Transformation and Stability Programme' in 2017; aimed at injecting 10% more clinical capacity into Primary Care in Edinburgh and adjusting reliance on the medical manpower required to respond to increased population size. National pressures are magnified in Edinburgh by list growth. In 2007, 500,000 patients were registered and by 2017 this has

grown to 550,000. Each year 5000/6000 more people move to Edinburgh or register with a local GP practice. The rate of city growth is established as consistent with the Edinburgh Local Development Plan. This runs to 2026 and will bring the GP registered population up to 600,000.

### Current Position

A 'Primary Care Support Team' has been created by the Edinburgh Health and Social Care Partnership (EHSCP), bringing together responsibility for strategy development, contract and transformation implementation, premises development and prescribing.

In 2016, EHSCP formed four localities as the basis of its operating structure. Each locality has two health and social care cluster teams based around a cluster of GP practices. The population of the constituent GP practices were used to define the population served by the cluster teams, thus facilitating common focus and working relationships in the engine rooms of the EHSCP.

In the first 6 months of the Edinburgh Primary Care and Transformation Programme over 50 of the city's 72 practices were aided by either an 'injection' of new staff capacity, or additional workload related technology. Both staff and technology injections have been funded on a 50% basis with the practices meeting the other

50% of the cost (excepting Scottish Government Linkworker which is funded 100%).

### Aspirations

The new GP contract supports the continuation of this approach as the decision making and project support are already largely established. A build up of non medical capacity is envisaged for Edinburgh over the next three years. An additional 51 whole time equivalent staff will build up to approximately 182 giving an estimated additional capacity equivalent to 487 weekly medical sessions.

#### Priorities for the future:

#### Edinburgh Primary Care Improvement Plan

- The main focus of the plan will be how the new contract outline model can best be implemented at locality/cluster/practice level to stabilise and transform the Primary Care workforce.
- In Edinburgh, we have already implemented a Linkworker Network supporting 20 practices in areas of high deprivation as classified using the Scottish Index of Multiple Deprivation (SMID). The relevance and associated resource of Linkworker to a population not classified as deprived is being tested both through 17C funding in NW Edinburgh and by Transformation and Stability injections.

# Action Plan

- Following successful 'tests of change' Edinburgh GPs are keen to see rapid expansion of Advanced Nurse Practitioners, pharmacists and CPNs in particular.
- Current tests of change with physiotherapy and clinical admin support are likely to create further demand. (The potential of psychology has not yet been tested).
- 2018/19 will see the first collaborative cluster wide bids for additional capacity.
- 2019/20 is anticipated to see the development of the first cluster services as proposed and funded by the new contract arrangements.

Delivery timescale	Design	Implementation
<b>Q1 (Jan – 65yMar'18)</b>	<ul style="list-style-type: none"> <li>• Develop agreed infrastructure projects in 2018/19</li> <li>• Work with NHS Lothian to ensure prioritisation of Primary Care investments commensurate with the challenge of population increase and the changing nature of premise procurement and management under the new contract arrangements</li> <li>• Develop a number of key strategic assessments across the city to complement the picture established and presented to the IJB in September 2018</li> <li>• Support and develop the role of GP clusters to influence integration, cluster and localities</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to lead Scotland on clinically effective and economic prescribing</li> <li>• Continue to work with CEC to establish the principles of 'developer contributions' towards additional primary care premises required as a result of population increase</li> <li>• Continue to develop communication and influence networks to ensure Primary Care is well understood and appropriately supported</li> </ul>
<b>Q2 (Apr – Jun'18)</b>	<ul style="list-style-type: none"> <li>• Develop the insight functions to support primary care and reduce unforeseen risk</li> <li>• Use insight functions to develop understanding of where acute admissions can be avoided as primary care stabilises</li> <li>• Support full implementation of social prescribing across all practices</li> <li>• Support implementation of Linkworking across 20 practices</li> </ul>	<ul style="list-style-type: none"> <li>• Reach realistic settlement on the prescribing allocation for Edinburgh in 2018/19</li> <li>• Confirm funding available for 2018/19 and recruit additional staff in accordance</li> </ul>
<b>Q3 (Jul – Sept'18)</b>	<ul style="list-style-type: none"> <li>• Produce and consult over the Edinburgh Primary Care Improvement Plan before submission on 1st July 2018</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure effective governance over the resources available through the Improvement Plan</li> <li>• Build a Linkworker network to ensure that Primary Care plays a full role in tackling inequalities</li> </ul>
<b>Q4 (Oct – Dec'18)</b>	<ul style="list-style-type: none"> <li>• Support implementation of individual capacity 'injections' across 20 practices</li> <li>• Support implementation of technology injections across 30 practices</li> <li>• Support development and implementation of further non-recurring actions to adjust workload e.g. test of change to support NW Hub, possible automation of registration/deregistration process in NE</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit and place all initial tranche (51.0WTE) of additional staff</li> <li>• Develop governance to support evaluation of impact of programme</li> </ul>
<b>Ongoing (throughout 2018 and further)</b>	<ul style="list-style-type: none"> <li>• Restructure the Primary Care Support Team as part of the EHSCP and ensure integral working with localities. Establish the Primary Care Strategic reference Group</li> <li>• Develop a Primary Care Workforce Plan for wider primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Undertake further work on how to continue to absorb more population into existing practices and avoid 'closed' GP lists</li> </ul>

