

Argyll and Bute HSCP Joint Strategic Commissioning Strategy 2022-2025 Executive Summary

Argyll and Bute HSCP has developed a Joint Strategic Commissioning Strategy (JSCS) for the next 3 years

The purpose of the Commissioning Strategy is to set out how the Partnership will put in place a sustainable and diverse health and social care service which meets current and future needs for our communities. It aims to ensure these services are personalised, flexible and innovative and are of a consistent and high quality.

Whilst the HSCP is responsible for the planning and funding of health and social care services for adults and children in Argyll and Bute. Designing and providing these services is done in partnership with local communities and independent and third sector organisations.

It is important that we give clarity on our approach on how we plan and how we expect services to be provided to people and consequently what we purchase from providers i.e. the “market”. This is important as it means that all organisations, including the HSCP, are working towards the same vision, objectives, priorities and commissioning intentions.

The JSCS has been developed adopting Scottish Government best practice following the four steps of Commissioning: Analyse, Plan, Deliver and Review.

The delivery and review steps are enacted once we implement the JSCS and will be undertaken by “designated service strategic groups” informing our commissioning actions over the next three years.

Our JSCS has the following commitments:

- ✚ We will establish the objectives, priorities, intentions and key market messages
- ✚ We will ensure we will undertake assessments to determine that we are inclusive to all areas, including rural and island areas, and to those with protected characteristics

- # We will engage with all communities and listen and feedback
- # We hope to develop a range of commissioning models that will include a mixture of traditional, collaborative and grant style agreements dependent upon the nature of the requirement and the options available.
- # We will work towards long term, sustainable provision by awarding longer term contracts and grants, securing funding for partners and allowing them to plan their provision for the future
- # We continue to be optimistic about future projects due to largely positive provider relationships which we will develop and maintain through strong partnerships which are key to successfully deliver the best outcomes for those in need of support. In return for a seat at the commissioning table, we expect providers to be accountable to working towards the new commissioning intentions.
- # We will develop a commissioning approach for Islands
- # We will ensure that there is not an implementation gap by keeping the document live and having accountability through the SPG and IJB
- # We will look at feedback which we have to date: local services needed so don't have to go out with the areas (even areas within A&B are a long way from each other and family/community connections); need for nursing homes; consistency of services across A&B; self-directed support barriers taken away; seed funding to enact change; sharing of assessments with providers and allowing flexibility of hours.

These commitments have shaped and informed our health and care priorities which embrace prevention, self-management, choice and community based services.

These priorities are captured in:

- ❖ [Diagram 1 - Key Priorities and Commissioning Intentions](#)

Which have been used to shape our key market messages captured in:

- ❖ [Diagram 2 - Key Market Messages](#)

We will continue to consult with our staff and independent providers.

Diagram 1 - Key Priorities and Commissioning Intentions

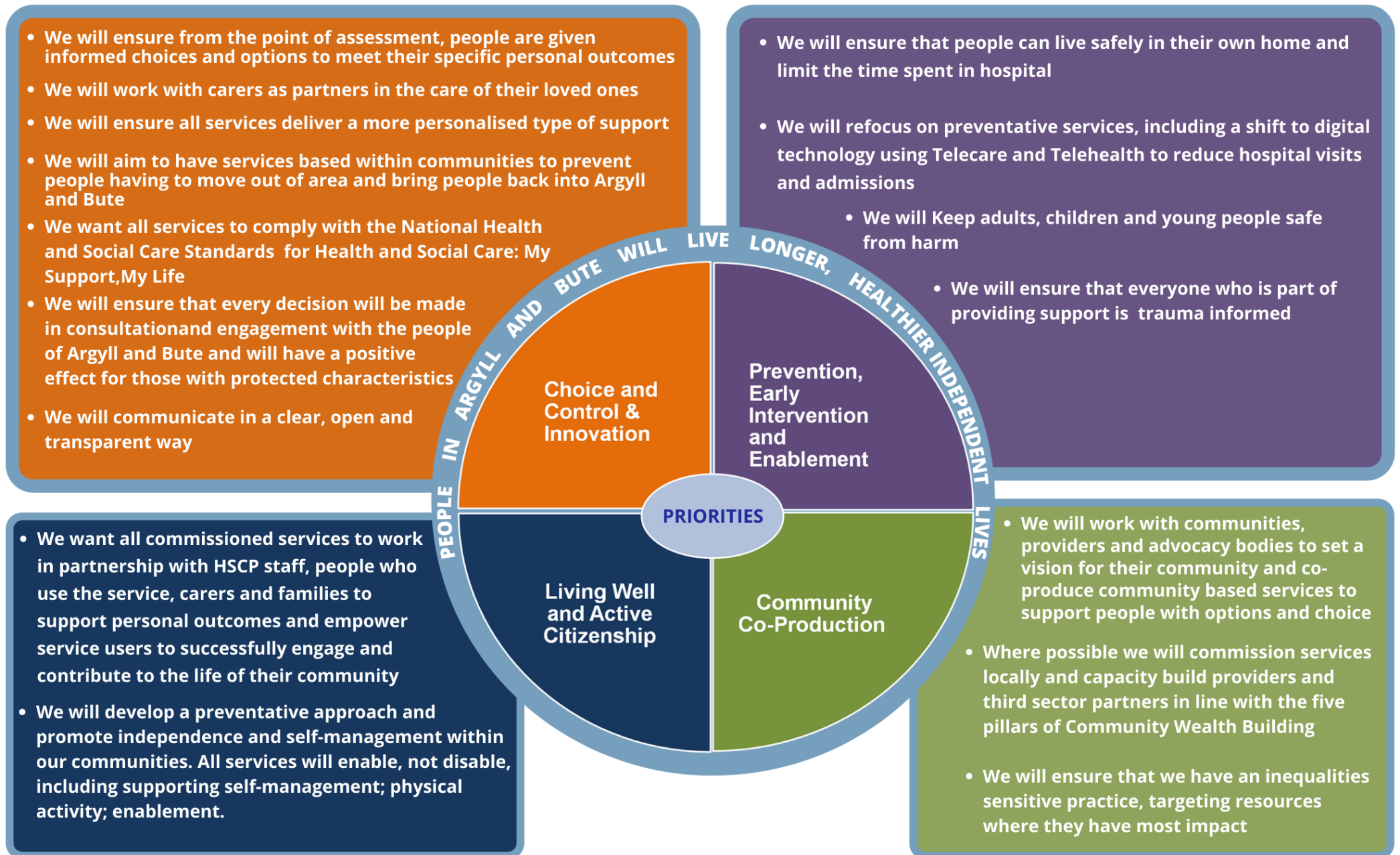


Diagram 2 - Key Market Messages

A shift to digital technology and increase use in telecare and telehealth

We currently use digital technology where possible, providing a range of Technological Enabled Care solutions for our patients and clients to support their health and care. This includes Near Me video consultations, reducing the need for travel. A range of Telehealth programmes are available including Connect Me remote health monitoring, Silver Cloud and Beating the Blues online mental health programmes. We also offer a Telecare service including community alarms and enhanced packages which include sensors and activity monitoring. Our aim is to continue to extend the range and uptake of our Technology Enabled Care service and solutions. We would expect our partners to assist us in developing and expanding our technological solutions moving forward to support people to live as independent a life as possible within their own home, preventing falls, illness or worsening of people's conditions. This will also allow us to ensure that carers resource is maximised for those who need it.

How: Care Providers will use assessment and reviews to inform support planning for people which includes digital technology. Care Providers will input into the Digital Strategy.

A move to different models of care at home and support services

There are policy drivers which promote different models of housing and individual packages of care and support, rather than day care and traditional care at home models. Also aligned to population projections there is likely to be an increasing demand for home based services, particularly for older adults, as a shift from care home demand is seen.

How: Care Providers will use assessment and reviews to inform support planning for people which includes an outcome focussed approach with key principles of enablement and utilising community services. We will work with providers to develop increasingly flexible and creative care pathways. We will build on the Living Well Strategy objectives. We will look for opportunities for joined up commissioning for each service area.

Hospital avoidance and prevention

We aim to support people to live within their own homes for longer by preventing admission to hospital and by reducing the time people have to stay in hospital, where possible.

How: We need to work flexibly with our partners, often out of normal working hours, ensuring there is a (sometimes rapid) response to the needs of the community. We will build on the work of the Caring for People Programme and Building Back Better. We will ensure that there are effective frailty models developed in all our localities in conjunction with our partners.

Support to unpaid carers

Support to unpaid carers is central to the ongoing work across all localities and all care groups within Argyll and Bute. We will continue to work with our Carers Implementation Group and develop our implementation plan in conjunction with our partners.

How: We will implement the outcomes within the Carer's strategy and ensure that carer's own support needs are individually assessed and there is creativity around each carer's outcomes.

Promotion of health enabling and co-production

We expect there to be an increase in the numbers of people suffering from (multiple) long term conditions including dementia. Prevention is a key focus area and moving forward we need all partners to consider how services can develop a preventative approach and promote independence and self-management within our communities. All services will enable, not disable, including supporting self-management; physical activity; enablement.

How: We will work with communities to set a vision for their community and co-produce community based services to support people with option and choice. We will build on the Living Well Strategy objectives.

Sustainability of workforce skills within key sectors within Argyll & Bute

We need to work with our partners to build a sustainable workforce across Argyll and Bute which delivers quality support and advice to communities. We need to ensure our workforce is suitably skilled and qualified and would like to develop joint service specific training plans with providers to make best use of the skills we have across all sectors.

How: We will involve partners in our future workforce planning and ensure they are involved in any co-location and joint planning.

Self-Directed Support

The HSCP is committed to embedding choices for how care is organised within Argyll and Bute within day to day practice. We will work with providers to identify any barriers to the implementation of Self Directed Care in each locality and require our partners to be responsive to the changing and diverse needs of individuals with increased control over their own care budgets.

How: We will ensure that from the point of assessment, people are given informed choices and options to meet their specific personal outcomes

Engaging with our communities

We continue to work with our Locality Planning Groups to develop locality action plans in each area. We need to continue to develop ways for our communities to tell us what they think about our services.

How: We will ensure that the Engagement Framework is adhered within our Commissioning strategy and Commissioning plans.

Argyll and Bute HSCP Joint Strategic Commissioning Strategy

The full Argyll and Bute JSCS can be found at this link:

If you would like further information please contact:

nhsh.strategicplanning@nhs.scot