



A Summary of the Orkney Health and Care Strategic Commissioning Plan 2016-2019

Introduction

There has been concern for a number of years that health services (delivered by the local NHS board) and social care services (delivered by the local authority) do not work as well together as they could.

To tackle this problem, the Scottish Government introduced the Public Bodies (Joint Working) (Scotland) Act 2014. The act requires NHS Boards and local authorities to work together much more closely. In Orkney, to achieve this, NHS Orkney and Orkney Islands Council have set up a health and social care partnership, called Orkney Health and Care.

Orkney Health and Care has responsibility for a range of health and social care functions relating to adults, children and criminal justice and will oversee the strategic planning and budgeting of these functions, together with corresponding service delivery.

Orkney Health and Care (normally referred to as OHAC) will be governed by an Integration Joint Board (IJB), made up of voting members from Orkney Islands Council and the Board of NHS Orkney, as well as non-voting advisors from professional groups, the voluntary sector, patients, service users and staff.

A major priority of the IJB is to ensure that the plan is shaped and influenced by people who know and understand Orkney and to this end, the IJB has established a Strategic Planning Group, with members from throughout the health, social care and voluntary sectors and, crucially, people from groups representing folk who use our services.

The IJB is required by the Scottish Government to produce a Strategic Commissioning Plan. The plan sets out the objectives of the IJB along with how services will be delivered in a more integrated way, improving the quality of support for people who need it, in Orkney.

This document is intended as a brief overview of the Strategic Commissioning Plan.

The Case for Change

There are many reasons why we need to change the way that health and social care services are planned and commissioned. These can be summarised, as follows:

- **National and local policy:** health and social care services have to respond to changes in policy by Scottish Government, such as Self-Directed Support.
- **Demographic change:** people are living longer than in the past, meaning that services must change to reflect the changing health and care needs of folk.
- **Increase in chronic health conditions:** Orkney folk live longer and enjoy a higher standard of living than the Scottish average. However, conditions such as obesity (especially amongst children) and alcohol-related illness are more

common here than elsewhere. In addition, conditions such as dementia and mental illness are placing increasing pressure on services across Scotland.

- **Increasing demand for health and care services:** Hospital admissions are expected to rise by 15% over the next 10 years if we continue to deliver services in the same way. However, with an increasing focus on prevention and early-intervention, much can be done to reduce this.
- **Money:** The fact is that public spending is falling in real terms, whilst demand is rising. This means that we cannot continue as we are. However, there are significant opportunities to pool the workforces, facilities and money of the Council and NHS Orkney, delivering more efficient, more “joined-up” services, whilst saving money.

Localities

Scottish Government have also asked IJB’s to make sure that health and care planning is done at a local level. To do this, OHAC have formed two “localities”. The first is the Mainland (which has been sub-divided into East and West Mainland) and the second is the Isles.

Each locality will have a nominated “Manager” (from the current workforce) who will liaise between the workforce and service users in their location, and the Strategic Planning Group, helping to shape the way that services are planned.

The role of Localities goes well with the new Community Empowerment Act, a piece of legislation that looks to strengthen the voice of local folk in the decision-making processes that matter to them.

Finance

OHAC has a budget of £33.4m for the 2016-2017 Financial Year (April-April). Of this total, 50% of the funding is provided by Orkney Islands Council with 47% coming from NHS Orkney. The final 3% is provided by Scottish Government Health & Social Care funding.

Scottish Government is asking local authorities and NHS boards to make significant savings in the coming years. To plan for this, OHAC is expecting a 2% cut from the Council and 3% cut from NHS Orkney in future years’ allocations. This means that the indicative budgets (the amount the IJB expect to have available to spend) is £32.6m in 2017-2018, and £31.8m in 2018-2019.

Services Commissioned by Orkney Health and Care

Scottish Government has been clear on which services should be included within the scope and responsibility of OHAC and the Strategic Commissioning Plan. In addition, NHS Orkney and Orkney Islands Council have agreed on some additional services that will be included in OHAC’s remit.

The following is a list of the Service Areas for which Orkney Health and Care has responsibility, along with the specific services commissioned, where applicable:

Children and Families' Services

- Health visitors.
- School nurses.
- Midwifery services.
- Paediatric therapy services (occupational therapy, physiotherapy and speech and language services).
- Children and families social workers.
- Family support team.
- Fostering and adoption team, including the intensive fostering service.
- Children young people's residential services.

Criminal Justice Services

- The Board will oversee the establishment of a Shadow Orkney Community Justice Partnership in 2016-2017.

Primary and Community Care Services

- Occupational Therapy and Rehabilitation Services.
- Respite provision.
- Day Care.
- Home Care including re-ablement services.
- Care Homes.
- Services for people with physical disabilities and sensory impairment.
- Adult social work services including assessment and care management services.
- Primary care - GP Practices, Out of Hours GP services, Dental Services, Community Pharmacy and Ophthalmology.
- Community nursing.
- Specialist nursing services for long term conditions.
- Allied Health Professional services – occupational therapy, physiotherapy, speech and language therapy and dietetic services.
- Telecare and mobile community responder services.
- Community pharmacy services.

Services for People with Learning Disabilities

- Day opportunity services.
- Residential care, short breaks and supported living.
- Social work services.
- Allied health professional services – physiotherapy, occupational therapy, speech and language therapy and dietetics services.

Mental Health Service

- Assessment, care planning, treatment and review services for adults.

- Assessment, care planning, treatment and review services for people with dementia.
- Child and Adolescent Mental Health services.
- Substance misuse services.
- Mental Health Officer services.
- Psychology services.
- Psychiatry services.

Carers

- Services and support.
- Implementation of the enacted Carers (Scotland) Bill 2015.

Objectives and Performance

For each of the six Service Areas listed above, OHAC have provided a detailed explanation of how and from where they will commission services (currently Orkney Islands Council or NHS Orkney), which of the following nine National Health and Wellbeing Outcomes this links to and, crucially, how changes in the service will be measured. They are too numerous and beyond the scope of this introductory document; however, they are included in the full Strategic Commissioning Plan.

Scottish Government has set out nine National Health and Wellbeing Outcomes to explain what it is trying to achieve through integration. These are as follows:

- **Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer.
- **Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- **Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected.
- **Outcome 4:** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- **Outcome 5:** Health and social care services contribute to reducing health inequalities.
- **Outcome 6:** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- **Outcome 7:** People using health and social care services are safe from harm.
- **Outcome 8:** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

- **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services.

This approach ensures that staff, government, service providers, voluntary sector partners and, most importantly, Orkney's folk can see what the priorities are for OHAC over the next three years and how services will be commissioned.

Conclusion

This document provides a concise overview of the Strategic Commissioning Plan. For the complete picture on OHAC's plans for health and social care services over the next three years, the IJB would encourage you to read the full plan.