



Introduction	1
Key Priorities	1
Commissioning Intentions and Key Market Messages	3
National Health and Wellbeing Outcomes	4
Background	5
What is Strategic Commissioning?	5
Who is the Commissioning Strategy for?	11
What is the Governance?	11
Models of Commissioning	12
Co-production	13
Self-Directed Support	14
Procurement Services	15
Monitoring Outcomes	16
Strategic and Policy Context	17
National	17
Local	17
Communications and Engagement	18
Stages of the Commissioning Cycle	19
Analyse	19
Plan	20
Do / Deliver	20
Review	20
Version History	21
Appendix 1	22
Contract Types	22
Appendix 2	23
Priorities for Reviewing Existing Contracts and Processes	23

Introduction

Key Priorities

The East Lothian Integration Joint Board (IJB) vision describes our aspiration to deliver health and social care services in East Lothian as **‘to support all people in East Lothian to live healthy lives, to achieve their potential to live independently and exercising choice over the services they use’.**

The Health and Social Care Partnership do not have a distinct set of values but instead follow the values articulated by our constituent partner agencies pictured right in diagram 1.

The IJB strategic objective and delivery priorities are to:

- Develop services that are sustainable and proportionate to need.
- Deliver new models of community provision, working collaboratively with communities
- Focus on prevention and early intervention
- Enable people to have more choice and control and provide care closer to home.
- Further develop / embed integrated approaches and services.
- Keep people safe from harm.
- Address health inequalities.



- Care and Compassion
- Dignity and Respect
- Quality
- Teamwork
- Openness, honest and Responsibility



- **Enabling** and encouraging everyone we work with to achieve their full potential
- **Leading** by example and taking responsibility to improve ourselves and others
- **Caring** for each other, our community and the work we do

Diagram 1

NHS Lothian as an Anchor Institution

Anchor Institutions are organisations that are rooted in places by their purpose, histories, land and assets, and established local relationships. They have a powerful role to play to embed community wealth building and address local inequalities and poverty. By increasing community wealth, all communities improve, wellbeing improves and people thrive.

In 2021, NHS Lothian committed to becoming an Anchor Institution as the basis for its work to tackle poverty and inequalities. Improving people's life circumstances is the best way to address poverty and inequality so the Anchor Institution work focuses on the determinants of health such as income, employment and place-making. Crucially, this type of work has prevention at its core and there should be benefits not just for the NHS but the public sphere in general.



Commissioning Intentions and Key Market Messages

- We will work with communities, providers, advocacy bodies, carers, supported people and staff when it comes to commissioning, designing and developing services.
- We will refocus our commissioning on preventative and early intervention approaches that are outcome / recovery focussed and promote independence, participation and self-management.
- We will actively develop, support and promote community based service provision.
- We will endeavour to commission services which will provide support within an individual's own home, local community or in a homely setting.
- We will promote an outcome focussed approach to health and social care commissioning and attempt to move away from high scale and low cost delivery models which are primarily driven by profit margins. The Health and Social Care Partnership will promote collaboration and innovation when it comes to procurement.
- We are committed to ethical commissioning in terms of decisions that take into account factors beyond price, including fair work, terms and conditions, career pathways, trade union recognition and sustainability of services and the environment.
- Seek to address health inequalities and promote equity of access to services regardless of geography or population.
- Our commissioning strategy will support a healthy market across the board, which promotes improved outcomes and choice for supported people and carers.
- We will ensure that we remain compliant with all relevant legislation and national policy.

National Health and Wellbeing Outcomes ⁽¹⁾

Table 1

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
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.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
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.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are support to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

[1]<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/1/>

East Lothian Health and Social Care Partnership (ELHSCP) is responsible for the planning and delivery of all health and social care services for adults in East Lothian.

The Integration Joint Board (IJB) Strategic Plan and ELHSCP Commissioning Strategy outline how we aim to work with providers and potential providers of adult social care in order to:

- Develop services that are sustainable and proportionate to need.
- Deliver new models of community provision, working collaboratively with communities.
- Focus on prevention and early intervention.
- Enable people to have more choice and control and provide care closer to home.
- Further develop / embed integrated approaches and services.
- Keep people safe from harm.
- Address health inequalities.

We will refer to the Fairer Scotland Duty^[2] and evidential data alongside undertaking our own Integrated Impact Assessment in order to ensure our Commissioning Strategy is inclusive to all equality groups and to those with protected characteristics. The Fairer Scotland Duty came into force on 1st April 2018 and places a legal responsibility on named public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

We will work with providers to demonstrate the benefits they deliver for individuals and evidence the wider social impact they have in communities. We will continue to work with our providers to support evidence gathering of national, local and individual outcomes. All of our commissioned and internal services will work towards our commissioning intentions.

Alongside the Commissioning Strategy is the IJB Strategic Plan. The Strategic Plan establishes the vision, strategic objectives and priorities and outlines the local and national outcomes, which will be used as the basis for the development of a performance and improvement framework. This framework will be based on our strategic and other objectives and will identify the data we will gather to measure our performance in relation to these. It will also provide details of how this performance data will be used in terms of performance management, and will outline our approach to using data to drive improvement and innovation.

^[2][https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/#:~:text=The%20Fairer%20Scotland%20Duty%20\(the,disadvantage%2C%20when%20making%20strategic%20decisions](https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/#:~:text=The%20Fairer%20Scotland%20Duty%20(the,disadvantage%2C%20when%20making%20strategic%20decisions)

It is a high level approach which will also inform and feed into locality planning. The Strategic Plan describes how ELHSCP will make changes and improvements to develop health and social care services over the next three years. For context the Strategic Plan is underpinned by the following:

- The Feeley Report and Shifting the Paradigm of Social Care
- The National Care Service
- Health inequalities
- Equalities
- The Promise
- Trauma informed services
- New technologies and data use
- The Lothian Strategic Development Framework.
- Locality Planning
- Climate Change
- Local Housing Strategy

The Strategic Plan will provide the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision. The plan explains what our priorities are, why and how we decided upon them and how we will make a difference by working closely with partners.

Strategic Commissioning is a term which sounds complicated but put simply is the assessment and forecast of current and future needs and the linking of investment to services to meet these needs. However, the way we want to live our lives is influenced by national and local policies, changing demographics and societies changing expectations. For instance, many of us now want to live in our own homes, wherever possible, or we want choice around the type of care and support for our own needs and to fit with our own personal outcomes. Some of those shifts will involve a shift in services from hospital care to community based care, to technology enabled health and social care and to more integrated primary care and care at home services. There will also be a focus on the remodelling of care homes and homely environments where possible to providing models of living which support independence.

ELHSCP may also choose to provide small grant funding to community based services, which are essential to support people living within communities and meet their personal outcomes. This will all be included within the Commissioning Strategy.

In line with the national picture, the ELHSCP and social care providers are experiencing workforce challenges which have been exacerbated by the COVID-19 pandemic. Given the geography of East Lothian, recruitment issues are often made worse by travel time / distance and are therefore greater in more rural areas. We need to look at ensuring consistency and equity across all localities.

The ELHSCP Joint Strategic Needs Assessment (JSNA) shows a current and projected increase in the number of older people and a decreasing number of younger people.

- Dunbar and East Linton.
- Fa'side.
- Haddington and Lammermuir.
- Musselburgh.
- North Berwick Coastal.
- Preston Seton Gosford.

East Lothian by numbers^[3] notes that *“whilst the majority of East Lothian’s residents stay in the more urbanised west of the area, the population is more evenly split by urban-rural classification. Nearly 70% of the population of Scotland live in large urban towns or urban areas; only 33.2% of East Lothian live in similar urban landscapes”*.

There are different ways to approach commissioning, but our principles are in line with the Independent Review of Adult Social Care^[4] where they are collaborative in their approach. Actively engaging with our current providers, potential providers and community representatives in the assessment of needs and identification of gaps in service provision. We will look at innovative solutions through options appraisal, evidence based interventions and support collaboration and partnership working between independent, voluntary and third sector providers and community groups to support service redesign.

[3] https://www.eastlothian.gov.uk/downloads/download/12769/east_lothian_by_numbers

[4] <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>

Scottish Care defines social care as: ‘The enabling of those who require support or care to achieve their full citizenship as independent and autonomous individuals. It involves the fostering of contribution, the achievement of potential, the nurturing of belonging to enable the individual person to flourish’. We are currently presented with an opportunity to develop a new narrative on adult social care in Scotland, wherein it is seen as a human right distinct from but complementary to the human right of health. Having a choice of supports and being informed about that choice is critical to the implementation of a human rights based approach to social care.

We will future proof this strategy in line with the Independent Review of Adult Social Care which recommends that Integration Joint Boards should continue to develop strategic commissioning plans, and should be given direct responsibility for procurement, holding contracts and contract monitoring. Strategic commissioning plans must be better linked to planning for other types of service, including particularly housing plans and plans for acute hospital care. Our strategic commissioning plans will be reviewed to ensure there is nothing which would inhibit the new National Care Service operating in line with ethical commissioning and procurement principles.

Table 2

Old Thinking	New Thinking
Social care support is a burden on society	Social care support is an investment
Managing need	Enabling rights and capabilities
Available in a crisis	Preventative and anticipatory
Competition and markets	Collaboration
Transactions	Relationships
A place for services (e.g a care home)	a vehicle for supporting independent living
Variable	Consistent and fair

'We need a new narrative for adult social care support that replaces crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equity. We need a culture shift that values human rights, lived experience, co-production, mutuality and the common good.

The end is human rights, wellbeing, independent living and equity, as well as people in communities and society who care for each other.

Nothing about me, without me'

(Independent Review of Adult Social Care, Feeley, 2021)

We will plan, co-ordinate and fund services in line with the Christie Commission Principles^[5] and the Four Pillars of Public Service Reform^[6] as well as other key policy drivers like the National Health and Wellbeing Outcomes Framework^[7], Mental Health Strategy^[8], Keys to Life^[9], the proposed National Care Service Bill^[10], Building Back Better^[11], the Scottish Approach to Service Design^[12], the Place Standard^[13], The Promise^[14] and local policy documents including our East Lothian Council / ELHSCP Transitions Policy, ELHSCP Dementia Strategy, ELHSCP Joint Strategic Needs Assessment and ELHSCP Performance and Improvement Framework.

[5] <https://www.gov.scot/publications/commission-future-delivery-public-services/>

[6] Foreword – Renewing Scotland's public services: priorities for reform in response to the Christie Commission – gov.scot (www.gov.scot)

[7] <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

[8] <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

[9] <https://keystolife.info/>

[10] <https://www.gov.scot/news/national-care-service-bill-published/>

[11] <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/build-back-better-our-plan-for-health-and-social-care>

[12] <https://www.gov.scot/publications/the-scottish-approach-to-service-design/>

[13] <https://placestandard.scot/>

[14] <https://thepromise.scot/the-promise>

The ELHSCP is committed to working with our colleagues within Children's Services when it comes to commissioning services for young people who are entering adulthood. Any joint commissioning work will help ensure co-ordination of services to ensure that the transition from children's to adult services is as seamless as possible and carried out in a person-centred way. Any transitions commissioning work will be undertaken with cognisance of The 7 Principles of Good Transitions^[15]

The Commissioning Strategy will follow the recognised four steps of commissioning: Analyse, Plan, Deliver and Review in its format and layout (look to diagram 2). The plan will be a live document, we are aware that there is often an 'implementation gap' and we will ensure this does not happen by developing SMART Action Plans and ensuring accountability and governance through the Strategic Planning Group and the Integration Joint Board.

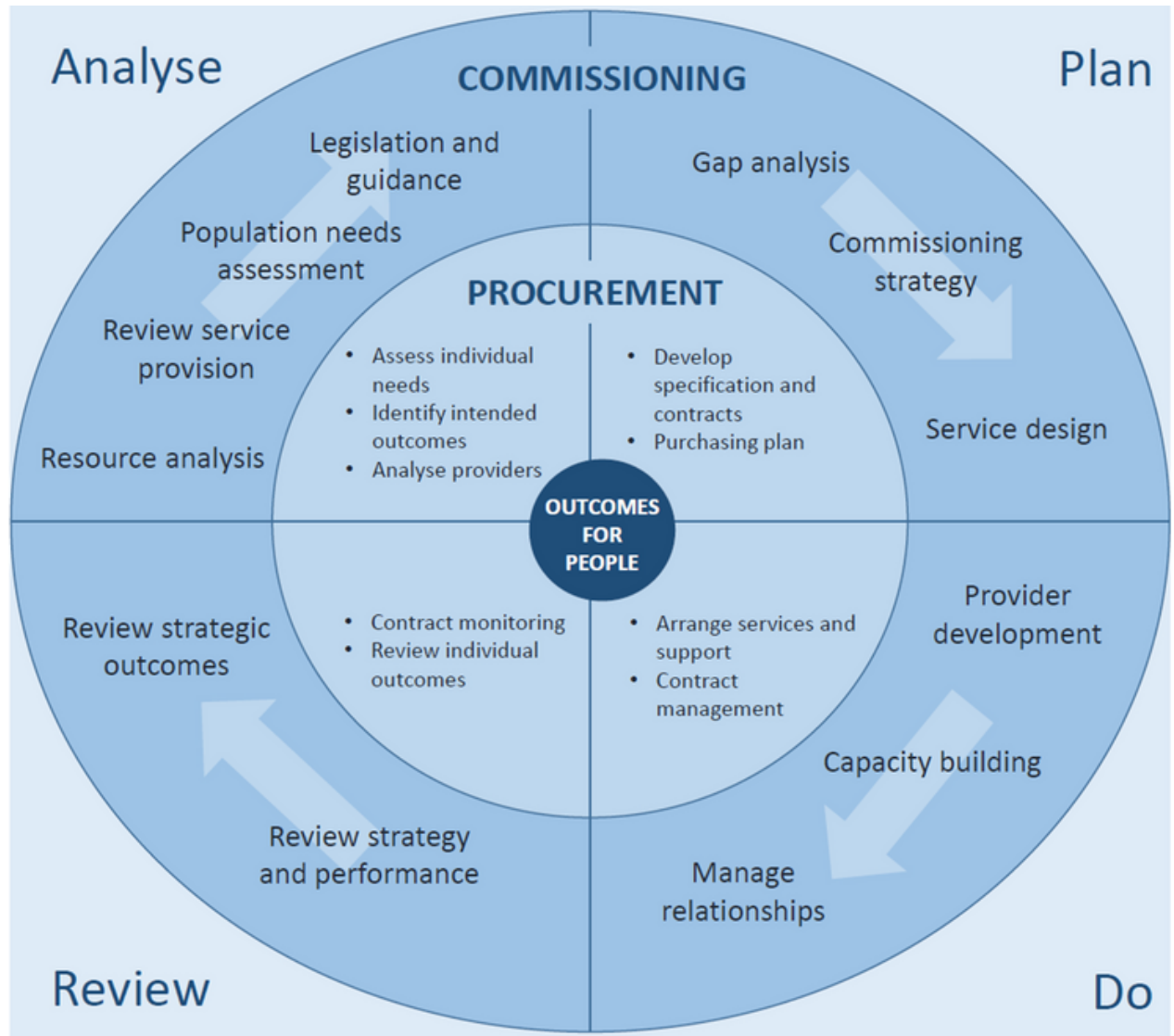


Diagram 2

[15] <https://scottishtransitions.org.uk/summary-download/>

Who is the Commissioning Strategy for?

This strategy is for all providers and potential providers of health and social care support, for community or social enterprise groups and for people who use, or work in, health and social care services. The strategy is for everyone who requires health and social care services across East Lothian including older people, people who have a learning or physical disability, carers, people experiencing poor mental health, adults in need of protection due to harm, those who require criminal or community justice services and young people transitioning to adult services. We will also ensure that services are accessible and inclusive to all genders, race and cultures.

Specifically, the strategy is for:

- Providers of health and social care support.
- Adult health services.
- Community organisations.
- People who need health and social care services or support.
- Families and carers who need health and social care services or support.
- Staff who work within the Health and Social Care Partnership.
- Social Enterprises.

What is the Governance?

The Governance of this document and the work within it, lies with the East Lothian Health and Social Care Partnership (ELHSCP) and the Integration Joint Board, informed by the Commissioning Board. Responsibility for commissioning is delegated from the Integration Joint Board to the Commissioning Board. The Commissioning Board is chaired by the Chief Officer of the ELHSCP and includes representation from a wide range of operational specialities as well as receiving support from East Lothian Council Procurement, the Chief Financial Officer of the IJB and the appropriate Principal Accountant from East Lothian Council. The IJB has a budget of approximately £40 million allocated to its commissioned services via East Lothian Council across older people, learning disability, physical disability and mental health.



Models of Commissioning

We are committed to developing a Commissioning Strategy which encompasses collaboration and quality services which meet the commissioning intentions as well as ensuring that we do have best value, while not deflating the pay and conditions for social care workers.

We will develop a range of commissioning models that will include a mixture of traditional and collaborative agreements dependent upon the nature of the requirement and the options available. A table of all types of contracts is available at appendix 1.

Our expectation over the length of this plan is to work towards long term, sustainable provision and as part of this, award longer term contracts and grants, securing funding for partners and allowing them to plan their provision into the future.

Specific commissioning activity will be informed by strategic decision making in the particular service area, this may involve redesigning services to better serve communities in a landscape that has changed since existing models were introduced. Our Procurement colleagues within East Lothian Council, through the work of the Commissioning Board, will be involved in this work to support colleagues to commission and procure services in a way that gives the best chance of achieving the desired outcomes and in line with the principles of this Commissioning Strategy.

We are already taking steps to work in different ways, for example through the Transformation Programme, development of meeting centres, exploration of alternative grant funding models, development of the Community First model and consultation and engagement related to the community hospitals and care homes provision work.

Hardgate, located in Haddington, is a good practice example that provides a sensitive and thoughtful response to the need for a local resource for adults with complex needs. Staffed by a team of social care staff and nurses from hospital and community settings, the two bedroom ground floor flat has been completely renovated with profiling beds, wet room showers, hoists and other specialised equipment. It offers physical support and social activities, including arts and crafts, signing and sensory play; has a garden with a trampoline and raised flower beds; and disabled parking bays adjoining. It provides service users with time away from home in a stimulating, homely, lively and social environment and offers families much needed breaks from caring.

“Entrusting your child to others is always hard, especially when their needs are so complex. We have total trust in every member of staff at Hardgate as we know our son’s needs are top priority”.

New models will look to address current challenges, particularly around sustainability of services. We will consider the impact that models of provision and the contracting arrangement have on sustainability, for examples: contract type; duration; payment arrangements; purchase volumes (i.e. block contracts vs spot purchase) and anything else that is relevant.

We are optimistic about future projects due to largely positive provider relationships. Developing and maintaining strong partnerships will be key to successfully delivering the best outcomes for those in need of support.

The way in which we embed ethical and collaborative principles at a local level to deliver support and solutions for better consistency of access, drive up quality and secure person-centeredness will be driven forward in line with the Scottish Government's Guidelines for Ethical Commissioning and Procurement^[16].

A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people's heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical (Independent Review of Adult Social Care, Human Rights recommendation 7).

Co-production

Co-production is a term used to describe people who deliver services and people who use those services (those with lived experience) working collaboratively together in order to achieve better outcomes in local communities, for example doing with, rather than doing to. In addition to commissioning services directly, there is a role for the Health and Social Care Partnership in adopting principles of co-production to enable communities to realise the level of community based support they aspire to.

In short, co-production can promote good relations across our communities and ensure that services delivered are relevant to the needs of our communities. Co-production can take place at different levels and includes:

- **Co-design** – working together to develop plans for new services.
- **Co-deliver** – working together to implement services.
- **Co-assess** – working together to evaluate the effectiveness of services.
- **Co-commission** – working together to develop commissioning plans and procure services.

[16] <https://www.gov.scot/publications/preparing-to-transition-towards-a-national-care-service-for-scotland-sppn-7-2021/>

Self-Directed Support

The principle of Self-Directed Support (SDS) is that people have informed choice about the way that their social care and support is provided to them. This means, in practice, that people who are eligible for social work services are assessed in a different, more meaningful way, using an outcome focussed approach, where 'what matters to them' is recorded. The support, or other interventions, to meet their personalised outcomes is co-produced. This can involve some creative and innovative solutions, putting the client and their family at the heart of these solutions, which is both empowering and can lead to reduced expenditure on paid support. Clients are informed of their individual budgets and offered the four SDS options on how they want their care arranged. The implementation of the Social Care (Self Directed Support) (Scotland) Act 2013, has taken time, mainly due to the change in processes, systems and culture that the policy demands.

With the introduction of Self-Directed Support Local Authorities are required to actively promote a variety of support and choice for those eligible for care and support. This means the way care and support is offered to individuals is changing and consequently the way we contract with organisations who offer care and support needs to change.

Commissioning via Self-Directed Support will still involve contracts, but instead of being top-down contracting with commissioners and providers in the driving seat, contracting should move towards a co-produced, assets based approach, where the relationship between all the contracting parties (including supported people) is more equal and reciprocal with the supported person becoming the micro-commissioner.

Central to this change is how supported people are empowered to work with all the assets and resources available to them. The development of any new approaches must ensure that control of these is increasingly taken by supported people, and where appropriate their families and carers.

In addition providers will be assisted to implement new models of support to promote outcomes focussed delivery of care. We will ensure that they have the processes and systems in place to deliver these models.

There may be some instances where traditional block contracts will be of benefit to ensure sustainability.

All access to services start with an assessment and this should be linked to people's personal outcomes, their assets and their strengths (good conversations):

- Feeling safe.
- Staying as well as you can (healthy).
- Having things to do (active, achieving).
- Seeing people (included, nurtured, relationships).
- Living where and as you want to live.
- Dealing with stigma.

All assessments will include and reflect the contribution of unpaid carers.

We have developed this Commissioning Strategy with the knowledge that there is a Scottish Government commitment to move responsibility and accountability for Adult Social Care Support to Scottish Ministers. This includes a new National Care Service which is due to take effect in 2026 and will have responsibility for the vision, innovation, inspection, workforce and national contracts as well as national requirements and budget distribution. Given that there would still be local accountability for delivery, outcome measurement, commissioning, local planning and engagement, we feel that it is still appropriate and relevant to develop this three year strategy.

Procurement Services

We will comply with guidance on the Procurement of Care and Support Services 2016 (Best Practice), making use of the provisions of the Light Touch Regime (LTR), where appropriate, under the Public Contract (Scotland) Regulations 2015. The LTR allows consideration of wider factors when sourcing Health, Social Care and Education and legitimises their influence in decision making. These wider factors allow procurement activity to take account of the strategic vision of the Health and Social Care Partnership, for example, in relation to sustainability; improved outcomes; continuity; choice and affordability.

We will procure in line with and be sensitive to the expected national direction from the Scottish Government and the National Care Service.

Monitoring of Outcomes

To support the delivery of the desired community outcomes we will work with our providers to develop a shared monitoring, evaluation and performance framework. We will develop the capacity of community organisations to deliver on the agreed outcomes whether that be set out in a commercial contract or in a Service Level Agreement for a grant.

We will continue to monitor against the National Health and Wellbeing Outcomes and will report on a quarterly basis.

‘As part of its oversight of local and national progress the National Care Service will need to develop and maintain outcome measures for the Integration Joint Boards and national care bodies, and monitor their performance. Previous attempts to establish a single set of outcome measures across adult health and social care have been hampered by complexity and duplication. These obstacles need to be overcome to ensure clarity of purpose and transparency of the evidence base for progress. We recommend that a single, clear set of outcomes, process measures and balancing measures should be developed for the whole health and social care system. This should involve people using social care support, patients, unpaid carers, providers, clinicians and professionals, to ensure the right balance of measures is identified. This should be developed as a priority and should simplify, reduce in number and improve the current range of measures. It should acknowledge this report and ensure a focus on outcomes for people using social care supports and healthcare services and should reflect the ethical and collaborative approach to commissioning that we recommend here’

(Independent Review of Adult Social Care, Feeley, 2021)

We will ensure that we remain compliant with all relevant legislation and the following national and local policies.

National

- [Independent Review of Adult Social Care \(2021\)](#)
- [National Care Service Bill \(2022\)](#)
- [A Fairer Scotland for Older People \(2019\)](#)
- Keys to Life Strategy (2019 – 2021)
- [Mental Health Strategy \(2017 – 2027\)](#)
- [Alcohol and Drug Strategy \(2018\)](#)
- [Learning / Intellectual Disability and Autism Plan \(2021\)](#)
- [Mental Health Transition and Recovery Plan \(2020\)](#)

Local

- [East Lothian Integration Joint Board Strategic Plan 2019 – 2022](#)
- [East Lothian Integration Joint Board Strategic Plan 2023 – 2025](#)
- [East Lothian Plan 2017 – 2027](#)
- [East Lothian Local Housing Strategy 2018–2023](#)
- [Midlothian and East Lothian Drugs and Alcohol Partnership Delivery Plan 2020 – 2023](#)
- [East Lothian Council Sustainable Procurement Charter](#)
- [East Lothian Council Corporate Procurement Strategy 2017–2022](#)
- [East Lothian Council Procurement Strategy 2022–23 to 2027–28](#)
- [NHS Lothian Procurement Policy](#)
- [NHS Lothian Community Benefits in Procurement Procedure](#)
- [NHS Lothian Ethical Procurement Policy](#)
- [East Lothian Council / ELHSCP Transitions Policy](#)



Stakeholder engagement was a key element of the activity that took place to inform the development of our IJB Strategic Plan and consequently this Commissioning Strategy. A four month engagement process involved workshops, group discussions and online approaches to gather the views of local people, third sector and community groups supporting people with a range of needs and Health and Social Care Partnership colleagues involved in planning and delivering services.

Themes emerging from the engagement process helped to shape the strategic objectives and delivery priorities contained in the Strategic Plan and the commissioning priorities within this Strategy. These included:

- Access to services.
- Online / telephone services versus face to face.
- Accommodation.
- Carers.
- Communities.
- Co-production and collaborative working.
- Information sharing, reporting and recording.
- Early intervention and prevention.
- Addressing inequalities and supporting people with protected characteristics.
- Money, poverty and the cost of living.
- COVID / National Care Service.
- Older people, outcomes and joined up working.
- Referrals.
- Social work / social care.
- Transparency and communication.
- Transport.
- Workforce retention, recruitment and training.
- Focus on service resilience and stability.

The full engagement report, which gives a detailed description of the engagement process and feedback received, is available online ^[17].

The Health and Social Care Partnership are currently developing their Communications Strategy supported by a Participation and Engagement Strategy. Both of these Strategies will support the priorities and vision contained within the IJB Strategic Plan and Commissioning Strategy.

[17] https://www.eastlothian.gov.uk/downloads/file/32645/east_lothian_ijb_strategic_plan_2022-25_engagement_feedback_report

Analyse

ELHSCP Joint Strategic Needs Assessment

Comprehensive information on East Lothian and its communities is available in a Joint Strategic Needs Assessment (JSNA) document produced by colleagues from the Local Intelligence Support Team (LIST) of Public Health Scotland.

The JSNA accompanies and informs this Strategic Plan and will be updated regularly as new data becomes available. It will also inform ongoing service planning and progress monitoring across our work programmes.

The JSNA describes the rates of various long-term health conditions as well as mental health issues, dementia, physical disability, sensory impairments and weight across the East Lothian population and compares these with Scotland and/or Lothian. Where relevant, information is provided on associated admissions to acute hospitals. Information is also provided on lifestyle issues, covering smoking, drug and alcohol use and physical activity.

https://www.eastlothian.gov.uk/downloads/file/32648/east_lothian_joint_strategic_needs_assessment_report_2022

ELHSCP Performance and Improvement Framework

Local performance and improvement framework currently in development based on our strategic and other objectives that will identify the data we will gather to measure our performance in relation to these. It will also provide details of how this performance data will be used in terms of performance management, and will outline our approach to using data to drive improvement and innovation.

ELHSCP Commissioned Community Support and Grant Awards 2022 – 2023

https://www.eastlothian.gov.uk/download/meetings/id/23131/9422_elhscp_commissioned_community_support_and_grant_awards_202223

East Lothian Strategic Assessment 2017

https://www.eastlothian.gov.uk/downloads/file/23536/east_lothian_strategic_assessment_2017

Plan

Regular review of this commissioning strategy and its priorities to ensure that it remains live and reactive to local / national needs and demands. The IJB Strategic Plan will be accompanied by an Annual Delivery Plan for each year, which will provide a detailed outline of how we will deliver our strategic objectives over the year. These Annual Delivery Plans will be closely monitored and updated regularly as progress is made and in response to any contextual changes that impact on our activity.

Do / Deliver

The responsibility for delivery of our commissioning strategy sits with the Commissioning Board with support from the Health and Social Care Partnership Planning and Performance Team. Responsibility for commissioning is a delegated function from the Integration Joint Board.

Review

This Commissioning Strategy has been developed using the recognised four steps of the Commissioning Cycle: Analyse, Plan, Do / Deliver and Review. The analyse step will primarily be undertaken by the Strategic Planning Group and various Change Boards with the delivery and review steps then overseen by the Commissioning Board and Planning and Performance Team. The assessment and forecasting of future and current needs will take account of the priorities which embrace prevention, self-management, choice and community based services.

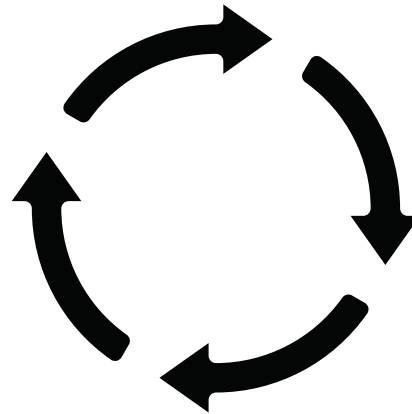
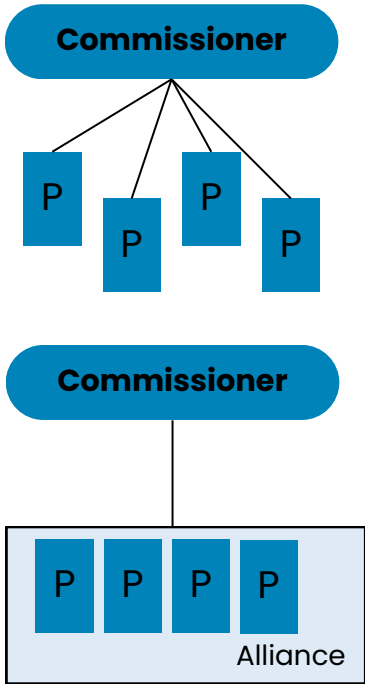


Table 3

Version	Date issued	Summary of changes
0.1	26/08/22 – shared with key colleagues for comment	Initial draft of strategy
0.2		Second draft prepared in line with comments received
0.3	29/09/22 – shared with Planning and Performance Team and communications / procurement colleagues in advance of development session on 25/10/22	Additional ‘transitions’ detail added
0.4		Appendix 1 and 2 updated
0.5	10/11/22 – shared with key colleagues for final comments in advance of going to IJB Commissioning Board on 15/12/22	Strategy updated following consultation with Planning and Performance Team, ELHSCP. Further comments from Procurement Service Manager added
0.6		v0.5 comments incorporated within appendices
0.7	2/02/23 – shared with IJB SPG members for consideration and sign off	Anchor institutions now incorporated within document. Review of grants process removed from appendix 2 as this is now concluded. Approval by Commissioning Board on 15/12/22 added to footer
0.8		What is the Governance? (p11) section updated to reflect SPG request for more detail. Footer updated to reflect SPG approval
1.0	23/02/23 – shared with and approved by Integration Joint Board	

Table 4

Contract Type	Definition
Framework agreements	Established following a procurement process, a Framework is an agreement between one or more public bodies and one or more service providers which sets out the terms and conditions under which specific contracts (usually called 'call-off' contracts) can be entered into. In a framework agreement the volume of the service or goods and the timing of the requirement is often unknown when the agreement is established and is only specified at the time of the 'call-off'. An example of this in East Lothian would be the agreements for provision of Care at Home services to older people.
Collaborative agreement	Established following a procurement process, a collaborative agreement is usually developed nationally (by another local authority / Health and Social Care Partnership, Scotland Excel or Scottish Procurement) with key stakeholders for use by local authorities. There is an example of this lead by Scotland Excel for the provision of Social Care Case Management systems.
Grants	Payments made by the Partnership to third sector organisations to support their activities, an example of this could be one-off funding for the delivery of a community event or other time limited activity that the partnership values but that would not be viable without this funding. Grants should be allocated following a proportionate grant application / approval process.
Contracts for services / supplies	Established following a procurement process, a contract for services or supplies is an arrangement between 2 or more parties for the delivery of specified services / goods under set terms and conditions and in return for the agreed remuneration. Including block contracts, time and task and performance related / incentive based models.
Spot purchase	Spot purchasing (or spot contracting) happens when a service is purchased by or on behalf of (for example, by a local authority) an individual. Services are purchased as and when they are needed, and are purchased on an individual basis for a single user.
Bespoke agreements	Bespoke contracts are contracts that are tailored to fit the specific requirements of a project. Bespoke contracts are often used when standard form contracts are not suitable. The complexity of the project is one of the main factors that determines which type of contract makes the most sense.
Alliance contracting	Alliance contracting is the term usually applied to project or service delivery where there is one contract between the owner / financier / commissioner and an alliance of parties who deliver the project or service. An alliance contract creates a collaborative environment without the need for new organisational forms. By having one alliance contract, all parties are working to the same outcomes and are signed up to the same success measures. There is a strong sense of your problem is my problem, your success is my success.

Contract Type	Definition
	<p>Typically there is a risk share across all parties and any 'gain' or 'pain' is linked with good or poor performance overall and not to the performance of individual parties.</p> <p>The distinctions between alliance contracts and traditional service contracts are broken down in the diagram below:</p>  <pre> graph TD C1[Commissioner] --- P1[P] C1 --- P2[P] C1 --- P3[P] C1 --- P4[P] C2[Commissioner] --- A[Alliance] subgraph AllianceBox [Alliance] direction LR P5[P] P6[P] P7[P] P8[P] end </pre>

These are based on the cost of the contract, the risk associated with the contract and procurement regulations as well as the performance of the provider.

Priority One	Priority Two	Priority Three
<ul style="list-style-type: none"> • Care at Home (framework) • Dementia services (transformation programme) • Community provision for under 65's (framework) • Older peoples day centres (framework) • Community Mental Health Services (transformation programme) • Advocacy (contract) 	<ul style="list-style-type: none"> • Financial management services (SDS - contract) • Independent Living Services (SDS - contract) • Community Link Workers (contract) • Housing support services 	<ul style="list-style-type: none"> • Sensory impairment (contract)

Table 5