



*Working together to improve health and wellbeing
in the community – **with** the community*

South Lanarkshire Health & Social Care Partnership Strategic Commissioning Plan 2019-22

FOREWORD

Welcome to the second Strategic Commissioning Plan 2019-22 of the South Lanarkshire Integration Joint Board (IJB). It has now been three years since the IJB was first established and there has been significant progress toward the developed of better integrated health and social care services for the people.

This plan has been developed through comprehensive Partnership and governance arrangements to ensure that the strategic direction outlined in this plan reflects the wishes and aspirations of the people of South Lanarkshire and also the national planning priorities set out by the Scottish Government.

Similar to the previous plan, the Partnership are continually strives to develop better integrated health and social care services for the people of South Lanarkshire and there have been a number of very positive achievements made over the 2016-19 period and these are detailed with this plan.

However, it is recognised that nothing stand still as demand for health and social care is continues to change with people live longer, coupled to their needs becoming more complex. In meeting these challenges, the delivery of health and social care services will require to change. This has been clearly reinforced from the consultation and engagement undertaken with key stakeholders and the wider public in developing this plan. A clear message that has come back consistently is the importance of early intervention and prevention and shifting the balance of care towards more community based provision. This is consistent with previous feedback and it is therefore incumbent on the Partnership to demonstrate how services are designed and transformed to meet the aspirations and needs of people in South Lanarkshire.

The Partnership vision of “working together to improve health and wellbeing in the community – with the community” reflects these aspirations and we will aim to provide a high quality and sustainable model of community based care as part of this vision. To make this happen, an ambition of this plan will be to look at how we can realistically shift our resources towards a long term agenda based upon interventions at the right time in the right place. Some of this will require transformational change decision to be taken and this is something that the IJB is keen to embrace with its Partners.

However, this cannot be achieved in isolation. The role of communities and individuals is central to this and the philosophy through our Building and Celebrating Communities approach will be to work with communities to identify what they are best placed to do for themselves and where they then require support from the Partnership in achieving their personal outcomes. This assets based approach will be intrinsic to the implementation of this plan and will be our overarching theme and central to investment being placed upon strong and effective locality planning.

As always, the ongoing development of the health and social care services relies heavily on the continued commitment of our staff and partners. We would like to thank everyone who has taken the time to contribute to Commissioning Plan which reflects the needs and ambitions of South Lanarkshire and are looking forwards to working in close partnership with you as we shape health and social care for the future.



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SECTION ONE: Introduction

1.1 Purpose of this Strategic Commissioning Plan

The South Lanarkshire Strategic Commissioning Plan (SCP) sets out the overall strategy for health and social care services over the next three years. Although covering a three year period, the plan very much looks beyond this, given that the changes in population health and social care needs do not standstill.

Simplistically, this plan provides a direction of travel to:

- Deliver against the Scottish Government strategic aspiration to shift the balance of care through the provision of services which are designed and delivered in the person's home and community
- Demonstrate how the Partners will work to deliver the 9 National Health and Wellbeing Outcomes
- Respond to what the public and key stakeholders told us was important to them through our extensive and ongoing consultation and engagement activity
- Take account of the strategic needs profiling of the population of South Lanarkshire

1.2 The Key stakeholders in developing and implementing the plan?

In line with the statutory requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, South Lanarkshire Council and NHS Lanarkshire established a formal integration arrangement to oversee the strategic development of health and social care services. On the 01st April, 2016, South Lanarkshire Integration Joint Board (IJB) assumed responsibility for the strategic direction of health and social care services in South Lanarkshire.

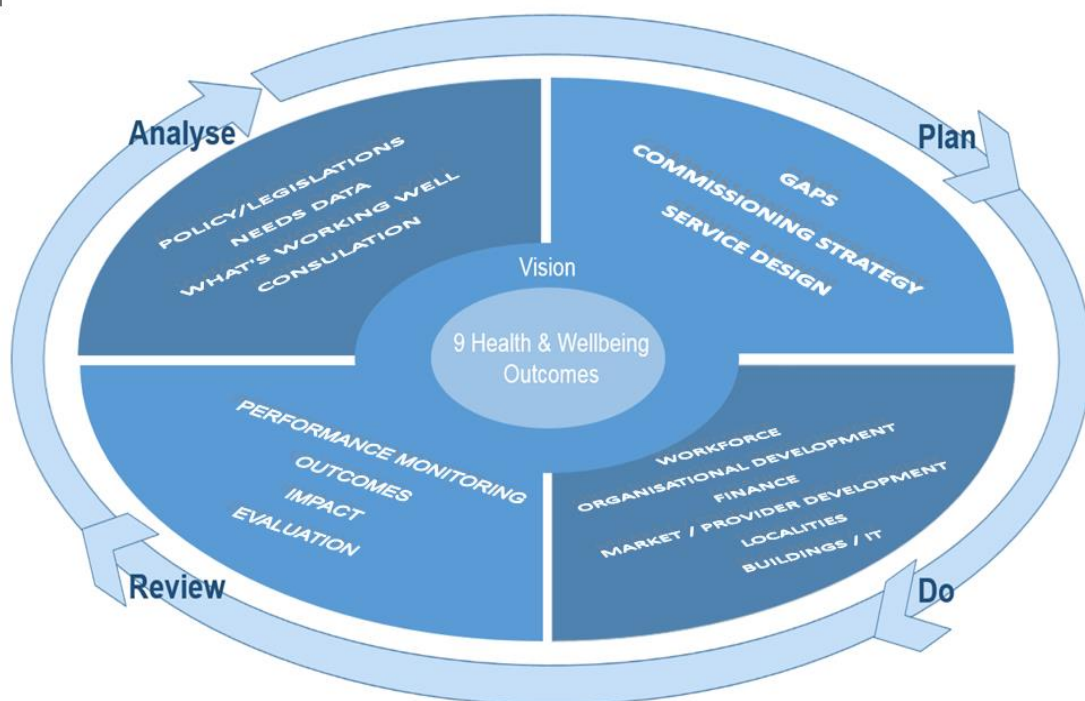
South Lanarkshire IJB is the body responsible for preparing this Strategic Commissioning Plan, which sets out how resources will be directed to secure better health and wellbeing outcomes, vision and key strategic themes developed with stakeholders and the public as outlined in section three.

Collaborative working is critical to the success of delivering the vision set out in the plan. South Lanarkshire Health and Social Care Partnership supports the IJB to operationally deliver community based health, social care and elements of housing services in South Lanarkshire, and is made up of the following organisations:

- NHS Lanarkshire
- South Lanarkshire Council
- Third sector organisation (represented through the Third Sector interface Voluntary Action South Lanarkshire (VASlan))
- Independent care organisations (represented by Scottish Care)

1.3 How has the Plan been Developed?

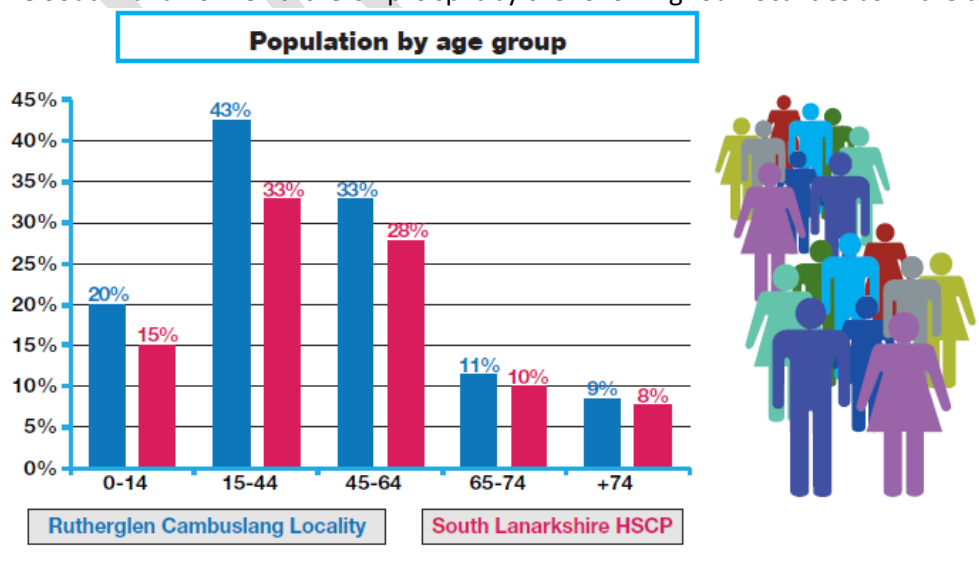
The plan has been developed through a recognised strategic commissioning process which considers a four step cyclical approach of *analyse, plan, do and review* as outlined in the diagram below.



This plan will take each of the steps in this model to describe how we have developed our strategic intentions to improve health and social care services. Underpinning this approach outlined above is a similar methodology within each of the four localities as outlined below.

Locality Planning

The South Lanarkshire Partnership is split by the following four localities as in the table below:



Locality	Population 2016/17
Hamilton/Blantyre (ADD LINK TO LP)	108,030
East Kilbride (ADD LINK TO LP)	87,380
Clydesdale (ADD LINK TO LP)	61,474
Rutherglen/Cambuslang (ADD LINK TO LP)	60,216
Total	317,100

Each of the four localities has developed a locality plan which takes account of their own unique strengths and assets, as well as challenges within the locality. We are working to ensure that services provided within these areas are meeting the needs of the people who live there.

All four localities have their own Locality Planning Group, these groups are the voice of the local community within the Partnership and have real influence to effect changes at a local level. These forums work within our Strategic Planning Group which has oversight of the South Lanarkshire Strategic Plan.

1.4 How will the plan be implemented in practice?

The development of the SCP has been led by the South Lanarkshire IJB and more specifically the Strategic Commissioning Group. Specific governance arrangements established for the IJB include a Strategic Commissioning Group (SCG) and four Locality Planning Groups (LPG), of which each has its own locality plan which underpins the overall SCP.

The SCP has read across and other important plans including the Community Plan, Local Housing Strategy (LHS), Children's Services Plan and NHS Lanarkshire's Achieving Excellence Strategy.

All these key stakeholders contribute to the development and delivery of this partnership plan. The IJB is responsible for approving the SCP and in turn, then directs both South Lanarkshire Council and NHS Lanarkshire to operationally deliver the strategic intentions outlined in this plan.

Simplistically the following diagram explains the role of the IJB (Strategic) and the HSCP (Operational) in executing the development and delivery of the plan.

IJB

- Developing and Leading the Strategy

HSCP

- South Lanarkshire Council
- NHS Lanarkshire
- Third Sector
- Independent Sector

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SECTION TWO: The Vision for the People of South Lanarkshire

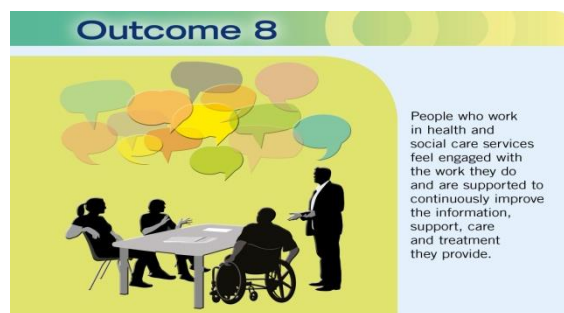
2.1 South Lanarkshire Vision

South Lanarkshire Integration Joint Board agreed a vision for services in advance of developing its first Strategic Commissioning Plan. From our consultation and engagement activity with the wider public and key stakeholder, the feedback is that this vision remains as relevant today as when first developed and agreed. From our online survey results, 95% of survey responders strongly agreed or agreed with the vision for health and social care services, thus providing the necessary affirmation of this overarching vision.

Therefore, the vision of the IJB remains ***“working together to improve health and wellbeing in the community – with the community”***

Further to this, the IJB, in line with the Public Bodies (Joint Working) (Scotland) Act 2014 is committed to the spirit and strategic direction set out, particularly with regards to the importance of working to achieve the 9 Health and Wellbeing Outcomes as outlined below:

Outcome 1  <p>People are able to look after and improve their own health and wellbeing and live in good health for longer.</p>	Outcome 2  <p>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.</p>
Outcome 3  <p>People who use health and social care services have positive experiences of those services and have their dignity respected.</p>	Outcome 4  <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p>
Outcome 5  <p>Health and social care services contribute to reducing health inequalities.</p>	Outcome 6  <p>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 wellbeing.</p>



As referred to above, a conscious strategy and process for developing the plan has been adopted, thus providing a logical sequence and story as to rationale for the direction of travel outlined in the plan.

SECTION THREE: Analysing South Lanarkshire

In this section of the plan there are a number of extremely important areas of work which were undertaken with a view to informing what it is that the Partnership needs to focus on as its key priorities. The important elements that this sections covers are listed below:

- What the public and stakeholders told us was important
- What we know worked well from our last plan
- How the population needs are changing
- The important national policy drivers impacting on health and social care

Taken as a whole, this will give a picture of the key issues for the IJB to consider and factor into its planning decisions.

3.1 What the public and stakeholders told us was important

A comprehensive participation and engagement process was undertaken to support how the plan has been developed. This process was not an isolated piece of work and very much intrinsic to the IJB's Participation and Engagement Strategy which was formally approved in June, 2018.

The starting point for the more specific engagement activity was to reflect on the previous Strategic Commissioning Plan 2016-19, given that extensive work was undertaken with key stakeholder to identify the overarching strategic themes. For information, there were a total 10 strategic themes agreed and this is where resources and IJB Directions were targeted as part of implementing the 2016-19 plan. The 10 themes were:

No	Theme
1	Statutory/Core Work
2	Early intervention, prevention and health improvement
3	Carers Support
4	Models of self-care and self-management
5	Seven day services
6	Intermediate care to reduce reliance on hospital and residential care
7	Suitable and Sustainable Housing
8	Single points of contact
9	Mental health and wellbeing
10	Enablers to support better integrated working

This review included a series of key partners and stakeholders consultation events across the four locality planning areas in September and December 2018, in order to consider these themes and whether any amendments or additions are required. Approximately 800 delegates participated across eight sessions, sharing their views. As well as the locality engagement events, the review included dedicated sessions with senior management and elected members, Third Sector Forums, as well as workshops and development meetings with service providers and partner organisations.

Alongside these coordinated consultation events and planning sessions, the partnership developed an innovative and informative multi-media communications package that showcases South Lanarkshire's approach and progress towards achieving our integration health and wellbeing priorities. From the feedback at the stakeholder events a number of clear messages were articulated:

- Affirmation that the 10 strategic themes sited in the 2016-2019 SCP remain as relevant today as when first agreed
- Capacity building in communities and the in particular the Building and Celebrating Communities approach needs to be an overarching principle which all agencies work in terms of strengthening relationships and work with communities
- There should be an increased focus on mental health inclusion, particularly in an early intervention and prevention and support context
- Transitional arrangements covering children's services to adult services and adult to older people's services could be improved
- A more focussed commitment to shift the balance of care towards more community based interventions including encouraging people to self care and self manage
- The importance of supporting people to be maintained within their own home and community including stability and consistency of support for those affected by homelessness.

Headlines from the wider Public Consultation

Of equal or more significant importance was the direct feedback received from members of the public whereby a comprehensive survey was completed by 240 residents who shared their views about the key strategic themes and priorities within their area. The split across the four geographical areas of responders was as follows:

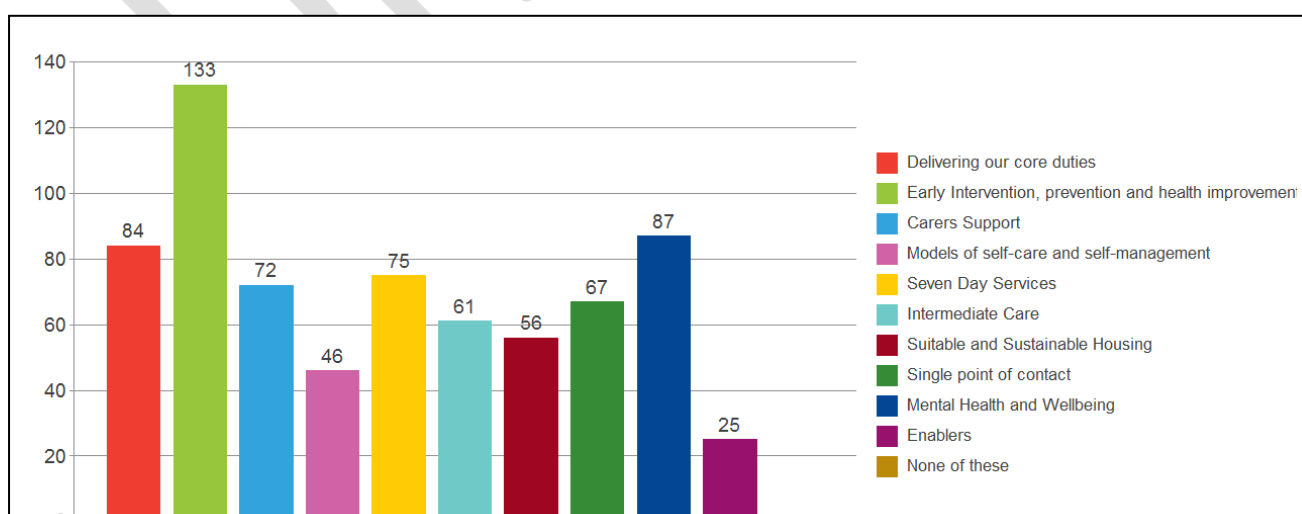
- 21% from Clydesdale
- 21% from East Kilbride/Strathaven
- 28% from Hamilton/Blantyre
- 10% from Rutherglen/Cambuslang
- 20% from outwith South Lanarkshire or where no locality was declared

Importantly this builds on the success of a similar public consultation undertaking when developing the last plan. From this survey a number of clear messages were received from the public including 95% of respondents agreeing that the vision for health and social care in south Lanarkshire should continue to be ***working together to improve health and wellbeing in the community – with the community.***

In terms of the existing 10 strategic themes referred to above, the public provided the following feedback in relation to whether or not they remain relevant:

Strategic Theme	Public Response
Delivery statutory/core duties	94% of respondents strongly agreed or agreed that this theme remains relevant for the partnership to pursue
Early Intervention, Prevention and Health Improvement	93% of respondents strongly agreed or agreed that this theme is relevant for the partnership to pursue
Carers Support	94% of respondents strongly agreed or agreed that this theme is relevant for the partnership
Models of self-care and self-management	93% of respondents strongly agreed or agreed that this theme is relevant for the partnership to pursue
Seven day services	90% of respondents strongly agreed or agreed that this theme is relevant for the partnership
Intermediate care	92% of respondents strongly agreed or agreed that this theme is relevant for the partnership to pursue
Suitable and sustainable housing	92% of respondents strongly agreed or agreed that this theme is relevant for the partnership
Single points of contact	92% of respondents strongly agreed or agreed that this theme is relevant for the partnership to pursue
Mental health and wellbeing	92% of respondents strongly agreed or agreed that this theme is relevant for the partnership
Enablers to support integrated working	91% of respondents strongly agreed or agreed that this theme is relevant for the partnership to pursue

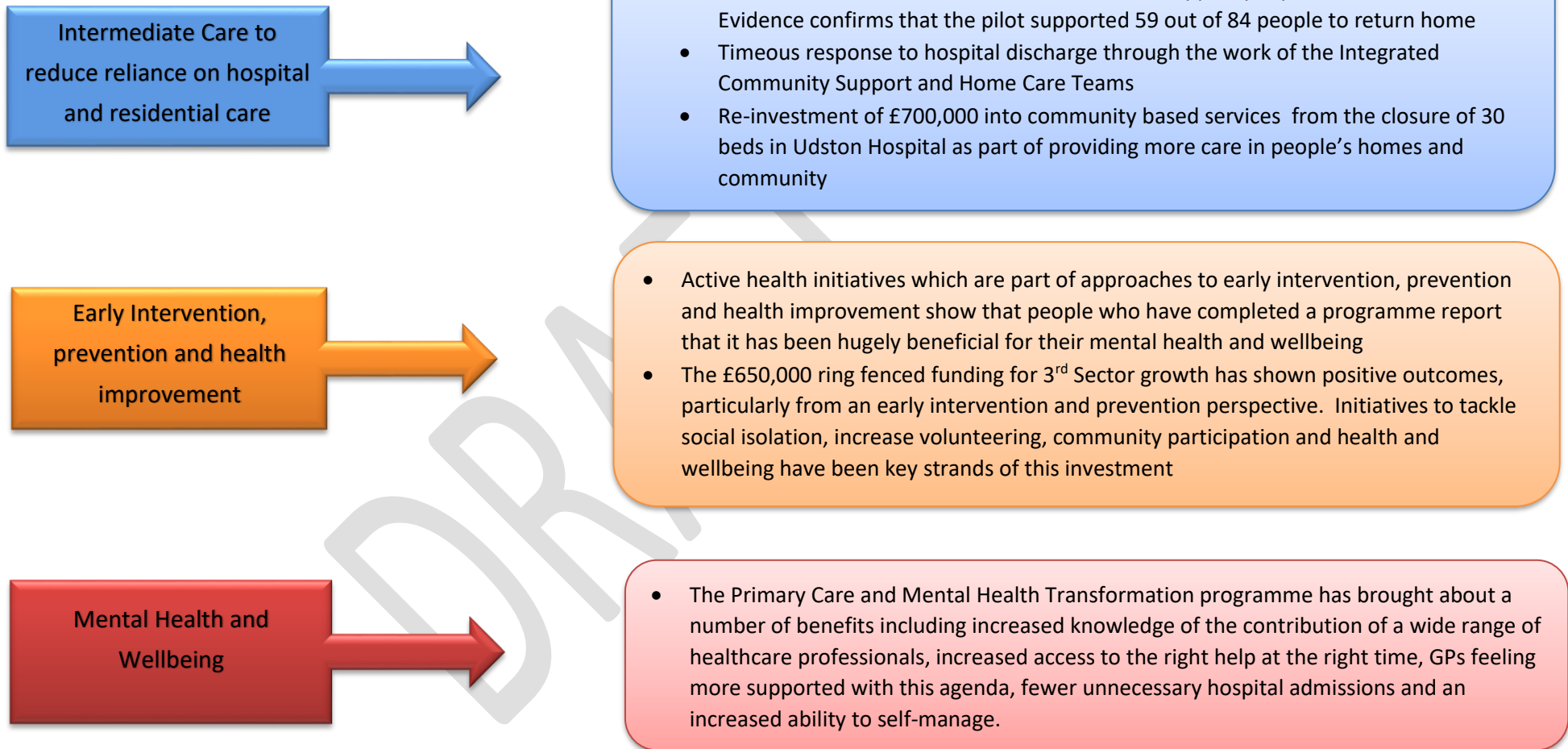
In terms of prioritising the strategic themes, the public were asked to feedback on the three themes which they regarded to be of highest priority. The graph below illustrates the outcome of this exercise:



What is clear from the public consultation is that it provides further affirmation of the feedback received at the stakeholder events. Additionally, there are a number of themes which are very close in terms of prioritising, the top three were deemed to be *early intervention, prevention and health improvement, mental health and wellbeing* and *delivering our core duties*. It is very evident from the public's perspective, that there is a clear focus on early intervention, prevention and health improvement, which is consistent with the Partnership's ambitions, particularly with regards to shifting the balance of care and empowering people to have good health and wellbeing.

3.2 What has worked well from the last plan?

Through our Annual Performance Reports to the IJB, there are a number of strategic decisions which have translated into innovative operational delivery and more importantly supported people's health and wellbeing. Here is a snapshot of some of our progress so far:



Self-Care / Self-Management



- The extension of technology enabled care has been very successful in South Lanarkshire in supporting an increasing number of the population to self-care and self-manage through simple smart technology and apps from their mobile phones. This has real potential to continue to grow and very much follows modern life, whereby phones, apps and generic technology devices are intrinsic to the way on which people live

Suitable / Sustainable Housing & Homelessness



- The Affordable Housing Supply Programme has significantly increased supply of suitable, affordable and sustainable housing across South Lanarkshire, delivering on average 270 new affordable homes per year (2016-19). This has included new homes built to Housing for Varying Needs standards, as well as specially adapted homes to meet the particular housing needs of disabled people and families.
- Through the Scheme of Assistance, on average over 1,600 adaptations were completed each year in council and privately owned homes which have enabled people and families to continue to live independently within their own homes in the community.
- On average each year, 1,600 homeless households were supported through homelessness, including people with multiple complex needs. Over 1,100 homeless households each year were provided a permanent home with either South Lanarkshire council or a Registered Social Landlord.

Single Points of Contact



- Increased community capacity and integrated working in localities through the implementation of the locality model and tiered intervention approach.

Seven Day Services



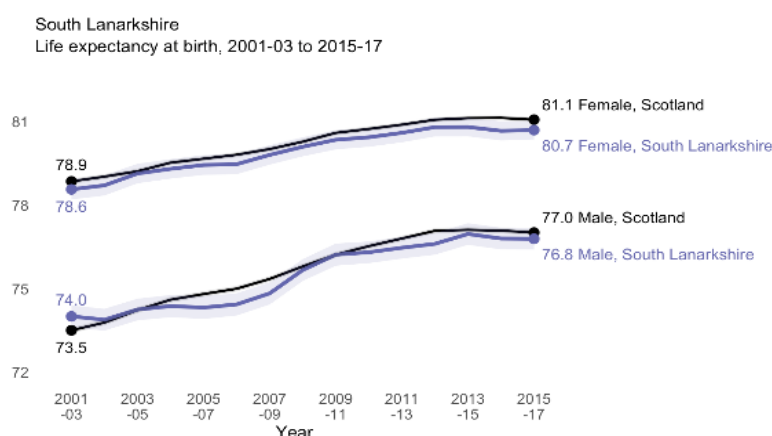
- Developing Palliative Care services to provide 12 inpatient beds in the South Lanarkshire area, thus bringing the service closer to where our residents live

3.3 What the strategic needs analysis of our population tells us?

In preparing the previous Strategic Commissioning Plan, a comprehensive needs analysis was completed to support planning decisions and assumptions. This work has continued with data readily available through the NEXUS Strategic Needs Data system which allows profiling of need to be undertaken at various levels including for the whole of South Lanarkshire, across the four localities and down to data zone level.

In summary, and in considering some of the key indicators, the following information provides a quick overview of the changing needs over the last 5 years 2013-2018:

Life Expectancy



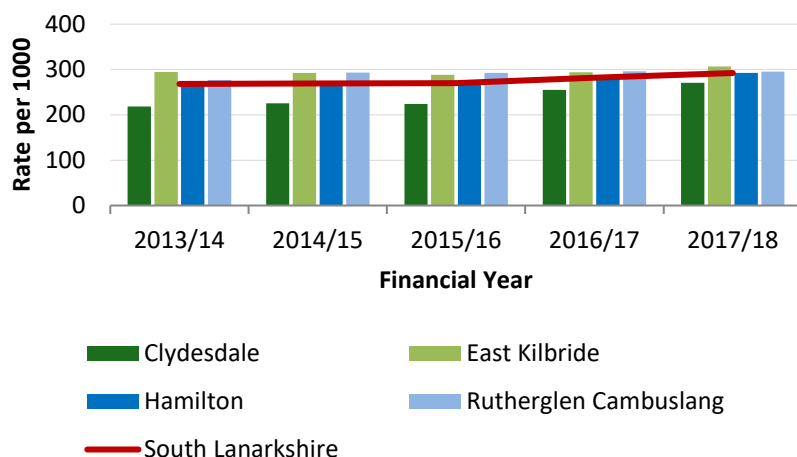
Life expectancy for males and females in South Lanarkshire is 76.8 and 80.7 years respectively. The gap between male and female life expectancy is narrowing for South Lanarkshire and in a Scottish context, South Lanarkshire had the 12th poorest life expectancy figure for men and the 10th poorest for women.

More importantly though is health life expectancy and in this context both males and females in South Lanarkshire are below the Scottish average, meaning that people in South Lanarkshire will spend a higher proportion of their lives in poor health when compared to Scotland as a whole.

The population for all ages has grown by 1% over this period. However, for the 75+, growth (as expected) is more pronounced at 5.5%

Emergency Admissions

South Lanarkshire Emergency Admissions Rate (per 1,000), Ages '65+'

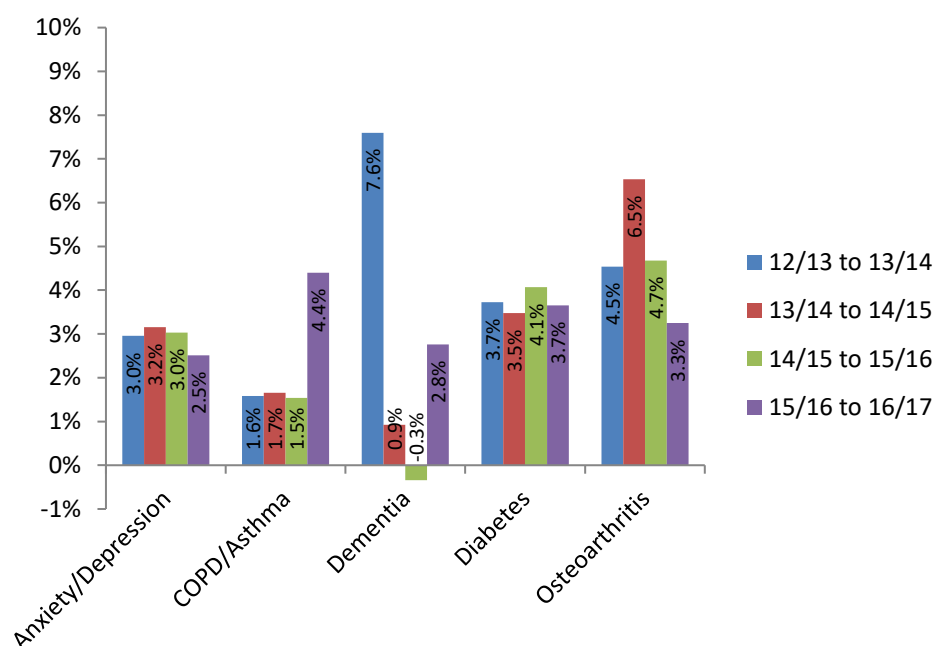


Emergency admissions for those aged 65+ increased by 10% over the period. At the same time, emergency bed days reduced by 1.5%, meaning that resources are being deployed more effectively to reduce the length of time people are staying in hospital

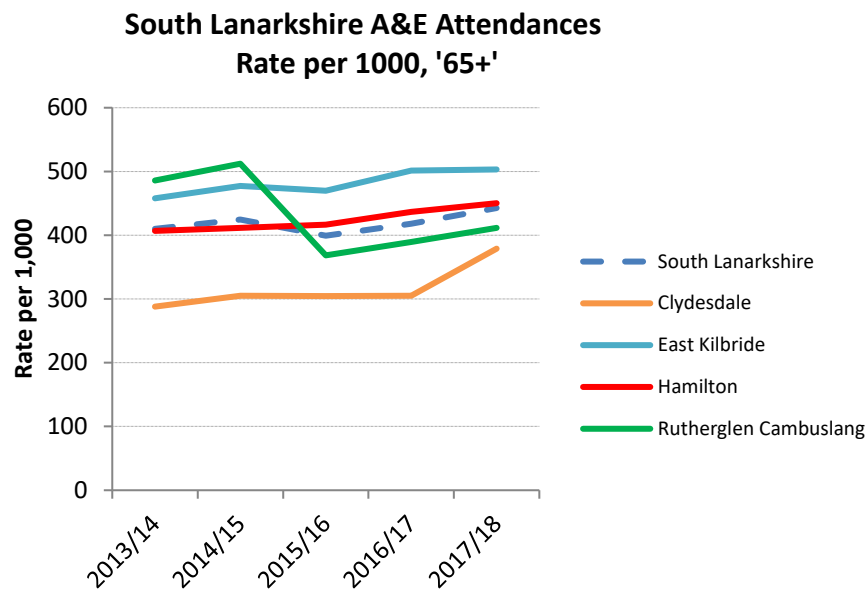
Long Term Conditions

From a long term conditions perspective, demand continues to increase at a rate faster than demographic growth. For example, over this period conditions such as anxiety / depression, cancer, COPD / Asthma and dementia prevalence have all increased by 10%. There are other conditions including diabetes where the demand has grown by 20%

South Lanarkshire Annual % Increase in Prevalence Rate per 1,000 Population, 2012/13 to 2016/17 - Selected Long Term Conditions

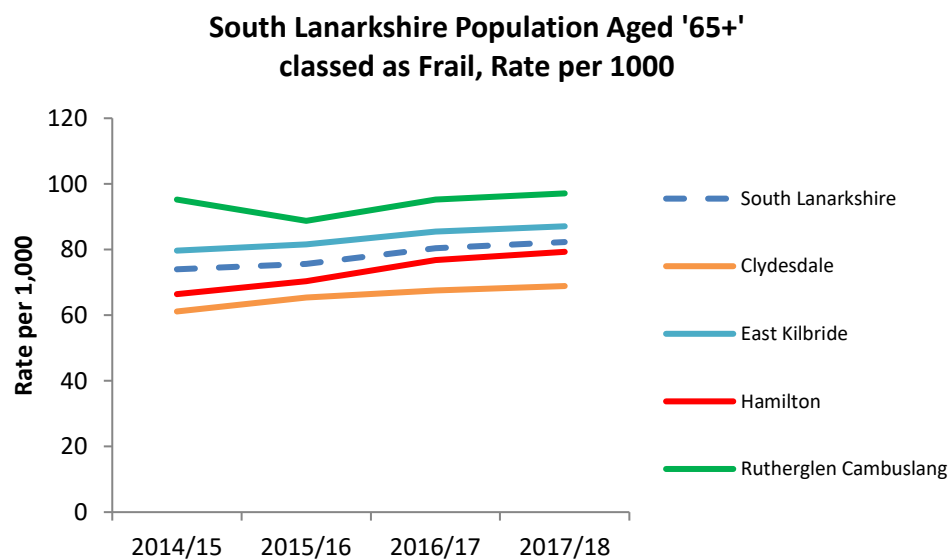


Accident and Emergency Attendances



Accident and emergency attendances for the 65+ continue to show an increasing trend. Over this period, there has been a 10% increase in demand

Frailty



Frailty levels in the population have risen by 10%

- Based on Housing Need and Demand Assessment (HNDA) and local data and analysis, South Lanarkshire's Local Housing Strategy (LHS) 2017-22 has set out Housing Supply Targets (HST) for 1,058 additional new homes each year to meet identified household growth requirements.
- The number of households headed by someone aged 60 and above projected to at a higher rate than for Scotland as a whole. Therefore, as well as a general increase in supply, there is a need for more homes that are suitable, adapted and affordable to meet the needs of older people.
- On average, each year 1,600 households are found to be homeless and the council has a duty to find settled accommodation. Within this group there are a significant proportion (approximately 30%) have additional moderate-high support needs, and around 5% have multiple complex needs, requiring intensive wrap-around support services.

AWAITING INFO GRAPHICS/GRAPHS FROM MATT/EILEEN

3.4 The Policy and Legislative Framework

The policy and legislative environment for health and social care has changed incrementally since the 2016-19 SCP was published. Appendix 1 references all of the key policy areas which applied in the context of the last plan and importantly remain as relevant today. Many of these policy and legislative areas are statutory in nature, with aspects of delivery such Adult Support and Protection Self Directed Support and the Community Empowerment legislation being some of the more significant themes from a statutory perspective.

Since 2016, there have been a number of new policy/legislative requirements which the IJB has had to factor into current and future strategic planning. Whilst there is no doubt that new legislation places extra duties on the IJB, Health Board and Council, it is important to highlight that many of these requirements are complementary to the overall strategy of delivering community based supports and focusing on early intervention, prevention and health improvement. Detailed below is a short summary of the more significant ones:

Housing Contribution Statement

A Housing Contribution Statement (HCS) to the Strategic Commissioning Plan is a statutory requirement, as set out in Scottish Government's Housing Advice Note (Sept 2015). The HCS is an integral part of the Health and Social Care Partnership's Strategic Commissioning Plan that clearly articulates the links between housing, health and social care, as well as improving the alignment of strategic planning and supporting the shift in emphasis to prevention. As a local housing authority, South Lanarkshire Council has a statutory duty and a strategic responsibility for promoting effective housing systems in South Lanarkshire, which covers all housing tenures, and to meet a diverse range of needs and demands.

The first HCS was included as an appendix for the SCP 2016-19. Since then, Health, Social Care and Housing partners have worked closely together to further integrate our strategic planning and delivery of priority actions, through senior representation across all key planning groups and embedding shared partnership priorities within the Local Housing Strategy (LHS) 2017-22 and the new rapid Rehousing Transition Plan 2019-24.

For this Strategic Commissioning Plan 2019-22, the core features of the HCS are now embedded within the plan to show the governance arrangements, joint needs assessment, shared partnership priorities, key challenges, delegated functions and monitoring arrangements.

The Health and Social Care Delivery Plan December 2016

The Health and Social Care Delivery Plan, sets clear activities and milestones that focus on four major programmes of activity:

- health and social care integration
- the National Clinical Strategy;
- public health improvement; and
- Reforming NHS Boards.

From a Health and Social Care Partnership perspective, national targets of reducing the number of unscheduled bed days by 400,000 has been agreed. To achieve this, transformational change decisions to shift the balance of care and reduce reliance of acute hospital beds require to be considered. Reporting of progress against the ambitions within the Delivery Plan are reported quarterly to the IJB in specific regards to:

- Accident and Emergency performance
- Unplanned admissions
- Occupied bed days for unscheduled care
- Delayed discharges
- End of life care
- The balance of spend across institutional and community services

Carers (Scotland) Act 2016

The Carers (Scotland) Act 2016 – will bring a number of additional duties within the scope of the IJB and Strategic Commissioning Plan, including:

- A new adult carer support plan with a personal outcomes focus
- A new young carer support plan with a personal outcomes focus
- A duty to support carers including by means of a local eligibility criteria
- A duty to prepare a local Carers Strategy
- A duty to provide an information and advice service and publish short breaks services statement
- A duty to involve carers in the discharge from hospital of the people they care for

Scotland's Public Health Priorities 2018

The Scottish Government and COSLA have jointly published public health priorities for Scotland, aimed at focusing action across the public sector and voluntary sector and in communities. The priorities are the first milestone in a wider reform of public health. They set a direction for Scotland's public services over the next decade, with the aim of organisations and communities working better together to focus on prevention, to reduce health inequality and increase healthy life expectancy. Specifically the report reflects on the fact that new thinking and innovative solutions will be needed to improve public health in Scotland, over the next decade and beyond. It acknowledges that success will require activity across all sectors because "wellbeing cannot be created and sustained by the NHS alone." Six areas for action to help people lead healthier lives have been identified as follows:

- Healthy places and communities.
- Early years.
- Mental wellbeing.
- Harmful substances.
- Poverty and inequality, and.
- Healthy weight and physical activity.

South Lanarkshire's Local Housing Strategy (LHS) 2017-22 and wider Housing Contribution

In August 2017, South Lanarkshire Council approved '*Affordable Homes, Sustainable Places*', South Lanarkshire's five year LHS covering the period 2017-2022. The LHS was developed to be consistent with the Strategic Commissioning Plan (SCP), including nine LHS priority outcomes, five of which align closely with the SCP priorities for supporting people to live independently in their own home in the community through promoting housing choice and increasing supply of suitable and sustainable homes, as well as recognising the specific needs of carers, older people, people with complex needs and people who experience homelessness.

Rapid Re-Housing Transition Plan 2019-24

In June 2018, the Scottish Government set out a national vision for rapid rehousing transition plans (RRTP) to reduce homelessness and improve outcomes for people who experience homelessness. The national RRTP vision and approach closely align with South Lanarkshire's Local Housing Strategy (LHS) 2017-2022. Concurrent with the development of this Strategic Commissioning Plan (SCP) 2019-22, Housing has worked closely with the Health and Social Care Partnership, as well as key community planning partners and stakeholders, to develop South Lanarkshire's first Rapid Rehousing Transition Plan (RRTP) 2019-24.

This plan seeks to build upon the existing strategic framework and solid foundations of partnership-working to seize upon a unique opportunity to achieve a step change in preventing and reducing homelessness in South Lanarkshire. Co-produced with partners, it sets out five high-level and ambitious priority objectives that partners aim to achieve in South Lanarkshire over 2019-2024:

- Significantly reduce the overall level of homelessness
- Significantly reduce time spent by households in temporary accommodation and minimise moves before moving to settled homes
- Improve and increase the provision of housing support for households to live independently within communities
- Expand the scope and capacity of our Housing First approach to be the first response for households with multiple complex needs
- Enhance integration and partnership working to embed RRTP through a whole systems approach

The RRTP 2019-24 is developed to align with the SCP 2019-22, the LHS 2017-22, the Strategic Housing Investment Plan which is updated annually, and South Lanarkshire's Community Plan. It is implemented from April 2019.

Primary Care Improvement Plan (PCIP) and General Medical Services (GMS) Contract

The modernisation of Primary Care Services and the new General Medical Services Contract are two of the most significant planning and policy developments in terms of their impact on health and social care services.

In delivering this, IJBs across Scotland are required to approve a Primary Care Improvement Plan which sets out how services will be transformed to develop more innovative and sustainable ways of delivering community based health services through recognition that there are other skilled staff beyond General Practitioners who can (in many circumstances) more appropriately meet people needs and outcomes.

Alongside this is the work to agree a new GMS Contract and this work acknowledges the need to balance of work from GPs to relevant multi-disciplinary teams, in the wider primary care managed services. There is also an understanding of the requirement for service redesign with ring fenced resources to enable the change to happen.

Prioritisation

The IJB recently approved the implementation of a prioritisation framework for users and carers which stratifies levels of need into four distinct levels of risk:

- Low
- Moderate
- Substantial
- Critical

This will have implications in the sense that future provision of social care services will be delivered to those where the needs are assessed as being 'substantial or critical'. Support will still be offered to those assessed as being low and moderate, but this will involve less formal supports such as signposting to universal services and 3rd Sector supports.

SECTION FOUR: Planning for South Lanarkshire

4.1 Planning

In planning where we intend to focus our efforts over the next three years and beyond, there is a clear direction of travel which our key stakeholders and wider public would expect us to focus on. Moreover, the strategic needs analysis data also affirms this position. In summary, what this analysis stage of the commissioning cycle has told us is:

- The strategic themes remain as relevant today as when first agreed in 2016
- The policy intentions as directed by the Scottish Government are supported by our local population, in that shifting the balance of care towards more community based provision and supporting people to remain at home for as long as possible remain very important
- There are a number of new and emergent areas where we need to provide an increased focus including mental health, transitional arrangements from children's services to adult services and meeting the health and social care needs of people affected by homelessness
- Supporting people to self-care and self-manage through earlier intervention and prevention work is viewed as being of highest importance
- The needs analysis undertaken highlights that demand in South Lanarkshire for health and social care services will continue to grow, particularly in the trends observed for long terms conditions and hospital care continue. In order to change the demand patterns, there requires to be a cultural shift, both in terms of empowering the population to self – care and self-manage and also how we transform services to be more focused on early intervention, prevention and health improvement

4.2 Strategic Themes

Therefore, on the basis of the above, the revised strategic themes within the plan will be as detailed in the diagram below, with the different sized raindrops reflecting the overall importance of each theme.



From a general perspective and as a Partnership, we are keen to grow an assets based approach that will run as a principle through all of the work that we do with communities. Therefore, as an overarching/umbrella principle, **Building and Celebrating Communities (BCC)** will be the recognised approach within health and social care and across our wider Partnership arrangements with regards to how we better understand 1) What is it that communities are best placed to do when it comes to health and social care? 2) What is it that communities are best placed to do with some help from outside? 3) What is it that communities need outside agencies to do for them when it comes to health and social care? This assets based approach recognises what individuals and communities are best placed to do for themselves. In doing so, the added value and role of health and social care services can be better understood in helping people to achieve their desired outcomes.

The strategic themes which underpin BCC from the consultation and engagement process are defined as follows:

Delivering our Core Duties – health and social care services work within are required to work within a clearly defined legal and policy framework. In doing so, some of the services provided are statutory, for example protecting vulnerable children, young people and adults or delivering accessible community services, free at the point of use are duty that are very important part to ensuring we support our local citizens. Our ambition is to continue to deliver high quality core services and that there is relevant, timely and appropriate information, support and care available to those who need it most

Early intervention, prevention and health improvement – empowering people to be more responsible and self – aware with regards to the importance of good health and well – being is a key aspect of shifting the balance of care. Early intervention and prevention applies in equal measure to people with good and not so good health. It is acknowledged that early intervention strategies can mitigate against the effects of health problems once identified. We want to focus our early intervention and prevention on an age and stage basis recognising that children will be the adults of tomorrow

Models of self-care and self-management – transforming the way in which we deliver our services through capitalising on digital and more remote forms of service delivery will be pivotal in shifting the balance of care. At the same time, it will offer other options to the traditional planned appointments systems and associated travel

Carers support – the role and contribution of unpaid carers is recognised and valued as crucial. The advent of the Carers (Scotland) Act 2016 furthers existing commitments to ensure that responsive support services are in place, which support carers with their caring role and daily living.

Intermediate/transitional care – is a key strategic theme in terms of supporting people to remain at home, whilst at the same time, giving them as much opportunity to recover and return to their home following a period of ill health or a hospital admission

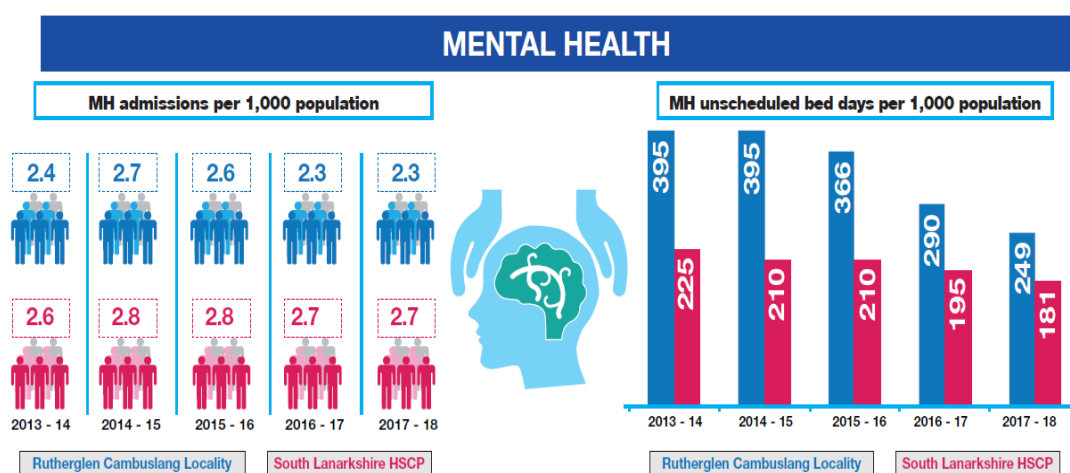
Suitable / sustainable housing and homelessness

Housing provides a foundation for health and wellbeing. A key focus is on ensuring that South Lanarkshire increases the supply of homes of the right type and size, in the right places, to meet the housing needs of current and future residents. An important priority is to ensure that people with particular needs and their carers are provided with appropriate support, including adaptations and other services, to enable them to live independently in their own homes in the community.

Preventing and reducing homelessness is a traumatic experience and often linked to significant needs beyond housing, including health and wellbeing. A key focus is on preventing homelessness wherever possible and working in partnership to reduce homelessness, with particular focus on meeting the requirements of particular vulnerable groups and people with multiple complex needs.

Accessible services (including 7 day services and single points of contact) – it is again recognised that accessing the right services at the right time and in as efficient a way as possible, will help to spread the overall demand across, as opposed to the majority of activity being delivered in day time hours. Importantly, it will also use resource more efficiently and effectively.

Mental Health and wellbeing – Mental health includes our emotional, psychological, and social wellbeing and affects how we think, feel, and act. It is one of the most significant and complex areas of demand in health and social care services. Our focus needs to shift more towards prevention and early intervention as part of a conscious strategy to reduce the impact people's lives. Staff and services across settings, in recognition of the interplay between physical and mental health, should support and care for individuals in a mental health inclusive way and reduce stigma and discrimination.



Transitional arrangements – health and social care services are provided ‘cradle to grave’. For many of our people, these services support them for long periods of their lives. In such circumstances, how we plan and support people as they transition from childhood into adulthood and older age is critical achieving the ambition of seamless and single system working.

4.3 Strategic Commissioning Intentions

VISION

STRATEGIC THEMES

STRATEGIC COMMISSIONING INTENTION

Working together to improve health and wellbeing in the community – with the community

Delivering Statutory / Core Duties

Early Intervention, Prevention and Health Improvement

Enhance the SDS journey for Service users and carers as part of increasing the choice and options available to people in accessing supports

Target social care resources to the most vulnerable through the implementation of a prioritisation/eligibility framework

Continue to design / develop the Primary Care Transformation plan and ensure readiness to align to the new GMS contract effectively

Deliver all services in line with statutory requirements as set out in the legislation cover Health and Social Care Services eg, legislation pertaining to Pub Protection; Mental Health, Learning Disability and Carers

Agree a comprehensive model that allows third sector organisations to work collaboratively in order to deliver community-based alternatives to health and care interventions, that the model for collaboration has a clear mechanism for engaging and supporting the wider community to drive an early intervention, prevention and health improvements. **REWORD CI TO REFLECT SOCIAL PRESCRIBING**

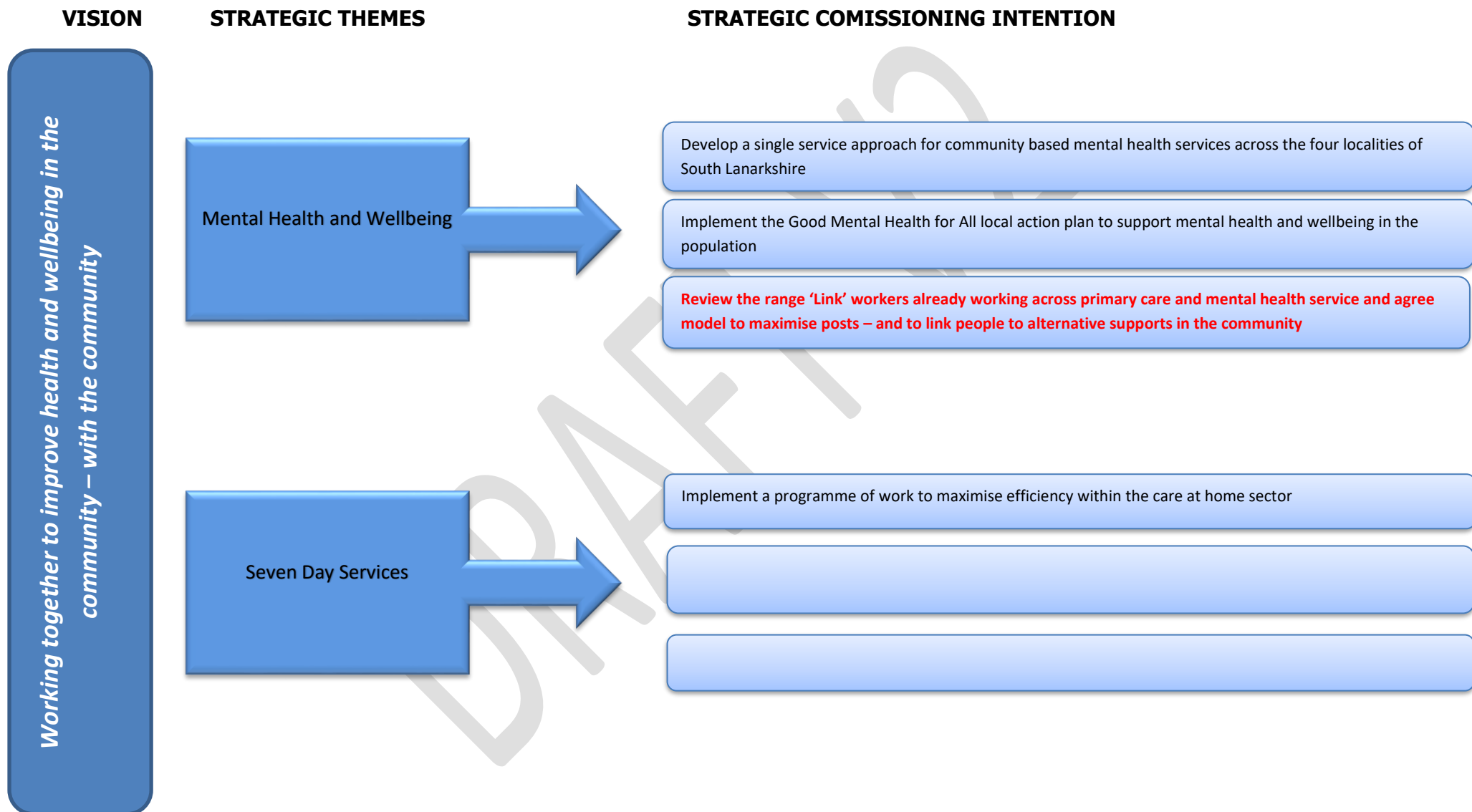
Expand the awareness and recognition of the breadth and impact that Third Sector provision has on the EIPHI agenda

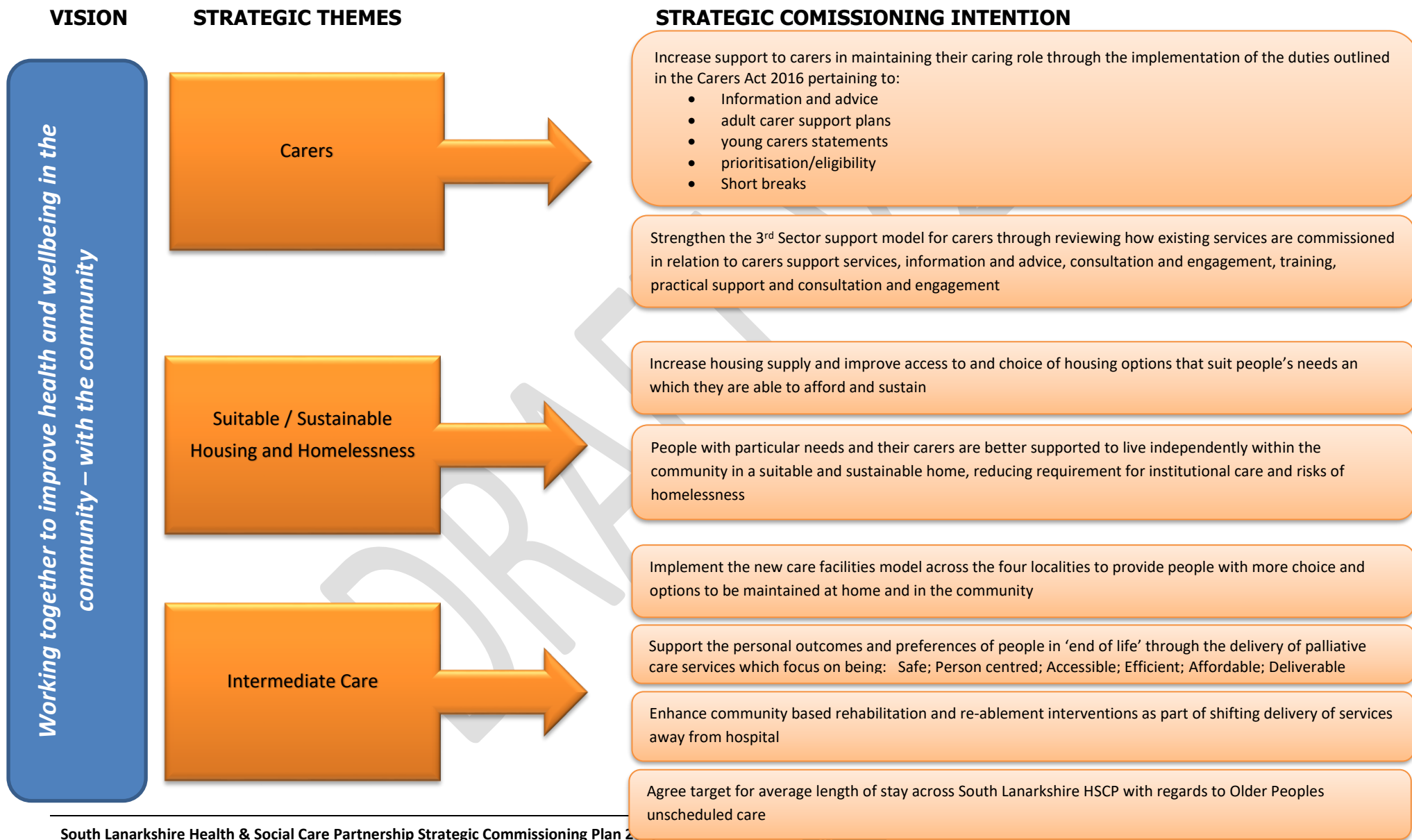
FINANCIAL INCLUSION

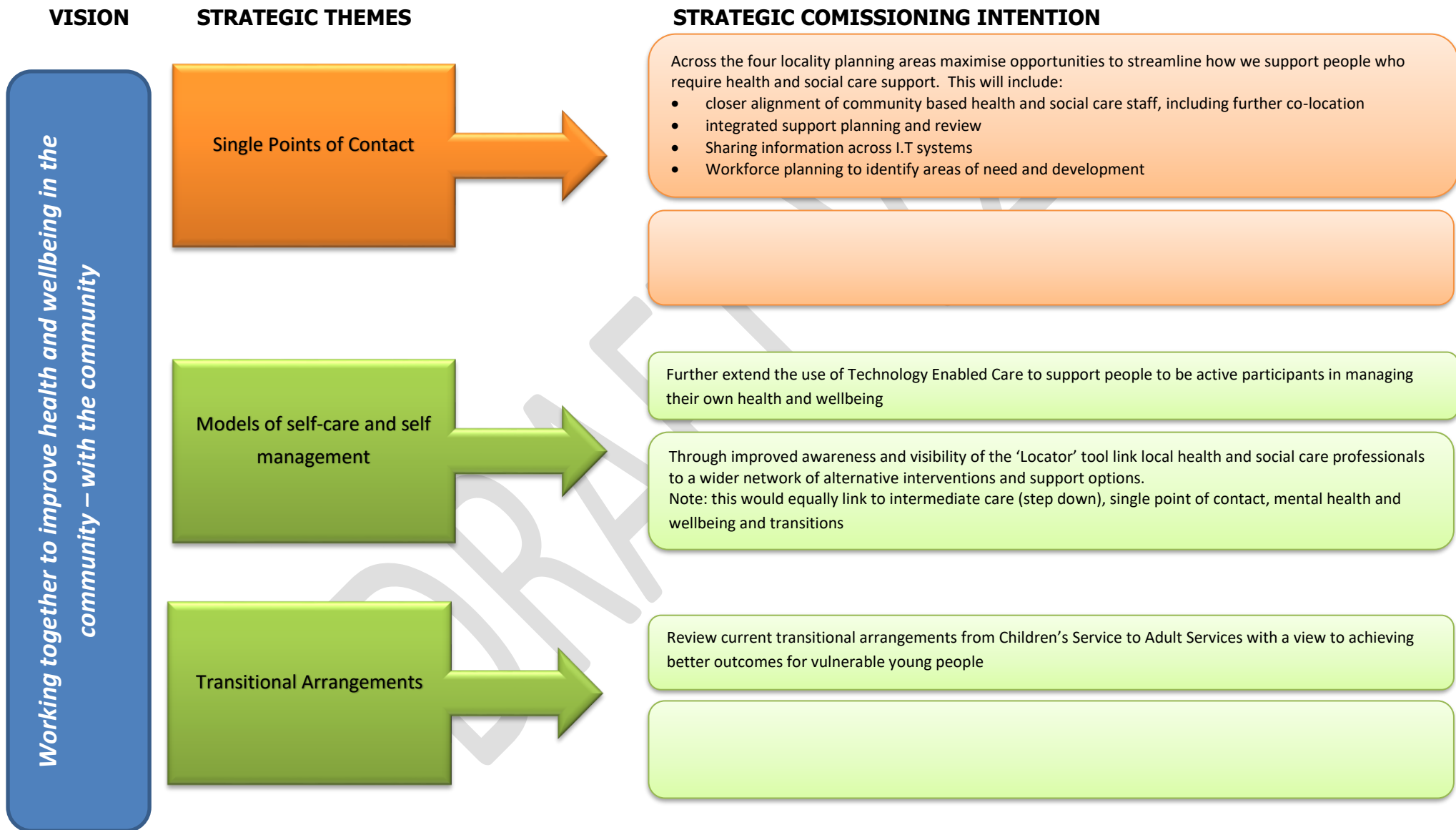
ADP – ROAD TO RECOVERY - ALCOHOL

Through the targeted use of the Third Sector Integrated Care Fund support community based alternatives that address the underlying causes of health inequalities

Develop options which meet the choices and preferences of adults, older people and carers to access a wider range activities that support self-care / self-management and xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx







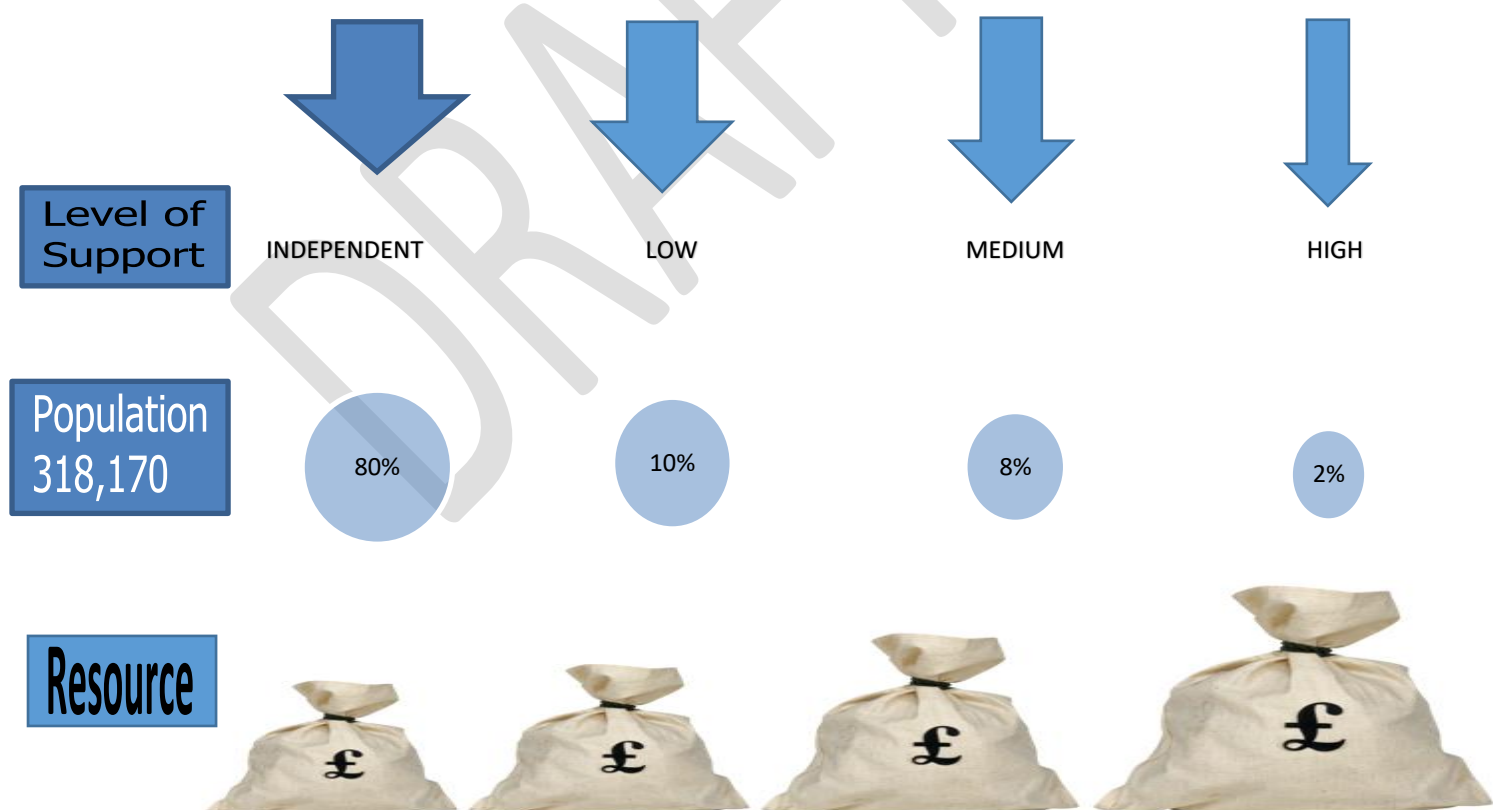
SECTION FIVE: How will we DO this?

In order to implement the vision, strategic direction and planned intentions outlined above, the IJB will require to work closely with its operational delivery partners, particularly the Council and NHS Board. There are a number of core resources and assets which will require to be aligned to the each to this plan.

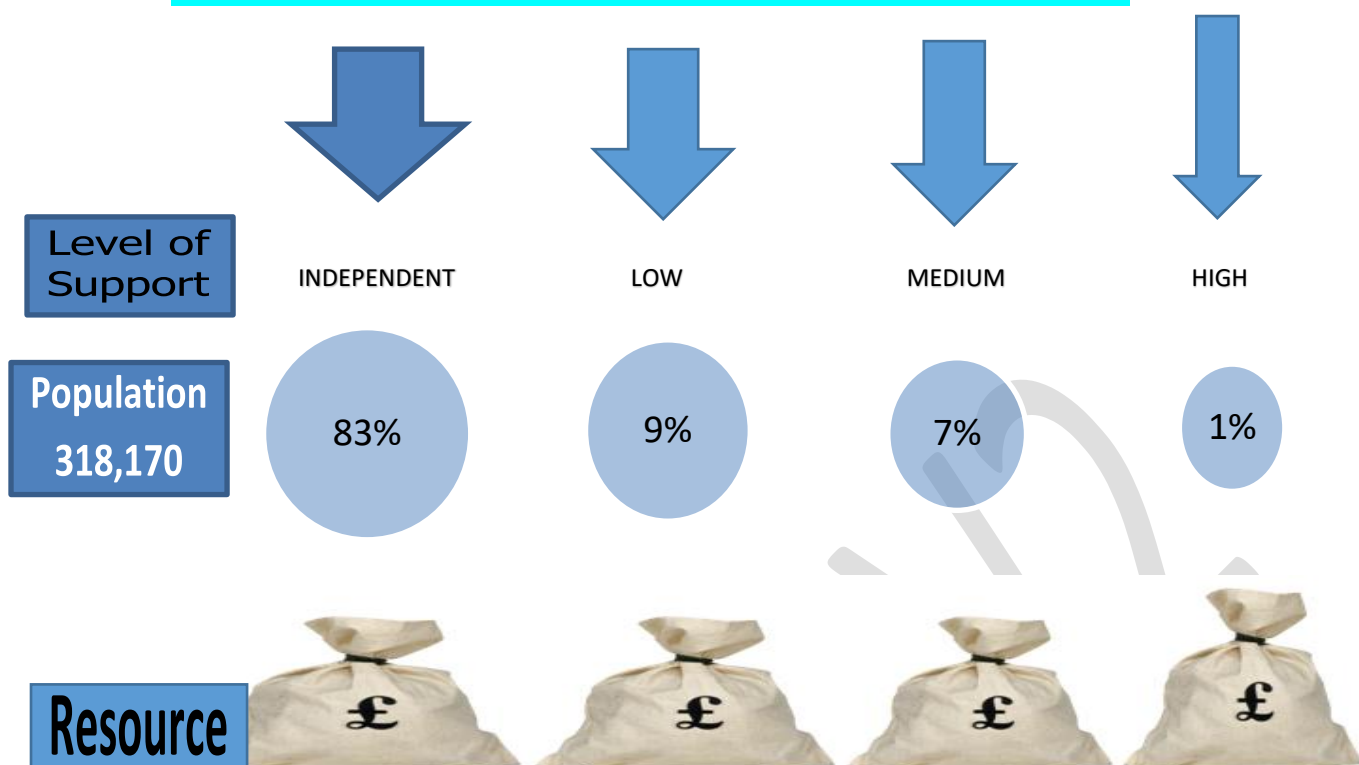
Importantly, and given the view of the public of South Lanarkshire, coupled with the changing levels of demand and policy environment (as outlined in earlier sections of this plan), there will require to be a degree of transformational change to allow services to react flexibly to demand and continue to modernise services into the future and beyond.

The real challenge in achieving this will be how the IJB directs its resources, given that many of these resources are already under significant pressure in terms of their spread and reach. However, if current trends in demand are to be contained and to an extent reversed through earlier intervention and prevention, then there requires to be a paradigm shift from the current way in which resources are deployed to a new way of thinking, which is ultimately based upon a longer – term strategy. The diagram below illustrates the current position and a proposed re-positioning of where resources should be re-invested:

CURRENT USE OF RESOURCES



AMBITION TO SHIFT RESOURCES IN A DIFFERENT WAY



Resources or enablers which the Partnership will focus on have been identified as follows:

- Organisational Development
- Workforce
- The Market for Health and Social Care Services
- Locality Planning
- Strategic Communication
- Financial Framework
- Support Services
- IJB 'Directions'

5.1 Organisational Development

There is a significant organisational development agenda to take forward in achieving the aspiration of this plan as outlined above. In particular ensuring there is the necessary capacity and capability in the following areas:

- Change management and resourcing the transformational change agenda
- Management and Leadership
- Continuing professional development
- Coaching and succession planning
- Research

Whilst some of the above building blocks are already in place in terms of organisational development, there is a clear action for the Partnership with regards to developing an Organisational Development Plan which outlines how this capacity, capability and knowledge will be harnessed and developed to support change and transformation

ACTION – Organisational Development Strategy to be developed in first year of this plan and aligned to the key strategic themes and commissioning intentions outlined in Section Four.

5.2 Workforce

Alongside communities, the health and social care workforce is the most significant and potentially most effective asset in terms of the resources available to respond to changing demands. This workforce has changed and evolved overtime. However, for all the points mentioned above with regards to changing demand and public expectations, the workforce will require to move with this and in doing so, become more flexible and innovative with regards to service delivery. The national Integrated Workforce Plan outlines a number of recommendations and workstreams which will result in further advice, support and guidance to Partnerships.

Similar to organisational development, the Partnership has a solid foundation upon which to build, in that inter – disciplinary and multi – disciplinary skill – mix models of delivery have already been successfully tested in areas such as hospital discharge and integrated case management of people with complex needs living in the community, for example, the Integrated Community Support Team.

Given that the overall aspiration is to provide more care and support in the community, the Partnership will need to consider the types of roles and skill – mix in delivering the aspirations set out in this plan.

ACTION – Workforce Plan to be developed which aligns to the key strategic themes and commissioning intentions outlined in Section Four.

5.3 The Market for Health and Social Care Services

South Lanarkshire has a mixed market of health and social care delivery and in realising the commissioning intentions outlined above, there is a clear direction of travel from the needs analysis with regards to where the market will have to flex. The key areas of change/action which this plan will have to actively facilitate as commissioning intentions are implemented are detailed below.

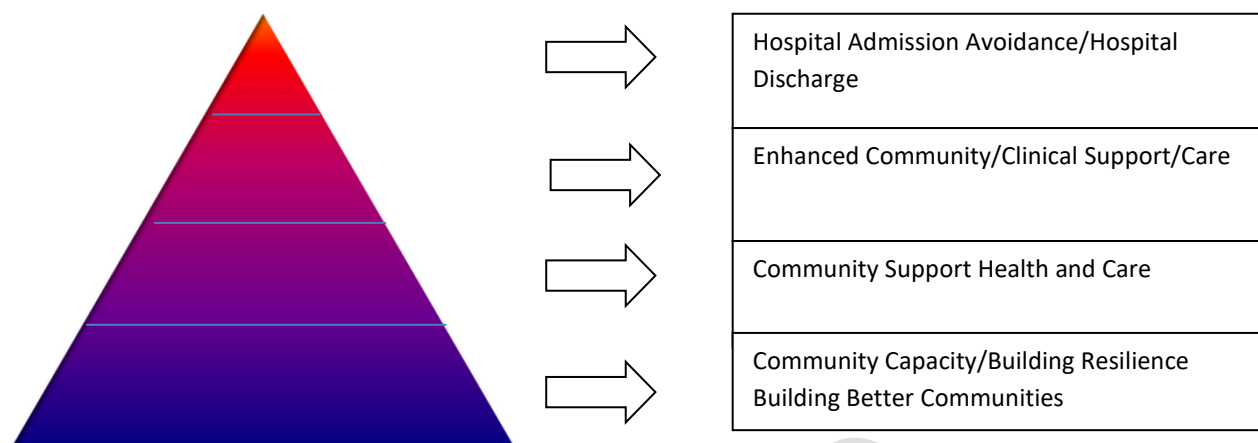
ACTIONS

- Building sufficient capacity within Communities, the 3rd Sector and community health and social care services such that South Lanarkshire can reduce its reliance on hospital and residential forms of care. This will mean further work being undertaken to re-align resources to more community based interventions, similar to examples such as the reinvestment of funding from hospital beds within Udston through the provision of additional home care and community nursing services
- Growing the necessary workforce capacity and correct skill – mix. For example, within Primary Care, investment into disciplines which reduce the burden on GPs to free up their time for more complex care. This will include utilising and investing in disciplines the skills of Advanced Nurse Practitioners, Allied Health Professionals and Pharmacists to more appropriately support people to access the right support at the right time. Some of this will require new roles to be created or existing roles to be redesigned
- Increasing our market intelligence and working with Partners to invest in the right areas to align to the Strategic Commissioning Plan. An example of this is shaping and influencing where external providers choose to invest both from a geographical perspective and service specification perspective. The current investment within the external nursing home sector is an contemporary example of where this investment and growth could be further joined up

5.4 Locality Planning

The strength, contribution and influence of the locality planning agenda has grown significantly since the first Strategic Commissioning Plan 2016-19 and some of this has already been outlined in earlier sections of this plan.

However, one of the key developments from the previous plan that will be carried over and further embedded is the commitment to the locality Community First Tiered Model, which essentially outlines the levels of proportionate support which health and social care services will work to provide. This model is outlined below:



Embedding this approach fully across the four localities will be very much a key enabler to supporting the development of the strategic themes, particularly with regards to the actions detailed below.

ACTIONS

- Streamlining across points to services and supports
- Strengthening collaboration and communication across agencies working directly with people who require our support
- Providing local leadership
- Engaging and working directly with communities, particularly with regards to the Building and Celebrating Communities (BCC) work
- Implementing the locality plan as part of responding demonstrating the contribution to the delivery of the SCP and also the unique characteristics of the locality

5.5 Strategic Communication

The advent of Health and Social care integration heralded a seismic shift in how statutory agencies work together and deliver services along with partners, stakeholders and communities. The foundations of this new partnership structure have been set against a backdrop of unprecedented population growth and increasing demand. Emerging into this landscape have been new structures, plans, protocols and a lexicon of associated jargon.

Over several years, South Lanarkshire Health and Social Care Partnership (HSCP) has sought to communicate comprehensively, widely and accessibly via a variety of platforms and mediums. A key objective has been to bring clarity to what can be a complex agenda. Target audiences range from internal groups, like staff and partner agencies, to a spectrum of stakeholders and the general public.

As the agenda has progressed, and to consolidate and refine this approach, in June 2017, South Lanarkshire Integrated Joint Board approved a new Communication Strategy. A key aim of the strategy was to introduce standards of industry best practice to ensure all communication activities in the partnership were based on the following tenets:

- Have defined and measurable outcome
- Present a clear and consistent narrative tailored to respective audience group

- Are creative and innovative to maximise reach
- Are clearly and demonstrably geared to supporting the delivery of strategic objectives and national health and wellbeing outcomes.

Since the introduction of this strategy, several key achievements have been attained. Some of these milestones include:

- The launch of a partnership website www.slhscp.org.uk which is regularly updated with vibrant content from across the HSCP. The website also ensures the partnership and IJB is fully transparent
- The introduction of Communication Workshops across all of South Lanarkshire's localities to illustrate this strategic approach in action and highlight the benefit of working in this way. The workshops have also been a forum to equip and empower community groups with industry best practice to drive action
- The Chief Officer's blog explaining strategic developments and illustrating good practice and updates at local level. The blog, distributed to all staff and partners, also promotes the Chief Officer's open door sessions, where staff, partners and public can meet and discuss any issue
- Structured communication campaigns which have measurably supported operational work streams, services and programmes, from Building and Celebrating Communities, the growth of Telecare and Telehealth to the multi award winning Continence Improvement Project
- A responsive communication service supporting the day-to-day needs of the partnership during a fast-moving agenda. This includes media liaison (pro-active and reactive) publishing, graphic support, film production and web maintenance.

The delivery of the Communication Strategy is led and co-ordinated by our Communication Manager who is supported by the respective Communication Directors of NHS Lanarkshire and South Lanarkshire Council Communication departments and their respective resources, as appropriate. At the time of writing, the current communication strategy was being reviewed so the strategic objectives set down in this document – and established via broad stakeholder engagement – can be best supported.

Fundamental tenets of this approach going forward will include:

ACTION

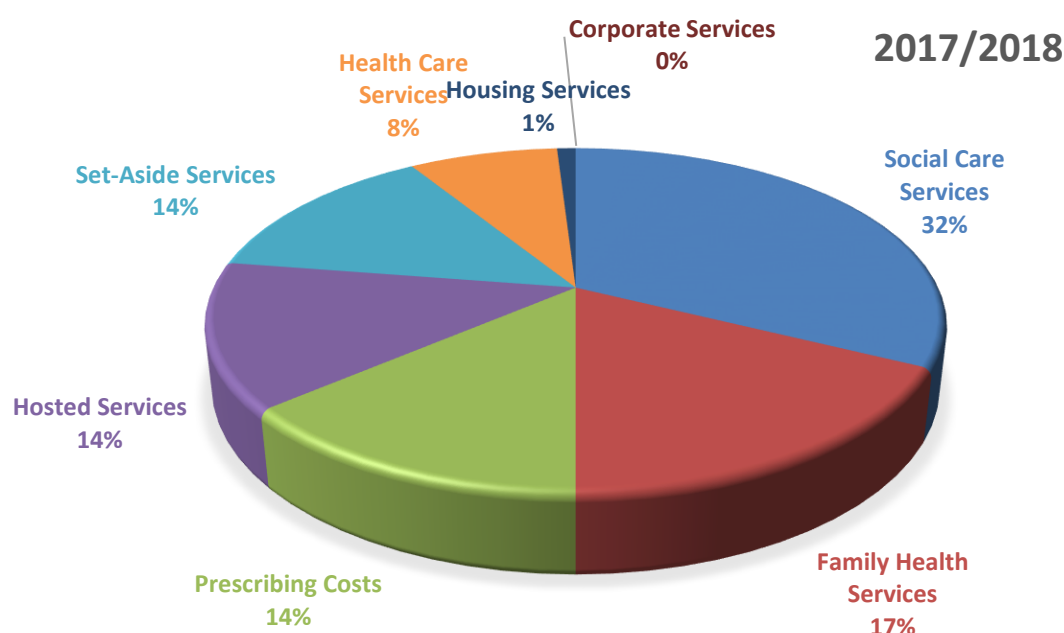
- The continuation of an empowering approach, equipping all key partners and individuals with a working knowledge of communication best practice, and enabling, inspiring and driving community-based action via the Building and Celebrating Communities programme.
- A commitment to compelling and clear communications that resonates and bring clarity to the agenda, raising awareness of services and what key policies mean for people, in real, human terms
- The continued commitment to a strategic approach to all our communication activities and ensuring they are clearly and demonstrably geared to supporting priorities and objectives (as set out in this document), the national health and wellbeing outcomes and, ultimately, people's lives.

5.6 Financial Framework (FIGURES TO BE UPDATED)

Supporting the delivery of the aspirations in this plan will require to the IJB and its Partners to think about the short, medium and long term financial implications. The information outlined below details where the current spend of the IJB budget is allocated.

The total amount of money spent in 2017/2018 was £476.245m. The comparison of actual expenditure between 2016/2017 and 2017/2018 on services is detailed in the table below and is also graphically illustrated in the chart.

Services	2016/2017		2017/2018	
	£m	%	£m	%
Social Care Services	150.729	32%	156.703	33%
Family Health Services	84.231	18%	85.223	18%
Prescribing Costs	67.013	14%	67.571	14%
Hosted Services	62.592	13%	66.692	14%
Set-Aside Services	55.154	12%	54.715	11%
Health Care Services	42.401	9%	40.169	8%
Housing Services	5.202	1%	5.020	1%
Corporate Services	0.147	0%	0.152	0%
Total Expenditure	467.469	100%	476.245	100%



There are a number of key actions with regards to the financial framework, not least the ambition which underpins this plan in terms of shifting the balance of care and with that the balance of spend towards an agenda focused more on early intervention and prevention and community based delivery.

Detailed below are a number of actions which the Partnership will work through in the lifetime of this plan.

ACTION

- Short to medium term financial plan developed
- Alignment of financial plan to the strategic commissioning intentions and 'Directions'
- Agree a target to shift the balance of spend towards from early intervention and prevention and support people to self-care and self-manage

5.7 Support Services

In delivering the plan and its business, the IJB relies on a variety of support services which includes elements of support and advice from human resources, planning and performance staff, legal, accommodation from which services are provided, information technology and financial advice. All of these services are key enablers, particularly with regards to ensuring as much as possible that services work to the principle of seamless delivery and single system working.

The support services outlined above are not a direct part of the IJB's budget and sit within the Council and NHS Board's overall budget. However, they are provided as an 'in – kind' contribution to the IJB from both organisations.

Given the key role that they do play, the IJB, Council and NHS Board will work collaboratively to ensure that these services support operational delivery of health and social care services. Building on previous work, a number of actions will be progressed as detailed below.

ACTION

- Co-locate services where it makes sense to concentrate staff and disciplines who work very closely to provide integrated care
- Maximise the opportunities to share information across health and social care information systems to reduce bureaucracy, improve communication and seamless working
- Scale – up the use of Telehealth and Telecare to enable more people to self-care and self-manage and provide alternatives to traditional forms of service delivery, for example formal appointments
- Streamline governance and reporting arrangements across the IJB, Council and NHS Board
- Work with human resources colleagues to support the development of new roles and responsibilities to deliver new models of care

5.8 IJB 'Directions'

As part of the Public Bodies (Joint Working) ((Scotland) Act 2014, the IJB has a mechanism in place through which it can actions the strategic intentions set out in its Strategic Commissioning Plan. Section Four of this plan outlines the strategic intentions of the IJB and the mechanism which the IJB utilises to implement these is through 'Directions'. The IJB uses the 'Directions' to agree and communicate with the Parties (NHS Board and Council) the expectations of the strategic commissioning intention. In turn the Parties work to operationally implement in line with the 'Direction' issued. A key part of this process is that the IJB must confirm to the Parties, the budget assigned to support implementation of the 'Direction'.

Of note, some of the strategic commissioning intentions outlined in this plan already have an existing 'Direction', whereas others will require a new 'Direction' to be agreed and issued.

ACTION

- IJB to confirm to the Parties existing and new 'Directions' associated with the strategic commissioning intentions outlined to deliver the aspirations outlined in this SCP
- Financial information to be aligned to each 'Direction'.

SECTION SIX: Review

6.1 How we will know what we are doing is right

Evaluating health and social care integration is a complex process and requires a method that can incorporate the scope and variety of provision. The complexity and level of ongoing change involved with integration makes it impossible to directly link cause and effect, which makes it difficult to know what we are doing is right. The partnership now has a track record of using something called Contribution Analysis, to show how we are achieving the nine national health and wellbeing outcomes. This has been used to gather evidence around how we think change happens, although this can be refined over time. When the evidence comes together to tell the same story, we can reasonably claim that the activities evaluated have contributed to the observed results. This gives us a level of confidence that what we have done is influencing what we see happening. A wide range of developments have been evaluated recently and some of these are summarised in Table n (Appendix 1).

6.2 Performance Measurement

Supplementing evaluation activity and contribution analysis is the more formal national and local performance measures which are reported to the IJB on a quarterly basis. South Lanarkshire Health and Social Care Partnership already has a wealth of needs assessment, performance and evaluation based information. This has evolved and matured since the establishment of integration arrangements and it is the intention to continue to develop this.

The IJB currently measures the performance of health and social care services through a suite of performance measures intended to track whether or not aspirations to shift the balance of care are being achieved as set out. For example measures with regards to reducing hospital emergency activity, emergency admissions and less reliance on inpatient care are used as a proxy to determine whether or not Partnerships are managing to shift the balance of care.

In addition to this, a range of qualitative measures are also reported, which capture the perceptions and views of the public with regards to the quality of services and whether or not they are supporting people to improve their agreed personal outcomes. Appendix 2 gives an overview of the data which will assist in measuring progress and impact.

6.3 Governance and Decision Making

There is recognised governance and decision – making arrangements in place to support the development, design and implementation of health and social care services in line with the ambitions outlined in this plan. Appendix 3 illustrates this.

This governance and decision making process also links across to similar Partnership arrangements such as, the Community Planning Partnership, Local Housing Strategy Steering Group and the Children Services Partnership.

Table n – Summary of how SLHCSP developments contribute to national outcomes

SLHCSP development	Evaluation methods	Summary of evaluation results (December 2018)	Outcomes (section 2)
Intermediate Care (IC)	Literature review, data analysis, focus group, interviews	This bed-based model of IC is working well. Roll-out should strictly adhere to the current ethos and gate-keeping function	2, 3, 4, 6, 7, 8, 9
Day Opportunities	Phase 1 - Interviews, literature review Phase 2 – Interviews, data analysis	New models of Integrated Day Services and Intermediate Day Care benefit service users who rely on them for most of their social interactions, structuring their days, maximising outcomes and maintaining their health and wellbeing	1, 2, 3, 4, 5, 6, 7, 8, 9
Voluntary Action South Lanarkshire funded work	Feedback from service users, outcome measures, and case studies	There is robust evidence across South Lanarkshire that voluntary sector funding has been well-deployed and is contributing to achieving all of the national outcomes	1, 2, 3, 4, 5, 6, 7, 8, 9
Technology Enabled Care	Data analysis, surveys, case studies	There is robust evidence that remote health monitoring is contributing to national outcomes. Videoconferencing is cost-effective and well-liked. GPS locator is supporting greater independence for service users and reassurance for carers	1, 2, 3, 4, 5, 6, 7, 8, 9
Care Home Continence Bundle	Interviews, data analysis, case studies	Early findings show that fewer continence products are being used and the bundle has encouraged more personalised care	1, 2, 3, 4, 5, 6, 7, 8, 9
Primary Care & Mental Health Transformation	Data analysis, interviews, case studies, surveys	A considerable amount was achieved, including increased capacity to manage patients, increased access to appropriately trained healthcare professionals, GPs feeling more supported, health behaviour change, increased knowledge of mental health	1, 2, 3, 4, 5, 6, 7, 8, 9
Hairmyres A&E project	Shadowing, observation, data analysis (including logistic regression)	Many factors influencing admission from A&E were identified, with illustrative case details. Regression analysis had low explanatory power, largely due to data availability/quality	2, 3, 4, 6, 7, 8, 9
Physical Activity – Active Health, Physical Activity Prescription (PAP)	Data analysis, outcome measures, focus groups	54% of Active Health participants feel better able to cope after the classes and their mental wellbeing is significantly improved. PAP is rolling out well and obesity is the most common reason for referral	1, 2, 3, 4, 5, 6, 8, 9
Weight management – Weigh to Go (WtG), Specialist Individual Support (SIS)	Data analysis, outcome measures, interviews, focus groups, questionnaires	>60% of WtG clients lost weight and the programme has been lengthened to support more weight loss. SIS has engaged SIMD 1& 2 clients who like the tailored support offered and the programme is evolving to increase successful weight loss	1, 2, 3, 4, 5, 6, 8, 9

South Lanarkshire Health and Social Care Partnership

Senior Management Team Quarterly Report

No	SOURCE	Measure	Target
OUTCOME 1: People are able to look after and improve their own health and wellbeing and live in good health for longer			
1	NI - 1	Percentage of adults able to look after their health very well or quite well	
2	NHS	27-30 month Child Health Surveillance - No concerns	85%
3	NHS	Addictions - completed (LDP)	90%
4	NHS	Addictions - ongoing waits (LDP)	90%
OUTCOME 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community			
5	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	
6	NI - 12 / SMG 1a / NHS	Emergency admission rate (per 100,000 population)	
7	NI - 13	Emergency bed day rate (per 100,000 population)	
8	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	
9	NI - 18	Percentage of adults with intensive care needs receiving care at home	
10	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	
11	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	
12	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	
13	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	
14	SW	Number of people self directing their own support and the funding choices selected	
15	SW	Percentage of statutory supervising officer visits completed within timescale for local authority welfare guardianship orders	90%

16	SW	Percentage of statutory supervising officer visits completed within timescale for private welfare guardianship orders	90%
17	SW	Monitor the percentage of occupancy rates in our Older People's Day Centres	
18	MSG 4 / NHS	Delayed Discharges Bed days standard delays	
19	MSG 3a / NHS	A&E Attendances	
20	MSG 2A	UC Bed Days	
21	NHS	Average Length of Stay over 65 - South	9.45
22	NHS	Discharges within 24 hours - South	800
23	NHS	Dementia PDS 5 Pillars Outcomes (South Only)	80%
24	NHS	Dementia Post Diagnostic Support	=> Prev Year
25	MSG	A&E Attendances - South	TBA
28	NHS	Emergency bed days - South	TBA
29	NHS	Emergency Admissions	9500
30	NHS	PC Out of Hours Home Visit 1 hour	75%
31	NHS	PC Out of Hours Home Visit 2 hours	75%
32	NHS	PC Out of Hours PCEC 1 hour	75%
33	NHS	PC Out of Hours PCEC 2 hours	75%
OUTCOME 3: People who use health and social care services have positive experiences of those services, and have their dignity respected			
34	NI - 15 / SMG 5a	Proportion of last 6 months of life spent at home or in a community setting	
35	MSG 6	Balance of care: Percentage of population in community or institutional settings (all ages)	
36	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	
37	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	
38	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	
39	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	

40	NHS	18 Week RTT Performance – CAMHS (LDP)	90%
41	NHS	18 Week RTT Performance – Psychology (LDP) (NHSL)	90%
42	NHS	Consultant Outpatient WT - Adult Mental Health - 12wks	90%
43	NHS	Consultant Outpatient WT - Older Adult Psychiatry - 12wks	90%
44	NHS	Consultant Outpatient WT - Learning Disability - 12wks (NHSL)	90%
45	NHS	Admission to MH Wards: Proportion NHSL Patients (NHSL)	>95%
46	NHS	MSK Physiotherapy - 12wks	90%
47	NHS	MSK Physiotherapy - 12wks (NHSL)	90%
48	NHS	MSK Podiatry - 12wks	90%
49	NHS	MSK OT	90%
50	NHS	MSK OT (NHSL)	90%
59	NHS	Advance booking to an appropriate member of the GP team (90%) (LDP)	90%
60	NHS	48 Hour access Primary Care	90%
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			
61	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	
62	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	
OUTCOME 5: Health and social care services contribute to reducing health inequalities			
63	NI - 11	Premature mortality rate per 100,000 persons	
64	NHS	Sustain and embed successful smoking quits, at 12 weeks post quit, in 40% of SIMD areas. (LDP)	103 / quarter
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 wellbeing			
65	NI - 8/NHS	Total combined % carers who feel supported to continue in their caring role	
66		Identify the number of new carers identified and supported each year through the third sector	
OUTCOME 7: People who use health and social care services are safe from harm			

67	NI - 9	Percentage of adults supported at home who agreed they felt safe	
68	NI - 16	Falls rate per 1,000 population aged 65+	
69	NHS	Staff flu vaccination (NHSL)	50%
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			
70	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	
OUTCOME 9: Resources are used effectively and efficiently in the provision of health and social care services			
71	NI - 23	Expenditure on end of life care, cost in last 6 months per death	
72	NHS	Breakeven Position (LDP) Including Prescribing (£000)	£0
73	NHS	Breakeven Position (LDP) Excluding Prescribing (£000)	£0

Governance and Decision Making

