



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

**South Lanarkshire Integration Joint Board
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 established, during which time there has been significant progress towards the development of better integrated health and social care services for the people of South Lanarkshire.

This plan has been developed through comprehensive Partnership, engagement and governance arrangements to ensure that the strategic direction outlined reflects the wishes and aspirations of the people of South Lanarkshire, our staff, our Community Planning Partners and also reflects the national planning priorities set out by the Scottish Government.

The Partnership's ambition is to develop better integrated health and social care services and a number of very positive achievements have been made over the 2016-19 period. A number of these are detailed within this plan.

It is recognised that nothing stands still as demand for health and social care continues to change with people living longer, coupled with their needs becoming more complex. Accordingly, the delivery of health and social care services will require to change. This has been reinforced from the consultation and engagement undertaken with the wider public and key stakeholders 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 IJB to ensure services are transformed and designed to meet these expectations.

The Partnership vision of "***working together to improve health and wellbeing in the community – with the community***" reflects these aspirations and we aim to provide a high quality and sustainable model of 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 to support a model of care based upon interventions at the right time in the right place – increasingly in people's own homes where appropriate to do so. Some of this will require transformational change decisions to be taken and this is something that the IJB is keen to embrace with its Partners.

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 (BCC) approach will be to work with communities to identify what they are best placed to do for themselves and where they then require our support 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 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 this Strategic Commissioning Plan (SCP) which reflects the needs and ambitions of South Lanarkshire and we are looking forward to working in close partnership with you as we collectively shape health and social care for the future.



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1.1 Purpose of this Strategic Commissioning Plan

The South Lanarkshire 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 also looks beyond this, given that the changes in population health and social care needs do not stand still.

Simplistically, this plan provides a direction of travel which will respond to:

- what the public and key stakeholders told us was important to them through our extensive and ongoing consultation and engagement activity
- taking account of the strategic needs profiling of the population of South Lanarkshire
- demonstrating how the Partners will work to deliver the 9 National Health and Wellbeing Outcomes
- delivering 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

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 formal integration arrangement to oversee the strategic development of health and social care services. On the 1 April 2016, South Lanarkshire IJB assumed responsibility for the strategic direction of health and social care services in South Lanarkshire.

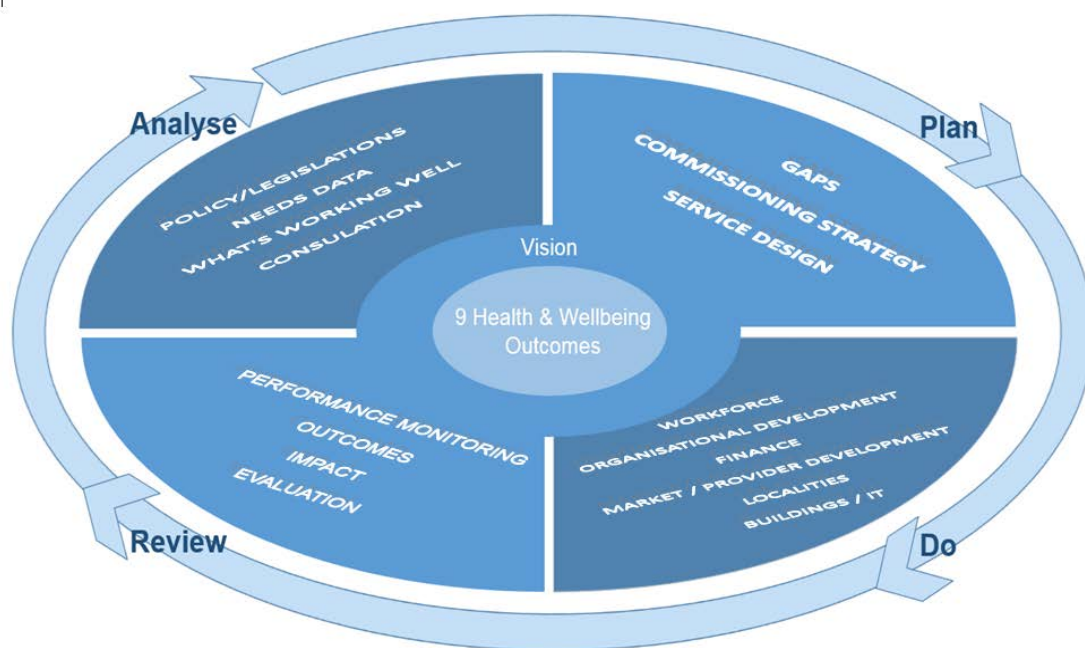
South Lanarkshire IJB is the body responsible for preparing this SCP, which sets out how resources will be directed to secure better health and wellbeing outcomes. A Housing Contribution Statement (HCS) to the SCP is a statutory requirement to describe the links between housing, health and social care. The HCS core features are embedded throughout this plan. A guide to the key elements of the HCS is detailed in appendix 1.

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

- NHS Lanarkshire
- South Lanarkshire Council
- Third sector organisations (represented through the Third Sector Interface, 'Voluntary Action South Lanarkshire' (VASlan))
- Independent care organisations (represented by Scottish Care)
- South Lanarkshire Health and Social Care Forum representing service users and members of the wider public
- Carers

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. A similar methodology has been adopted in the development of the plans for each of the four localities as outlined below.

Locality Planning

South Lanarkshire Health and Social Care Partnership comprises of the four localities set out 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 the respective challenges within their 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 populated by representatives of the local community and have real influence to effect changes at a local level.

These Locality Groups are all represented on the Strategic Commissioning Group (SCG) which has oversight of the South Lanarkshire SCP.

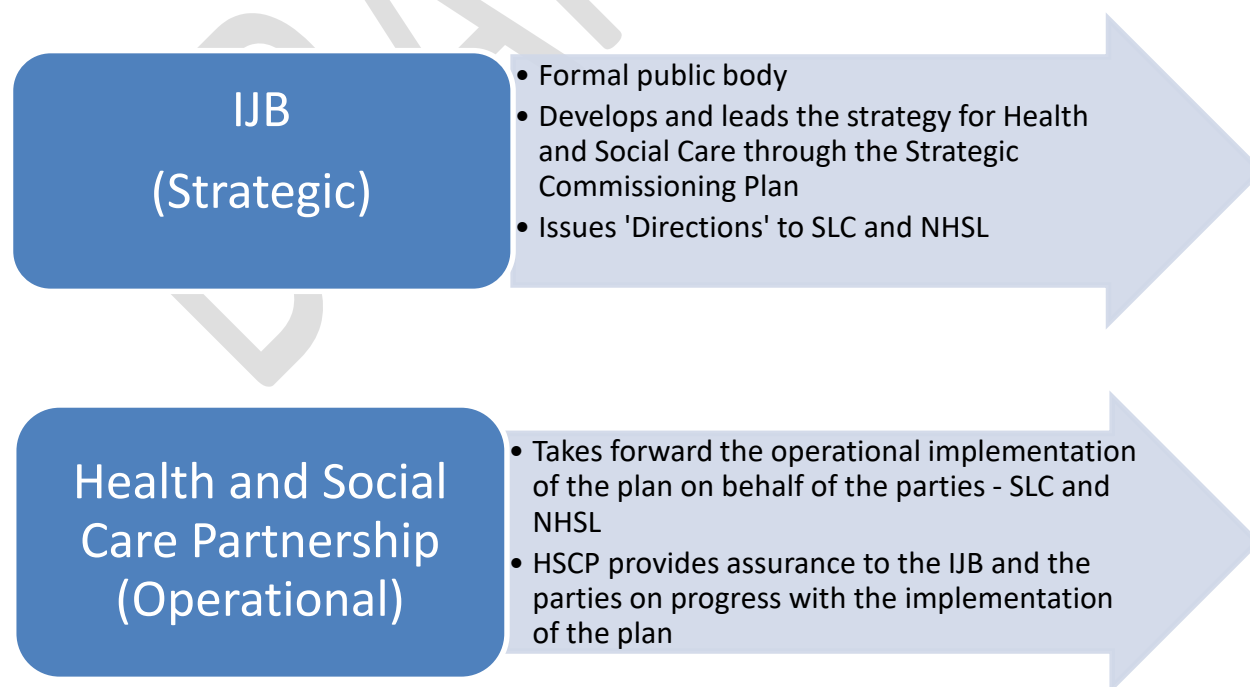
1.4 How will the plan be implemented in practice?

The development of the SCP has been led by the South Lanarkshire IJB. Specific governance arrangements established for the IJB include a Strategic Commissioning Group, four Locality Planning Groups (LPG) and thematic groups tasked with taking forward key priorities. Similar to the IJB, each of these groups include representatives of the independent sector, voluntary organisations, carers and the health and social care forum. A Local Housing Strategy (LHS) Steering Group is the main partnership body responsible for overseeing the strategic direction for housing. The LHS Steering Group Chair represents housing at the SCG. A Homelessness Strategy Group has also been established to take forward the priority outcomes for addressing homelessness as set out in South Lanarkshire's LHS 2017-2022 and within South Lanarkshire's new Rapid Rehousing Transition Plan 2019-24, and aligns with the HSCP's governance arrangements.

The SCP has read across with other important plans including the Community Plan, South Lanarkshire Council Plan Connect, Local Housing Strategy, Children's Services Plan and NHS Lanarkshire's Achieving Excellence Strategy.

All these key stakeholders contribute to the development and delivery of the SCP. Having produced the SCP, the IJB then directs both South Lanarkshire Council and NHS Lanarkshire to operationally deliver the strategic intentions outlined in this plan.

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



1.5 The importance of influencing the wider Community Planning Agenda

The IJB and HSCP operates within a wider Community Planning context. Many of the responsibilities for the delivery of services are dependent on key Community Planning Partners working with the IJB and HSCP to achieve the best outcomes for the health, wellbeing and care of our local population. Relevant examples of where it makes sense to pull resources and ones which were highlighted through our consultation activity are:

- reducing the impact of social isolation
- addressing inequalities in health and wellbeing and closing the gap between those who have better health outcomes relative to those with poorer health overall
- working with communities to realise the benefits of good health and wellbeing and how they can have more control over this

The existing 'South Lanarkshire Community Plan' has a vision ***to improve the quality of life for all in South Lanarkshire by ensuring equal access to opportunities and to services that meet people's needs***. The IJB vision as outlined in section two is complementary and underpins the direction of Community Planning in South Lanarkshire. Reassuringly, health and social care remains one of the four Community Planning Strategic themes outlined below:

- Community Safety and Crime
- Health and Social Care
- Sustainable Economic Growth
- Children and Young People

As with the previous SCP, this new plan will continue to demonstrate the contribution of the IJB and HSCP to Community Planning in South Lanarkshire. Over the next three years, the IJB will endeavour to further strengthen its work with the Community Planning Partnership Board both in the context of influencing the strategic direction and the operational delivery of integrated health and social care services for the people of South Lanarkshire.







SECTION TWO: The Vision for the People of South Lanarkshire

2.1 South Lanarkshire Vision

South Lanarkshire IJB agreed a vision for services in advance of developing its first SCP namely **“working together to improve health and wellbeing in the community – *with the community*”**.

From our consultation and engagement activity with the wider public and key stakeholders, 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.

Further to this, the IJB, in line with the Public Bodies (Joint Working) (Scotland) Act 2014 is committed to working to achieve the 9 Health and Wellbeing Outcomes as outlined below:

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

Outcome 7



People using health and social care services are safe from harm.

Outcome 8



People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9



Resources are used effectively and efficiently in the provision of health and social care services.

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SECTION THREE: Analysing South Lanarkshire

This section of the plan contains a number of important areas of work as 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

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 – rather a further addition 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 this reflected extensive work undertaken with key stakeholders at the time to identify the overarching strategic themes. A total of 10 strategic themes were 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

In taking forward the development of the SCP for 2019-2022, a series of key partners and stakeholders consultation events were held across the four locality planning areas.

In September the four events considered whether the themes remained relevant and whether any amendments or additions were required. These events identified a number of new areas as well as reflecting relevance to current priorities. Thereafter, in December a similar range of events asked local people if the areas highlighted for inclusion in the SCP 2019-2022 reflected what they identified in the September sessions, or if other changes were still required.

Over 1,000 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 showcased 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:

- The 10 strategic themes identified in the 2016-2019 SCP remain relevant
- Capacity building in communities and in particular 'Building and Celebrating Communities' approach should be further developed. (This should be part of an overarching principle which all agencies work to, in terms of strengthening relationships and work with communities)
- There should be an increased focus on mental health inclusion, particularly in, a prevention, early intervention and support context
- Transitional arrangements covering children's services to adult services and adult to older people's services need to 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 is required
- There should be increased support for people to be maintained within their own home and community including stability and consistency of support for those affected by homelessness
- Greater involvement of/focus on children's services
- More input from partners to 'enable' integration

Headlines from the wider Public Consultation

An online survey saw 240 residents share their views about the key strategic themes and priorities within their area. The split across the four geographical areas of responders was as follows:

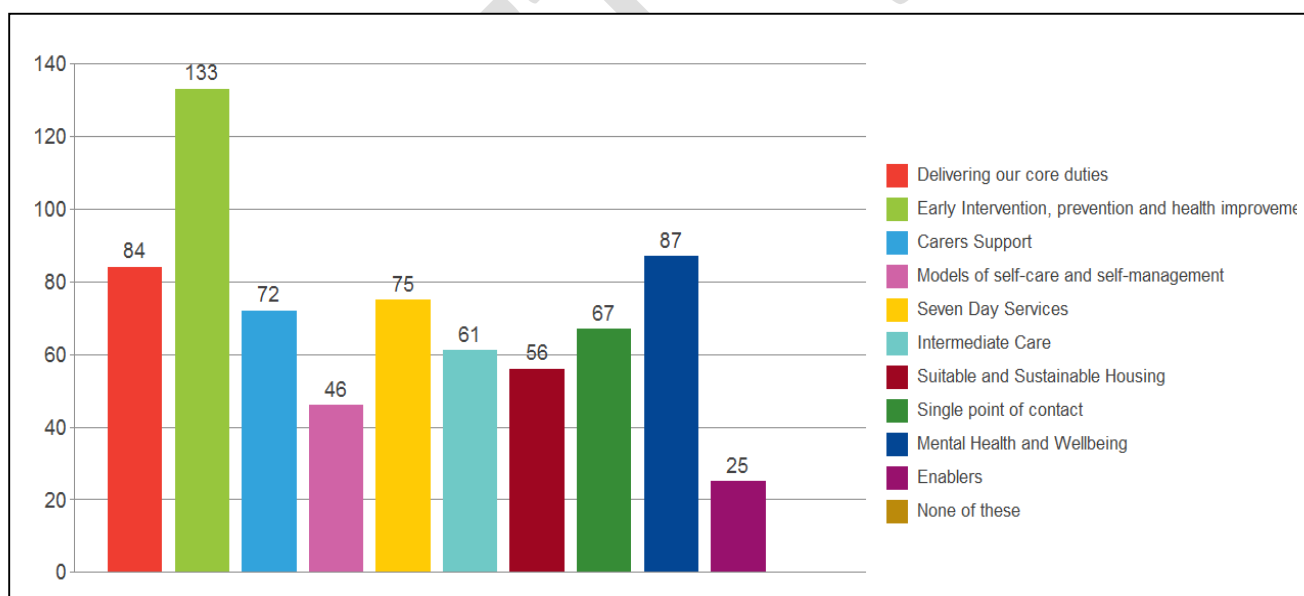
- 21% from Clydesdale
- 21% from East Kilbride/Strathaven
- 28% from Hamilton/Blantyre
- 10% from Rutherglen/Cambuslang
- 20% from outwith South Lanarkshire or where no locality was declared

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 and this is summarised below.

In terms of the existing 10 strategic themes referred to above, the public through the online consultation, demonstrated that they either ‘strongly agree’ or ‘agree’ that these themes remain as relevant today. The summary of this is detailed below:

Strategic Theme	Public Response - Agree
Delivery statutory/core duties	94%
Early intervention, prevention and health improvement	93%
Carers Support	94%
Models of self-care and self-management	93%
Seven day services	90%
Intermediate care	92%
Suitable and sustainable housing	92%
Single points of contact	92%
Mental health and wellbeing	92%
Enablers to support integrated working	91%

The public were asked to prioritise these strategic themes and feedback on the three themes which they regarded to be of highest priority. This is highlighted below:



The public consultation closely reflected the feedback received at the stakeholder events. The theme which was clearly seen as most important was *early intervention, prevention and health improvement*. However, the Partnership recognises that there will be challenges as this is often the first area of funding that is subject to savings and it is not always easy to demonstrate statistically how early intervention and prevention impacts on outcomes.

Over and above the formal consultation associated with this plan, there is also well-established partnership working links between Housing and Health and Social Care, which are reflected in the LHS 2017-22 and its close alignment with the SCP 2016-19 in terms of shared priorities, actions and

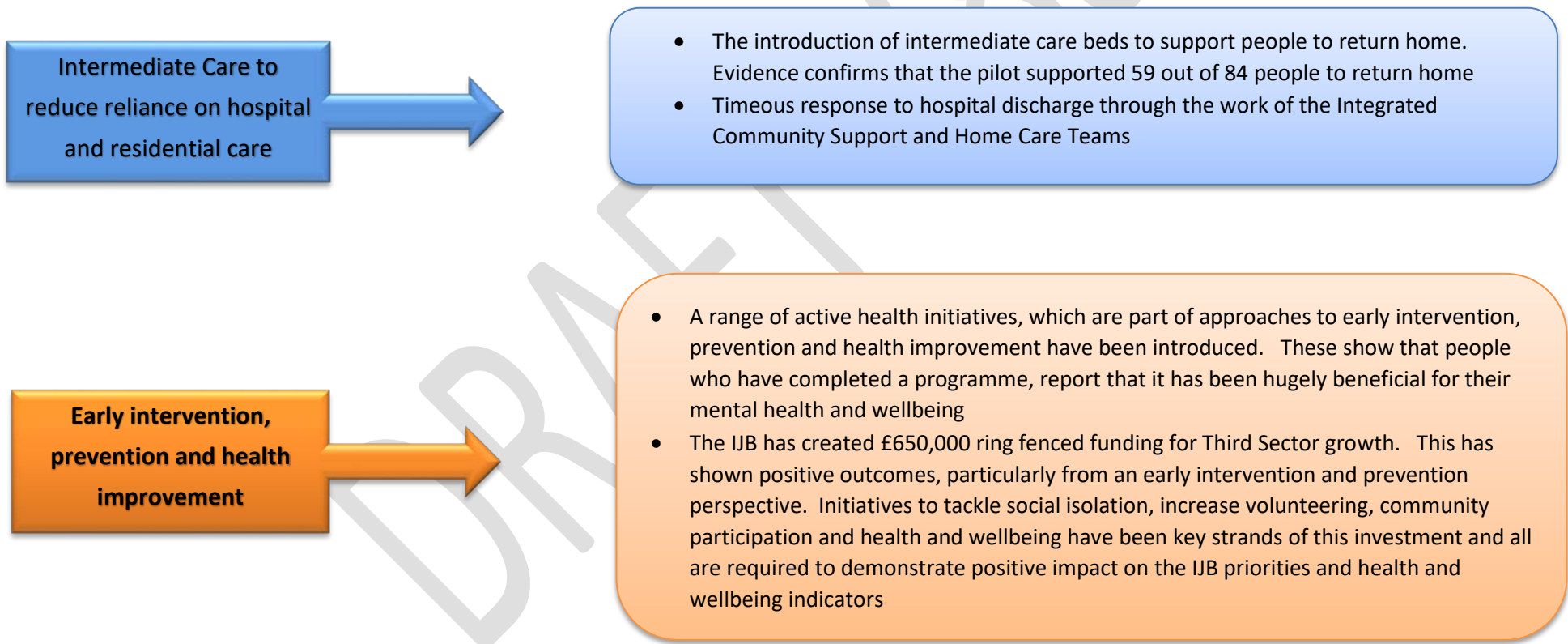
outcomes. As well as undertaking regular briefings and dedicated sessions on integration, Housing were key partners participating in the SCP review.

Concurrent with this review and the development of the SCP 2019-22, Housing worked closely with key partners and stakeholders including the HSCP to develop South Lanarkshire's first 'Rapid Rehousing Transition Plan 2019-24' (RRTP). Responding to the Scottish Government's national vision and priorities, this plan sets out a bold vision and ambitious proposals for reducing homelessness and use of temporary accommodation over five years. A core element of this plan is how partners will work together to increase provision of support and, in particular, further developing a multi-agency 'housing first' approach for households with multiple complex needs. This was a specific focus of the engagement programme which was delivered to support the development of the RRTP and informed the SCP review and the proposal for an additional strategic theme in relation to reducing homelessness:


- Preventing and reducing homelessness by supporting vulnerable people, including those with multiple complex needs, to live independently in their own homes within the community.

3.2 What has worked well from the last plan?

Through feedback received from service users and staff, a number of examples have been highlighted in the Annual Performance Reports to the IJB. These set out where strategic decisions of the IJB have subsequently been translated into innovative operational delivery and, more importantly, supported people's health and wellbeing. The principles of what made these a success is something that the IJB will replicate in this plan. Below is a snapshot of what has worked from the last plan from the 10 strategic themes:




Mental Health and Wellbeing




- The Primary Care and Mental Health Transformation programme has seen increased contribution of a wide range of healthcare professionals, increased access to the right help at the right time, GPs feeling more supported with this agenda, fewer unnecessary hospital admissions and an increased ability to self-manage

Self-Care / Self-Management

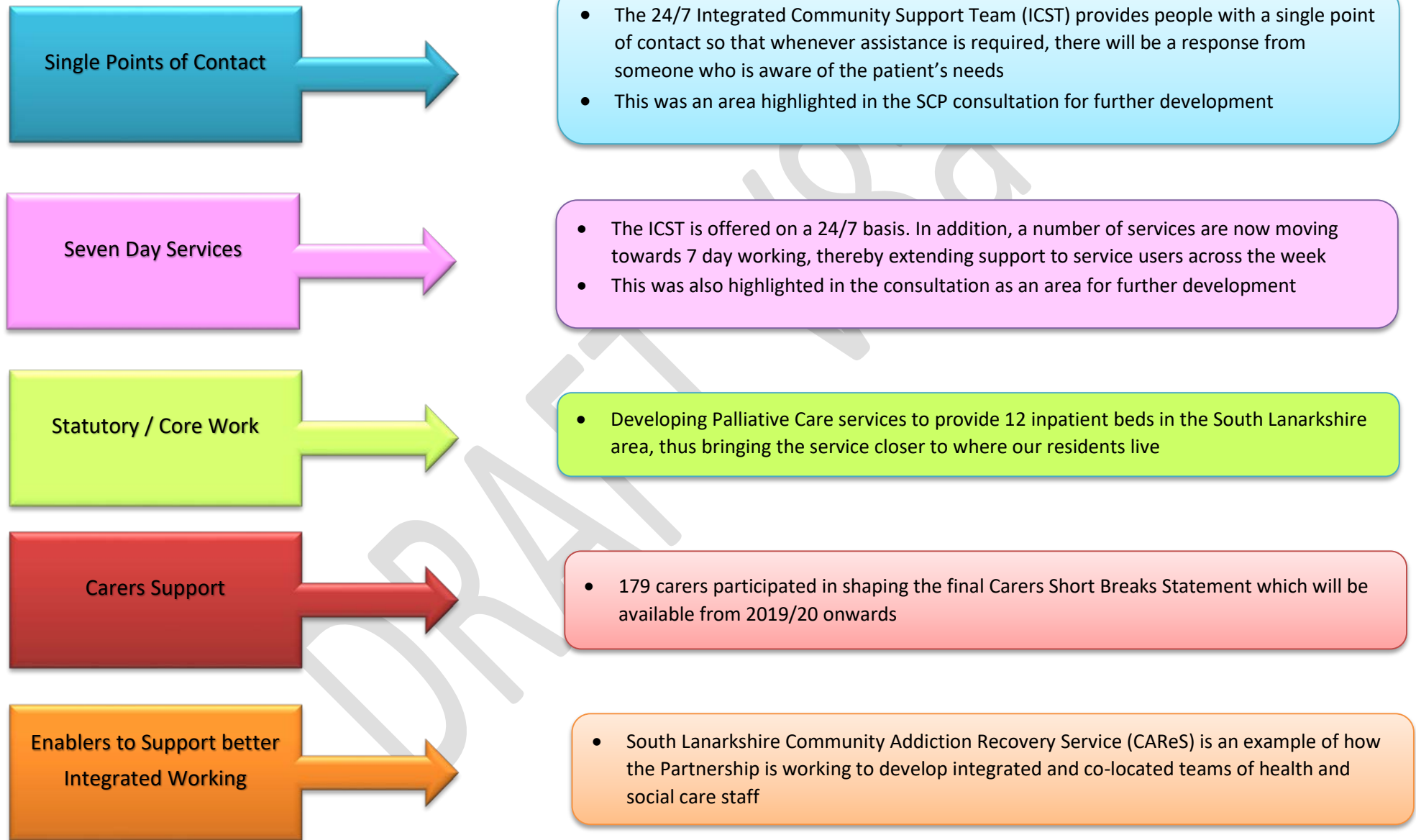


- The extension of technology enabled care has been very successful in South Lanarkshire in supporting an increasing number of the population to self-care and self-manage through simple smart technology and apps from their mobile phones. This has real potential to continue to grow and very much follows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

Suitable and Sustainable Housing



- 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
- 1,600 adaptations completed through Scheme of Assistance enabling people to live independently in their own homes
- Approximately, 1,600 homeless households were supported through homelessness, including people with multiple complex needs.
- 1,100 homeless households were provided with a permanent home



Shifting the Balance of Care and Knowing What Success Looks Like

The Udston Example

One of the key ambitions of the IJB is to shift the balance of care from hospital and long term care settings towards more community based provision. This is in line with the feedback from people as part of the consultation process for both the 2016/19 SCP and reiterated for 2019/22 SCP.

In executing this, the IJB has taken some major and challenging decisions, for example, through the disinvestment in 30 off-site acute beds within Udston Hospital with a view to re-investing in excess of £700,000 into community services such as community nursing, home care and Allied Health Professional support

Decisions of this scale have contributed an 11.6% reduction in unscheduled care bed days between April 2015 and 2018

The key message that this reinforces is that disinvesting in beds is crucial to diverting demand to more appropriate settings. If the beds had remained open, this would not have resulted in the necessary transformation of services and equally would not be meeting the outcomes and preferences of the public.

Part of this plan and its successful implementation will rely on the collaborative leadership of the IJB and the Parties (Council and NHS Board) to take similar transformational decisions if the overall vision of ***working together to improve health and wellbeing in the community – with the community*** is to be fully realised.

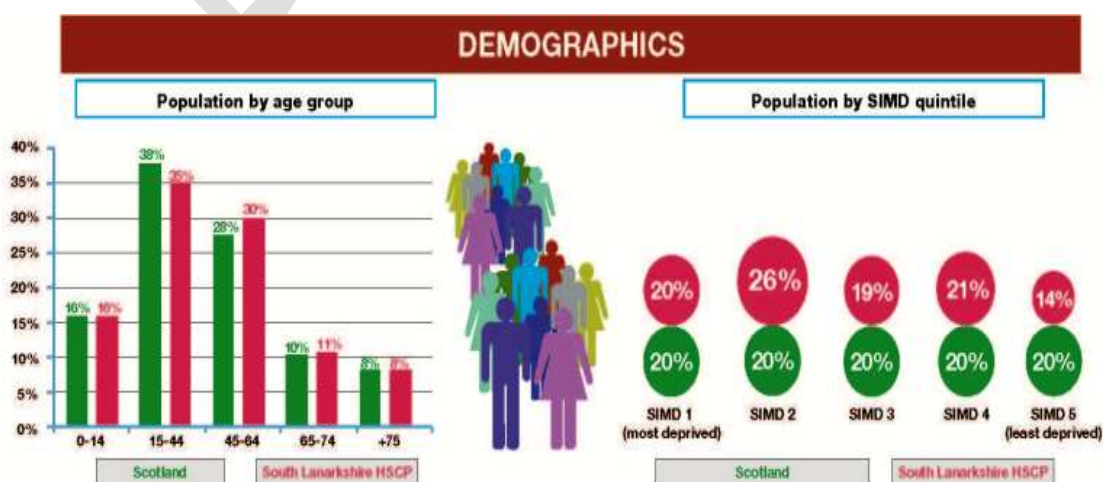
3.3 What the strategic needs analysis of our population tells us?

In preparing the previous SCP, 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. This work has also been supplemented by the Local Intelligence Support Team (LIST) who provide specific and expert analysis of current and future demand on health and social care services.

Undernoted is a summary of the changing needs over the last 5 years 2013-2018 coupled with the projections for future years:

- ‘Healthy life expectancy’ is seen as a key measure 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%.
- Hospital activity with regards to Accident and Emergency (A&E), Emergency Admissions and the number of people who present at A&E that go on to be admitted are all scheduled to increase. A key priority therefore for the IJB is to set out commissioning intentions which provide more options to access services in the community, thereby reducing the number of those presenting at A&E. This reinforces our overall priority to shifting the balance of care.
- At the same time, people who end up as an emergency admission are spending less time in hospital overall. This is evidenced by the charts relating to unscheduled bed days and the average length of stay at **PXX 21**. This represents some positive news in that although demand at the hospital front door is increasing, people are being managed to return home quicker as a result of the increased investment in community based provision eg, Nursing, Home Care, Allied Health Professionals and Third Sector. As well as supporting people to return home quicker, more people are also being managed in the community for longer as evidenced by the charts relating to end of life care and also the balance of care which highlights more care being delivered in the community rather than in an institutional setting. (see page XX22)
- There is more to do with regards to community based supports and the important issue of early intervention, prevention, self-care and self-management. Again this is evidenced by the growing number of people who are likely to have a long term condition and also the projected increase in the levels of dementia and the complexity of care involved. This has been demonstrated in the graphs below in relation to these themes.

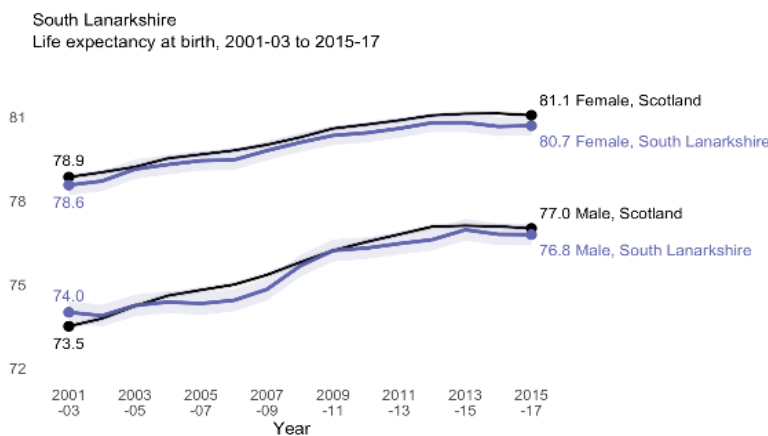
Population Projections



Population projections indicate that over the period 2018-27, the population is projected to change as follows:

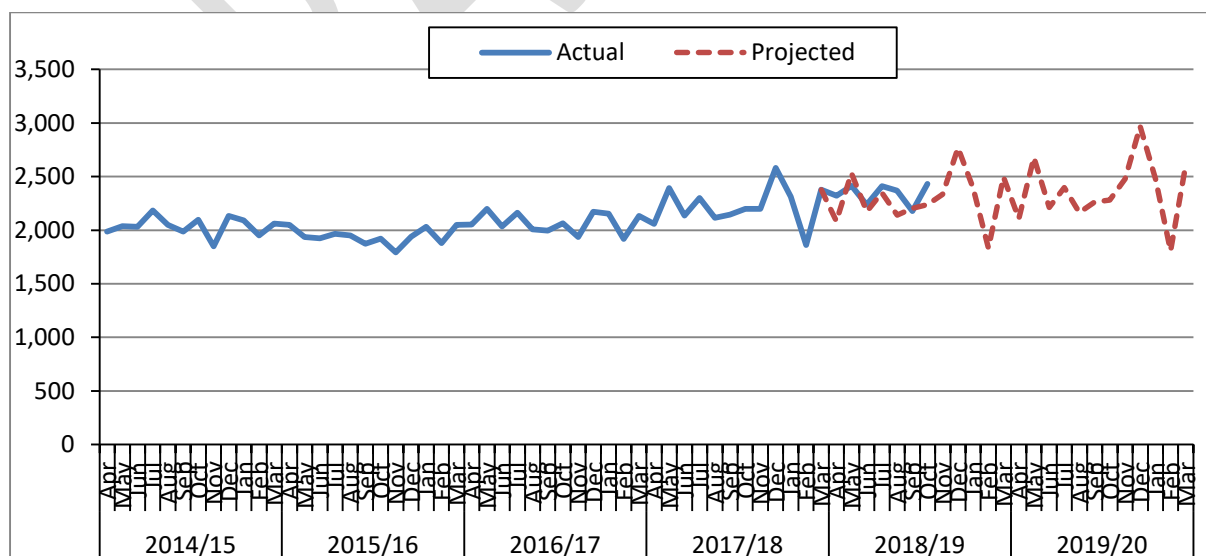
- The total population will increase by 1.9%
- The 18-64 population will decrease by 4%
- The 65+ population will increase by 23.4%
- The 85+ population will increase by 32.8%

Life Expectancy



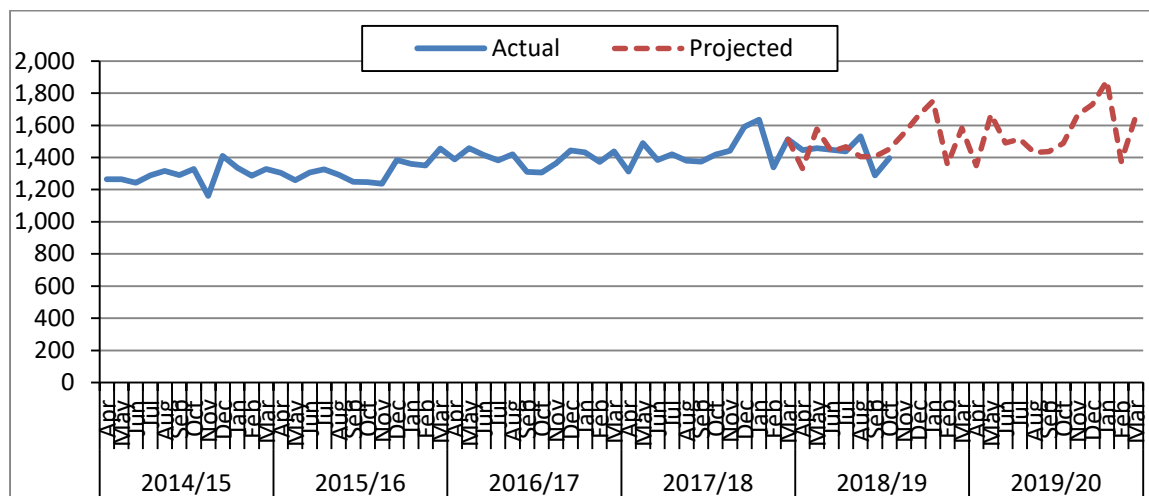
Life expectancy for males and females in South Lanarkshire is 76.8 and 80.7 years respectively. The gap between male and female life expectancy is narrowing for South Lanarkshire and in a Scottish context of 32 Council areas, South Lanarkshire had the 12th poorest life expectancy figure for males and the 10th poorest for women.

Accident and Emergency Attendances



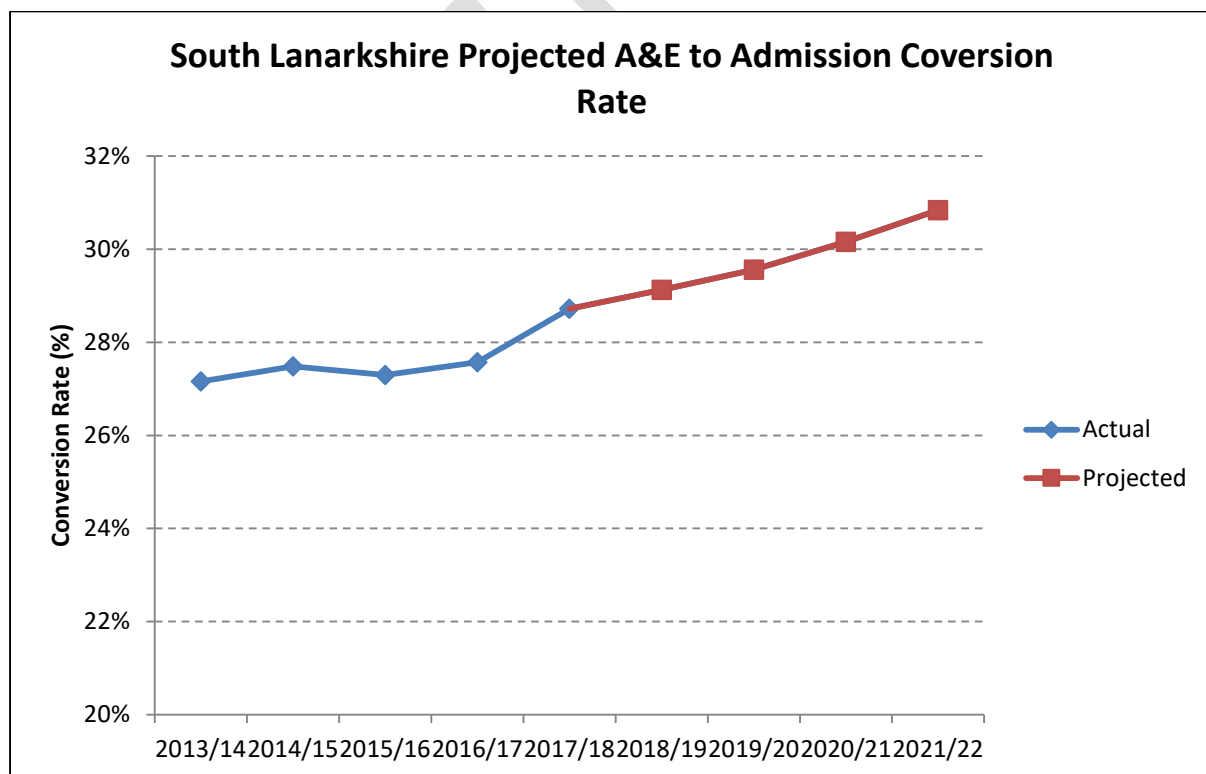
Source ISD: Number of A&E attendances by South Lanarkshire residents for all age groups and all Boards of Treatment.

Emergency Admissions



Source ISD: Number of emergency admissions by South Lanarkshire residents for all age groups and all Boards of Treatment.

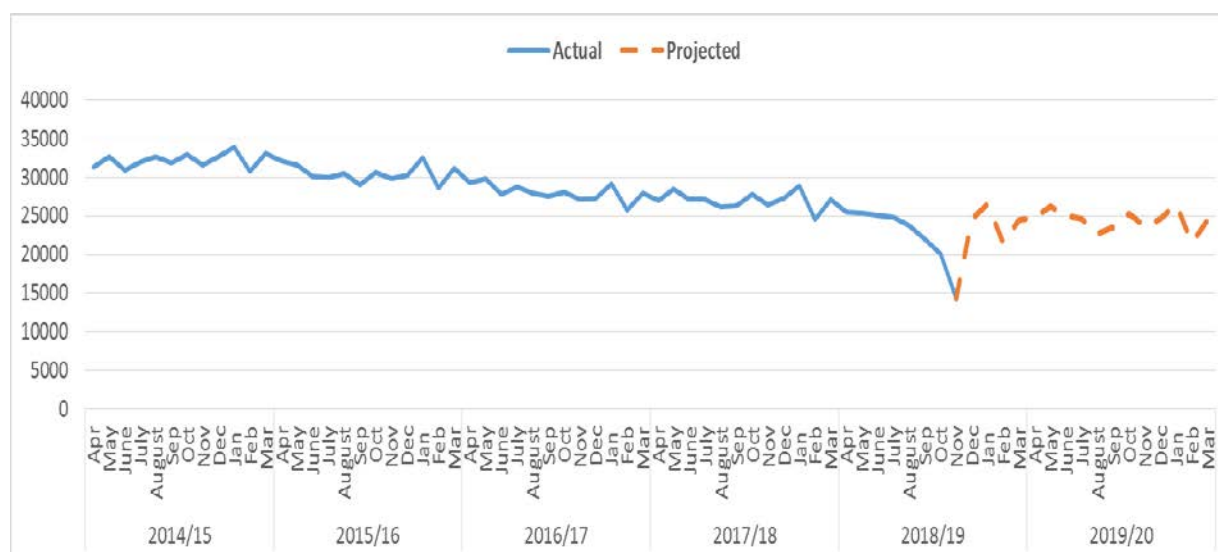
A&E Conversion to Emergency Admissions



Source: ISD – Percentage of attendances resulting in admission for South Lanarkshire residents. All ages

2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
27.2%	27.5%	27.3%	27.6%	28.7%	29.1%	29.6%	30.2%	30.8%

Unscheduled bed days



Source: ISD – Unscheduled bed days for South Lanarkshire residents. Acute, Mental Health and Geriatric Long Stay

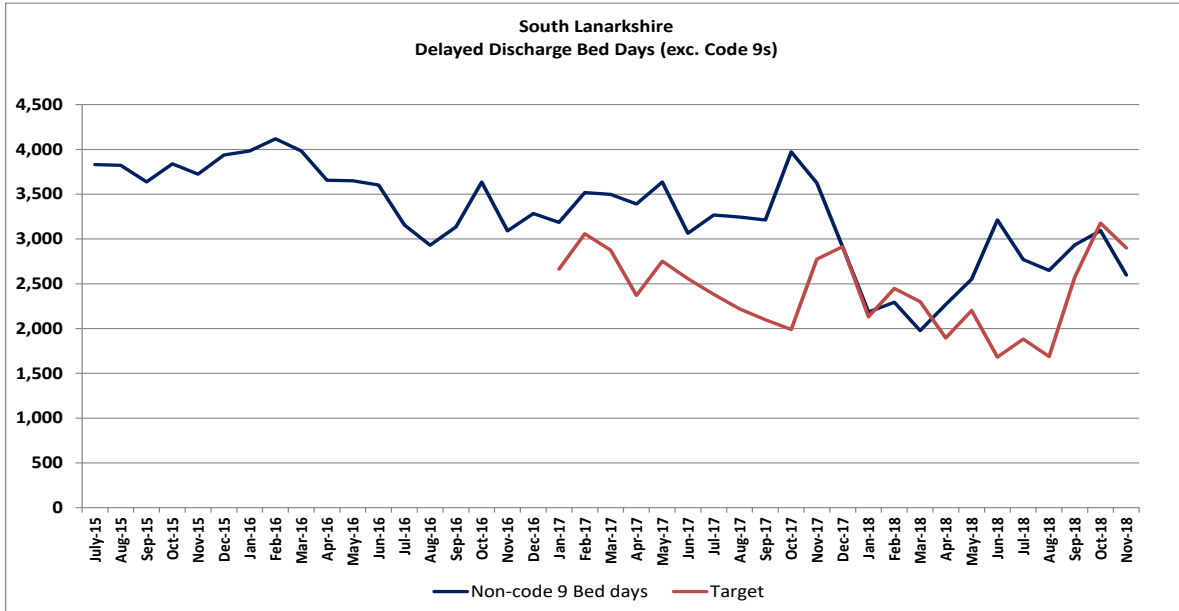
Two key factors determine the number of UC bed days, the number of beds available and the proportion of bed days for planned/unplanned admissions.

Since 2014/15 the number of UC bed days have reduced for South Lanarkshire residents, in the main this is as a result of the closure of Lockhart hospital and more recently the closure of wards within Udston Hospital.

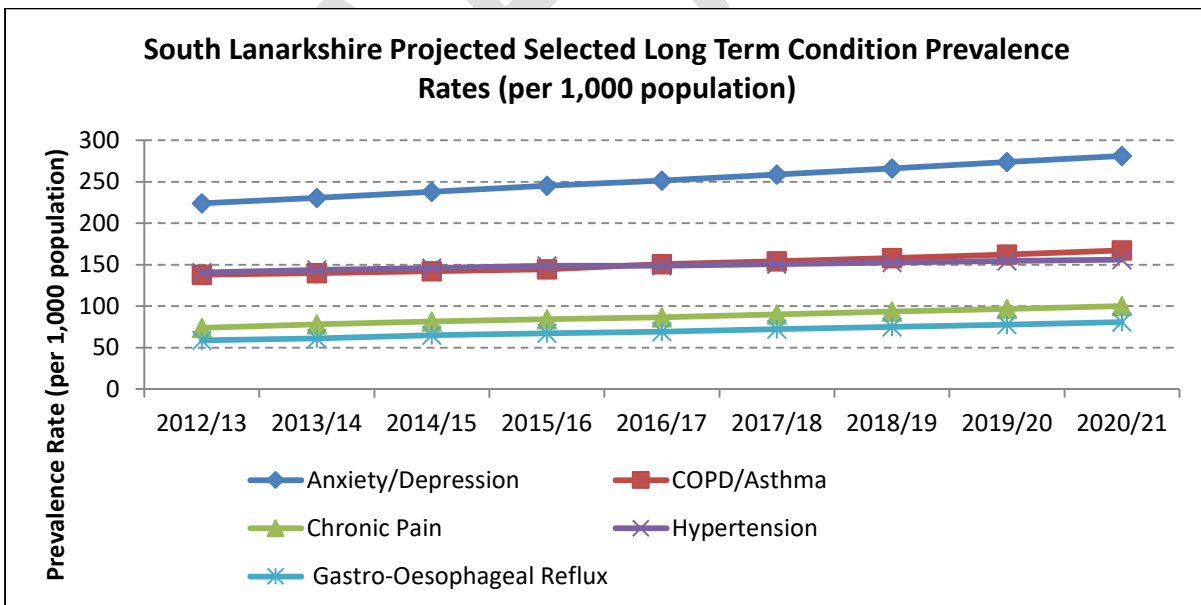
	2015/16	2016/17	2017/18	Bed Days Reduction 2015 - 2018
Acute	243,584	228,882	229,146	14,438
GLS	56,779	46,153	37,670	19,109
MH	66,235	61,289	57,414	8,821
TOTAL	366,598	336,324	324,230	42,368

Delayed Discharge

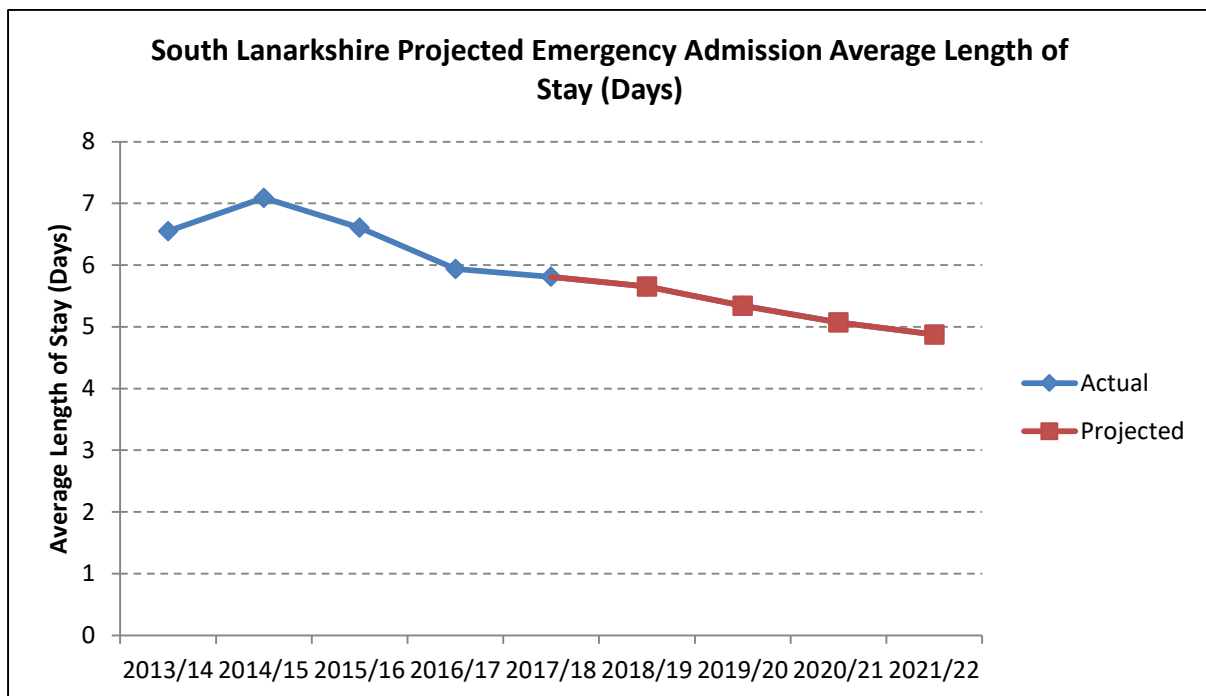
The graph below demonstrates there has been good progress made in reducing the impact of delayed discharge bed days. Since July 2015 to November 2018 we have reduced from just below 4,000 bed days to 2,600 bed days.



Long Term Conditions



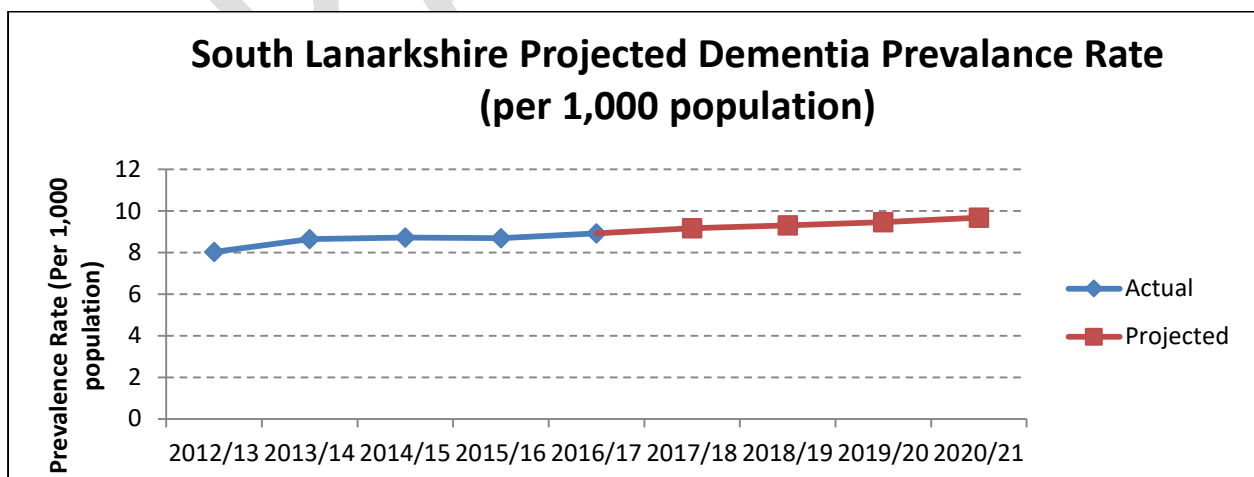
Average Length of Stay



Source: ISD – ALOS for unplanned admissions South Lanarkshire residents. All specialties. All ages.

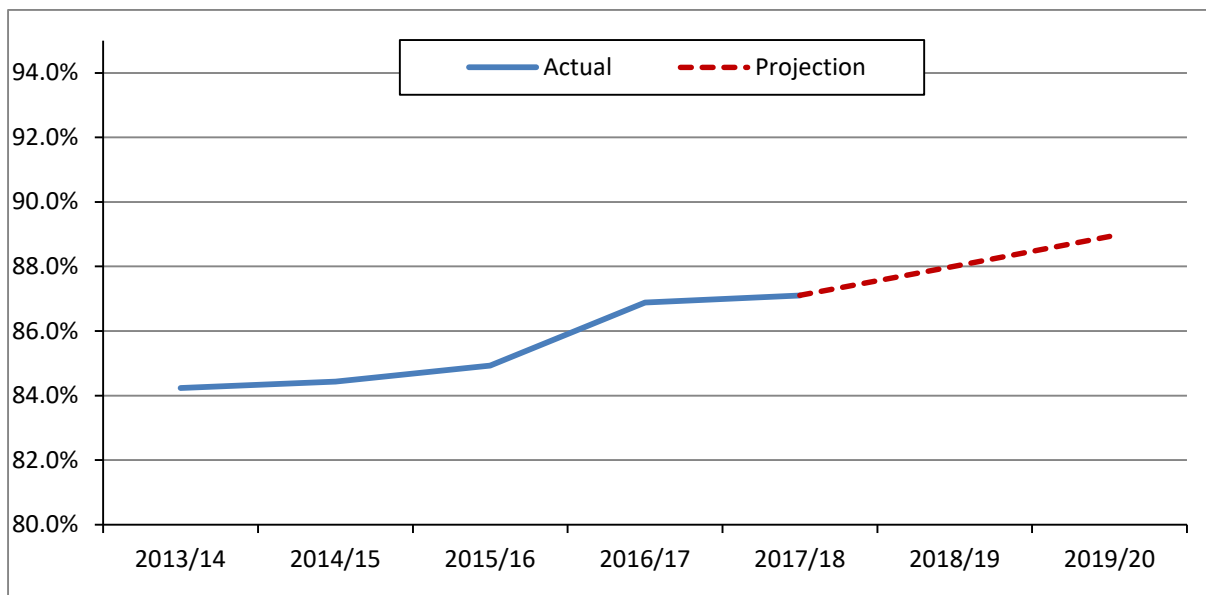
2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
6.6	7.1	6.6	5.9	5.8	5.7	5.3	5.1	4.9

Dementia



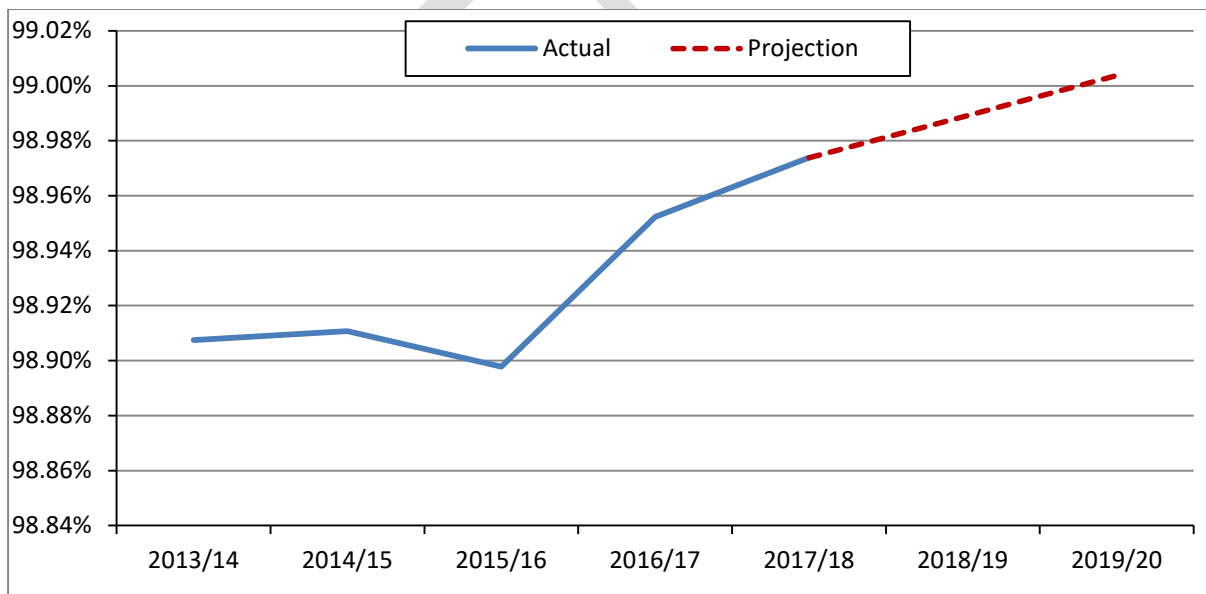
2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
8.0	8.6	8.7	8.7	8.9	9.2	9.3	9.5	9.7

Last Six Months of Life



Source ISD: Percentage of South Lanarkshire residents in community for all age groups.

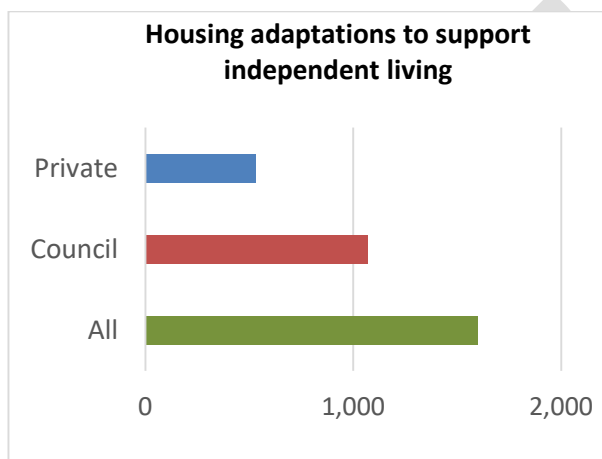
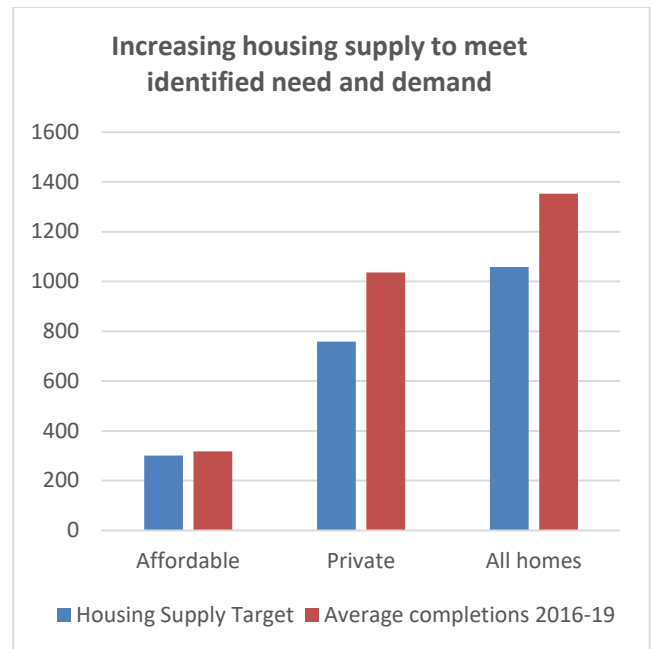
Balance of Care



Source ISD: Percentage of South Lanarkshire residents supported and unsupported at home for all age groups.

South Lanarkshire’s LHS 2017-22 set out Housing Supply Targets (HST) for 1,058 additional new homes each year to meet identified housing needs and demand. Through the Affordable Housing Supply Programme and private developments, new housing delivery has exceeded the Housing Supply Targets. On average, over 300 new affordable homes are being delivered each year.

The number of households headed by someone aged 60 and above are projected to be 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, over 1,600 adaptations were completed across private (533) and council (1,070) homes each year.

These adaptations enable people and households with particular needs, including older people and people with mobility needs and disabilities, to continue to live independently within their own homes in the community.

On average, each year 1,600 households are found to be homeless and the council has a duty to find settled accommodation. Of these, over 1,100 (71.4%) are provided with a settled permanent home being allocated a Scottish Secure Tenancy with South Lanarkshire Council or a Registered Social Landlord. Within this group there are a significant proportion (approximately 30%) who have additional moderate-high support needs, and around 5% have multiple complex needs, requiring intensive wrap-around support services.

SECTION FOUR: Planning for South Lanarkshire

4.1 Planning

In identifying the focus of planning intentions for the next three years and beyond, this SCP reflects the feedback from services users and staff as part of the SCP consultation process.

This also reflects:

- The policy areas highlighted further in section 4
- The 6 Ministerial Steering Group (MSG) indicators
- The national health and wellbeing indicators
- The strategic needs analysis data

In summary:

- 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 including young people, women fleeing domestic abuse and vulnerable people with significant multiple complex needs
- 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 term 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

As part of planning for the future, the Partnership have taken account of the Needs of the people of South Lanarkshire and this has already been reflected in the previous section. Another important area which has significant impact on how we plan ahead is the policy and legislative environment for health and social care. We know that this has changed incrementally since the 2016-19 SCP was published and Appendix 2 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 as Adult Support and Protection; Self-directed Support and the Community Empowerment legislation being some examples.

4.2 The Policy and Legislative Framework

Since 2016, a number of new policy/legislative requirements now need to be factored into current and future strategic planning. Detailed below is a short summary of the more significant ones:

4.2.1 Improving health and addressing inequalities

Whilst this is not a new theme since 2016 it remains one of the highest priorities for not just the IJB but also that of wider community planning partners. The World Health Organisation states that “Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease”.

Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their social and economic circumstances and wider environment. Factors such as where we live, genetics, income, education, gender, social networks and access to health care services, all have considerable impacts on health and can also contribute to health inequality.

The context of people’s lives often determine their health and their lifestyles choices. Individuals are unlikely to be able to directly control many of the determinants of health.

The Partnership is committed to the delivery of preventive and anticipatory care interventions, in order to optimise wellbeing and the potential to reduce health inequalities.

4.2.2 Housing Contribution Statement

A HCS to the SCP is a statutory requirement, as set out in Scottish Government’s Housing Advice Note (Sept 2015). The HCS is an integral part of the HSCP’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 LHS 2017-22 and the new RRTP 2019-24.

For this SCP 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.

4.2.3 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 HSCP perspective, national targets of reducing the number of unscheduled bed days by 400,000 (10%) has been agreed. To achieve this, transformational change decisions to shift the balance of care and reduce reliance on 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

To maintain the level of improvement made and continue to meet the changing needs of the population, the SCP will set out further stretching targets.

4.2.4 Carers (Scotland) Act 2016

The Carers (Scotland) Act 2016 brings a number of additional duties within the scope of the IJB and SCP, 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

4.2.5 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

4.2.6 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 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.

4.2.7 Rapid Re-Housing Transition Plan (RRTP) 2019-24

In June 2018, the Scottish Government set out a national vision for Rapid Rehousing Transition Plans to reduce homelessness and improve outcomes for people who experience homelessness. The national RRTP vision and approach closely align with South Lanarkshire's LHS 2017-2022.

Concurrent with the development of this plan, Housing has worked closely with the HSCP, as well as key community planning partners and stakeholders, to develop South Lanarkshire's first 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 and will be implemented from April 2019.

4.2.8 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 these, IJBs across Scotland were 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. This recognises that there are other skilled staff beyond General Practitioners who can (in many circumstances more appropriately) meet people's needs and outcomes. This includes staff such as Pharmacists, Advanced Nurse Practitioners, Community Psychiatric Nurses and Physiotherapists.

Alongside this, is the work to agree a new GMS Contract. This acknowledges the need to re-balance work from solely GPs to relevant multi-disciplinary teams. In the wider community managed

services. There is also an understanding of the requirement for service redesign with ring fenced resources to enable the change to happen.

4.2.9 Prioritisation/Eligibility

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 targeted towards 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 Third Sector supports.

4.2.10 Recent National Reports Impacting on Health and Social Care 2018

Over recent months a number of important national reports have been published which contain a number of key messages and recommendations that will directly impact on health and social care services. These reports are as detailed below:

- [NHS in Scotland 2018 Audit Scotland Report](#)
- [Social Work in Scotland - Impact Report – Audit Scotland 2018](#)
- [Health and Social Care Integration - Update on Progress – Audit Scotland 2018](#)
- Review of Progress with Integration of Health and Social Care – Ministerial Strategic Group Proposals

Whilst there has been no firm policy decisions emanating from these reports at the time of developing this plan, there will be an expectation from Audit Scotland that the IJB, Council, NHS Board, Scottish Government and other partners demonstrate where they are working to progress the key messages and recommendations.

There are a number of common themes across the four reports above and these can be summarised as follows:

- The need to move to long term planning away from short term planning and firefighting
- Accelerating the pace of the change and transformation agenda, as continuing to do more of the same is not sustainable and will not be sufficient to manage changing demand
- Ensuring financial planning is better integrated across health and social care
- Shared and collaborative leadership must underpin and drive forward integration
- Simplifying governance, accountability and decision-making across health and social care services, reducing the current levels of duplication
- More willingness to share information across services to better plan and deliver services to the public
- Developing a workforce which will meet the future requirements and demands on health and social care services
- 'Parties' providing more support (enablers) to facilitate integration for example Support Services, Finance, Human Resources and Property.

As this SCP is implemented, the IJB and its Partners will need to work collaboratively to understand how best to take forward these messages and recommendations.

4.2.11 Strategic Commissioning of Palliative and End of Life Care by Integration Authorities

In May 2018 the Scottish Government issued an advice note on Palliative and End of Life Care (PEOLC). This guidance follows the 2015 Scottish Government Strategic Framework for Action on Palliative and End of Life Care. Important considerations which IJBs are now required to consider in planning and designing and commissioning palliative and end of life care include:

- Understanding the mortality rates and patterns for populations and the profile of advanced or long term conditions that underpin this;
- Using available strategic needs data to identify opportunities to support and improve people's pathways of care;
- Each Partnership to be clear about their accountability for the commissioning and delivery of PEOLC to those who need it and to ensure the full breadth and depth of those needs can be met. This may be aided by the identification of a lead person for both PEOLC and for bereavement care, for the Partnership, where such arrangements are not already in place;
- Improving the early identification of those with palliative care needs, as a gateway to establishing support in line with what matters to the person;
- Having conversations about 'What Matters to Me' with those affected, leading to a shareable plan – most often an Anticipatory Care Plan. Such conversations, to support shared decision making, are featured in the Chief Medical Officers' annual report 'Realistic Medicine'. Currently the only available infrastructure capable of supporting such sharing is the Key Information Summary (KIS). Having a key information summary is associated with reduced bed-days for people at the end of life.

4.2.12 Community Empowerment (Scotland) Act 2015

Through the 2015 Community Empowerment Act the Scottish Parliament gave a statutory purpose for the first time to community planning – to focus on improving outcomes and tackling inequalities in outcomes – including in those communities (covering areas and/or groups of individuals) experiencing the poorest outcomes. It also introduced the requirement for CPPs to develop a Community Plan and any appropriate Locality/Neighbourhood Plans. The partnership along with its Community Planning Partners is required to prepare and publish a plan, which sets out priorities for improvement with a view to reducing inequalities of outcomes resulting from socio-economic disadvantage.

4.2.13 Fairer Scotland Duty

The [Fairer Scotland Duty](#) came into effect in April 2018, this was formerly known as the socio-economic duty and is part of the Equality Act (2010). The Duty places a legal responsibility on particular public bodies in Scotland to actively consider how they can reduce inequalities caused by socioeconomic disadvantage, when making strategic decisions.

The Duty gives us the opportunity to do things differently and to put tackling inequality genuinely at the heart of key decision-making. The HSCP must be able to meet the key requirements in reducing inequalities in any major strategic decisions they make and publish a written assessment when this has been done.

All of this is geared towards recognising that there is diversity and inequality across the population of South Lanarkshire. This is a key priority for the Partnership working together with our Community

Planning Partners and South Lanarkshire Council, helping to resettle families as part of the Syrian Vulnerable Person Resettlement scheme.

Syrian Family Resettlement

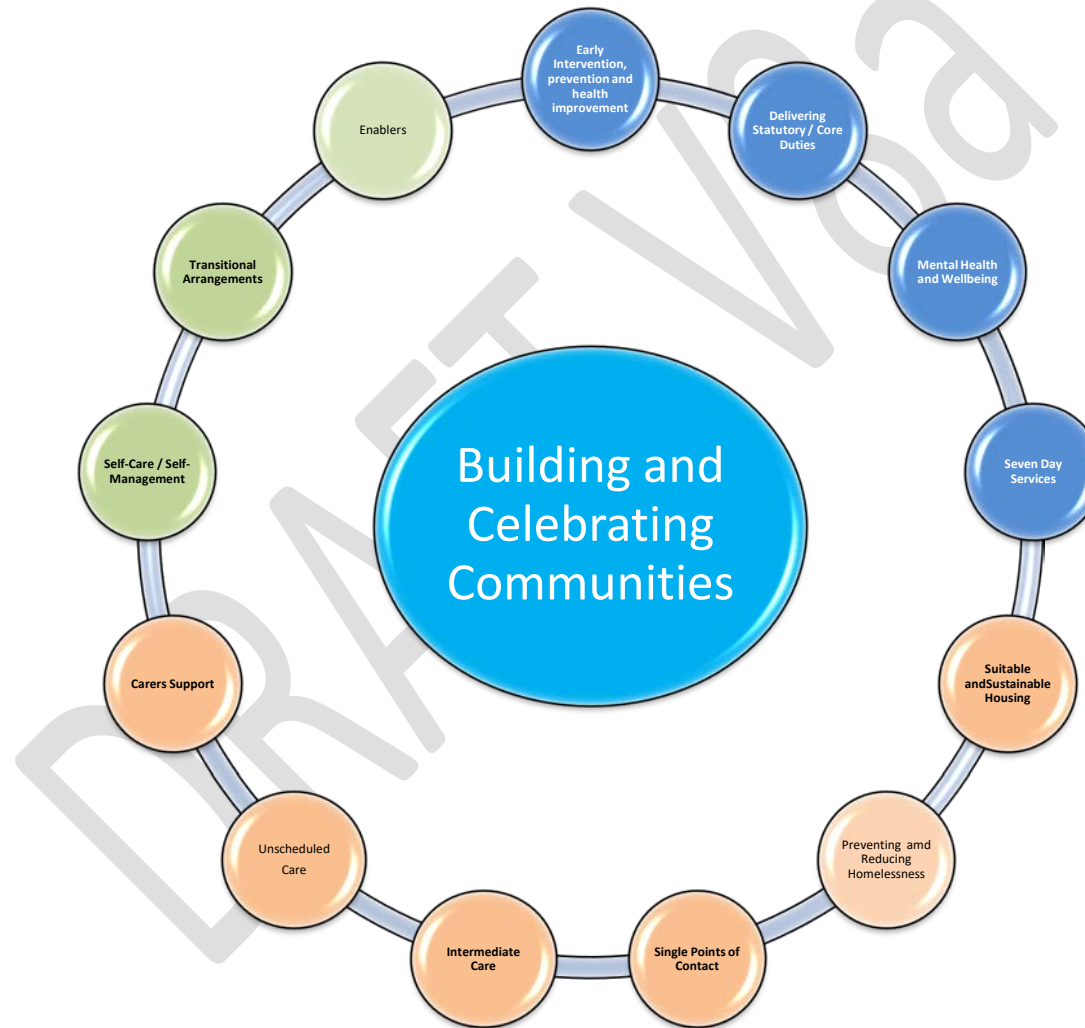
We have welcomed families into South Lanarkshire as part of the Syrian Vulnerable Person Resettlement scheme, which aims to resettle refugees from the camps around Syria

In supporting this scheme, plans are put in place for health and dental care including a named health visitor for families with children under 5 years old. Information is available in Arabic and families are also allocated Arabic speaking refugee support officers. In the first 3 weeks specialist Arabic speaking translator who specialise in medical terminology were allocated to accompany them to initial health appointments. Each family has a specific integration plan translated into Arabic.

The IJB will set out a range of 'Directions' to the 'Parties' to ensure the ambitions contained in each of the policy areas described above – and which are subsequently reflected in the SCP – are delivered.

4.3 Strategic Priorities

On the basis of the above, the revised strategic themes within the plan are detailed in the diagram below with BCC as a central cross-cutting theme and approach for the SCP and locality plans:



An assets based approach will run as a principle through all of the work that we do with communities. Therefore, as an overarching principle, **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 agencies?
- 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.

Our **Building and Celebrating Communities** programme is geared to exploring how we can generate more space for communities to create the things that matter to them - and how we can support these activities. An example of this approach in action is The South Lanarkshire Autism Resources Coordination Hub (ARCH), brought into being in 2016 following the previous autism resource closing. Since its inception, ARCH has been focussed on facilitating the development of autism support in South Lanarkshire communities - much of which is delivered by communities themselves - alongside partners in the statutory, private and third sectors. For the first time individuals and organisations who have been previously working independently of each other are discovering shared interests and collaborative ventures. For more information visit: <https://bit.ly/2THmVUx>

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

Delivering our Core Duties – health and social care services 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. These duties are very important 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 wellbeing 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.

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, is seen as a key priority of the people of South Lanarkshire. This will require significant change to many of the current working practices to ensure more equal access to services across the week.

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 on 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.

Suitable and sustainable housing – good quality, affordable and settled homes are essential for promoting health and wellbeing. A key focus is increasing housing supply, of the right type and size and in the right places, to meet the identified housing needs of current and future residents. An important priority is to ensure that people with particular needs, including older people, people with mobility needs and disabled people, as well as their carers, are provided with appropriate housing and support, including adaptations and other services, to enable them to live independently in their own homes in the community.

Preventing and reducing homelessness – homelessness is an experience of crisis where a person or household is unable to meet their own housing needs. Certain people face higher risks for which there is a clear link with wider health and care needs, and homelessness is often pre-empted by increased demand for other health and care services. Promoting partnership working is key to preventing and reducing homelessness, with particular focus on integrated, intensive wrap-around support to enable vulnerable groups and people with multiple complex needs to live in a settled home within the community.

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.

Unscheduled Care – hospital care and treatment is a crucial part of the health and social care system, particularly for people who become acutely unwell. However, over the course of most people's lives, they will spend very little time in hospital, with the majority of any care and treatment they need being provided in the community. People should only be treated in hospital when they cannot be treated in the community and should not stay in hospital any longer than necessary for their care. Minimising the impact of unscheduled activity on the hospital system to allow resources to be shifted to strengthen the community services that the majority of the population utilise is therefore a priority. At the same time, this will support hospitals to better plan and schedule care and in doing so improve the patient journey for more people each year. This net effect of gains in these areas will also bring benefits to reducing demand on delayed discharges and facilitating people to return home when they are ready to do so. IJBs have additional powers and responsibilities to shift investment to community provision by reducing the inappropriate use of hospital care and in

particular the emergency care pathway for unscheduled hospital care. This can only be achieved with the support of the NHS Board, local authority and other care providers.

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 for carers.

A dedicated grandmother has revealed how life-changing personal experiences have underpinned her lead role in an independent community group geared to improving health and social care. Margaret Moncrieff, who is the Chair of South Lanarkshire Health and Social Care Forum helped care for a close family member at just nine years of age. In her 40s Margaret, now 69, cared for her late mother when she was diagnosed with dementia. Profoundly affected by the experience, Margaret went on to work on a dementia outreach project later in her life. Now retired, the grandmother of four devotes much of her spare time to the Forum. The organisation has been appointed by the Partnership to support wider public involvement in planning and decision-making about local health and social care services. “It’s been extremely gratifying to see developments made in policy, plans and procedures as a direct result of Forum involvement,” added Margaret. “I’ve felt reassured that through my role I’ve been able to truly influence better services for patients and their **carers** - at a very human level.” Read the full story here: <https://bit.ly/2He3iOf>

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.

Telehealth is radically changing the way people access health and care services. Innovations include home and mobile health text monitoring to support people’s health across a wide range of conditions and challenges, from high blood pressure, respiratory disease, and diabetes, mental health to weight management, smoking cessation, and family health. This has markedly reduced the need to visit traditional care facilities. Video Conferencing (Attend Anywhere technology – which works on a similar basis to Facetime) is also being used in communities allowing patients and service users to link in with specialist support without leaving their homes. The introduction of this specialist technology also has a plethora of benefits including saving travel time, reduced stress for patients/service users and traditional support and visits being augmented by virtual consultations and check-ups. Watch the system in action in this short film: <https://vimeo.com/284738521>

Enablers to support better integrated working – ensuring that integration arrangements have the necessary support services to enhance and strengthen the overall approach of the Partnership in achieving better integrated strategic and operational delivery of health and social care services. Consideration will be given to how we best use supports such as IT, accommodation, planning, finance and organisational development.

Clydesdale Integrated Community Support Team-Acute Care Team (ICST ACT) is comprised of nurses, Allied Health Professionals and overnight Home Carers who provide home-based care and rehabilitation. The success of the joint working and enhanced relationships has led to acute care being delivered by the team. The highly innovative approach has allowed people experiencing acute infections or sudden deterioration in their health to be supported to remain at home - negating the need for an otherwise inevitable hospital admission. This is truly integrated model has promoted a person-centred approach and enhances experience for the service user and their family. Improved communication, reduced duplication and blurring of roles across services have contributed to improving the outcomes – and the lives – of people who have used this service. This approach will inform future service delivery and improvements across the South Partnership.

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 to achieving the ambition of seamless and single system working.

4.3 Strategic Commissioning Intentions

VISION

STRATEGIC PRIORITIES

STRATEGIC COMMISSIONING INTENTION

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

**Early intervention,
prevention and health
improvement**

Work with partners to deliver an increased range of activities to mitigate the negative health consequences of poverty and welfare reform

Work with key partners to implement the Strategic ambitions of Rights, Respect and Recovery – Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths

Contribute to the South Lanarkshire Child Poverty Action Plan and deliver the relevant actions to address child poverty

Support improvement programmes identified and in practice, as part of the Children and Young People Improvement Collaborative

Working with VASLan and South Lanarkshire Leisure and Culture Trust, develop a local framework and pathway that offers a range of social and community based alternatives and supports from the third sector organisations that provide a flexible and innovative approach to health and care that reach the most in need of support. These supports will reduce reliance on health and social care and provide early intervention and prevention approaches that improve health and wellbeing and provide a cohesive social prescribing approach.

Provide a range of programmes in conjunction with SLL&C and other partners that support people to keep physically and mentally active, live life well, maintain community connections and so reduce isolation and the subsequent health consequence

Deliver on the ambitions in the Green Health Partnership action plan and Our Natural Health Service ambitions given the noted benefits to mental health and wellbeing

Align our key health improvement programmes and strategies to the National Public Health Priorities

Deliver the actions in the Lanarkshire Healthy Weight Strategy and the Diabetes Prevention Framework to support people to be of a healthy weight and reduce the incidence of Diabetes

VISION

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

STRATEGIC PRIORITIES

Delivering Statutory / Core Duties

Mental Health and Wellbeing

STRATEGIC COMMISSIONING INTENTION

Enhance the Self-directed Support (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 covering health and social care services eg, legislation pertaining to Public Protection; Mental Health, Learning Disability and Carers

Deliver locality based home care services which support the delivery of personal care and maximise the opportunity for people to be maintained at home

Support the personal outcomes and preferences of people in 'end of life' through the delivery of palliative care services which focus on being: Safe; Person-Centred; Accessible; Efficient; Affordable; Deliverable

Develop a single service approach for community based mental health services across the four localities of South Lanarkshire

Implement the Good Mental Health for All local action plan to support mental health and wellbeing in the population

Review the range of 'Link' workers already working across primary care and mental health services and agree model to maximise posts – and to link people to alternative supports in the community

Review the provision of mental health beds for adults and older people in South Lanarkshire.

VISION

STRATEGIC PRIORITIES

STRATEGIC COMMISSIONING INTENTION

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

Seven Day Services

Implement a programme of work to maximise efficiency within the care at home sector

Develop the number and range of services provided over 7 days

Work with acute hospital colleagues to maximise 7 day working and support flow across all areas

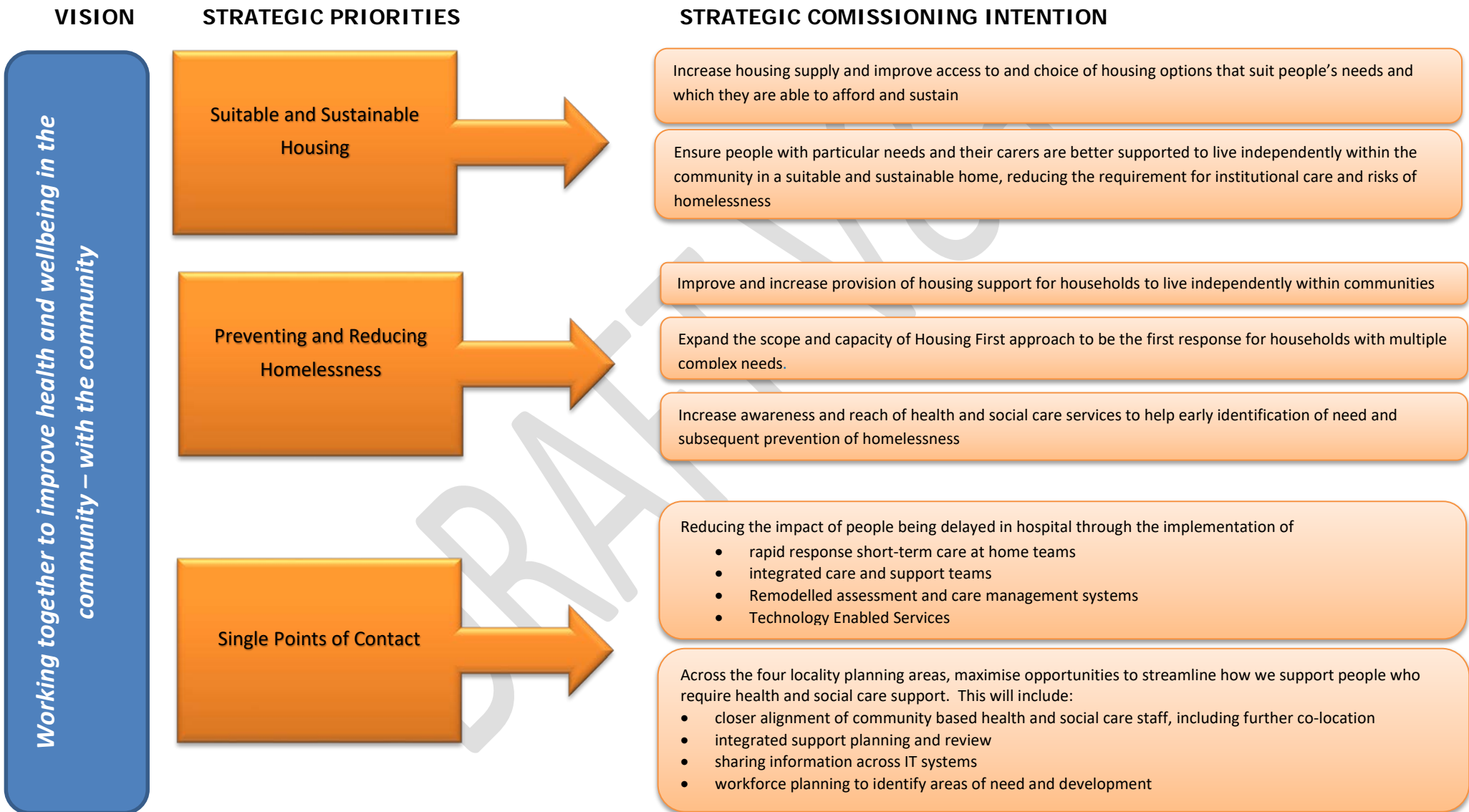
Implement a model of day opportunities which supports people's personal outcomes and preferences

Carers

Increase support to carers in maintaining their caring role through the implementation of the duties outlined in the Carers Act 2016 pertaining to:

- information and advice
- adult carer support plans
- young carers statements
- prioritisation/eligibility
- short breaks

Strengthen the Third Sector support model for carers through reviewing how existing services are commissioned in relation to carers support services, information and advice, consultation and engagement, training, practical support and consultation and engagement



VISION

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

STRATEGIC PRIORITIES

Intermediate Care

Unscheduled Care

STRATEGIC COMMISSIONING INTENTION

Implement the new care facilities model across the four localities to provide people with more choice and options to be maintained at home and in the community

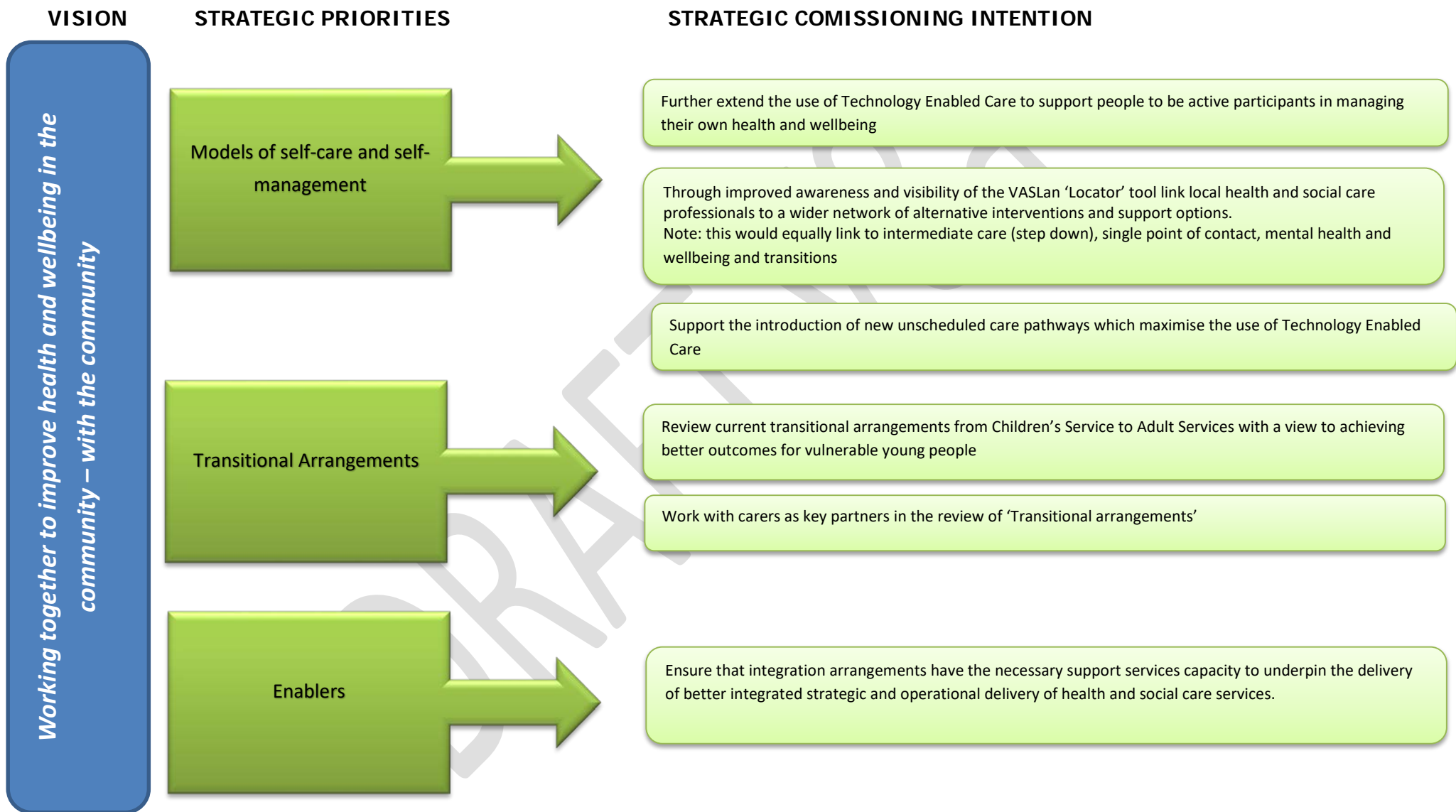
Enhance community based rehabilitation and re-ablement interventions as part of shifting delivery of services away from hospital

Agree target for average length of stay across South Lanarkshire HSCP with regards to Older Peoples unscheduled care to reduce overall demand on the use of hospital beds

Agree and introduce Unscheduled Care Plan to include:

- **Frailty**
- **Front Door Senior Decision Making**
- **Frequent Attendees**

Implement re-ablement approach to care across acute hospital ward settings.



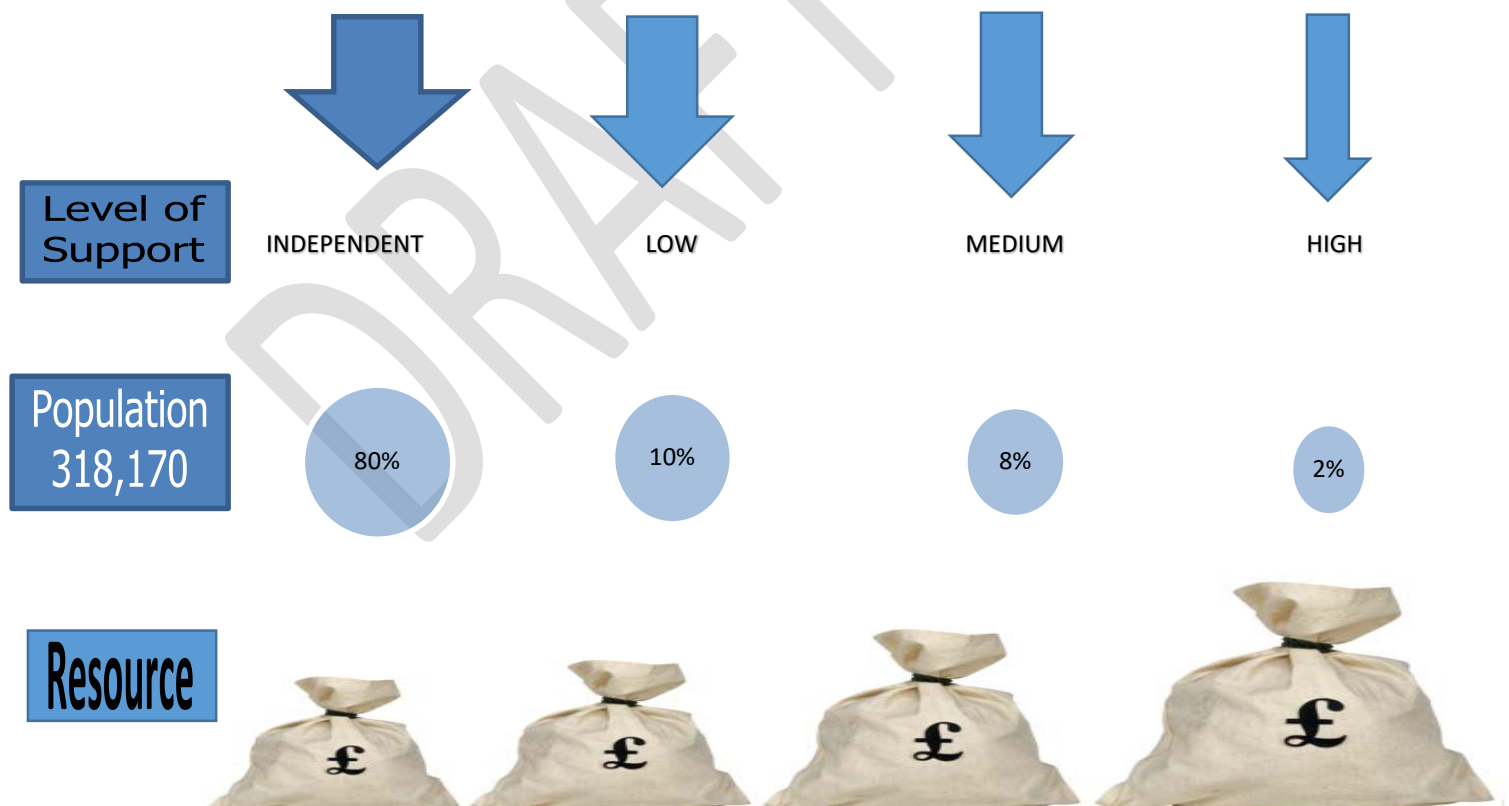
SECTION FIVE: How will we DO this?

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 each of the priorities identified within this plan.

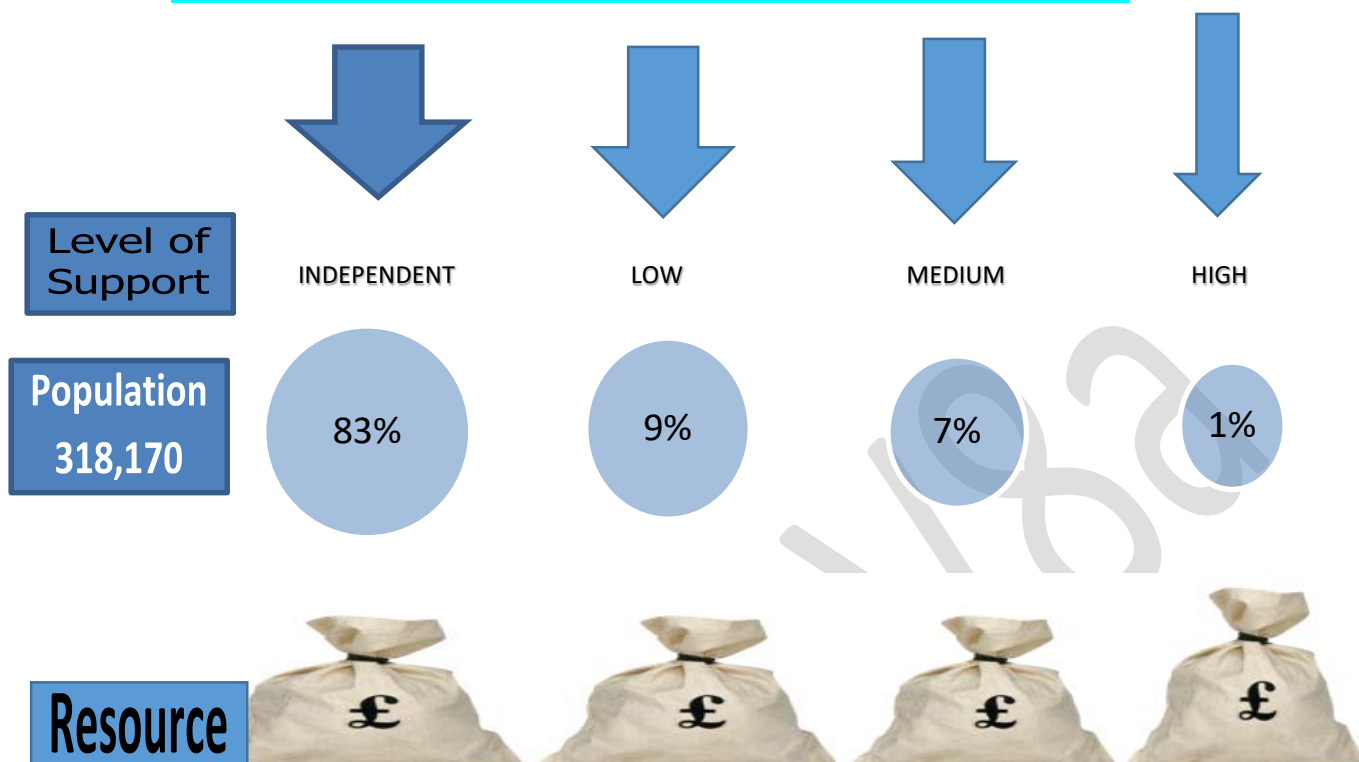
To deliver against those priorities there will require to be a degree of transformational change to allow services to react flexibly to demand and continue to modernise into the future and beyond. The recent Audit Scotland Report – Update on Progress (referred to in section

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 to achieve the aspiration of this plan. 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 (including 3rd and Independent sectors) 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 over time. 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.

- 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.

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 how we will develop services to meet the health and care needs of local people. People need to have more choice and control in relation to their care and support needs making commissioning more flexible and responsive in particular, as part of the Self-directed Support Act. Having this choice and control will empower people to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes.

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 Third 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
- 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 a contemporary example of where this investment and growth could be further joined up
- Although the IJB does not directly contract services (as this is done by the Council and NHS Board) the expectation is that any service providers delivering in a health and social care context should be delivered in line with the [Fair Work Framework](#)*.

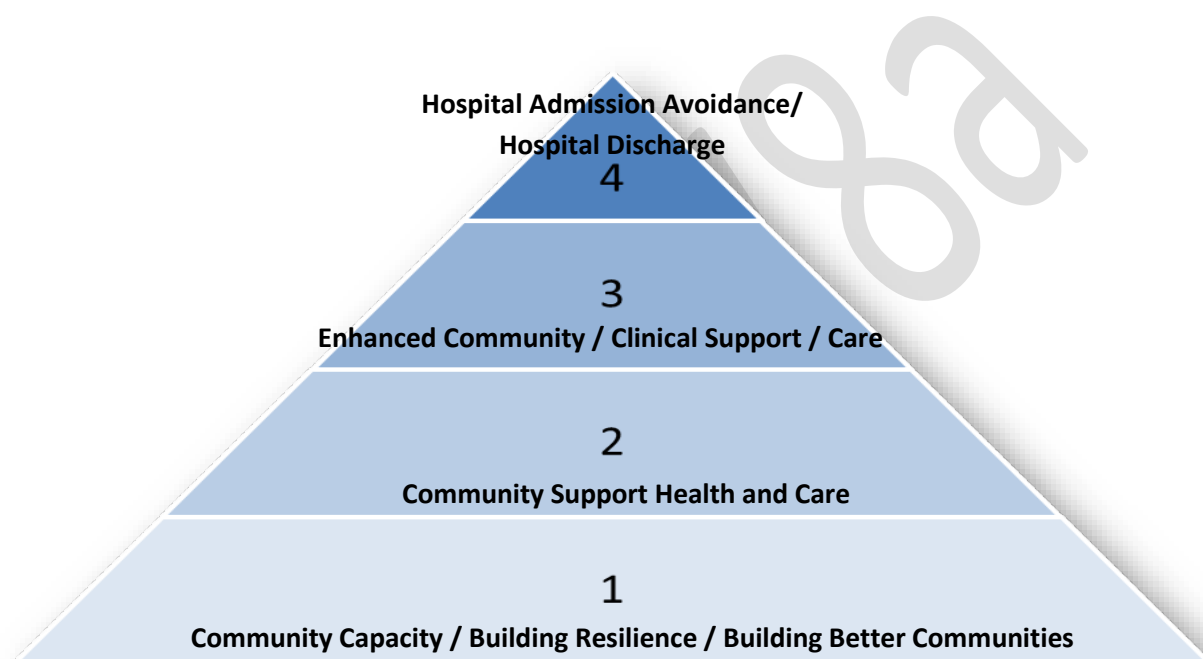
*The Fair Work plan was launched by the Scottish Government to improve fairness in the workplace. The Vision for Fair Work in Scotland is that by 2025, people in Scotland will have a world leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and for society. Fair work should be available to everyone no matter who they are. The action plan also sets out measures to help employers adopt fairer working practices and urges firms not to use “inappropriate” zero-hour contracts, where staff are working regular hours, tackle gender pay gaps and commit to investment in skills and training for workers. This would mean more security, decent pay and a greater voice for workers.

As part of the Fair work agreement South Lanarkshire Council has committed to the full implementation of the [Ethical Care Charter](#) for all their employees and to progress the objectives of stages 1, 2 and 3 for home care contracts procured by the Council.

5.4 Locality Planning

The strength, contribution and influence of the locality planning agenda has grown significantly since the first SCP 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 a key enabler to supporting the development of the strategic themes, particularly with regards to the actions detailed below.

ACTIONS

- Engaging and working directly with communities, particularly with regards to the BCC work
- Providing local leadership
- Strengthening collaboration and communication across agencies working directly with people who require our support
- Streamlining across points to services and supports
- 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 major shift in how statutory agencies work together and deliver services along with partners, stakeholders and communities.

Over several years, 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 IJB 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 principles:

- have defined and measurable outcomes
- present a clear and consistent narrative tailored to respective audience groups
- 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 BCC, 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.

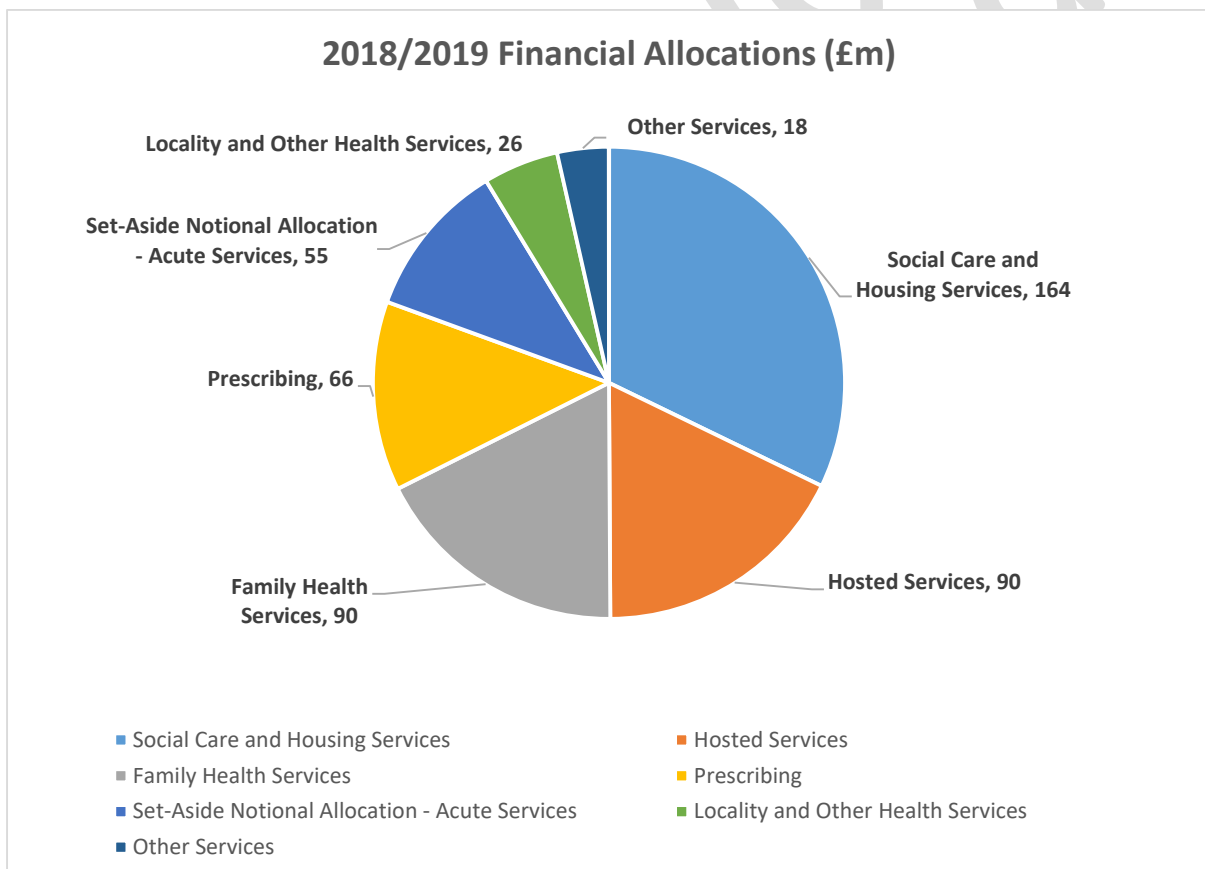
Fundamental principles of this approach going forward will include:

ACTION

- Review the Communication Strategy to reflect the 2019-2022 plan and associated 'Directions'
- Undertake a programme of community-based action to support the Building and Celebrating Communities programme
- Develop effective public information which supports people to access the Right Services at the Right Time.

5.6 Financial Framework

The financial envelope available to the IJB in 2018/2020 is graphically depicted as follows:



In 2019/2020, an additional £15.738m of funding will be available to take forward the following key strategic priorities:

- Extending free personal care to people under 65 years of age
- Year 2 of the Carers (Scotland) Act 2016 to support carers and cared for people
- Year 2 of the Primary Care Improvement Fund to improve patient outcomes
- Year 2 of the Mental Health Strategy Action 15 to develop and expand services
- Maintaining the payment of the Living Wage in 2019/2020
- Up-rating the free personal care rate in 2019/2020

Non-recurring funding is also expected to be received in-year.

As highlighted at section 5, the health and social care partnership is ambitious to shift the balance of care and the resources.

The Scottish Government announced on 31st January 2019 that they are to bring forward a three year funding settlement from 2020/21. This will allow both partners and the IJB to set a budget for more than one year, to facilitate more integrated planning and budgeting and a more strategic approach to financial decision making. Following the recently published Scottish Government Health and Social Care Medium Term Financial Framework, guidance is also awaited on the financial assumptions to be relied upon within the local medium term financial framework for South Lanarkshire over the three years 2020/2021 to 2022/2023.

The IJB financial strategy must ensure sustainability for the current and future years whilst recognising the significant challenges for both partners currently. Efficient, effective and affordable services fit for the future will need to be developed as part of the integration and transformational change activities. If these activities do not generate the required level of savings or if funding

released from a whole system approach to IJB cost reduction activity is not passed to the IJB, then there is a risk future budgets will not be balanced.

There are therefore 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

- Develop the short to medium term financial plan
- Align financial plan to the strategic commissioning intentions and 'Directions'

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
- Implementation of the recommendations detailed in the recent Audit Scotland Report for health and social care integration
- 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

5.8 Prioritising Commissioning Intentions

Critical to the success of this plan will be understanding the co-dependencies across each of the commissioning intention outlined in section 4. For example, the work to modernise and transform Primary Care services will have read across with commissioning intentions related to residential and day care and the development of the locality model. Consequently, the programme planning and change management across the whole system with regards to the timings of proposed changes needs to be fully understood in order to achieve the smoothest transition.

ACTION

- Develop health and social care programme plan to support the implementation of the commissioning intentions associated with the 13 strategic themes

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 action the strategic intentions set out in its SCP. 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'

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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 an evaluation approach known as 'Contribution Analysis'. This demonstrates the contributory factors and subsequent level of achievement against 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.

6.2 Performance Measurement

Supplementing evaluation activity and contribution analysis are 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 3 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 4 illustrates this.

Housing Contribution Statement (HCS) – core requirements

A HCS to the Health and Social Care Partnership's SCP is a statutory requirement, as set out in Scottish Government's Housing Advice Note (Sept 2015). While the HCS was attached as an appendix to the SCP 2016-19, it has now been fully integrated within the SCP 2019-22, clearly articulating links between housing, health and social care shared priorities and outcomes and aligning with and bridging to South LHS 2017-22. This appendix provides a brief summary of the core requirements for the HCS and reference index for where these elements are found within the plan.

HCS core requirement	Plan Reference	Outline
1. Briefly articulate the role of the local housing sector in the governance arrangements for the integration of health & social care	Section 1: 'Introduction'	This section sets out the purpose, development and implementation of the plan. It explains the role of the LHS Steering Group and associated groups including the Homelessness Strategy Group.
2. Provide a brief overview of the shared evidence base and key issues identified in relation to housing needs and the link with health and social care needs	Section 3: 'Analysing South Lanarkshire'	This section includes details of consultation and engagement (3.1) which includes details of Housing inputs and the concurrent development of the Rapid Rehousing Transition Plan (RRTP) 2019-24. There is a review of SCP 2016-19 progress (3.2), including key achievements for Suitable and Sustainable Housing. The strategic needs assessment analysis is refreshed (3.3) and includes details of overall housing need and demand as well as particular needs.
3. Set out the shared outcomes and service priorities linking the Strategic Commissioning Plan and Local Housing Strategy	Section 3: 'Analysing South Lanarkshire'	'The Policy and Legislative Framework' (3.4) sets out cross-cutting and interlinked plans, policies and strategies which detail shared outcome priorities for housing, health and social care.
4. Provide an overview of the housing-related challenges going forward and improvements required	Section 4: 'Planning for South Lanarkshire'	This section focuses on the plan priorities for 2019-22, taking account of the feedback, analysis and strategic framework. Housing features across a number of the strategic priorities and in addition to the retained priority for 'Suitable and Sustainable Housing', there is a new priority for ' Preventing and reducing homelessness ', which aligns with the shared partnership objectives set out in the RRTP 2019-24.
5. Set out the current and future resource and investment required to meet these shared outcomes and priorities. Identify where these will be funded from the Integration Authority's integrated budgets and where they will be funded by other (housing) resources	Section 5: 'How will we DO this?'	This section sets out the organisation and workforce issues, market considerations and the role of locality planning in determining resource and investment requirements. This includes setting out the overarching financial framework for services, which includes must be delegated housing functions in relation to services for aids and adaptations, care of gardens and supported housing.

Legislative

- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) Act 2000
- Carers (Scotland) Bill 2015
- Children and Young People (Scotland) Act 2014
- Community Care and Health (Scotland) Act 2002
- Equality Act 2010
- Local Government in Scotland Act 2003
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Procurement Reform (Scotland) Act 2014
- Public Health (Scotland) Act 2008
- Social Care (Self-directed Support) (Scotland) Act 2013
- Social Work (Scotland) Act 1968
- The Public Bodies (Joint Working) (Scotland) Act 2014

National

- A Route Map to the 2020 Vision for Health and Social Care 2011
- Age, Home And Community: A Strategy For Housing For Scotland's Older People: 2012 – 2021 (2011)
- Caring Together: The Carers Strategy for Scotland 2010-2015
- Changing Scotland's Relationship with Alcohol: A Framework for Action (2009)
- Children and Young People's Health Plan October 2015
- Children and Young People's (Scotland) Act 2014
- Early Years Collaborative Programme
- Good Mental Health For All
- Health Inequalities in Scotland – Audit Scotland 2012
- Homes fit for the 21st Century - The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020 (2011)
- Joint Housing Delivery Plan for Scotland (2015)
- Living and Dying Well – A National Action Plan for Palliative and End of Life Care In Scotland
- Many conditions, One life, Living well with multiple conditions (2014)
- Mental Health Strategy for Scotland 2012-15
- National Delivery Plan for Allied Health Professionals in Scotland 2012-2015
- National Dementia Strategy
- National Telehealth and Telecare Delivery Plan for Scotland 2015
- NHS Scotland Quality Strategy – Putting People at the Heart of our NHS 2010
- Prescription for excellence – A vision and Action plan for the right pharmaceutical care (2015)
- Report on the Future Delivery of Public Services (Dr Campbell Christie) 2011
- Reshaping Care for Older People: A Programme for Change 2011-21
- Scotland's National Dementia Strategy 2013-16
- See Hear – Strategic Framework for people with a sensory impairment in Scotland (2014)
- Self-directed Support – A National Strategy for Scotland 2010-2020
- Single Outcome Agreements Guidance to Community Planning Partnerships 2012

- The Keys to Life – Improving the Quality of Life for People with Learning Disabilities 2013
- The road to recovery: Tackling Scotland’s drug problem (2008)

Local

- Alcohol and Drug Strategy
- NHS Lanarkshire Inequalities Action Plan
- NHS Lanarkshire Local Delivery Plan 2016-2017
- South Lanarkshire Community Plan
- South Lanarkshire Carers Strategy
- South Lanarkshire Council Corporate Plan
- South Lanarkshire Integrated Children’s Services Plan
- Strategy for Pharmacy – in development

No	SOURCE	Measure
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
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		
2	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
3	NI - 12 / MSG 1a / NHS	Emergency admission rate (per 100,000 population)
4	NI - 13	Emergency bed day rate (per 100,000 population)
5	NI - 14	Readmission to hospital within 28 days (per 1,000 population)
6	NI - 18	Percentage of adults with intensive care needs receiving care at home
7	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)
8	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

No	SOURCE	Measure
9	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home
10	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready
11	MSG 4 / NHS	Delayed Discharges Bed days standard delays
12	MSG 3a / NHS	A&E Attendances
13	MSG 2A	UC Bed Days
14	MSG	A&E Attendances - South
15	NHS	Emergency bed days - South
16	NHS	Emergency Admissions
OUTCOME 3: People who use health and social care services have positive experiences of those services, and have their dignity respected		
17	NI - 15 / MSG 5a	Proportion of last 6 months of life spent at home or in a community setting
18	MSG 6	Balance of care: Percentage of population in community or institutional settings (all ages)
19	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
20	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated

No	SOURCE	Measure
21	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good
22	NI - 6	Percentage of people with positive experience of the care provided by their GP practice
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		
23	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
24	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		
25	NI - 11	Premature mortality rate per 100,000 persons
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		
26	NI - 8/NHS	Total combined % carers who feel supported to continue in their caring role
27		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		
28	NI - 9	Percentage of adults supported at home who agreed they felt safe
29	NI - 16	Falls rate per 1,000 population aged 65+

No	SOURCE	Measure
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		
30	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		
31	NI - 23	Expenditure on end of life care, cost in last 6 months per death

APPENDIX 4

