

**LANARKSHIRE NHS BOARD
ANNUAL OPERATIONAL PLAN 2018/19**

1	Introduction	2
2	<i>Achieving Excellence</i> – NHS Lanarkshire’s Clinical Strategy	3
3	Access Performance Template and Financial Plan for 2018/19	4
4	Plans being developed with Integration Authorities to reduce delayed discharges, avoidable admissions and inappropriately long stays in hospital, with focus to reduce unscheduled bed-days in hospital care by up to 10 per cent	5
5	Improving the Health of the Public	7
	Annex 1 – Access Performance	9

1 INTRODUCTION

This is NHS Lanarkshire's first Annual Operational Plan (AOP), replacing Local Delivery Plans, and produced in line with guidance received from the Scottish Government's NHS Scotland Director of Performance and Delivery on 9th February 2018.

In it, we provide:

- The longer term strategic context of our plans for 2018/19 by way of reference to our Clinical Strategy *Achieving Excellence*;
- A template setting out access performance information, and a link to our financial plan for 2018/19 as submitted to the March 2018 NHS Board meeting;
- A summary of plans developed with Integration Authorities to reduce delayed discharges, avoidable admissions and inappropriately long stays in hospital, with a focus to reduce bed days in hospital care by up to 10%;
- An overview of the actions we are taking, in collaboration with partners, to improve the health of the public, particularly with reference to the prevailing burden of disease and requirement to tackle addictions.

Calum Campbell
Chief Executive

2 *Achieving Excellence* – NHS Lanarkshire’s Clinical Strategy

While this Annual Operational Plan (AOP) is for the year 2018/19, it is important to set this single year within the context of our clinical strategy to drive forward transformational change in health and care and services for the people of Lanarkshire in the longer term.

In Lanarkshire, we developed and published *Achieving Excellence*, mirroring the aims of the National Clinical Strategy, during 2016. A copy can be found on our website or by clicking on this link:

<http://www.nhslanarkshire.org.uk/publications/Documents/Achieving-Excellence-March-2017.pdf>

In summary, *Achieving Excellence* sets out:

- The case for change, including the aim of shifting towards a focus on prevention, anticipation and supported self-management, based on the needs of local communities, with secondary care organised in centres of excellence and a new clinical understanding that is based on minimally disruptive realistic medicine;
- The changing health and social care needs of the people of Lanarkshire;
- The significant and evolving role of our Health & Social Care Partnerships (*Achieving Excellence* is one of a trilogy of strategic plans alongside the Joint Strategic Commissioning Plans of each Partnership);
- Programmes of improvement planned for:
 - Primary Care;
 - Long Term Conditions;
 - Older People’s Services;
 - Mental Health and Learning Disability;
 - Alcohol and Drugs;
 - Maternity, Early Years, Children and Young People;
 - Planned and Unscheduled Acute Care;
 - Orthopaedic Services;
 - Cancer Services;
 - Stroke Services;
 - Palliative Care.
- Development programmes for supporting services:
 - Pharmacy;
 - Property;
 - eHealth;
 - Transport.
- Workforce planning and development to underpin service changes;
- Outline change plans and timescales;
- Financial implications.

3 Access Performance and Finance Templates

3.1 Expected Performance in relation to Core Access Standards

In line with the guidance, we have completed the required template setting out our planned performance at March 2019, both with additional non-recurring investment and without such investment. This template was submitted to Scottish Government on 9th February 2018 and is based on the information available at that point in time. A copy of the template is provided at Annex 1 of this AOP.

Within Lanarkshire we have robust structures and systems in place to manage performance, from daily and weekly reporting at operational site level, through weekly management information to our Corporate Management Team, and Chief Executive / Director-led Capacity Planning meetings, Scrutiny Panels and Quarterly Reviews taking a broader and more strategic context of the whole system. We are also actively involved in national improvement programmes including Modernising Outpatients and Operating Theatres Utilisation in order to drive forward improvements in wider systems that will contribute to improved throughput and performance.

In relation to CAMHS, this is managed on our behalf by North Lanarkshire Health & Social Care Partnership, where there are structures in place to track and manage performance. A key factor in delivery is staffing, including the management of turnover and skill mix in a limited labour market.

These arrangements will track performance throughout the year and respond to any changes or developments as they arise. We also work closely with the Scottish Government's Access Support Team in relation to specific areas.

3.2 Financial Plan

This was completed and submitted to Scottish Government by the due date of 9th March 2018. It comprises a large complex spreadsheet that does not lend itself to inclusion here, however, details were set out in the Financial Plan Update 2018/19 paper to the NHS Board in March 2018 and a link to this document is provided here:

<http://www.nhslanarkshire.org.uk/boards/2018-board-papers/Documents/March/14b-Financial-plan-2018%2019--March-2018-Board.pdf>

4 Plans being developed with Integration Authorities to reduce delayed discharges, avoidable admissions and inappropriately long stays in hospital, with focus to reduce unscheduled bed-days in hospital care by up to 10 per cent (i.e. by as many as 400,000 bed-days across Scotland).

Undernoted is a resume of plans developed and agreed within each of our Health & Social Care Partnerships towards achieving this aim.

South Lanarkshire Health & Social Care Partnership:

South Lanarkshire H&SCP, in conjunction with NHS Lanarkshire, has instituted a range of actions to deliver a shift in the balance of care with an anticipated reduction in 24,000 unscheduled bed days.

The actions have been grouped around the 6 main indicator areas as noted below:

- ◆ unplanned admissions;
- ◆ occupied bed days for unscheduled care;
- ◆ A&E performance;
- ◆ delayed discharges;
- ◆ end of life care;
- ◆ the balance of spend across institutional and community services.

The detail of these actions are shared with the IJB and Health Board and reports provided regularly to chart progress against each.

More detailed work is underway to seek to review current care pathways – especially for the main ‘Long Term Conditions’ - with a view to providing more self care and out of hospital care, thus reducing the number of admissions and associated bed stays.

Other notable areas of work include:

- delayed discharge action plans;
- increased provision of rehabilitation/intermediate care approaches in a hospital setting;
- 24/7 community based response services;
- increased community palliative care services;
- full enactment of HBCC such that as few people as possible are receiving on-going care in a hospital setting;
- extensive publicity campaigns re alternative to A&E attendance;
- increased work with the Third Sector to provide community based support;
- increased home care provision;
- less variation in weekend working;
- greater use of Estimated Date of Discharge;
- increased access to an extended range of OOH services;
- bed modelling plans to reduce the number of hospital beds;
- locality planning to maximise community based care.

North Lanarkshire Health & Social Care Partnership:

Health and Social Care North Lanarkshire, in conjunction with NHS Lanarkshire, has developed a range of actions with the aim of delivering a shift in the balance of care, with an anticipated reduction of 10% in unscheduled bed days (27,000 bed days).

In line with the Measuring Performance Under Integration dataset, actions have focused on the six key elements noted below:

- Unplanned admissions;
- Occupied bed days for unscheduled care;
- A&E performance;
- Delayed discharges;
- End of life care;
- The balance of spend across institutional and community services.

Performance against these actions is regularly reviewed by the IJB, IJB Performance, Finance and Audit Sub-Committee and Health Board.

Key areas of work currently progressing in North Lanarkshire include:

- Development of new integrated Long Term Conditions and Frailty teams across the six Localities of North Lanarkshire;
- Development of a new Home Support model, with greater focus on Reablement, First Response and Specialist teams;
- Creation of a Discharge to Assess approach, building on learning from Sheffield;
- Review of the Intermediate Care model to ensure a proactive, rehabilitation-focused approach in off-site facilities;
- Full enactment of HBCC such that as few people as possible are receiving on-going care in a hospital setting;
- Full roll out of Estimated Date of Discharge;
- Increased community palliative care services;
- Further development of the Community Capacity Building and Carer Support infrastructure within the third sector, creating more community-based supports;
- Campaigns and messaging focused on self-management, anticipatory care and unscheduled care;
- A pilot on Integrated Support Workers, working in conjunction with District Nurses to support the management of Palliative Care in the community;
- Development of Redirection protocols with ED to ensure individuals are enabled to receive appropriate community-based supports where possible.

4 Improving the health of the public, particularly with reference to the prevailing burden of disease and the requirement to tackle addictions

NHS Lanarkshire seeks to improve the health and wellbeing of the population through the delivery of effective services, supporting both Health and Social Care Partnerships in their efforts to promote health, functioning as a key partner in both Community Planning Partnerships and supporting the implementation of the Local Outcome Improvement Plans (LOIPs). Support will be given to actions to address poverty and to develop the role of communities in taking a greater role in improving health.

Focus is placed upon inequalities and NHS Lanarkshire Board (NHSL) has committed to achieving the delivery of actions outlined in its High Level Inequalities Action Plan. NHSL has prioritised actions to improve health in early years, maximising our role as an employer to tackle inequalities, addressing the health needs of vulnerable populations such as the homeless, and developing inequalities sensitive practices in terms of care. Work will begin on addressing the impact of Adverse Childhood Experiences (ACE).

NHSL will support the new arrangements in both North and South Lanarkshire in relation to addressing needs around addictions, and will continue to support people to make lifestyle changes and seek to achieve agreed targets for smoking cessation and Alcohol Brief Interventions.

NHSL will also continue to utilise the framework provided by the Health Promoting Health Service to focus the health improvement efforts within NHS settings.

Links to key plans are listed below.

South Lanarkshire Neighbourhood Plan:

https://www.southlanarkshire.gov.uk/cp/homepage/37/loip_and_neighbourhood_plans

South Lanarkshire Local Outcomes Improvement Plan:

https://www.southlanarkshire.gov.uk/cp/downloads/file/93/local_outcome_improvement_plan_-_2017-2020_-_consultation_draft

South Lanarkshire Strategic Commissioning Plan:

<http://www.nhslanarkshire.org.uk/About/HSCP/Documents/Strategic%20Commissioning%20Plans/SLHSCP-Commission-Plan-16-19.pdf>

North Lanarkshire Local Outcomes Improvement Plan:

<http://www.nhslanarkshire.org.uk/boards/2017-board-papers/Documents/August/North-Lanarkshire-Partnership-Local-Outcome-Improvement-Plan--August-2017-Board.pdf>

North Lanarkshire Strategic Plan:

http://www.hscnorthlan.scot/wp-content/uploads/2016/05/nlc_strat_doc_v13.pdf

North Lanarkshire Commissioning Plan:

<http://www.hscnorthlan.scot/wp-content/uploads/2018/02/Achieving-Integration-Final.pdf>

Annex 1: Summary Performance Plan**Table 1 - with investment**

<i>Measure</i>	<i>Latest Performance Qtr end 31/12/2017</i>	<i>Planned March 2019 Performance</i>	<i>Time period - month/quarter</i>
62 day Cancer	97.3%	95%	Month
31 day Cancer	98.2%	95%	Month
12 weeks outpatient (no. > 12 w)	6457	4250	Monthly census
6 weeks diagnostics	94.9%	95%	Month
18 weeks CAMHS	73.6%	90%	Month
12 weeks TTG (no. > 12 w)	1953	1300	Monthly census
4 hour A&E	82.6%	90%	Month

Table 2 - without investment

<i>Measure</i>	<i>Latest Performance Qtr end 31/12/2017</i>	<i>Planned March 2019 Performance</i>	<i>Time period - month/quarter</i>
62 day Cancer	97.3%	95%	Month
31 day Cancer	98.2%	95%	Month
12 weeks outpatient (no. > 12 w)	6457	25400	Monthly census
6 weeks diagnostics	94.9%	95%	Month
18 weeks CAMHS	73.6%	90%	Month
12 weeks TTG (no. > 12 w)	1953	6150	Monthly census
4 hour A&E	82.6%	90%	Month