

Strategic Commissioning Plan

2020 - 2023





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1. Introduction

Welcome to our Strategic Commissioning Plan for Health & Social Care North Lanarkshire. This plan sets out our commitment to work with you to achieve our long term ambitions.

Only by working together, can we bring about real change to improve the overall health and wellbeing of the people of North Lanarkshire.

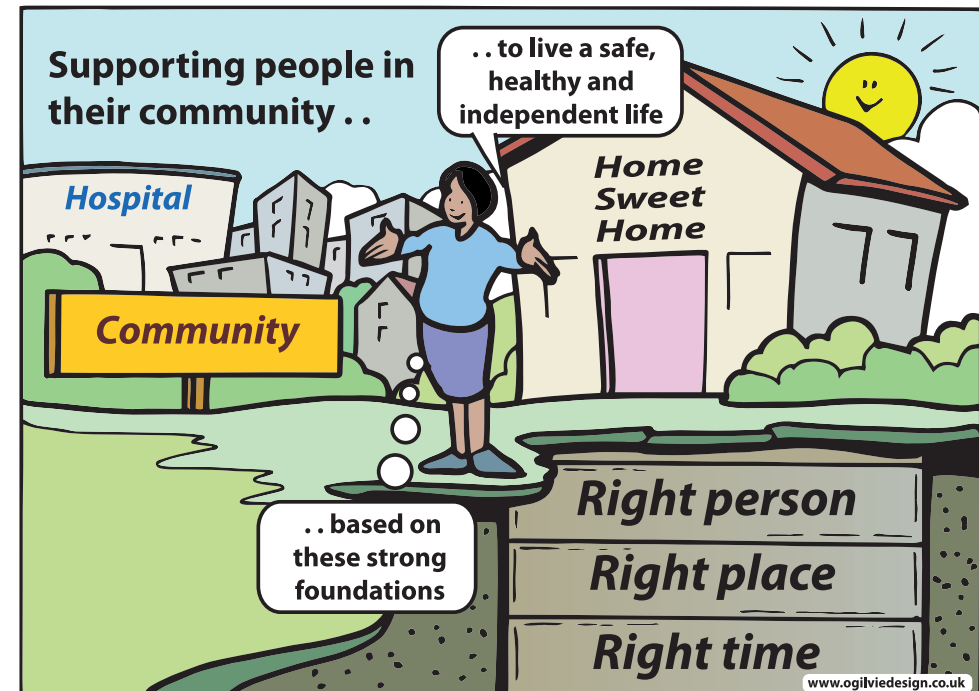
We very much value your input and feedback as the services we plan to design and deliver are your services, for your families and neighbours.

You will know that we face many challenges in North Lanarkshire;

- There are significant and persistent inequalities in North Lanarkshire that impact on the life opportunities and chances that people have. We have high levels of child poverty however we know that investing in the health and wellbeing of our children, young people and families is the key to our future success as a community.
- Previously, we have focused mainly on providing care when people become sick instead of helping people to stay healthy and be supported to live safely in their own homes for as long as possible.
- Whilst recognising that we have to do more to help people stay healthy, we also recognise that more people have multiple health conditions making their support and care needs more complex.
- We have an increasingly elderly population who often feel lonely and isolated.
- Demand for services is rising which means that resources need to be used to maximum effect.

This three year plan has been developed to build on and support the ten year strategic plan for Health & Social Care North Lanarkshire which we launched in 2016. [North Lanarkshire Strategic Plan](#)

We have made many significant achievements in the last three years and this plan sets out the things we will aim to tackle in the next three years.



2. Partnership working

This is our opportunity to work with you to ensure that the people of North Lanarkshire can expect to live longer, healthier, more independent and happier lives.

We are committed to working in partnership with our statutory partners and the third and independent sectors. Improving health and social care services in isolation of other public services has a limited impact on health and wellbeing outcomes and addressing areas of wider social concern, such as inequalities. To be effective we must fully operate within the community planning structure in North Lanarkshire to ensure that health and social care services play their full role in addressing wider social concerns and likewise that regeneration, transport, housing, education, leisure, culture, employment and other public services support better health and wellbeing outcomes. The **'Plan for North Lanarkshire'** sets out the long term vision for North Lanarkshire - a vision where North Lanarkshire is the place to *Live, Learn, Work, Invest, and Visit* [Plan for North Lanarkshire](#)

We will play a key role in tackling inequalities in North Lanarkshire and we will work with community planning partners to tackle some of the longstanding and fundamental causes of social inequality. Reducing and overcoming such inequalities are part of our Fairer Scotland Duty and will be our focus.

As a partnership we have identified the need for the health and social care partnership to continue to work together with the housing sector in North Lanarkshire in the design of future services. This has clear benefits for all, given that good health and wellbeing starts at home and that housing organisations are well placed to influence a number of key areas that

have a significant impact on health and wellbeing, such as the provision of high quality, accessible, affordable housing, equipment and adaptations, the provision of housing support services and housing options advice and information. We will also continue to work with Housing and other partners to implement the Rapid Rehousing Transition Plan for North Lanarkshire with a strong focus on preventing homelessness and working together to jointly support those who are at risk of, or experiencing, homelessness. The Housing Contribution is set out in Appendix.2

Better outcomes for the children and young people in North Lanarkshire will be achieved by working more collaboratively with children's services and aligning our respective activities more fully. We are working closely with our partners to finalise a Children's Services Plan and a Children and Young People's Health Plan.

North Lanarkshire Council and NHS Lanarkshire, together with other public agencies such as Police Scotland, have statutory duties in respect of public protection. This means matters relating to child protection, adult protection, MAPP (multi-agency public protection arrangements regarding the management of high risk offenders) domestic abuse and gender based violence. We also work with the Community Safety and Community Justice partnerships and indeed with communities themselves in order to keep people safe.



3. Achievements

Since we developed our first plan, significant progress has been made in North Lanarkshire in improving health and social care services and improving outcomes for individuals;

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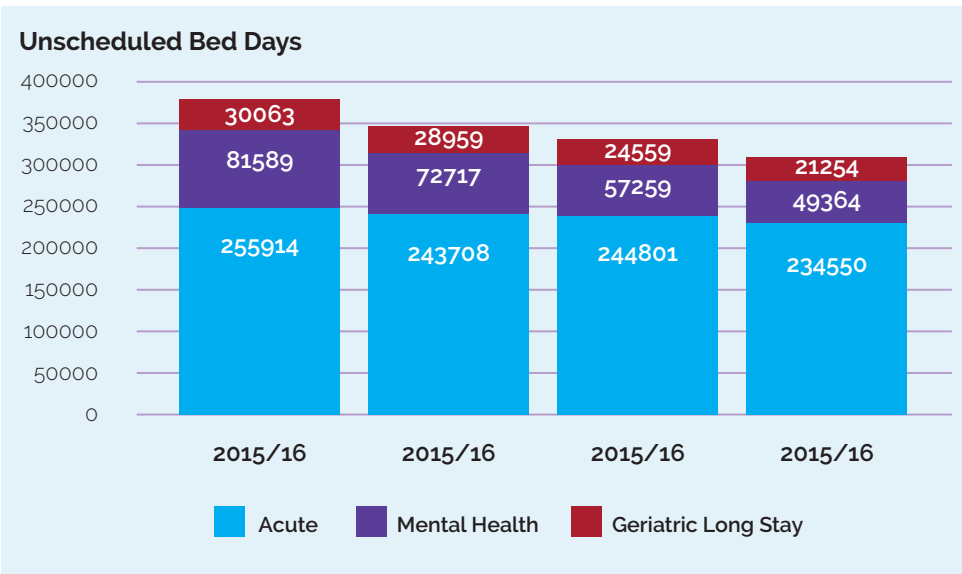
We set ourselves a challenging target to reduce the number of **unplanned bed days (unscheduled care)** by 10% by March 2019. We used 2015/16 as our baseline starting point and have achieved consistent reductions in the number of unscheduled bed days in that time. This is an important achievement as it demonstrates that, where possible, we are avoiding crisis situations developing and supporting people to live in their own homes with the right support at the right time.

Integrated Rehabilitation Teams have been developed across each of our six localities. These teams bring together therapists from hospitals and communities in an integrated community team using a joint system of assessment and prioritisation. Service users receive timely access to appropriate services and this has reduced the need for additional handovers and duplication of provision, while placing rehabilitation and reablement principles at the heart of social service and care delivery.

A **Health & Social Care Academy** has been established which shares information and guidance on entry routes into health and social care roles that offer valued, sustainable and satisfying jobs with many opportunities and progression pathways. The dedicated website (www.carecareersnl.co.uk) also highlights further and higher education opportunities and volunteering opportunities. The academy is based within the campus of Coltness High School and offers;

- Skills for work Level 4/5 Health and Social Care
- Skills for Work Level 4/5 Early Education and Childcare
- Foundation Apprenticeship Social Services and Health Care
- Foundation Apprenticeship Social Services Children and Young People
- Prince's Trust Get Into Health and Social Care

Making Life Easier (MLE) is a self-assessment online platform providing a consistent approach around advice, signposting and support to people living in North Lanarkshire. This easy to use resource means that prevention and early intervention is locally available. MLE provides personalised responses to individuals following their completion of a self-assessment.



We were pleased to have the opportunity to work with partner agencies to develop a five year **Rapid Rehousing Transition Plan (RRTP)** to help those experiencing homelessness. The plan sets out the changes required in temporary accommodation supply, housing supply and support to enable settled housing options for homeless households.

In North Lanarkshire we have had a strong commitment to investment in the **Third Sector (Voluntary and community organisations)**. The work they deliver ranges from;

- Promotion and support to people to do more walking and physical activity
- Good neighbourliness and befriending
- Cooking classes aimed at optimising health for those affected by specific health conditions and helping people to make healthier food choices
- Peer support for those affected by addiction
- Carer supports and rights and community engagement.

Last year, a comprehensive independent review was undertaken to consider how well these services were performing across a range of measures including outcomes, use of resources and engagement and participation. The findings were very positive and reinforces our need to continue to invest in community based activities and initiatives. Going forward this range of services will be grouped under the banner of **'Community Solutions'**.

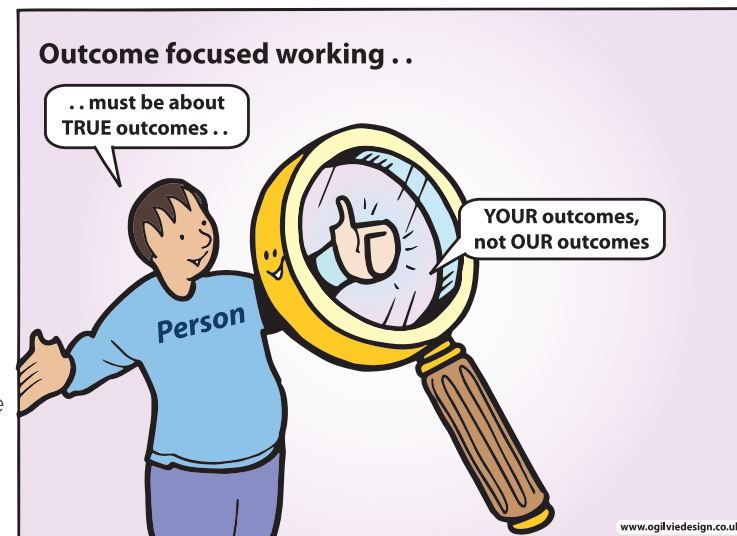
Access to services for **mental health** issues is a basic issue of health equality. Following receipt of national funding (Action 15), we have increased the number of mental health professional staff in Accident

& Emergency Departments, police custody suites and prisons. We have also increased access to specialist mental health services during and immediately after pregnancy, as we have recognised that without appropriate treatment, the negative impact of mental health problems at this crucial time is enormous and can have long-lasting consequences not only for women, but their partners and children too. We have also been tackling issues around mental health stigma and discrimination through our successful Stigma Free Lanarkshire programme.

Scotland has a long history of **alcohol and drug misuse** that damages lives, families and communities. Many of those affected are among the most vulnerable and marginalised members of our communities and are subjected to stigma due to their addiction. In North Lanarkshire we work closely across all agencies and the voluntary sector to provide a range of recovery services designed to support individuals and their families. In the last year we have increased our funding to these services particularly in areas such as advocacy, peer support and family support.

We also remain committed to reducing harm from tobacco use as tobacco remains the primary preventable cause of ill health and premature death, and North Lanarkshire is higher than the Scottish average in terms of:

- deaths as a result of smoking
- hospital admissions for smoking related disease
- Chronic Obstructive Pulmonary Diseases (COPD)



- heart disease
- cancers

We recognise the importance of prevention and early intervention approaches to improving the health of future generations. We have been working with partners to develop and deliver a range of programmes targeting early years, children and young people with a focus on a range of health and wellbeing themes including breastfeeding, healthy weight and smoking prevention and cessation. A Healthy Schools online framework has been developed to guide the teaching of Health and Wellbeing education throughout the school year. There are currently 70% of primary schools using the framework across North Lanarkshire and this framework is now being further developed for use in secondary school settings.

4. Measuring performance

We have a range of national and local performance measures within health and social care that allow us to measure how well we are doing against national and local targets

There are nine National Health & Wellbeing Outcomes:

National Health & Wellbeing Outcomes								
People are able to look after and improve their own health and wellbeing and live in good health for longer.	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.	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Health and social care services contribute to reducing health inequalities.	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	People using health and social care services are safe from harm.	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.	Resources are used effectively and efficiently in the provision of health and social care services.

Our performance against the national indicators in 2018/18 is as follows:

National Outcome Indicators								
90% of adults are able to look after their health very well or quite well (2017/18)	75% of adults supported at home agreed that they are supported to live as independently as possible (2017/18)	71% of adults supported at home agreed that they had a say in how their help, care, or support was provided (2017/18)	70% of adults supported at home agreed that their health and social care services seemed to be well co-ordinated (2017/18)	75% of adults receiving any care or support rated it as excellent or good (2017/18)	76% of people had a positive experience of the care provided by their GP practice (2017/18)	76% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (2017/18)	33% of carers who feel supported to continue in their caring role (2017/18)	80% of adults supported at home who agreed they felt safe

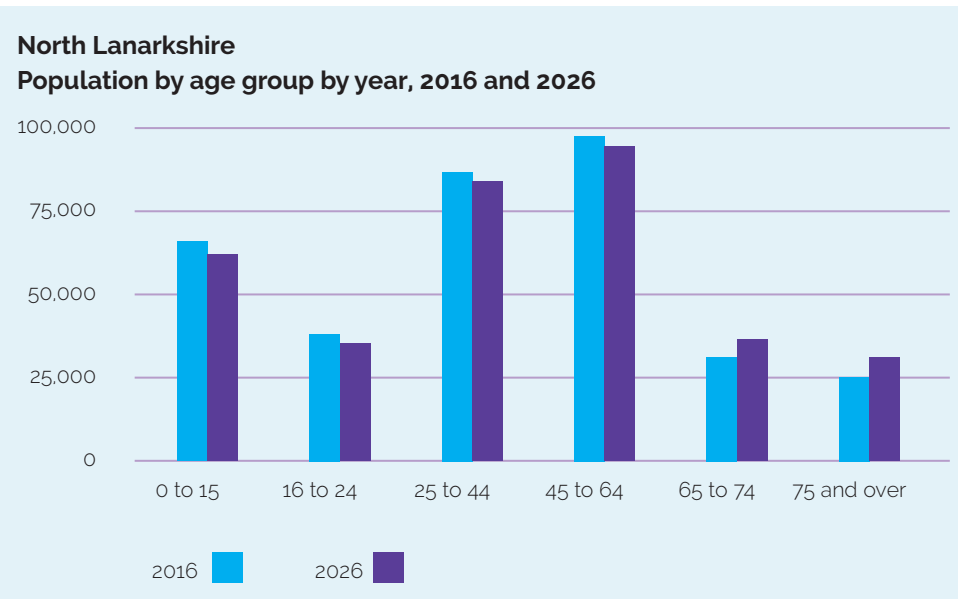
	National Data Indicator	2016/17	2017/18	2018/19	Compared with last year	Compared with Scottish Average
NI - 11	Premature mortality rate per 100,000 persons	522 (2016)	482 (2017)	517 (2018)	↓	↓
NI - 12	Emergency admission rate (per 100,000 population)	15,457	15,658	15,803	↓	↓
NI - 13	Emergency bed day rate (per 100,000 population)	125,849	119,498	112,417	↑	↑
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	99	99	100	↓	↑
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88%	88%	89%	↑	↑
NI - 16	Falls rate per 1,000 population aged 65+	20.9	22.6	22.5	↑	↔
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83%	79%	76%	↓	↓
NI - 18	Percentage of adults with intensive care needs receiving care at home	71%	72%	75%	↑	↑
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (aged 75+)	961	1009	996	↑	↓
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	22%	21%	↔	↑
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA

↑	Performance levels are higher
↓	Performance levels are lower
↔	Performance levels are the same

5. North Lanarkshire overview

Population Projections

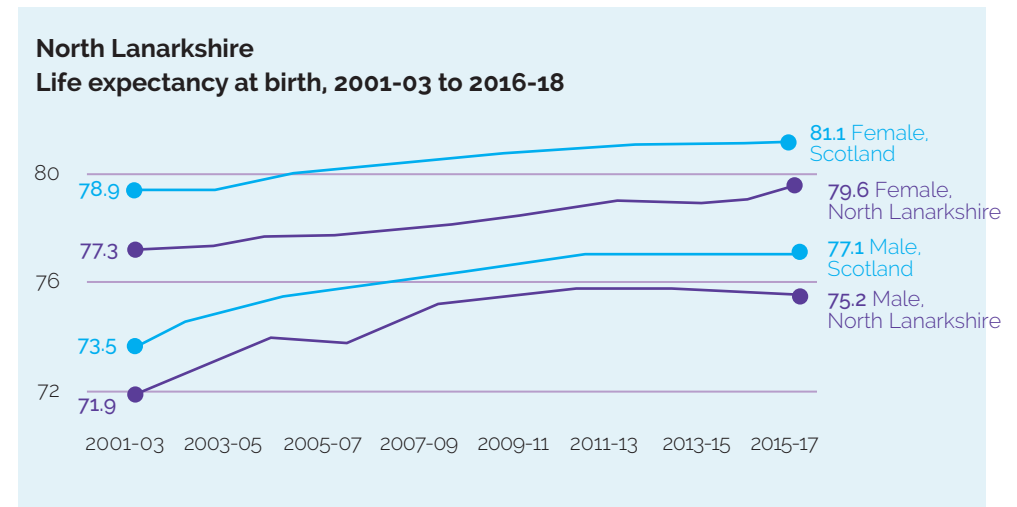
Between 2016 and 2026, the 16 to 24 age group is projected to see the largest percentage decrease (-5.2%) and the 75 and over age group is projected to see the largest percentage increase (+25.5%). In terms of size, however, 45 to 64 is projected to remain the largest age group.



Life Expectancy

In North Lanarkshire, life expectancy at birth was higher for females (79.6 years) than for males (75.2 years) in 2016-18. Male life expectancy at birth has increased more rapidly than female life expectancy at birth between 2001-03 and 2016-18.

In North Lanarkshire both male and female life expectancy remains below that of the Scottish average.



Deprivation

SIMD 2020

North Lanarkshire has a larger share of the 20% most deprived data zones in Scotland compared with SIMD 2016 – 35% of our datazones are in the 20% most deprived data zones in Scotland, compared with 32% in SIMD 2016.

North Lanarkshire has a higher proportion of its population living in the 20% most deprived datazones:

Percentage of population living in:	North Lanarkshire	Scotland
SIMD 1 (20% most deprived)	33%	19%
SIMD 2	27%	19%
SIMD 3	13%	20%
SIMD 4	16%	21%
SIMD 5 (20% least deprived)	11%	21%

Across North Lanarkshire, 50,897 (15%) people are income deprived against the Scottish average of 12%. Of this 50,897 income deprived population:

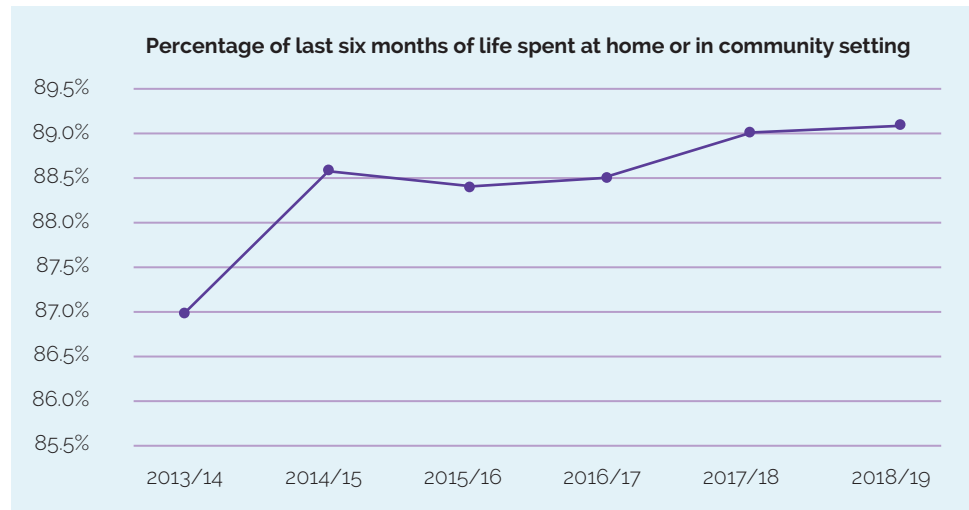
- 28,426 live in the 20% most deprived datazones and 18,251 live in the 15% most deprived datazones
- Therefore, 22,426 income deprived people live outside the 20% most deprived datazones

There are 24,796 working age people in North Lanarkshire experiencing employment deprivation. This is 11% of the working age population. In Scotland this is 9%.

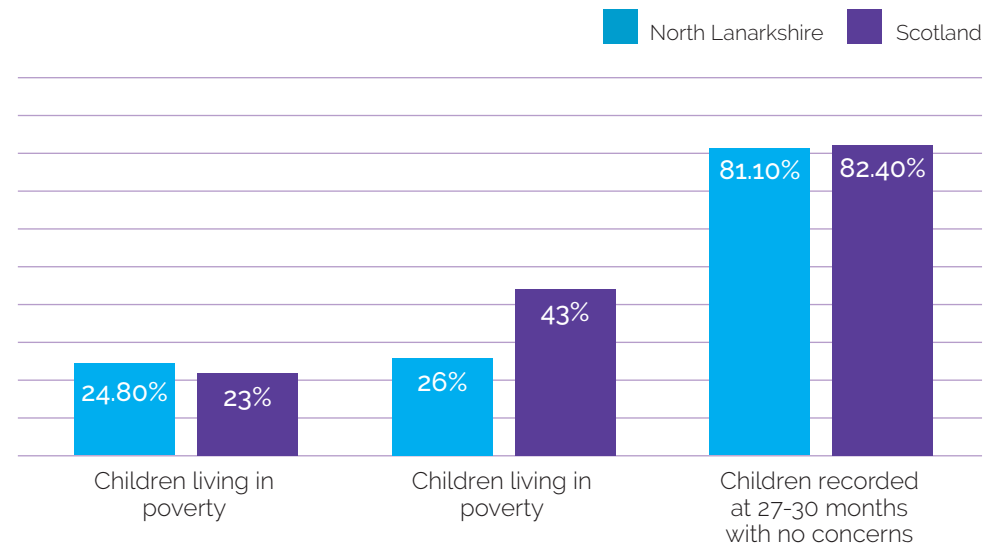
- 13,415 people are employment deprived in the 20% most deprived datazones and 11,205 people are employment deprived in the 15% most deprived datazones,
- This means 11,381 employment deprived people live outside the 20% most deprived datazones
- The number of people experiencing income and/or employment deprivation in North Lanarkshire has fallen since the 2016 SIMD.



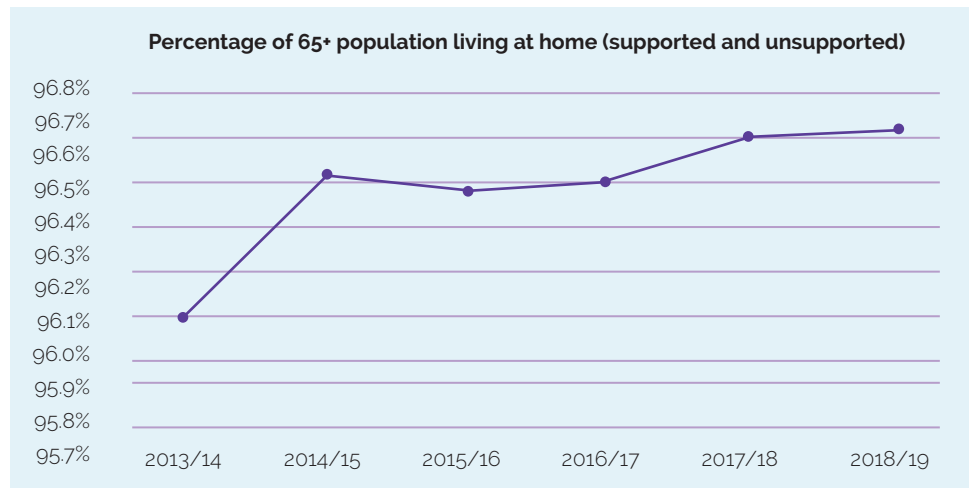
End of Life Care



Key Issues affecting Children



Balance of Care



Home Care

75% of adults with intensive support needs receive care at home. This is the highest proportion of all mainland council areas in Scotland & this is something we are proud to maintain.



6. Localities

In North Lanarkshire we have six well established locality areas based around the main townships. The localities provide a focus for local planning and service delivery that is more responsive to local needs.

LOCALITY	POPULATION	LINKS
Airdrie	57,576	Airdrie Locality Profile
Bellshill	42,273	Bellshill Locality Profile
Coatbridge	50,389	Coatbridge Locality Profile
Motherwell	45,504	Motherwell Locality Profile
North (Cumbernauld, Kilsyth, Chryston & Moodiesburn)	86,095	North Locality Profile
Wishaw	58,343	Wishaw Locality Profile
Total	340,180	

LOCALITY PLANNING

Each of our 6 localities have developed a locality plan that takes account of their own strengths and assets as well as the particular challenges within their locality.

All Localities have their own Locality Planning Group (LPGs). These groups are made up of representatives of the local community and staff and can influence change at a local level and contribute to service development and priorities.

All the LPGs are represented on the North Lanarkshire Strategic Planning Group.

As part of the strategic needs assessment we have locality profiles for each of our six localities. These profiles provide an in-depth picture of the activity, demand and resources that are used by each locality. This information provides the baseline information that is required for each locality to develop its priorities and tailor their approach to meet the specific patterns of need in each locality.

A common theme that has been raised during locality engagement events has been the inconsistency in boundaries across North Lanarkshire. There are currently a range of different boundaries in place, which are not coterminous with e.g.

- NHS Lanarkshire Locality boundaries
- NLC Social Work Locality boundaries
- Community Matters boundaries (previous Local Area Partnerships)

The inconsistencies create issues in terms of continuity of care and integrated locality planning. We plan to review our locality boundaries over the next three years.

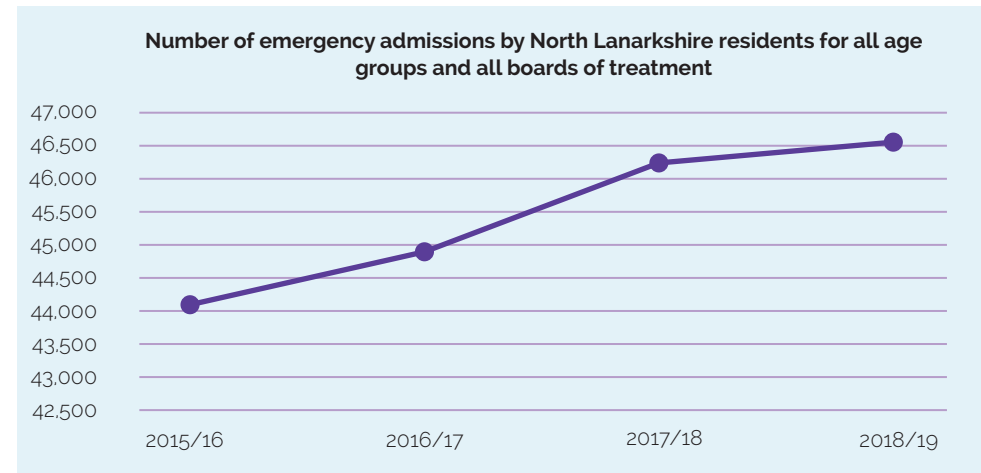
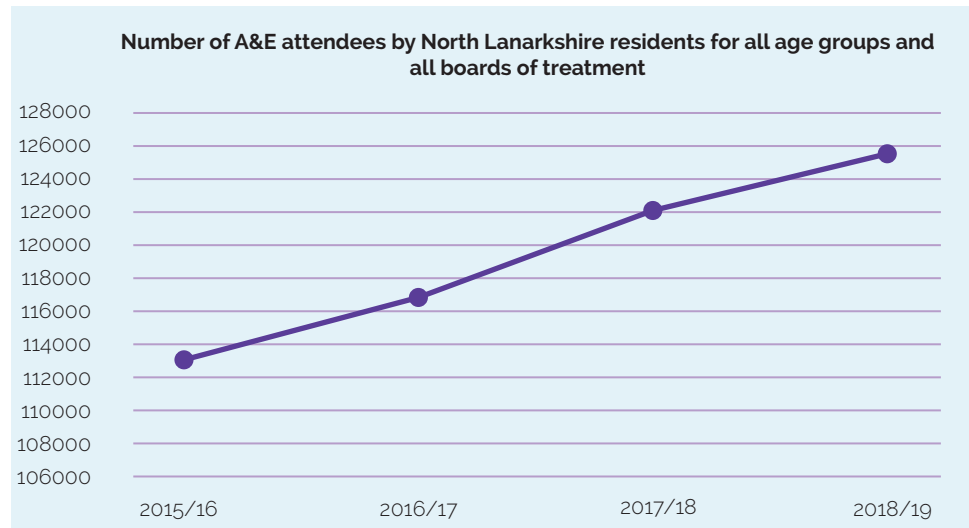


7. Our current work

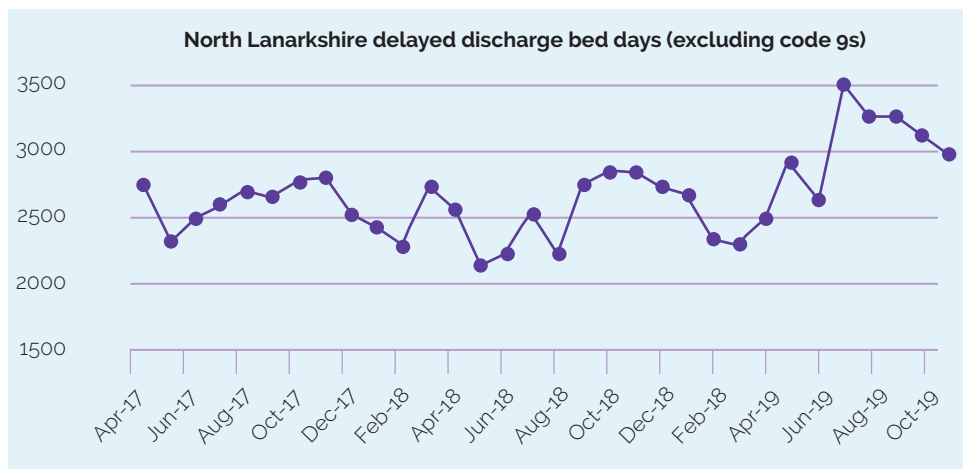
The number of people attending **Accident & Emergency departments (A&E attendances)** in North Lanarkshire has gradually been increasing over a number of years and this is an area of significant concern to us.

We set ourselves a challenging objective of trying to reduce the rate of increase in attendances by March 2020 and we will continue to work with our hospital colleagues to try to tackle this trend. We recently reviewed some of the reasons why some people were frequently attending A&E and the results have identified ways that we can work more effectively to provide better support between services out with traditional core hours. Along with the work being undertaken within the **Primary Care Improvement Plan**, we hope to provide a better range of coordinated services that reduces the need for people to attend A&E for non-life threatening illnesses. This is another area of work where we need to engage with local communities to understand their needs and match that with accessible and effective services.

On a similar vein, we have been concerned by the increase in unscheduled/ emergency admissions and recognise that we need to focus our efforts in developing alternative pathways of care that avoid crisis admissions.



Our progress in reducing the number of occupied bed days due to **delayed discharges** i.e. extended hospital stays whilst care packages are put in place to support discharge, has been steady with increased pressure noticeable over the winter period. The rising number of individuals with increasingly complex needs requiring assessment has had the most significant impact on the time that people remain in a hospital bed.



- Community Alarm service – we have recently invested in additional staffing to support improvements in the community alarm service focusing on making sure that those in need of an alarm service receive a responsive quality service.
- Quality Assurance - monitoring and improving standards of care from home support providers to ensure a quality service is provided.

Over the next few years we will continue to develop & implement the **Home Support** model. The roll out of the SDS approach for those requiring ongoing paid support will create a more person centred approach in North Lanarkshire and younger adults and families of children with a significant disability are already supported with an individual budget. As the uptake of older adult SDS increases, we will continually review the support and care provided through in-house or other providers.

We are currently working on the development and implementation of the **Primary Care Improvement Plan (PCIP)**. This is an ambitious area of work that aims to free up more GP time by providing alternative specialist services such as pharmacists, dedicated vaccination teams, community link workers attached to GP practices as well as extended treatment room services in every locality and a review of GP premises and digital solutions. We know that access to GP services is an area of concern for a number of our residents in North Lanarkshire and we are keen to work with local people to ensure that our investment and development plans meet local needs and offer a range of accessible services.

Success in all of the above areas of work is very much dependent on closer working with all our partner agencies and engagement and involvement with our local communities. In particular, we recognise the huge value of our 45,000 carers in North Lanarkshire and we have worked hard to make additional supports available to implement the **Carers (Scotland) Act 2016**. We have already made good progress in establishing additional services to support carers in North Lanarkshire including; information and advice, direct support, short breaks and young carer statements. Further work is required around section 28 of the Act, which supports carers in respect of hospital discharge. During 2018/19, our third sector colleagues were able to support carers as follows:

In 2018 we adopted a new model of **Home Support** designed to improve the quality of services and support to people and their unpaid carers, including young carers. The new model focuses on six major elements;

- **Integrated Model** – a more coordinated approach across hospital and community. We developed a model called '**Discharge to Assess**' which means that people who have been in hospital are able to go home to be assessed for any additional requirements such as home support. Previously people waited to be assessed in a ward rather than in their normal and familiar environment. This initiative has reduced unnecessary delays in hospital and improved the assessment process.
- **Same Day Response/Reablement/First Support** – these initiatives have also reduced unnecessary delays in hospital and helped people to stay in their own homes for longer.
- **Specialist Teams** - supporting people with frequently changing needs and end of life care – we have had very positive feedback from families on the difference these specialist teams have made at difficult times.
- **Ongoing Paid Support** (allocation of an individual budget to deliver individual outcomes as part of **Self Directed Support (SDS) package**).

- 479 Adult Carer Support Plans were completed by Lanarkshire Carers Centre
- North Lanarkshire Carers Together provided 1769 carers with information and made 708 referrals on behalf of carers to statutory & voluntarily services

The Community Capacity Building and Carers' Support programme (now referred to as Community Solutions) has had a particular focus on support for carers and their community based palliative care project has supported carers as follows:

- 127 short breaks have been accessed
- 137 reports of increased ability to manage their caring role
- 135 reports of better wellbeing

With our partner agencies, we have successfully developed a **Lanarkshire Mental Health & Wellbeing Strategy** (2020- 2024) via a rigorous planning and engagement approach. We are now in the process of developing an Implementation plan which will take forward a number of key pieces of work which reflects our commitment to improving the mental health and wellbeing of the people who live and work in North Lanarkshire. Our vision for Lanarkshire is one where everyone has good mental wellbeing from before birth (perinatal health) through to later life and where those experiencing mental health problems are supported, can recover and have good mental wellbeing, free from stigma and discrimination. Our main strands of work for the coming years are as follows:

- **Self-harm and Suicide** - A range of suicide prevention programmes have been taken forward including awareness-raising campaigns targeting young men, a group at particular risk of suicide, through local professional football clubs and local communities, development of a suicide prevention app, delivery of suicide prevention training and working with partners to target locations of concern. These programmes will continue to be developed and evaluated in line with the evidence-based actions outlined in the national plan.
- **Distress brief intervention** - Lanarkshire is currently the host site for an innovative national programme to ensure a compassionate and effective response to people presenting to services in distress and learning from the programme will continue to be rolled out.
- **Stigma and discrimination** - We will continue to work with See Me (Scotland's Programme to tackle mental health stigma and discrimination) to take forward

an ambitious three-year programme of work aimed at reducing stigma and discrimination within four areas: education, health and social care, communities and workplaces. We will build on local successes to create a movement for change to challenge mental health stigma and discrimination and promote recovery.

- **Addressing physical health needs of those with mental health problems** – Locally, good practice has developed to support the wider health needs of people who experience mental health problems through holistic assessments and promoting access to services such as leisure, smoking cessation and wider community-based programmes and this will continue to be developed.
- **Improving Access to mental health supports and services** including services within primary care, hospital emergency departments, prisoner health care and police custody suites.
- **Specialist Mental Health services** – we will continue to review and improve our more specialist services with a particular focus on older adults in patient provision, perinatal mental health services, rehabilitation and recovery services, forensic mental health services and dementia services.
- **Children and young people's mental health & wellbeing** - a whole systems approach will be required that involves health, education, the third sector and, crucially, children and families themselves in co-designing and co-producing support and services that will ensure that children and young people and their families will get the right help and support when they need it, and are able to access to specialist services when mental ill health occurs.

A Children's Services Plan and Children and Young People's Health plan are currently being developed by partner agencies and we are fully committed to implementing the recommendations contained within these important plans. These plans will link to the Good Mental Health for All action plans.

North Lanarkshire has some of the lowest **breastfeeding rates** in the UK and despite achieving and maintaining UNICEF Baby Friendly accreditation in our health services, we have struggled to significantly improve the low breastfeeding rate. We recognised that we needed to fundamentally shift our approach and work across agencies on a whole system basis. We have now established a strategic multiagency steering group and have held two very successful breastfeeding

summits with a further one planned for this year. We are in the process of rolling out the Scottish Government's Breastfeeding Friendly Scotland scheme and aim to make North Lanarkshire a place where breastfeeding is the norm and where mothers and families are part of a supportive community. North Lanarkshire Council have wholeheartedly committed to encouraging more women to breastfeed and have committed to a range of actions including;

- Incorporating breastfeeding awareness into the school curriculum
- ensuring that suitable breastfeeding facilities are available across North Lanarkshire and
- Supporting staff with flexible working arrangements to support them when they return to work from maternity leave.

North Lanarkshire Council are working with the Scottish Government to become the first designated 'Breastfeeding Friendly Council' in Scotland.

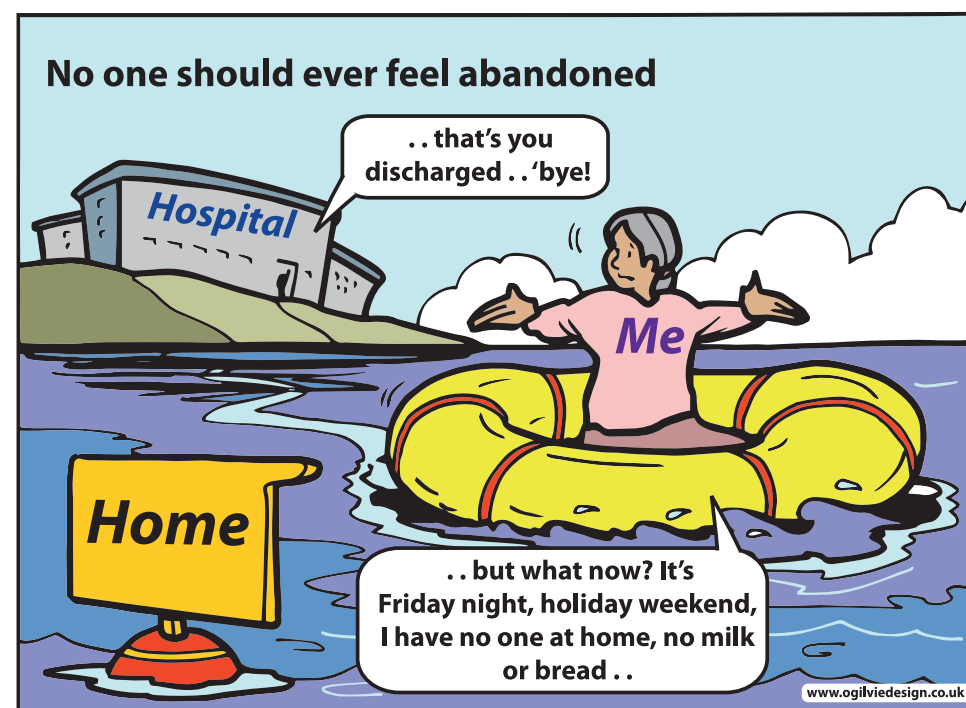
We have been particularly focused on developing our **Child and Adolescent Mental Health Services (CAMHS)**. We want to ensure that CAMHS is more readily available when required and pays particular attention to vulnerable children i.e.; those living in poverty, looked after and care experienced children & young people, children in contact with the criminal justice system and children with a learning disability and/or autism. We also need to work harder to improve wellbeing and support families and schools to prevent issues developing and provide earlier intervention to support children and families.

Within our Paediatrics Service, we are currently developing a business case to review the feasibility of creating a Short Stay Paediatric Assessment Unit, where infants, children and young people with acute illness, injury or other urgent referral from clinicians can be assessed, investigated, observed and treated with an expectation of discharge in less than 24 hours. We are also undertaking an analysis of the current delivery of medical and community outpatient services to support modernisation, reducing long waits and creating additional capacity.

We know that young people can struggle to make the transition from children's services into adult services and we recognise that all our services need to work harder to make this transition as seamless as possible.

We will continue to work with our colleagues in the community justice partnership

to develop an integrated approach within justice services. In working better together we seek to improve health and wellbeing. In particular we are working to strengthen the links to addiction and mental health services as well as promote opportunities for employment and training.



8. Developing the plan

Over the last few months we have been working with our local communities to better understand local needs, local concerns and frustrations and most importantly, how our communities can better work together to improve the health and wellbeing of the people of North Lanarkshire and better support our staff, carers and volunteers.

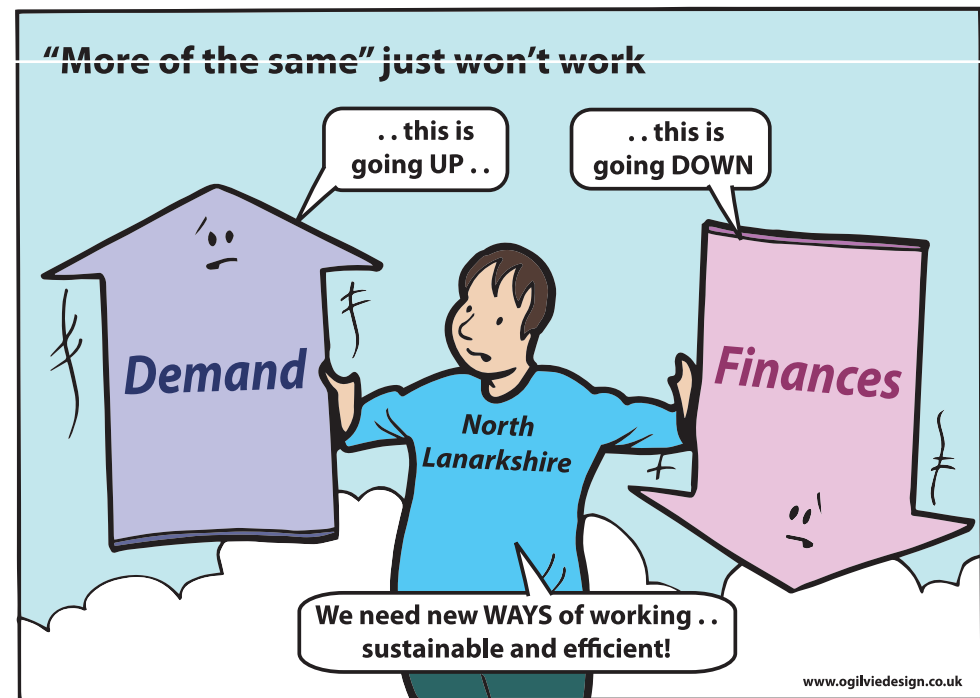
We held a number of engagement events with over 600 attendees including staff from the NHS and local authorities, service users, carers, volunteers and colleagues in the independent and third sectors.

We reviewed our achievements over the last three years and were encouraged by how far we had come as a partnership. We also acknowledged how much was still to be done and how demand for some services had increased and how resources were stretched.

The events have helped us regroup and refocus our energies and resources on what we know works.

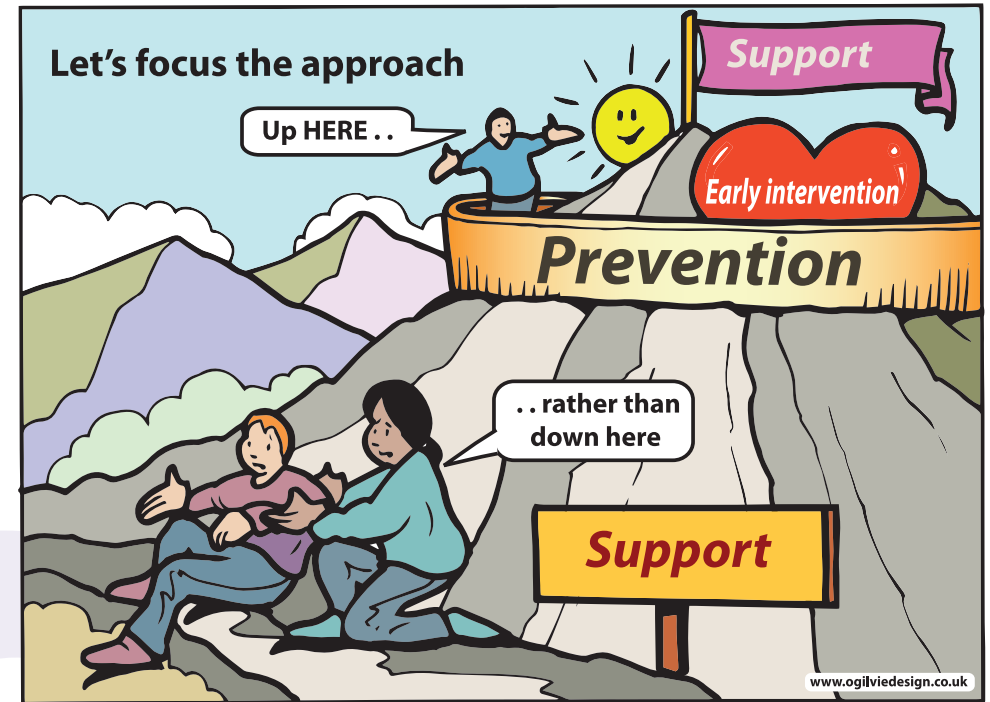
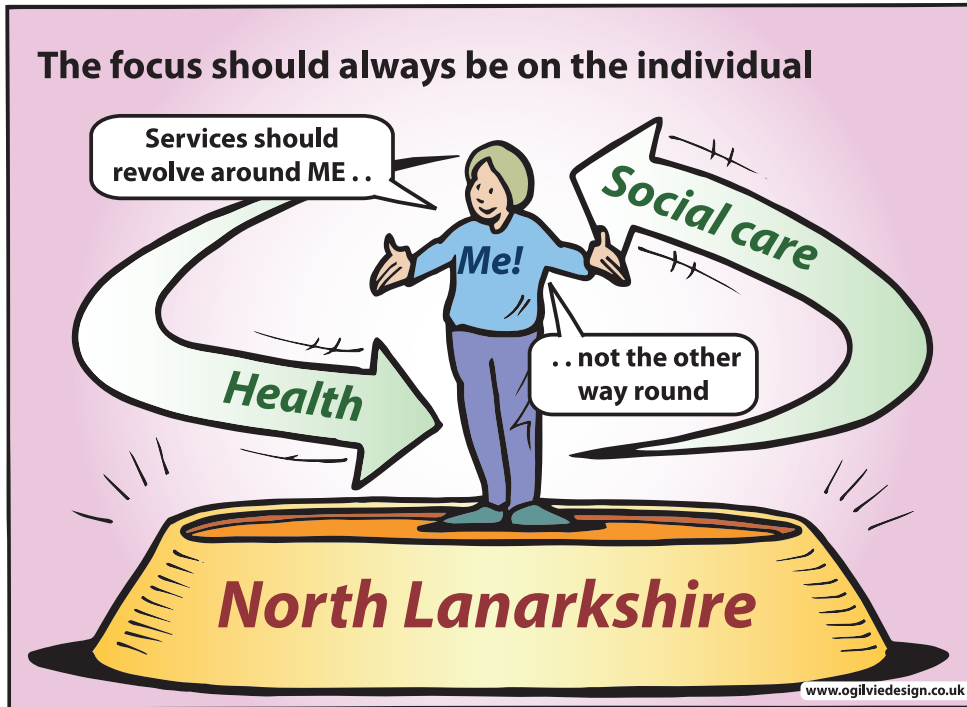
We recently launched an online survey which asked people to rate a number of factors in order of importance. Over a thousand people responded and told us that the things that mattered most to them were:

- Priority 1.** People should be in control of the care they receive and it should meet their needs.
- Priority 2.** People are supported to maintain independence and manage their care needs
- Priority 3.** People are supported and helped to avoid preventable conditions



We have shaped what we learned from our engagement events and on line survey and from what we know works in other similar areas and have developed a number of high level Ambition Statements for the coming years that we believe, will take us in the right direction to achieving long term change. Under each ambition statement we have agreed a set of shorter term goals (Programme of Work) that, with the support of all partner agencies and local communities, we plan to achieve between 2020 and 2023.

The Programme of Work sets out in detail the key work programmes and projects that will be undertaken over the three year period. We will update these on an annual basis to ensure that we stay on track and, at the same time, be able to respond to any new or emerging issues that we need to address. We will closely monitor our progress and continue to seek out feedback from service users, carers and families on the impact we are making. We will report on progress through our established formal committee structures and more locally through Locality Planning Groups and Partnership Boards.



AMBITION STATEMENTS

Do the right thing first time	Provide a range of community services to support people to live well in connected communities	Focus on what matters to people (outcomes)	Be at the forefront of technical & sustainable solutions	Promote prevention & early intervention	Ensure North Lanarkshire is the best place to work, volunteer and care
<p>Redesigning & reshaping services to make it easier for children, young people and adults to get the right response.</p> <p>Promote a shared vision, language and culture to encourage a collective responsibility to work together to deliver the best outcome.</p> <p>Engage in open, honest two way conversations with service users and carers.</p> <p>Reduce the number of times that people are passed from one service to another.</p>	<p>Explore the need to extend some services beyond traditional core hours.</p> <p>Strengthen links between acute, GPs and locality teams</p> <p>Focus on rehabilitation, reablement and recovery</p> <p>Work with the whole family</p> <p>Promote independent living through suitable housing</p>	<p>Design and deliver services and supports around outcomes and what is important to individuals, carers and community</p> <p>Increase ability to evidence the impact of services and supports</p> <p>Improve engagement and feedback from service users, carers and community to better inform services</p> <p>Promote equality, raise aspirations and address financial inequality</p>	<p>Make use of new technology to support staff to delivery services efficiently</p> <p>Increase the range of ways staff connect with each other</p> <p>Improve access to good quality, web based information to enable self -management</p> <p>Greater use of technology enhanced care and support</p> <p>Enhance the use of proactive technologies</p>	<p>Ensure that people are in control of their own lives through a focus on reducing inequalities</p> <p>Support building of community capacity and community connections in equal partnership with our communities</p> <p>Employ preventative approaches, early interventions & positive transitions for children, young people and families</p> <p>Further develop and promote opportunities for anticipatory care planning, self-care & self-management</p>	<p>Focus on staff wellbeing</p> <p>Develop a competent, confident and valued workforce, integrating where it makes sense for people</p> <p>Protect time to reflect and learn and use feedback from people who use services</p> <p>Improve succession planning</p> <p>Value & support the extensive contribution of Volunteers & unpaid carers</p>

PROGRAMME OF WORK for 2020-2023

Do the right thing first time	Provide a range of community services to support people to live well in connected communities	Focus on what matters to people (outcomes)	Be at the forefront of technical & sustainable solutions	Promote prevention & early intervention	Ensure North Lanarkshire is the best place to work, volunteer and care
<p>Deliver the Primary Care Improvement Plan.</p> <p>Further development of First Point of Contact.</p> <p>Implement mental health and wellbeing strategy.</p> <p>Participate in development of Unscheduled care models.</p> <p>Implement learning & new ways of working from High Resources Users Project.</p>	<p>Implementation of next phase of new Home Support model.</p> <p>Expand & develop 'Discharge to Assess'.</p> <p>Develop Bed Modelling Plan for 2020/23.</p> <p>Roll out of Palliative Care strategy.</p> <p>Support communities to build connections.</p> <p>Explore opportunities to better support access to services including transport, location & appointment times.</p> <p>Contribute to delivery of community safety strategy.</p> <p>Contribute to public protection agenda.</p> <p>Further development of recovery services within Alcohol and Drug services.</p> <p>Implement Market Facilitation Plan.</p> <p>Development of Children & Young People's health services</p>	<p>Develop & roll out of Outcome Monitoring Framework.</p> <p>Deliver Forensic Medical Examination Facility & sexual health development.</p> <p>Develop whole system pathways for long terms conditions management.</p> <p>Develop models to Improve transition planning in health for children & young people.</p> <p>Implement the Participation & Engagement strategy.</p> <p>Expand Self-directed support to older adults & complex health care.</p>	<p>Engage fully in the Digital NL developments & Digital Health & Care Strategy.</p> <p>Further develop & promote Making Life Easier.</p> <p>Further develop Technology Enabled Care (TEC).</p> <p>Review Criteria for equipment & adaptations.</p> <p>Identify opportunities for recycling and sustainable solutions.</p>	<p>Implement recommendations from CAMHS review.</p> <p>Continue to invest in and develop Community Solutions Commissioning Strategy.</p> <p>Increased focus on addressing Inequalities in developing Prevention & Anticipatory Care approaches.</p> <p>Implementation of the Children & Young People's Health Plan & Children's services Plan.</p> <p>Develop annual programme of targeted Messaging & Campaigns.</p> <p>Improve uptake of breastfeeding in North Lanarkshire.</p>	<p>Implement recommendations of Integration Review.</p> <p>Review Locality boundaries.</p> <p>Develop opportunities for volunteering.</p> <p>Implement the Carers Act.</p> <p>Explore opportunities to support staff health & wellbeing.</p> <p>Develop health & Social care workforce planning.</p> <p>Develop an OD plan to support the workforce plan and Integration review.</p> <p>Contribute to promotion & expansion of Care Academy.</p>

9. How Will We Deliver our Programme of Work?

Resources

The Health and Social Care partnership is committed to targeting its resources to support our long-term Ambitions.

The partnership's budget is delegated to it by North Lanarkshire Council (NLC) and NHS Lanarkshire (NHSL). The total financial envelope for the partnership in 2019/2020 was approximately £634 million. This included both recurring and non-recurring funding. The partner contribution from NHSL was £475 million (75%) and NLC was £159 million (25%). The allocation of this funding to health and social care services is represented in the graph below.

It has been recognised for a number of years that additional funding is not keeping pace with increasing demand and increasing costs. The partnership continues to operate in a challenging environment and a significant proportion of the funding for health and social care services is ring-fenced. Social care services continue to face demand pressures for service provision within home support, independent care homes and equipment and adaptations. Prescribing costs continue to represent a high-risk area within the NHSL element of the partnership's budget. There is a risk that the EU withdrawal on 31 January 2020 will adversely impact on prescribing costs.

Projections indicate that recurring costs of £29 million and non-recurring costs of £1 million need to be accommodated within the financial plan for 2020/2021. This is the third year of the implementation of the Primary Care Improvement Fund, the Mental Health Strategy Action 15 and the Carers (Scotland) Act 2016. The financial envelope available to the partnership will therefore reflect the following adjustments:

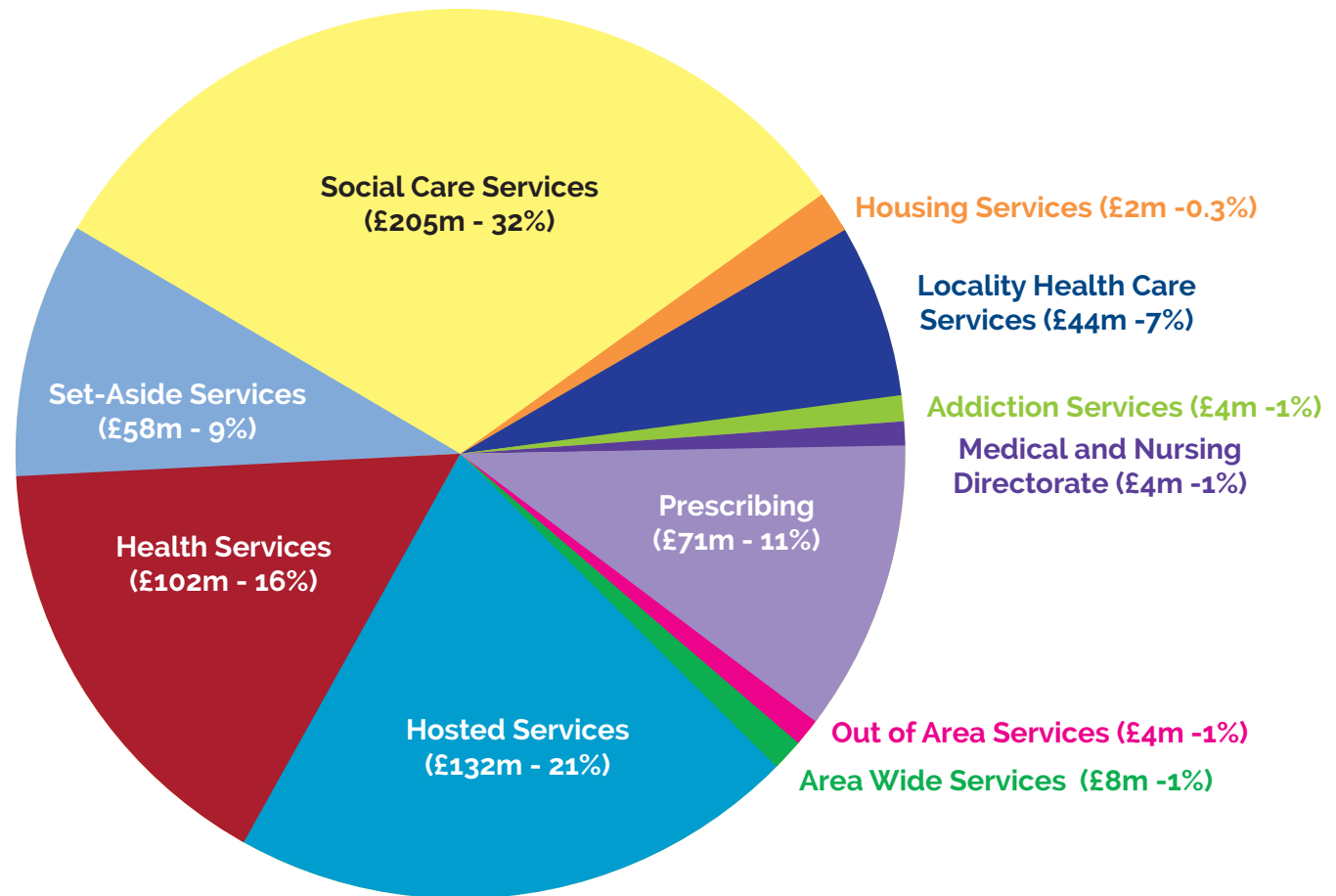
Financial Strategy	£m
Additional partner contribution from NLC	1,983
Additional partner contribution from NHSL	8,213
Additional Scottish Government Funding For Health and Social Care Integration	5,694
Additional Scottish Government Funding For National Priorities	5,091
Planned Savings	5,107
Reliance on Reserves	0,790
Management Action	1,642
Re-profile of Cost Pressure Provision	1,882
Total	30,402

The Health and Social Care Partnership is committed to making the best use of the resources delegated to it and to achieving financial sustainability. Public expectation is that health and social care partnerships will meet changing and increasingly complex needs. The Programme of Work sets out our plans to continue to progress the shift in the balance of care and to provide a range of community services to support people to live well in connected communities, promoting prevention, early intervention and technology enabled sustainable solutions. The Programme of Work will ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly

aligned to our Ambitions and will also provide the framework to monitor and report on the statutory duty of Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Health and Social Care Partnership is ambitious to shift the balance of care and resources and demonstrate continuous improvement in service delivery. 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 are being developed as part of the integration and transformational change activities. If these activities do not generate the required level of savings over the medium term or if funding released from a whole system approach to Integration Joint Board (IJB) cost reduction activity is not passed to the IJB, then there is a risk future budgets will not be balanced. A medium to long term financial plan has been developed for the IJB to support the delivery of the Strategic Commissioning Plan.

Health and Social Care Services Expenditure 2019/2020



Workforce

Central to the delivery of better outcomes for people is the health and social care workforce within public, third sector and independent organisations and those who are carers and those who volunteer in our communities. As we develop new services our staff will require different skills and will need to work in different ways, in particular the skills and capacity for preventative early intervention approaches.

As part of the commitments made within the Integration Scheme, we are developing a workforce strategy to cover NHS and Local Authority staff who work in integrated service provision. The workforce strategy will help to ensure that we are able to train and recruit the right staff to deliver integrated health and social care services. There are already many workforce pressures within the system. We have difficulty recruiting, for example, new GPs, Social Workers (Mental Health Officers), Physiotherapists and Health Visitors. As we plan to deliver services we will have to take account of these changing workforce pressures, working with NHS Lanarkshire, North Lanarkshire Council and professional bodies to ensure that we have the right workforce for the future. The workforce strategy will help us to do this effectively. We recognise that change can often feel uncomfortable and challenging. However, we are confident that staff will find that the impact of new ways of working will increase job satisfaction and recognition of the positive impact of their work. We will commission an Organisational Development plan that will be updated on an annual basis to ensure that our staff and services are supported through change processes.

We will also explore opportunities to promote staff health and wellbeing through the roll out and uptake of bespoke programmes to support mental wellbeing.

As we develop our detailed commissioning intentions, the third and independent sectors will be able to build the capacity of their staff to deliver the services that we will look to commission. Both North Lanarkshire Council and NHSL Lanarkshire have been accredited as Living Wage Employers for their commitment to fair pay for both directly employed and contracted staff. We remain committed to promoting fair work practices ensuring all staff have security, opportunity, fulfilment, are treated with respect and have an effective voice including all externally commissioned services.

We will work with our community planning partnerships to ensure that the right training is available for people to pursue careers within health and social care service provision. We have mentioned our achievements in establishing a Health & Social Care Academy and have set out a programme of work to continue to develop the Care Academy which will include targeted recruitment strategies and promotional campaigns.

Measuring Performance

We have set out our high level Ambition Statements and in order to achieve our aspirations, we have developed our Programme of Work for the next three years. These are our detailed plans that underpin our Ambition Statements, with each plan being directly linked to our aspirations. Once approved by the North Lanarkshire Integration Joint Board (IJB), the plans will

be updated on an annual basis to keep us on track and to allow flexibility for new developments and advances in evidence based practice.

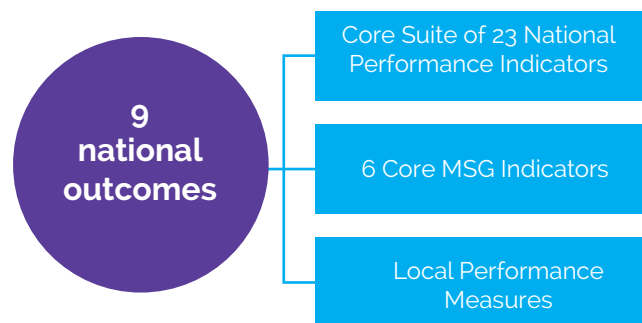
The IJB has established a performance framework with oversight of all integrated services in order to be assured that we are delivering all the strategic and operational aims of the partnership. The performance measures are agreed on an annual basis and are reported formally in an Annual Performance Report which is published on our website <https://www.hscnorthlan.scot/>

The annual report covers:

- **progress against the delivery of the nine national health and well-being outcomes**
- **information on performance against agreed measures**
- **details of any review of the strategic commissioning plan within the reporting year**
- **an overview of the financial performance of the integration authority**
- **information of public/community engagement activity in relation to the design and delivery of care and support services**
- **a summary of any inspections and the outcomes of these**

Our annual reporting arrangements very much build on our other reporting arrangements across the partnership and we seek to engage and collaborate with our key stakeholders in the production of our annual report. This ensures an honest and balanced view of our shared performance, highlighting those agreed areas where we feel we need to improve but

also celebrating the considerable achievements of our staff and services and individuals, families and carers.



The performance framework takes the nine national high-level outcomes and 23 associated indicators that have been agreed and considers them alongside the six 'Measuring Performance under Integration indicators' used to report to the Ministerial Strategic Group for Health and Community Care, and a set of locally developed performance measures. The framework sets out the main building blocks for a positive performance culture by describing the main aspects of our approach to managing performance.

The IJB is also offered the opportunity to consider, in more depth, a range of topic-based performance reports which includes a more considered and detailed assessment of performance. This is particularly the case for those areas of integrated service where performance measures need to be reviewed alongside other quantitative and quality issues such as demand, service capacity, and resource and service improvement required in order to develop and implement improvements or to meet improvement trajectories and targets.

Localities are a key building block of our performance in North Lanarkshire and are key to success and progress of integration. We review the partnership's performance with each of our six locality teams on a six-monthly basis, with each locality team delivering their own performance improvement plans.

Within our commissioning plan we have committed to investing in developing a wider range of measuring outcomes for people rather than focusing solely on quantitative data. We hope to continue to build on this and include this type of data within our standard performance reports. We are also keen to build on our existing arrangements via the Participation & Engagement Strategy and be able to demonstrate that we have used feedback from services users and carers to improve services and user experience.

Support Care & Clinical Governance

A Support, Care and Clinical Governance framework is in place for integrated services, built upon the national clinical and care governance framework.

The group meets bi-monthly, feeding into the NHS Lanarkshire Healthcare Quality Assurance and Improvement Committee and North Lanarkshire Council

Adult Health and Social Care Committee. A range of care group clinical and care governance committees are in place to report into the Support, Care and Clinical Governance Committee.

The Support, Care and Clinical Governance framework encompasses the following:

- **Professional regulation, workload and workforce development;**

- **Information assurance;**
- **Service user experience and safety and quality of integrated service delivery and personal outcomes;**
- **Person Centred Care;**
- **Management of clinical risks; and**
- **Learning from adverse events**

Communications

We have recently invested in our communications resources in order to improve our communication with staff, service users, partner agencies and the general public. We will develop a communication strategy that will include;

- **Regular staff briefs to keep our staff informed of developments and celebrate achievements**
- **Bespoke media strategies with targeted messages around key themes**
- **Support to public and national campaigns**
- **Support to locality planning groups**

Appendices

Appendix 1: Integration Scheme

The following services fall within the planning remit of North Lanarkshire Integration Joint Board. Most of the services are operationally managed within Health & Social Care North Lanarkshire. Hospital Based services, marked with an asterisk *, are managed within the Acute Division of NHS Lanarkshire and some hosting arrangements are in place between North & South Health & Social Care partnerships. Full details of the operational and planning arrangements are set out in the Strategic Plan North Lanarkshire Strategic Plan

Community based health services		Hospital based health services	Community based social work services
Community based Geriatric Medicine	Community based Kidney Dialysis	Accident and Emergency (A & E)*	Mental Health & Addiction services
Community based Palliative Care	Traumatic Brain Injury	General Medicine*	Adults with Disability and Long term conditions
Community based Paediatrics	Health and Homelessness	Hospital based Geriatric Medicine*	Occupational Therapy
Community Children's Health services	Diabetes service	Rehabilitation Medicine*	Health and Wellbeing improvement
Health Visiting	Continence service	Respiratory Medicine*	Care Home
Community Learning Disability Services	Prisoner healthcare	Hospital based Palliative care	Adult and Child Protection
Mental Health and Learning Disability	Dietetics	Hospital based Paediatrics	Carers Service
Public Health – Health Improvement	Care Home Liaison service	Hospital based Addiction/Dependence services	Community Care Assessment and Planning
Community Addiction Services	Pharmaceutical services	Hospital based Mental Health services (excluding regional or national forensic services)	Contracted Support services
District Nursing	Primary Medical services	Kidney Dialysis service*	Intermediate Care service
Sexual and Reproductive Health and Blood Borne Viruses	Primary care out of hours	GP Inpatient services	Aspects of Housing support
Allied Health Professionals in an outpatient department, clinic or out with a hospital	GP out of hours	Speech and Language Therapy*	Equipment and Adaptations, Technology, Equipment and Telecare
Public, General and Community Dental services	Primary Care Administration	Occupational Health*	Day opportunities for day services
	Ophthalmic services	Podiatry*	Homecare services
		Physiotherapy*	

Appendix 2: Housing Contribution Statement

The Housing Contribution in North Lanarkshire

As a partnership we have identified the need for the health and social care partnership to continue to work together with the wider housing sector in North Lanarkshire in the design of future services. This has clear benefits for all given that good health and wellbeing starts at home and that housing organisations are well placed to influence a number of key areas that have a significant impact on health and wellbeing, such as the provision of high quality accessible and affordable housing, the budget for equipment and adaptations, the provision of housing support services and housing options advice and information.

The contribution of the housing sector is considerable in North Lanarkshire. There are twenty three registered social landlords and cooperatives providing housing and housing related services in North Lanarkshire and North Lanarkshire Council is the largest social landlord in Scotland, providing just under 36,000 homes in addition to a range of statutory and non-statutory support services. Collectively we work in partnership with Health and Social Care, the third and independent sector to achieve better health and wellbeing outcomes for every person in North Lanarkshire.

As a partnership we have identified a number of key housing areas in which we intend to focus our contributions over the course of the Strategic Plan to achieve the following shared objectives:

Shared Objective 1:	Reduce health inequalities experienced by people who face the most disadvantage in our communities
Shared Objective 2:	Reduce hospital admissions, length of stay, delayed discharge and readmission rates
Shared Objective 3:	Support people to live safely and well for longer in their own home through a range of home interventions and early prevention activities
In achieving these objectives we can achieve better outcomes for all in North Lanarkshire and contribute to the overall vision and aspiration for North Lanarkshire which is a shared ambition where inequality is reduced through inclusive growth and prosperity for all.	

The housing sector working in partnership with our communities and Health and Social Care can help achieve this shared vision and our strong track record of partnership working is evidence of this.

Successes

- 743 new social rented homes built in North Lanarkshire, 309 homes purchased on the open market brought back into council housing stock and on target to deliver 5,000 new affordable homes by 2035
- Enhanced the design of council new build homes to improve accessibility and help ensure future sustainability and adaptability for all over the life course
- Implemented a revised allocation policy for older people which best matches older people to the most appropriate housing option
- Reviewed sheltered housing support in council complexes and implemented a new support service that helps older people live well and independently through targeted, effective support

- Delivered dedicated housing support services across localities reducing the need for other more intensive supports
- Delivered targeted income maximisation services helping reduce poverty and improve economic outcomes
- Implemented the joint hospital discharge protocol reducing delayed discharge, and readmission

Together with the successes we also face some housing and social challenges.

Current Challenges

- Although levels of homelessness have reduced significantly over the past decade, we still have unacceptable levels of homelessness within North Lanarkshire, with homeless applications increasing by 11% between 2017/18 and 2018/19 in comparison to 3% across Scotland
- This is important because evidence tells us that people who experience homelessness also experience some of the worst health outcomes and face significant health inequalities with higher levels of morbidity, mental health issues, addictions and self-harm
- Our population is ageing, which is positive news, evidence of improvements in health and standards of living, but this also means that a number of people are living with long term conditions, which has implications for accessible housing, equipment and adaptations and support
- This impact is intensified as more people have a long term condition in North Lanarkshire with lesser period of healthy life expectancy in comparison the general population of Scotland
- The shift from acute to community based supports has also had an impact on the need for accessible and appropriate housing with many more people supported at home now as opposed to care or hospital institutions
- Poverty, lower earnings and lower levels of household wealth in North Lanarkshire all affect housing and health, limiting housing choice and capacity to maintain and repair homes, which can impact on both physical and mental health
- Welfare reform has had a detrimental impact on people and communities in North Lanarkshire, with evidence suggesting that welfare changes have

resulted in increased homelessness and poorer health and wellbeing outcomes for people and particular communities in North Lanarkshire

Analysis of the housing profile and health and social care strategic needs assessment in North Lanarkshire has identified a number of shared priorities for the partnership to take forward throughout the course of the Strategic Plan. The shared context of these priorities are of significance. They reaffirm that it is not the sole responsibility of housing, of health and social care, our partners or communities to achieve our ambition, instead it sets out the commitment of all partners in achieving better health and wellbeing and quality of life for all in North Lanarkshire.

One of the key areas which distinctly demonstrates the need for this collaborative response is tackling homelessness. Scottish Government has placed a statutory duty for partnerships to work collaboratively to put in place a Rapid Rehousing Transition Plan (RRTP) to effectively address homelessness once and for all. Recognising the importance of rapid rehousing and wrap around support for homeless households and committing resources for health and social care services that help households live independently in their own homes or where this is not possible to consider what specialist services are required from broader health and social care responses.

Ensuring we have a range of accessible, safe, warm and affordable homes alongside appropriate supports is not just important in tackling homelessness it also makes a crucial impact on the health and wellbeing of everyone, for young people in providing an environment in which they can flourish and achieve their full potential, for disabled people and older people, providing an inclusive and enabling environment which promotes independence and wellbeing, for everyone providing the platform for which all other life aspects are built upon. As such we have developed a set of shared priorities to help forge the commitment of the housing sector, health and social care and our other key partners in achieving our collective ambition.

Our Shared Priorities

- To implement the Rapid Rehousing Transition Plan to effectively address homeless, preventing people from becoming homeless in the first instance and where people do become homeless enabling access to permanent housing faster
- To collaboratively and more effectively meet the needs of homeless people with complex needs to reduce the reoccurrence of homeless and improve personal outcomes
- To increase accessible housing provision in North Lanarkshire, through council new build, housing association new build and implementing a new approach to drive up wheelchair housing provision in the private sector
- To effectively allocate adapted housing to make best use of our adapted stock in meeting the needs of people with disabilities
- To continue to adapt and install equipment and technology in people's homes to help people live for longer in their own home
- To improve the design of our older people's specialist housing to ensure it provides a sustainable housing option for older people with more complex needs
- To provide housing support to help enable people sustain their housing
- To implement a range of housing interventions which include improvements to properties to prevent falls and an admission into hospital
- To providing person-centred support to help people develop their skills to live independently thereby reduce the risk of a more acute crisis or intervention, or prevent homelessness
- To provide high quality housing options advice to enable informed decisions
- To provide targeted housing support and information within hospital and intermediate care sites in North Lanarkshire to prevent delayed discharge and/or readmission
- To promote social inclusion within communities utilising our housing assets as community hubs to improve participation and involvement of communities

Measuring Success

The Local Housing Strategy provides the framework for which we will monitor the delivery and progress made against our shared objectives and priorities. The Housing Contribution Statement connects the Strategic Plan and the Local Housing Strategy to ensure alignment of priorities.



STRATEGIC COMMISSIONING PLAN 2020/23

Appendix 2

AMBITION STATEMENT 1 - DO THE RIGHT THING, FIRST TIME					
PROGRAMME OF WORK	ASSOCIATED AMBITION STATEMENT	H&SCNL SLT LEAD PERSON	KEY DELIVERABLES AND TIMESCALES		KEY PERFORMANCE
<p>Implementation of Primary Care Improvement Plan</p> <p>Programme of change in the model of General Medical Practice and community health services. Through revised contract for GP practices there will be a shift towards greater multidisciplinary delivery of health care</p>	A2, A3,A5,A6	A Cook	<p>Core pharmacotherapy services delivering acute and repeat prescribing in all practices</p> <p>Flu vaccine delivery by MDT</p> <p>Travel vaccine delivery by MDT</p> <p>Extension of treatment room services</p>	<p>March 21</p> <p>Oct 21</p> <p>March 21</p> <p>March 21</p>	<p>Evaluation framework for programme is in place. Evaluation is measured against national outcomes framework and there are twice yearly returns to Scottish Government reporting on progress.</p>
<p>Further development of First Point of Contact</p> <p>By reducing overlaps and duplication, as well as streamlining processes, the experience for the public should increasingly be that their issues are resolved or responded to quickly with less professional handovers</p>	A3,A6	M Dendy	<p>Motherwell locality and Hospital hub agreed as innovation site</p> <p>Staff engagement session</p> <p>Innovation site timeline agreed</p> <p>New approach tested</p> <p>New approach support by P4 change throughout</p> <p>Agree evaluative method in conjunction with Institute for Research and Innovation in Social Services (IRISS)</p>	<p>March 20</p> <p>April 20</p> <p>April 20</p> <p>April 21</p> <p>April 20</p> <p>April 20</p>	<p>Key performance impacts will be monitored through the following measures:</p> <ul style="list-style-type: none"> • Uptake of MLE, broken down by modules • Number of self-assessments undertaken • Equipment provided • MLE clinic attendance • Use of assistive technology by Locality • Third Sector attendances and outcomes monitored via Community Solutions • Community service waiting times

			Mid-year update	Sept 20	<ul style="list-style-type: none"> Service to service referrals
			Full evaluation of impact and link to First Point of Contact	April 21	
			Further roll out of 3 conversation approach: further innovation sites to be agreed	April 21	
Implement Mental Health & Wellbeing Strategy “Getting It Right For Every Person” was launched in October 2019 after an extensive programme of work and wide stakeholder engagement.	A2,A3,A5 A6	A Cook	Increasing mental health service provision in community settings Ensuring all staff are trained in current practice Ensuring capacity to manage MH&WB issues meets demand Providing integrated services, including shared information Focusing on early intervention and prevention, where possible Communicating widely, publicising all aspect of this work Reduce waiting times for psychological therapies and CAMHs	2019 - 2024	Evaluation framework for programme is in place. Evaluation is measured against agreed outcomes and is reported to the IJB Performance, Finance and Audit Committee Performance will be measured against: People have access to the services that meet their needs People have access to the information they need Staff have the knowledge they need to deliver MH&WB Lanarkshire people are aware of MH&WB issues Lanarkshire people are aware of the impact of MH&WB on their own and others’ lives
Participate in development of Unscheduled Care Models Across Lanarkshire, and reflecting large parts of Scotland, there has been a	A2,A3,A4,A5	R McGuffie	Working Group established Day 1 Event	Feb 20 Apr 20	Big 6 metrics evaluation framework will be used: <ul style="list-style-type: none"> A&E Attendances

significant increase in unscheduled care demands in 2019/20 against the backdrop of ever increasing demand. A whole-system Lanarkshire working group has been established to review the current unscheduled care model with a view to agreeing a different approach for winter 2020/21.			Day 2 Event Creation and agreement of new model Implementation of new model	May 20 Aug 20 Oct 20	<ul style="list-style-type: none"> • Emergency Admissions • Unscheduled Bed Days • Delayed Discharge • Last 6 months of life in a community setting • Balance of care
Implement learning and new ways of working from High Resource Users Project High resource users are people who attend a health care facility between three and 12 times per year. People in this group have greater rates of admission and a experience greater chronic disease, often high intensity users of other health and social care services.	A2, A5	T Marshall	Project team established Project timeline agreed New approach agreed Mid-Year Update Final report	Feb 20 Mar 20 April 20 Oct 20 April 23	Performance measures will be agreed to assess the impact of care managed approach and will include reduction in ED and out of hours presentations and improved patient outcomes.

AMBITION STATEMENT 2 – PROVIDE A RANGE OF COMMUNITY SERVICES TO SUPPORT PEOPLE TO LIVE WELL IN CONNECTED COMMUNITIES

PROGRAMME OF WORK	ASSOCIATED AMBITION STATEMENT	H&SCNL SLT LEAD PERSON	KEY DELIVERABLES AND TIMESCALES		KEY PERFORMANCE
Implementation of next phase of Home Support Re-Design This project is to relocate the management and administration of	A1,A3,A5,A6	Head of Adult Social Work	Centralisation Management & Administration of Home support	April 20	Evaluation framework for programme is in place. Evaluation is measured against agreed outcomes and is reported to the IJB

home support to a central base, using electronic dynamic scheduling as a way of increasing efficiencies and increasing capacity both in the management and service delivery of home support. This redesign will incorporate the Community Alarms service.			Implementation of Dynamic Scheduling System Implementation of Netcall	Dec 20 April 20	Performance, Finance and Audit Committee, IJB and Adult Health and Social Care Sub Committee
Expand & develop Discharge to Assess (D2A) Supporting discharge home as soon as it is safe from a clinical perspective to assess needs in the person's home setting and if necessary short term arrangements for support will be put in place while an assessment of on-going need is made. The expansion will make D2A the default arrangement for transfer from hospital for people with short or longer term support needs.	A1,A3,A5,A6	A Cook	30 people per week discharged using D2A Regular big room meetings established on each acute site Reduction in time between admission and EDD that is measurable	Sep 20 April 20 Sep 20	Currently under review but the focus will be on <ul style="list-style-type: none"> • Review of captured data • Trajectories • Data cleansing • Run Charts • Community outcomes • Denominator rationale
Develop Bed Modelling Plan for 2020/23 A whole-system prioritisation exercise has commenced, led by NHS Lanarkshire's planning department, to review the wide range of competing demands for bed space in Lanarkshire and agree the priorities for development. The prioritisation exercise is due to be completed in	A1, A3	M Dendy	Prioritisation exercise Draft 2020-23 plan to Bed Modelling Steering Group Final Bed Modelling Plan to NHS Board and North and South IJBs for formal approval	May 20 Aug 20 Sep 20	The impact of the bed modelling plan will be monitored via the Big 6 metrics: <ul style="list-style-type: none"> • A&E Attendances • Emergency Admissions • Unscheduled Bed Days • Delayed Discharge • Last 6 months of life in a community setting • Balance of care

early 2020/21, with a new bed modelling plan for 2020-23 to be developed. The new plan will continue the focus on community-based alternatives including NHS off-site, Social Work Intermediate Care, Community Hospital, and Mental Health Continuing Care					In addition, further measures are being developed as part of the unscheduled care plan on average length of stay in off-site beds and delayed discharge bed days.
Roll out of Palliative Care Strategy The Palliative Care Review concluded in 2017 aimed to ensure that in Lanarkshire people have access to specialist palliative care in order to be supported to die within a place of their choosing		M Thomson	Engage with palliative care lead and steering group to understand strategy ambitions Agree programme of contract monitoring for Strathcarron contract Agree action plan with palliative care lead via membership on steering group Develop work plan and performance metrics around delivery Review delivery against action plan	March 20 March 20 Jun 20 Sep 20 Dec 20	Palliative Care services are strongly linked to the national outcomes 2, 3 and 4 (maintaining independent living, positive experiences of services and quality of life) along with the national outcome indicator 15 (Proportion of last 6 months of life spent at home or in community setting).
Support Communities to build connections Community Solutions is a flagship, strategic, health and social care investment programme for the	A1,A3,A5,A6	J Melville	Delivery of CS Projects including locality development and micro-investment through locality consortia; facilitating better eating choices;		National Health and Wellbeing Outcomes People are able to look after and improve their own health and

<p>community and voluntary sector in NL. The programme was jointly developed by VANL with HSCNL and has been in place since 2013. The Community Solutions Strategy, has two overarching priorities – to reduce isolation and loneliness and address inequalities.</p>			<p>facilitating increased physical activity; promoting use of ACPs and POW (detailed in six monthly reports to IJB Sub Committee and annual to IJB)</p> <p>Explore Compassionate Lanarkshire model of community connections</p> <p>Develop opportunities for more volunteering aligned to NL CVS Volunteering Strategy (August 2020) and NHSL Volunteering</p> <p>Engage and develop Community Transport provision to ‘Transport to Health’ using findings from NHSL Hub Pilot</p> <p>Implementation of findings from Improvement Service review of March 2019 (rebranding; improved comms strategy; three year funding model)</p> <p>Generation of additional income and realignment of existing community and voluntary sector investment through CS Governance</p>	<p>Ongoing</p> <p>Aug 20</p> <p>March 21</p> <p>Aug 20</p> <p>Aug 20</p> <p>Ongoing</p>	<p>wellbeing and live in good health for longer</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>Health and Social Care services contribute to reducing health inequalities</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> <p>Programme Outcomes</p> <p>A reduction in isolation and loneliness</p> <p>Enhanced use of information, advice and education</p> <p>Improved independence and well-being</p> <p>People feel included, connected and safe</p> <p>Citizens have greater access to health & wellbeing supports & services</p> <p>Programme Outcomes – Carers</p> <p>Carers have accessed a short break from their caring</p> <p>Carers have increased ability to manage or cope with their caring role</p>
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			<p>Delivery of a revised monitoring, evaluation and learning framework to include work on cost avoidance</p> <p>Delivery of a Social Prescribing scoping study (March 2020) followed by exploration of delivery or recommendations</p>	<p>March 21</p> <p>March 20</p>	<p>Carer's health and wellbeing is optimised Carers have been referred to direct carer support services Carers have been signposted to direct carer support services</p> <p>Programme Outcomes – Children, Young People and Families</p> <p>Sense of wellbeing is increased Resilience is improved Mental Health is optimised Physical Health is improved Parental / Carer Attachment is improved</p>
<p>Explore opportunities to better support access to services including transport, location and appointment times.</p> <p>A significant amount of work has been undertaken by Community Solutions (via GBT Shotts as the Transport Lead) to develop Community Transport in North Lanarkshire. Community Solutions will continue to offer a high level of community transport services to individuals and client groups in North Lanarkshire.</p>	A3, A5, A6	J Melville	<p>Develop Terms of Reference for Community Transport to Health Working Group to include alignment and linking to Achieving Excellence Transport Workstream and developments as below</p> <p>Deliver and explore growth of community transport provision including growing the fleet of the vehicles and supporting other organisations to ensure a co-ordinated approach across North Lanarkshire</p> <p>Continue to deliver volunteer driver service including</p>	<p>June 20</p> <p>Ongoing</p>	<p>Community Solutions views Community Transport to Health as an enabler to meet the outcomes above. To give an idea of scale and impact, the following indicators are collated:</p> <ul style="list-style-type: none"> • No of passenger journeys • Mileage covered • Journey Destination (wellbeing; NHS appointment; carer support etc) • No of Volunteer Hours • No of Volunteer Miles • Passenger journeys per NL Locality

			<p>recruiting and training volunteer drivers. Service is currently at capacity so additional funding being sought.</p> <p>Work through key HSCNL personnel and Achieving Excellence workstream to learn from NHS, GBT CTG Hub pilot to develop service options (including cost avoidance analysis and savings)</p> <p>Raise awareness of CT options and engage community (and key stakeholders) in developments through working group detailed in item 1 above and through wider Community Solutions Structure</p>		
<p>Implementation of the Market Facilitation Plan</p> <p>Services that are provided by external organisations make an important contribution to our ability to improve the well-being of people who use health and social care services. Market facilitation is the part of strategic commissioning that seeks to influence and shape markets to ensure that there is a diverse range of affordable and sustainable provision to deliver good outcomes for people and meet</p>	A3, A4	M Dendy	<p>Update the market facilitation plan</p> <p>Run provider market forums</p> <p>Update a programme of direct engagement</p> <p>Test advice / drop in sessions for provide organisations to meet with commissioners</p>	<p>Oct 20</p> <p>Dec 20</p> <p>April 21</p> <p>April 21</p>	<p>A range of quantitative and qualitative and measures will be developed in partnership with providers as part of the updating of the Market Facilitation Plan</p>

the needs of the population both now and in the future.					
<p>Public Protection Leadership in the field of Public Protection is a key responsibility of the CSWO and the Head of Adult Social Work Services who collectively provide support to the Chief Executive of the Council in his role as chair of the Chief Officers' Public Protection Group (COPPG) to which the MAPPA Strategic Oversight Group, Violence Against Women Group, Adult Protection Committee and Child Protection Committee report on a quarterly basis.</p>	A1, A3, A4, A5, A6	A Gordon	<p>Multi agency, adult protection file audit across all 6 localities to be undertaken</p> <p>Briefing sessions for locality based staff</p> <p>Strengthening the continuous improvement arrangements</p> <p>Development of local strategy for Domestic Abuse and Gender Based Violence</p> <p>Complete review of commissioned domestic abuse services</p>	<p>July 20</p> <p>April 20</p> <p>July 20</p>	<p>MAPPA Strategic Oversight Group, Violence Against Women Group, Adult Protection Committee and Child Protection Committee report on a quarterly basis to the Chief Officers Public Protection Group</p>
<p>Development of Alcohol and Drug Services in North Lanarkshire We aim to identify organisational and community asset based strengths and gaps that will influence decisions around ongoing investment. There is a Whole System Approach to deliver the Vision of Rights, Respect Recovery Strategy (2018)</p>	A1, A3, A5	M Dendy	<p>Prevention and early intervention</p> <p>Development of a recovery orientated system of care Getting it right for every child</p> <p>Public health and justice Alcohol framework</p>		<p>Evaluation framework for programme is in place. Evaluation is measured against national outcomes framework.</p>
<p>Development of children and young peoples services Achieving Excellence outlines the commitment to providing children and young people growing up in</p>	A1, A3, A5	M Thomson	<p>Formulate Children and Young Person Directorate</p> <p>Remodel service delivery in acute paediatrics</p>	<p>March 20</p> <p>May 21</p>	<p>Performance will be measured against Scottish Government targets: Medical Children and Young People Cons Led Service - 12 Week Compliance</p>

Lanarkshire with the best possible start and support to reach their full potential through delivery of targeted interventions by services designed to reduce inequalities and best meet the needs of children and their families.			Out Patient remodelling and modernisation programme Developing Transition models	May 21 May 21	There are quarterly performance reviews for Children’s Services, covering a wide range of quality and waiting times measures that will be continued.
Breastfeeding In making a positive shift towards improving breast feeding rates in Lanarkshire it is essential that the profile of breast feeding is increased and sustained at a high level. In addition a co-ordinated strategic approach is required which engages key stakeholders such as the NHS, Local Authority, local population, Education and community leaders to start a different conversation about breast feeding enabling this to become the first choice of feeding Lanarkshire’s babies.	A3, A4, A5	T Marshall	Lanarkshire Baby Friendly Group 5 yr Strategic Development Plan Agreed Cross Sector Baby Friendly Community award developed and tested in North Lanarkshire council Performance monitoring reviewed to meet Programme for Government target Develop Social Movement Approach	March 20 April 20 April 21 April 20 April 21	Breastfeeding initiation rates Breast feeding attrition rates Breastfeeding rates across SMID Experience

AMBITION STATEMENT 3 – FOCUS ON WHAT MATTERS TO PEOPLE (OUTCOMES)

PROGRAMME OF WORK	ASSOCIATED AMBITION STATEMENT	H&SCNL SLT LEAD PERSON	KEY DELIVERABLES AND TIMESCALES	KEY PERFORMANCE
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<p>Development & roll out of Outcome Monitoring Framework Design and deliver services and supports around outcomes and what is important to individuals, carers and community. Increase the ability to evidence the impact of services and supports. Improve engagement and feedback from service users, carers and community to better inform services.</p>	A1, A2, A4	R Peat (linking with Professional Leads)	<p>Establishment of principles and standards for generic assessment and outcomes monitoring</p> <p>Review of multi-dimensional outcome monitoring tools and linkage with new emerging IT platforms</p> <p>Development of business case for development of agreed solution</p> <p>Roll out of agreed solution</p>	<p>Dec 20</p> <p>March 21</p> <p>June 21</p> <p>March 22</p>	<p>The development of the solution will create the ability to utilise aggregated outcome data to evidence the impact of service provision in line with the national focus on monitoring outcomes</p>
<p>Deliver Forensic Medical Examination facility and Sexual Health Development In 2017, the Scottish Government commissioned Healthcare Improvement Scotland (HIS) to develop new national standards for forensic medical examinations, which were published in late December 2017. The standards aim to provide Health Boards with clarity on best practice so that anyone who has experienced rape, sexual assault or child sexual abuse, can receive the same high level of person centred care.</p>	A1	A Cook	<p>Refurbishment of space in Netherton House to accommodate FME services, for use by Regional (WOS) Colleagues with Lanarkshire patients</p> <p>Develop a clinical pathway for the Forensic Medical Examination of Children.</p> <p>Develop a clinical pathway for the Forensic Medical Examination of Adults.</p> <p>Undertake COSHH Assessment and Develop Standard Operating Procedure (SOP) for the Decontamination of the FME suite.</p>	<p>March 20</p> <p>March 20</p> <p>April 20</p> <p>April 20</p> <p>April 20</p>	<p>The service will be monitored against new HIS standards, which cover a wide range of metrics under the following headings:</p> <ul style="list-style-type: none"> • Standard 1: Leadership and governance • Standard 2: Person-centred and trauma-informed care • Standard 3: Facilities for forensic examinations • Standard 4: Educational, training and clinical requirements <p>Standard 5: Consistent document and data collection</p>

			<p>Develop a SOP for the Routine cleaning of the FME suite</p> <p>Develop a SOP for the management of samples/specimens/evidence associated with FME</p> <p>Develop a SOP for the ordering and maintenance of supplies/sundries and equipment (disposable or otherwise) for the ongoing operation of the FME Suite/Service</p> <p>Engage in the Regional service arrangements as agreed by the West of Scotland Regional Group.</p>	<p>April 20</p> <p>April 20</p> <p>Ongoing</p>	
<p>Develop whole systems pathways for Long Term Conditions Management</p> <p>People as they age are likely to have one or more chronic diseases. In addition, the prevalence of impairment and disability is also directly linked with age. The priority of treatment is to prevent dependence, decline and physical or cognitive impairment with a move to earlier intervention, self-management and enhanced recovery. In delivering Achieving Excellence (2017) the LTC Hub was established. It is important that HSCP North Lanarkshire influences this work to deliver our</p>		T Marshall	<p>Review existing structures to support delivery</p> <p>Development event to agree work plan</p> <p>Delivery of work plan</p>	<p>March 20</p> <p>April 20</p> <p>March 21</p>	<p>Evaluation will be measured against:</p> <ul style="list-style-type: none"> • Number of people able to live at home • Positive experience • Quality of life • Carer support • Safe from harm

Strategic Commission Plan ambitions and that its work is embedded across the partnership					
<p>Develop models to improve Transition Planning in health for children/young people</p> <p>Development of systems to support children with long term conditions and complex medical needs to transition from paediatric to adult services. The system should be holistic and should incorporate recent national policy on transitions and should include social care and educational factors.</p>	A1, A5	P McMenemy,	<p>Protocol for transition of children with specific conditions affecting a single system (e.g. Type 1 diabetes)</p> <p>Protocol for transition of children with complex needs</p> <p>Protocol for transition of children requiring LTV from current regional paediatric system to adult locally purchased care</p> <p>Audit of effectiveness of streams 1-3 above</p>	<p>March 21</p> <p>March 21</p> <p>March 21</p> <p>April 21</p>	<p>Performance will be measured against protocol outcomes</p> <p>There are quarterly performance reviews for Children’s Services, covering a wide range of quality and waiting times measures that will be continued.</p>
<p>Implementation of the Participation and Engagement Strategy including development of engagement tools.</p> <p>Meaningfully engaging with service users, carers, residents and staff around the planning, design and delivery of services is essential. The Participation and Engagement Group will ensure Project Leads are equipped with the information (and where required support) to ensure that stakeholders are fully engaged.</p>	A1, A5	M Dendy	<p>Participation and Engagement (P&E) Strategy and Framework</p> <p>Locality Engagement Fund</p> <p>Review, revise and raise awareness of Participation and Engagement Strategy devise Annual Work Plan</p> <p>Integrating the P&E Strategy and framework into Community Planning Partnership participation and engagement strategies and plans(Community Matters)</p>	<p>June 20</p> <p>March 21</p> <p>March 21</p> <p>June 20</p>	<p>Evaluation framework for programme is in place and will be further developed. Evaluation is measured against agreed outcomes and is reported to the IJB Performance, Finance and Audit Committee</p>

			Refresh Participation and Engagement Strategy	June 20	
			On-going review of Engagement of key service developments	ongoing	
<p>Expand Self Directed Support to older adults & adults with complex health care.</p> <p>Self Directed Support offers people choice and control over how resources are used to best meet their individual outcomes ensuring services and supports work uniquely for each person. The majority of people accessing supported through SDS have been Younger Adults and children. The approach will be increased to older people and people with more complex health needs live longer and are supported at home there is a need to review how this is supported within our partnership arrangements.</p>	A1, A2, A5	M Dendy	<p>Develop pathway to assistive technology prior to consideration for SDS budget</p> <p>Develop procedures to purchase equipment & maintenance/repair contracts as a direct payment if SDS provided.</p> <p>Explore single handed care</p> <p>Develop processes and systems for audit , review and monitoring of SDS budgets for older people</p> <p>Enhance re-ablement teams and increase skills whilst working in partnership with IRT's.</p> <p>Work in partnership to support and prepare IP's for implementation of change from traditional support to SDS</p>	<p>March 21</p> <p>March 21</p> <p>March 21</p> <p>Aug 20</p> <p>Dec 21</p> <p>Dec 21</p>	<p>Evaluation framework for programme is in place and will be further developed. Evaluation is measured against agreed outcomes and is reported to the IJB Performance, Finance and Audit Committee</p>

AMBITION STATEMENT 4 – BE AT THE FOREFRONT OF TECHNICAL AND SUSTAINABLE SOLUTIONS				
PROGRAMME OF WORK	ASSOCIATED AMBITION STATEMENT	H&SCNL SLT LEAD PERSON	KEY DELIVERABLES AND TIMESCALES	KEY PERFORMANCE

<p>Engage fully in Digital NL developments & Digital Health & Care Strategy</p> <p>Health & Social Care North Lanarkshire aims to continue to be one of the leading areas in the early adoption and development of information and digital technology, seeing digital access and solutions as a key element of our future transformational change. In light of this, H&SCNL is wholly committed to engaging with the digital strategies of both partner organisations: NHS Lanarkshire Digital Strategy 2019-26 and North Lanarkshire Council’s Digital NL programme. The primary intention of this ambition is to assist the people of North Lanarkshire to engage more fully with self-management approaches of care and if appropriate, support their journey of access to and from services.</p>		<p>R McGuffie M Thomson</p>	<p>Extending the content and roll out of Making Life Easier (MLE), the partnership’s supported self-help platform</p> <p>Upgrade the digital platform that supports integrated communications across the partnership and public services in Scotland as a whole – roll out of Office 365</p> <p>Upgrade of eCare system to support data sharing between partners</p> <p>Replacement of community IT systems, including roll out of Cambric Morse, new GP IT system, replacement of SWIS and roll out of dynamic scheduling system</p> <p>Mobile Working (records, dynamic scheduling, monitoring/oversight of deployment) – supported by development of Cambric Morse, new GP system, dynamic scheduling and replacement of the SWIS system</p> <p>Remote / Virtual Encounters – Florence, Attend Anywhere, Remote diagnostics and clinical</p>	<p>March 23</p> <p>March 22</p> <p>March 21</p> <p>March 23</p> <p>March 23</p> <p>To be set</p>	<p>The digital programme will impact on the following performance metrics</p> <ul style="list-style-type: none"> • Number of MLE contacts • Number of MLE clinic appointments • eCare usage by Locality and team • Use of assistive technology by age group and Locality • Number of patients using Florence • Number of Attend Anywhere consultations by service • Remote diagnostic usage in Hospital at Home
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			<p>monitoring within Hospital@Home and wider community services, and expanding use of assistive technology including maximising the use of the TEC Flat</p> <p>Artificial Intelligence / Robotics – Referral management systems, streamlining predictable processes, automated performance management</p>	March 23	
<p>Replacement of community IT systems Health & Social Care North Lanarkshire aims to continue to be one of the leading areas in the early adoption and development of information and digital technology, seeing digital access and solutions as a key element of our future transformational change. In light of this, H&SCNL is wholly committed to engaging with the digital strategies of both partner organisations: NHS Lanarkshire Digital Strategy 2019-26 and North Lanarkshire Council’s Digital NL programme. The primary intention of this ambition is to assist the people of North Lanarkshire to engage more fully with self-management approaches of care and if appropriate,</p>		M Thomson	<p>CAMHS & Psychological Therapies</p> <p>MORSE</p> <p>GPs</p> <p>Full roll out of Trakcare</p>	March 23	

support their journey of access to and from services.					
<p>Further develop & promote Making Life Easier</p> <p>Making Life Easier (MLE) is an online self assessment platform that provides personalised responses to individuals following their completion of a self-assessment. It provides a gateway to advice in the form of hints and tips, signposting to local services and when required equipment provision. At a time when demand for health and social care services are growing, public expectations are rising and financial resources are reducing the current models of service delivery are not sustainable. There is a continued development programme in place for MLE to expand the scope and scale of the resource and crucially to build this into the First Point of Contact process.</p>		Head of Adult Social Work	<p>Review of current modules</p> <p>Development of a plan to identify priority modules to be created on MLE</p> <p>Develop MLE staff platform</p> <p>Development of performance dashboard</p> <p>Roll out of online booking appointments for MLE clinics</p> <p>Roll out of assistive technology professional users module of Smartcare</p> <p>Develop MLE communications plan</p>	<p>March 21</p> <p>Sep 21</p> <p>March 23</p> <p>Dec 20</p> <p>Dec 20</p> <p>March 22</p> <p>June 20</p>	
<p>Further develop Technology Enabled Care (TEC)</p> <p>Technology Enabled Care (TEC) is a national programme to support the integration of Telehealth and Telecare across health and social care. The programme covers five key areas, with local activity noted against each</p>		M Thomson	<p>Complete engagement with all GP Practices on roll out of remote monitoring solutions</p> <p>Transfer all practices to Docman reporting solution and national protocols</p>	<p>Dec 20</p> <p>March 21</p> <p>March 21</p>	<p>The TEC programme has a range of performance metrics identified as part of the monitoring programme submitted to Scottish Government:</p> <ul style="list-style-type: none"> Number of patients participating in BP monitoring at home

<p>below. There is a whole-system TEC Programme Board for Lanarkshire, supported by a small integrated TEC team, led by a Programme Coordinator, hosted in South Lanarkshire.</p>			<p>Engage with other services requiring blood pressure monitoring (e.g. stroke, pre-surgery assessment, weight management etc)</p> <p>Expansion of Attend Anywhere across local H&SCP services Introduction of TRAK generated appointment letters for Attend Anywhere</p> <p>Roll out of Attend Anywhere service to GP Practices – aim to have 50% sign up</p> <p>TEC Flat communication campaign</p> <p>Review of Community Alarm service in preparation for digitisation</p>	<p>March 21</p> <p>March 21</p> <p>Sep 20</p> <p>Sep 20</p>	<ul style="list-style-type: none"> • Number of Practices signed up to the BP programme • Attend Anywhere consultations by service • Rate of assistive technology usage by Locality by age group
<p>Review criteria for Equipment & Adaptations The provision of equipment solutions remain a crucial component of the provision of care at home as equipment is often essential to facilitate early discharge from hospital, or to support an individual being maintained safely at home. It is important that equipment should meet the specific needs of each individual and those supporting them,</p>		<p>T Marshall</p>	<p>Pilot draft guidance and paperwork</p> <p>Agree base dataset</p> <p>Roll out Guidance</p> <p>Monitor impact</p>	<p>April 20</p> <p>April 20</p> <p>May 21</p> <p>Monthly</p>	<ul style="list-style-type: none"> • Equipment issued • Cost • Equipment and Adaptation service performance data • Profiling demand clusters • experience

<p>but should also encourage maximum participation and performance in everyday activities. This strength based approach avoids an over reliance on unnecessary equipment, and offers the least level of intrusion within a person’s home environment.</p>					
<p>Identify opportunities for Recycling and Sustainability H&SCNL is at the beginning of a journey, engaging with this area of work and development. The partnership will scope, review and participate in the evolving sustainability approaches of both NHS Lanarkshire (NHSL Sustainability Strategy) and North Lanarkshire Council (NLC Act 2020 – Action on Climate Change).</p>		<p>M Thomson</p>	<p>H&SCP to attend both NHSL and NLC events</p> <p>Assess current status of both Sustainability Strategies</p> <p>Scope the role that H&SCNL will play in both plans Contribute to the development of both strategies ensuring H&SCP needs are incorporated</p> <p>Develop H&SCP action plan to deliver priority areas</p>		<p>Unclear at this time but will be developed once more information becomes available.</p>

AMBITION STATEMENT 5 – PROMOTE PREVENTION AND EARLY INTERVENTION				
PROGRAMME OF WORK	ASSOCIATED AMBITION STATEMENT	H&SCNL SLT LEAD PERSON	KEY DELIVERABLES AND TIMESCALES	KEY PERFORMANCE

Develop Tier 2 alternatives to CAMHS		A Gordon P McMena my	<p>Extend age range for referrals to 18</p> <p>Achieve CAMHS Tier 3 specification – all referrals will be seen within 4 weeks</p> <p>CAMHS supports universal services and assists building capacity to support new early intervention framework through the Improving Childrens Services Group.</p> <p>Roll out of new IT system across CAMHS service</p> <p>Finalisation of North Lanarkshire CAMHS accommodation</p> <p>Finalisation of South Lanarkshire CAMHS accommodation</p>	<p>April 2020</p> <p>April 2021</p> <p>March 2021</p> <p>Dec 2020</p> <p>June 2020</p> <p>Sept 2020</p>	<p>A service performance dashboard is in place, monitoring performance against:</p> <ul style="list-style-type: none"> • 18wks RTT (trajectory to meet the 90% standard by December 2020) • Number of patients waiting over 18wks that commenced treatment in month • Total number of patients waiting • Total number of patients waiting who are beyond the 18wk standard • Number of referrals • Number of patients seen • Current staffing
Continue to invest, develop & consolidate Community Solutions commissioning strategy	A1 A2 A3	J Melville	<p>Delivery of CS Projects including locality development and micro-investment through locality consortia; facilitating better eating choices; facilitating increased physical activity; promoting use of ACPs and POW (detailed in six monthly reports to IJB Sub Committee and annual to IJB)</p> <p>Explore Compassionate Lanarkshire model of community connections</p> <p>Develop opportunities for more volunteering aligned to NL CVS Volunteering Strategy (August 2020) and NHSL Volunteering</p>	<p>Ongoing</p> <p>August 2020</p> <p>March 2021</p>	<p>Programme Outcomes</p> <ul style="list-style-type: none"> • A reduction in isolation and loneliness • Enhanced use of information, advice and education • Improved independence and well-being • People feel included, connected and safe • Citizens have greater access to health & wellbeing supports & services <p>Programme Outcomes – Carers</p>

			<p>Engage and develop Community Transport provision to 'Transport to Health' using findings from NHSL Hub Pilot</p> <p>Implementation of findings from Improvement Service review of March 2019 (rebranding; improved comms strategy; three year funding model)</p> <p>Generation of additional income and realignment of existing community and voluntary sector investment through CS Governance</p> <p>Delivery of a revised monitoring, evaluation and learning framework to include work on cost avoidance</p> <p>Delivery of a Social Prescribing scoping study (March 2020) followed by exploration of delivery or recommendations</p>	<p>August 2020</p> <p>August 2020</p> <p>Ongoing</p> <p>March 2021</p> <p>March 2020 onwards</p>	<ul style="list-style-type: none"> • Carers have accessed a short break from their caring • Carers have increased ability to manage or cope with their caring role • Carer's health and wellbeing is optimised • Carers have been referred to direct carer support services • Carers have been signposted to direct carer support services <p>Programme Outcomes – Children, Young People and Families</p> <ul style="list-style-type: none"> • Sense of wellbeing is increased • Resilience is improved • Mental Health is optimised • Physical Health is improved • Parental / Carer Attachment is improved
Increase focus on addressing inequalities and developing prevention and anticipatory care approaches	A1, A2, A3, A4, A5, A6	E Russell	<p>Anticipatory Care Planning</p> <ul style="list-style-type: none"> • Scope work in progress, governance and performance measures • Implement recommendations from ACP SLWG • Contribute to the improvement programme for MORSE to ensure relevant ACP questions are included in the DN assessment 	<p>Sept 20</p> <p>March 21</p> <p>March 22</p>	Increase in number of ACPs ACP information available on eKIS

			<p>Type 2 Diabetes Mellitus Framework</p> <ul style="list-style-type: none"> • Collection of nationally agreed core dataset and agreed data management pathways. • An operationalised pathway and referral / triage criteria for evidence-based intensive weight management programmes for T2DM remission. • An operationalised weight management pathway (Tier 2 and 3) for those diagnosed with T2DM, in line with Health Scotland standards. • An operationalised pathway for education for those diagnosed with GDM, with appropriate on-going support throughout pregnancy. • An operationalised pathway to ensure a single point of referral for weight management and self-referral in line with Health Scotland standards • Carry out an EQIA and act upon the findings for operationalised plans. • An operationalised pathway for those with GDM post-natally for structured education and weight management (as appropriate), in line with Health Scotland standards • An operationalised pathway for structured education and weight management, in line with Health Scotland standards, for those with pre-diabetes 	<p>April 2020</p> <p>Jun 2020</p> <p>Dec 2020</p> <p>Dec 2020</p> <p>Dec 2020</p> <p>Dec 2020</p> <p>March 2021</p> <p>March 2021</p>	<p>There are no targets set for the number of patients to be seen by the services delivered under the Type 2 Diabetes Framework. Performance will be measured against the following quality assurance measures</p> <ul style="list-style-type: none"> • Restructuring services in line with the recommendations of the Prevention, Early Identification and Early Intervention for Type 2 Diabetes Framework • Compliance with the national Core Dataset for Type 2 & Type 3 Weight Management Interventions • Services in place which meet the Minimum Standards for Adult Weight Management Interventions
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		<p>Power of Attorney</p> <ul style="list-style-type: none"> • Awareness sessions for all staff across the partnership on the benefits of POA • Promote the website North Lanarkshire – My Power of Attorney <p>Tobacco Control Strategy</p> <ul style="list-style-type: none"> • Deliver tobacco control strategy action plan in line with the timeframes set in the plan for 2020-23 	<p>Ongoing</p> <p>Ongoing</p> <p>2020-23</p> <p>January 2021</p>	<p>Visits to website North Lanarkshire – My Power of Attorney</p> <ul style="list-style-type: none"> • To deliver 12 week quits in our most deprived communities in line with Local Delivery target • Reduce the numbers of pregnant women who smoke • Reduce children’s exposure to second hand smoke at 27-30 months • Monitor patient use of stop smoking services in acute sites • Increase the proportion of quit attempts from the most deprived areas of Lanarkshire to 70% • Increase the percentage of clients using Varenicline • Reduce the percentage of 13 and 15 year olds smoking • Reduce the prevalence of smoking in North and South Lanarkshire • Reduce general population’s exposure to second hand smoke from 12% to 6% and maintain until 2021 <p>These work streams provide support for the following:</p>
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		<ul style="list-style-type: none"> • Implementation of Third and Fourth Levels of Healthy Schools resource. • All NL primary schools utilising Healthy Schools for the effective delivery of HWB within the classroom. • Development and Implementation of Healthy Environment and Healthy Lifestyle Care Pathways within Healthy Schools. • Development and Implementation of Senior Phase of HS. • CLPL opportunities for education practitioners to support the delivery of each aspect of the resource. 	<p>July 2021</p> <p>July 2021</p> <p>January 2022</p> <p>Ongoing</p>	<ul style="list-style-type: none"> • Parents/carers and children are able to look after and improve their own health and wellbeing and live in good health for longer. • Employ preventative approaches, early interventions & positive transitions for children, young people and families. • Support building of community capacity and community connections in equal partnership with our communities. • Further develop and promote opportunities for anticipatory care planning, self-care & self-management. • Develop models to improve transition planning for children & young people. • Increased focus on addressing Inequalities, Prevention & Anticipatory Care approaches. • Implementation of the Children & Young People’s Health Plan & Children’s services Plan. <p>The benchmarking exercise will include consideration of existing performance measures for each priority are whether these require to be reviewed or enhanced.</p>
		<p>Benchmarking against national Public Health Priorities</p> <ul style="list-style-type: none"> • Benchmark PHP 6 Healthy Weight and Physical Activity 	<p>May 2020</p> <p>July 2020</p> <p>Sept 2020</p>	

			<ul style="list-style-type: none"> • Benchmark PHP 2 Early Years • Benchmark PHP 4 Alcohol, Drugs and Tobacco • Benchmark PHP 3 Good mental wellbeing • Benchmark PHP 1 and 5 Vibrant communities, Place and Inclusive Economy <p>Screening Programmes</p> <ul style="list-style-type: none"> • Improve uptake in cancer screening within populations affected by homeless and addictions • Develop future delivery model for improving cancer screening uptake in vulnerable populations • Engagement of GP clusters / GP practices in quality improvement projects around improving cancer screening uptake • Delivery of brief intervention by community pharmacy <p>Rapid Housing Transition Plan</p> <ul style="list-style-type: none"> • Create Prevention working group and undertake in depth review of preventative services and supports • Create Homes First Team and pathways of support • Embed Homes First model within the High Resource Users programme 	<p>Nov 2020</p> <p>March 2021</p> <p>Sept 2020</p> <p>Sept 2020</p> <p>March 2021</p> <p>March 2021</p> <p>Sept 2020</p> <p>June 2020</p> <p>June 2020</p> <p>Sept 2020</p>	<p>National uptake standards are set for each of the screening programmes with cervical screening target reported through the quarterly performance reviews.</p> <p>Locality health improvement plans define key measures of progress for screening activities being taken forward within each locality in line with the requirements of each screening programme.</p> <p>Each Screening programme has an annual report written and presented to the population health committee</p>
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			<ul style="list-style-type: none"> • Develop Self Directed Support criteria for those affected by homelessness • Review process for notifying Education of children affected by homelessness 	June 2020	
Implementation of Children & Young people's Health Plan & Children's services plan	A1	P McMenemy	<p>Revision of the current Child health Plan and development of a Child Health Plan 2020-23</p> <p>Secure approval of the Child Health Plan by the North and South HSCPs and by the NHSL board</p> <p>Monitor progress of the plan via the child health dashboard and other means and provide reports to relevant committees</p>	<p>March 2020</p> <p>April 2020</p> <p>Ongoing</p>	The plan incorporates a range of preventive and therapeutic indicators and outcomes.
Develop Annual Programme of targeted Messaging and Campaigns	A1, A2, A3, A4, A5, A6	M Dendy	<p>Public awareness communications</p> <p>Dissemination of good news stories</p> <p>Public campaign support</p> <p>Internal communications</p> <p>Development of media statements where required</p>	All actions ongoing	<ul style="list-style-type: none"> • To clearly align communications and activity with key HSCNL priorities and minimise instances of carrying out work on an ad hoc basis. • To develop communication campaigns that make a measurable difference, unique to each campaign. • To develop and improve the partnership website while also using social and traditional media to deliver our key messages more effectively. • Put in place effective internal communications to engage staff and keep them informed

					of current and future HSCNL activities.
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AMBITION STATEMENT 6 – ENSURE NORTH LANARKSHIRE IS THE BEST PLACE TO WORK, VOLUNTEER AND CARE					
PROGRAMME OF WORK	ASSOCIATED AMBITION STATEMENT	H&SCNL SLT LEAD PERSON	KEY DELIVERABLES AND TIMESCALES		KEY PERFORMANCE
Implement recommendations of Integration Review	A1, A2	R McGuffie	Full structure operational	May 2020	Performance metrics around the Addictions Services will be developed and built into the quarterly Locality Performance Review framework. This will include Addictions Service Waiting Times by Locality and aggregated data from the DAISY personal outcomes tool.
			Plan for moving Addictions Teams into Localities signed off	June 2020	
			Addictions Teams into Locality Management Structures	September 2020	
			Partnership Board Plans for Future Integrated Working	December 2020	

Review boundary arrangements	A1, A3	R McGuffie	Review boundary arrangements across all localities	2023	
Develop opportunities for Volunteering	A1, A2, A3	J Melville	Develop opportunities for more volunteering aligned to NL CVS Volunteering Strategy (August 2020) and NHSL Volunteering	March 2021	Incorporated into Community Solutions performance and outcomes framework
Implement the Carers Act	A2, A3, A5	M Dendy	<p>Strategic Group re-established and membership agreed</p> <p>January 2020</p> <p>Consultation with Carers Groups on fee waiver position/practice</p> <p>February 2020</p> <p>Fee Waiver position statement approved and shared</p> <p>May 2020</p> <p>Links to be established with the participation and engagement group</p> <p>June 2020</p> <p>Launch the Carers Strategy during Carers Week</p> <p>June 2020</p> <p>Promote the strategy and its launch through a variety of mediums</p> <p>June 2020</p> <p>Ongoing monitoring of contracted providers</p> <p>March 2021</p>		Ensure, in partnership, that North Lanarkshire adult carers and young carers are supported, represented and enabled to build resilience, carry out their caring role and to live healthy, independent and fulfilled lives.

Explore Opportunities to support Staff Health and Wellbeing	A1, A2, A3, A4, A5	M Dendy	<p>Contribute to the staff HWB plan being developed by NHSL</p> <p>Raise awareness of the NHSL staff HWB programme</p> <ul style="list-style-type: none"> • Bend Don't Break • Stress Control • Stress in Health Care <p>Scoping and awareness raising of the NLC programmes</p> <p>Explore the role out of the Staff Care and Wellbeing Programme for HSCNL</p> <p>Explore for HSCNL the No-one Dies Alone and Chaplaincy Listening Services work</p> <p>Review impact of programmes via iMatter and Investing in People (liP)</p> <p>Scoping, implementing existing programmes (with manager support and leadership) and identifying any gaps.</p> <p>Community Solutions Workforce Development</p>	<p>TBC</p> <p>Ongoing</p> <p>December 2020</p> <p>March 2021</p> <p>March 2021</p> <p>December 2020</p> <p>December 2020</p> <p>December 2020</p>	<p>Health and Social Care Employee Engagement and Wellbeing</p> <ul style="list-style-type: none"> • Employee engagement % through iMatter • Improved standard against liP framework • Evidence of absence management strategies underway and improvement in absence • Heath Safety and Wellbeing statistics • Uptake of Health and Wellbeing initiatives
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Develop H&SC Workforce Planning	A1, A2, A3, A4, A5	T Marshall	<p>Review current workforce governance</p> <p>Establish SLWG to develop plan</p> <p>Develop Workforce plan</p> <p>Implementation of plan</p> <p>Review governance/ monitoring routes to ensure meet ongoing requirements</p>	<p>March 2020</p> <p>March 2020</p> <p>May 2020</p> <p>March 2020</p> <p>Monthly</p>	Effective workforce planning arrangements supports our ability to deliver our performance commitments.
Contribute to the Promotion & expansion of Care Academy in respect of Health & Social Care		T Marshall	<p>Develop Recruitment and Media Campaigns (Theatre Academy, Home Support and Physiotherapy)</p> <p>NEXTGen Recruitment Events</p> <p>Lanarkshire College Recruitment Events</p> <p>NEXTGen Recruitment Events</p> <p>Strengthen relationship with skills providers (including Caledonian University and New College Lanarkshire)</p> <p>Complete joint workforce plan and agree on priority workforce groups (demand and skills gaps).</p>	<p>December 2020</p> <p>5 March 2020</p> <p>24 March 2020</p> <p>3 Sept 2020</p> <p>October 2020</p> <p>April 2020</p>	<p>The performance monitoring framework for the Health and Social Care Academy will include:</p> <p>HSC Skills Academy</p> <ul style="list-style-type: none"> • Qualitative feedback from NL residents and young people • The number of young people leaving school and entering a positive post-school destination (linked to the health and social care sector). • Apprenticeship numbers for H&SC related frameworks. • Numbers of NL residents and young people progressing through priority career and H&SC qualification pathways for priority workforce groups

			<p>Build phase 2 skills curriculum and career pathways for priority workforce groups.</p> <p>Agree phase 2 development plan for Website.</p>	<p>June 2020</p> <p>March 2020</p>	<ul style="list-style-type: none"> • The number of people engaged with Further or Higher Education and associated initiatives relative to H&SC careers. <p>HSC Recruitment strategies and promotional campaigns</p> <ul style="list-style-type: none"> • Increase traffic flow and click-through to Health & Social Care Academy portal • Targeted social media campaigns highlighting hard to recruit to posts and associated recruitment and retention statistics • Targeted social media strategies on Facebook, Instagram, Twitter and YouTube and associated recruitment and retention statistics • Several targeted events to raise awareness of the Care Academy, highlighting employment and breadth of career opportunities and pathways available • Demographic analysis of participants and associated recruitment statistics from targeted events, e.g. application to interview, interview to hire etc. • To support NHS Lanarkshire, the private/independent sector to
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					<p>address the recruitment gaps they are currently experiencing.</p> <ul style="list-style-type: none">• Strengthen partnerships between NHS Lanarkshire, private/independent sector• Numbers of NL residents recruited into all H&SC roles (including entry level roles)
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