

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.

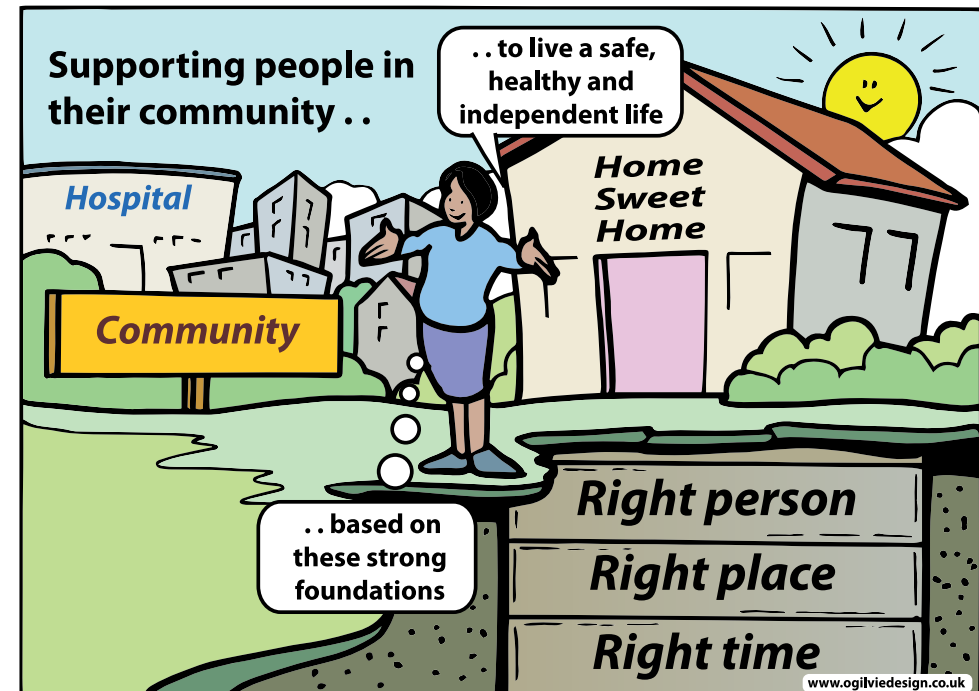
We very much value your input and feedback as the services we plan to design and deliver are your services, for your families and neighbours.

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](#)

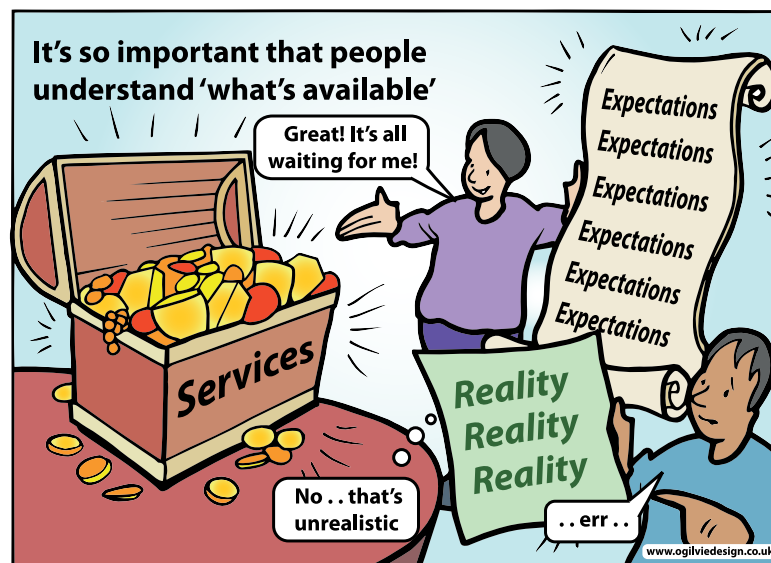
We will play a key role in tackling inequalities in North Lanarkshire and we will work with community planning partners to tackle some of the longstanding and fundamental causes of social inequality. Reducing and overcoming such inequalities are part of our Fairer Scotland Duty and will be our focus.

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.

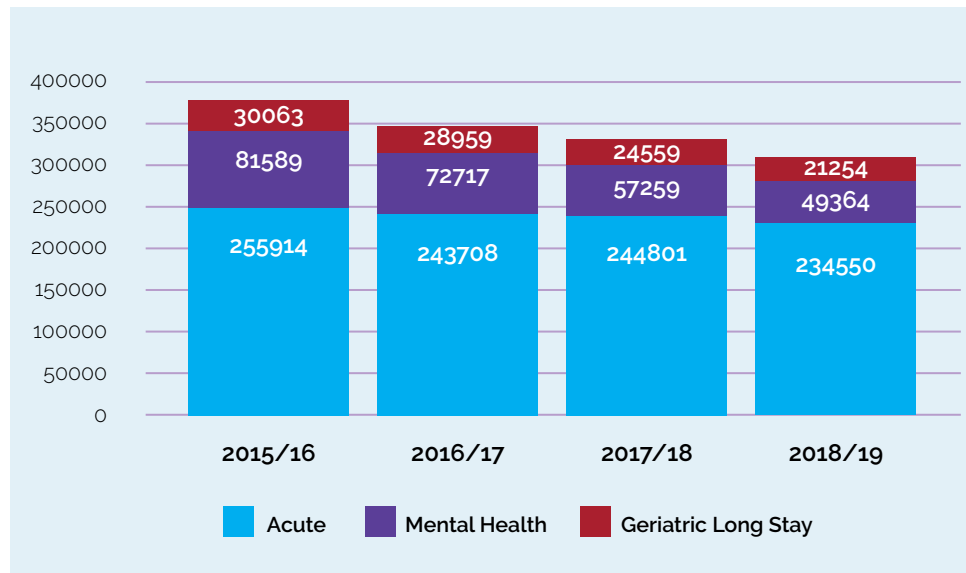
North Lanarkshire Council and NHS Lanarkshire, together with other public agencies such as Police Scotland, have statutory duties in respect of public protection. This means matters relating to child protection, adult protection, MAPPA (multi-agency public protection arrangements regarding the management 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;

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.



Unscheduled Bed Days

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'**.

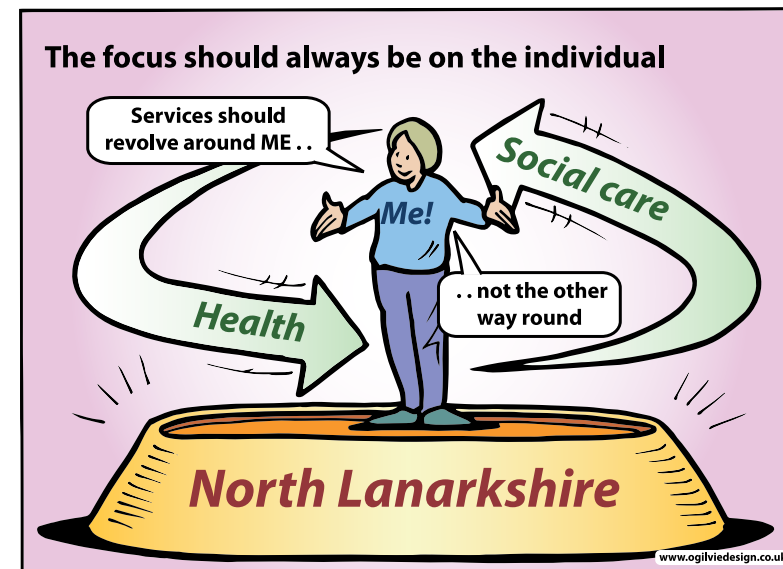
Access to services for **mental health** issues is a basic issue of health equality. Following receipt of national funding (Action 15), we have increased the number of mental health professional staff in Accident

& 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 physical activity. 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 2018/19 is as follows;

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

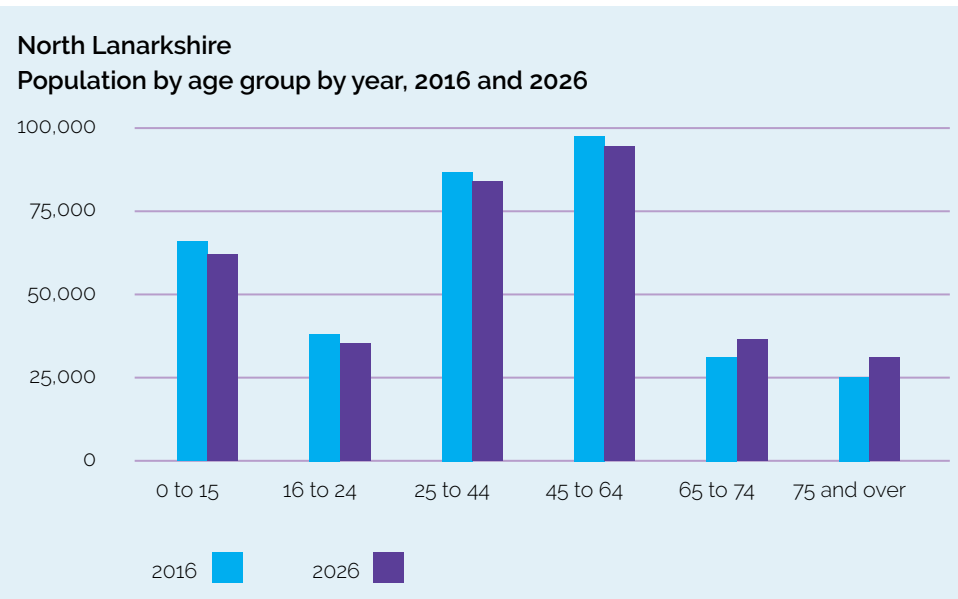
	National Data Indicator	2016/17	2017/18	2018/19	Compared with last year	Compared with Scottish Average
NI - 11	Premature mortality rate per 100,000 persons	522 (2016)	482 (2017)	517 (2018)	↓	↓
NI - 12	Emergency admission rate (per 100,000 population)	15,457	15,658	15,803	↓	↓
NI - 13	Emergency bed day 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%	↔	↑

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

5. North Lanarkshire overview

Population Projections

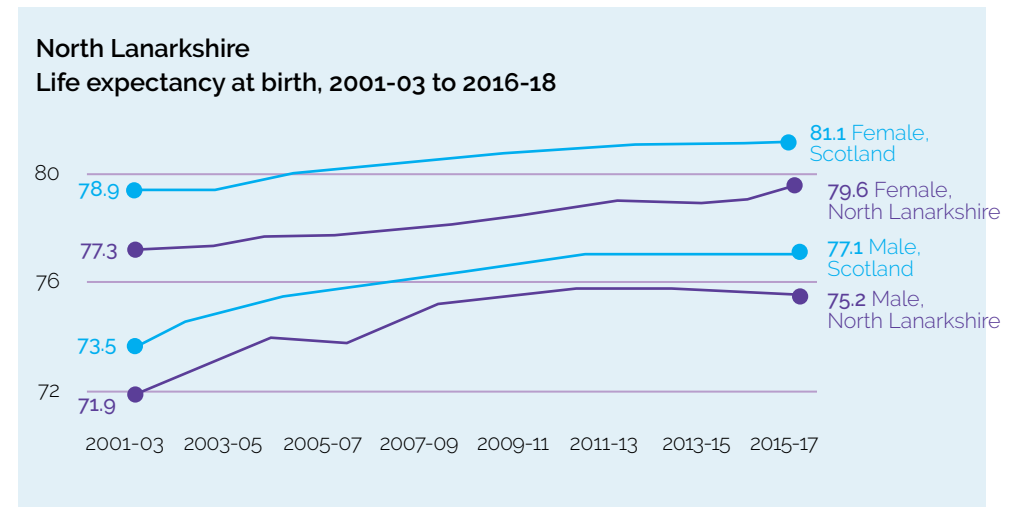
Between 2016 and 2026, the 16 to 24 age group is projected to see the largest percentage decrease (-5.2%) and the 75 and over age group is projected to see the largest percentage increase (+25.5%). In terms of size, however, 45 to 64 is projected to remain the largest age group.



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, 50,852 (15%) people are income deprived against the Scottish average of 12%. Of this 50,852 income deprived population;

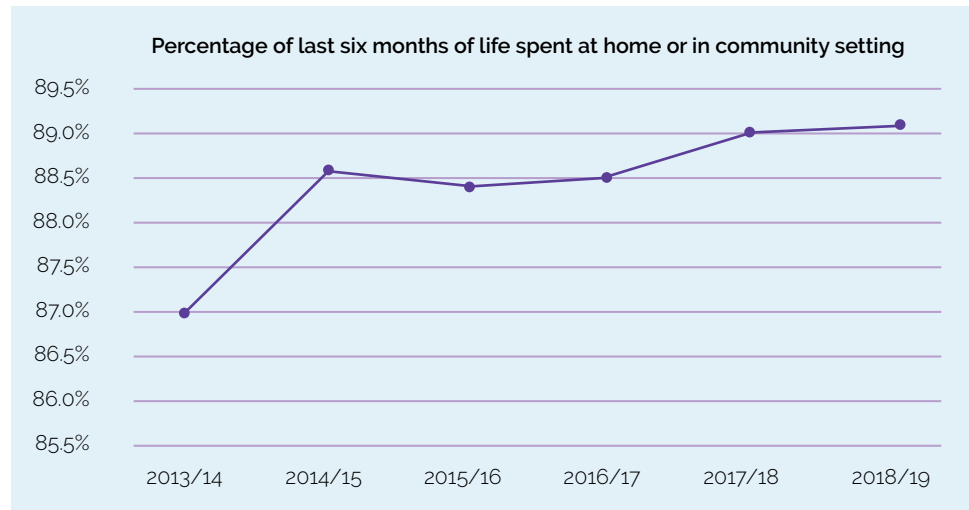
- 28,426 live in the 20% most deprived datazones and 18,251 live in the 15% most deprived datazones
- Therefore, 22,426 income deprived people live outside the 20% most deprived datazones

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%.

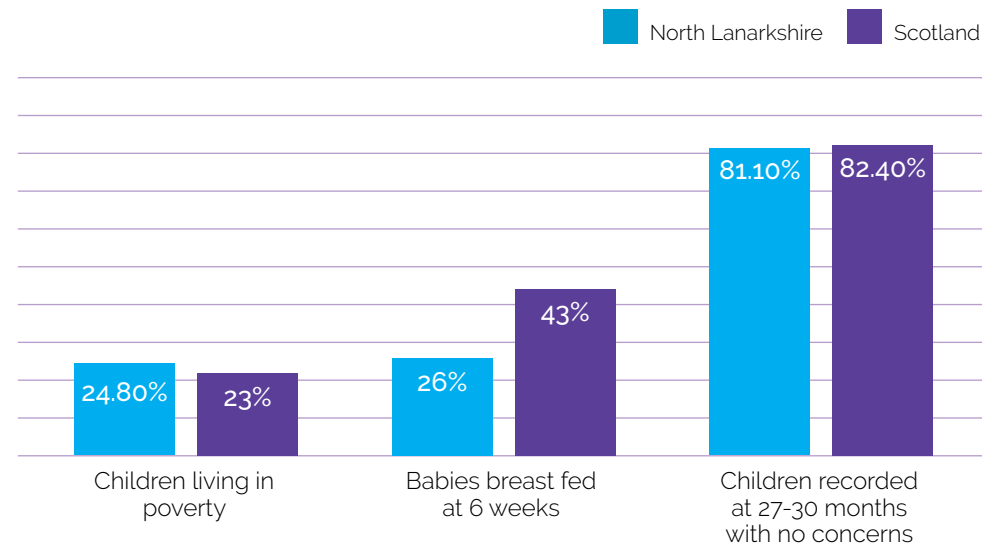
- 13,415 people are employment deprived in the 20% most deprived datazones and 11,205 people are employment deprived in the 15% most deprived datazones,
- This means 11,381 employment deprived people live outside the 20% most deprived datazones
- The number of people experiencing income and/or employment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



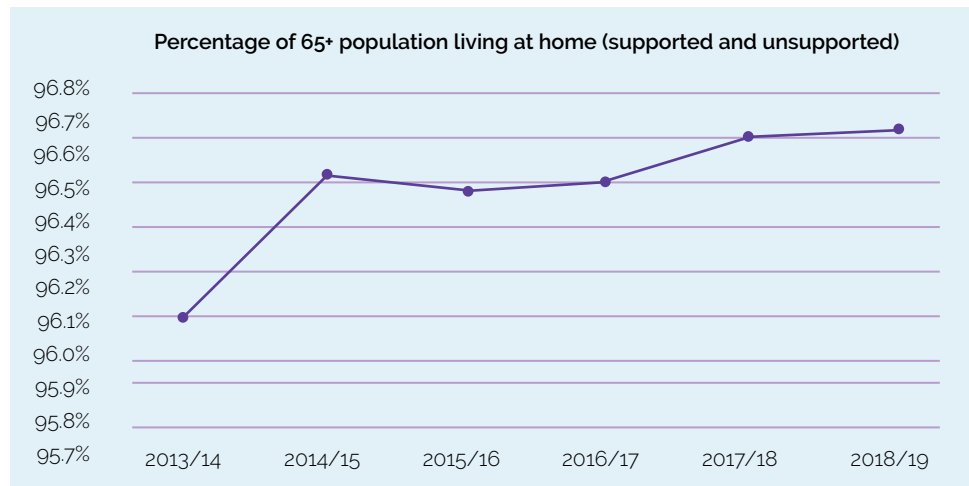
End of Life Care



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 and the villages included in the Northern Corridor)	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.

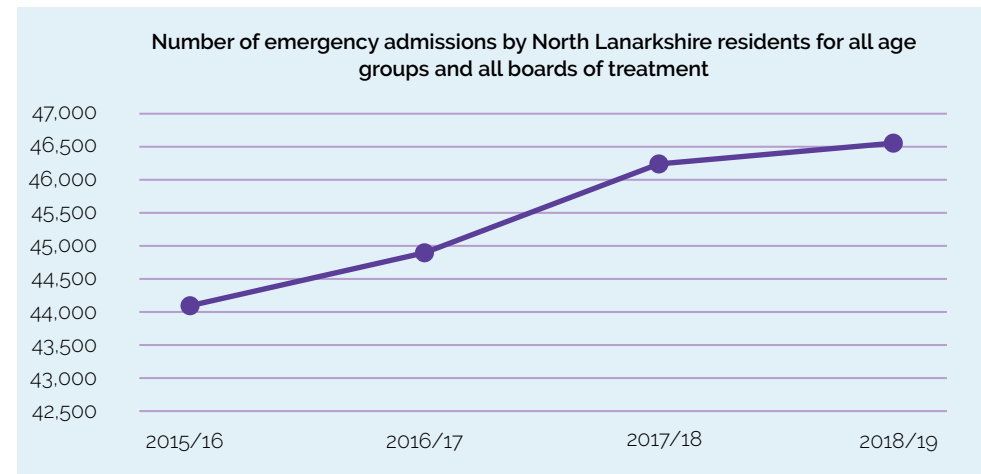
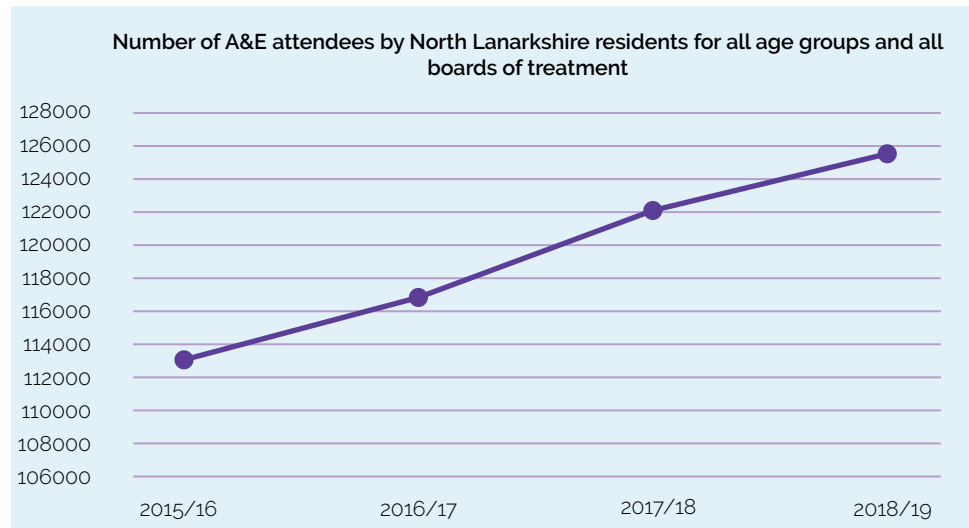


7. Our current work

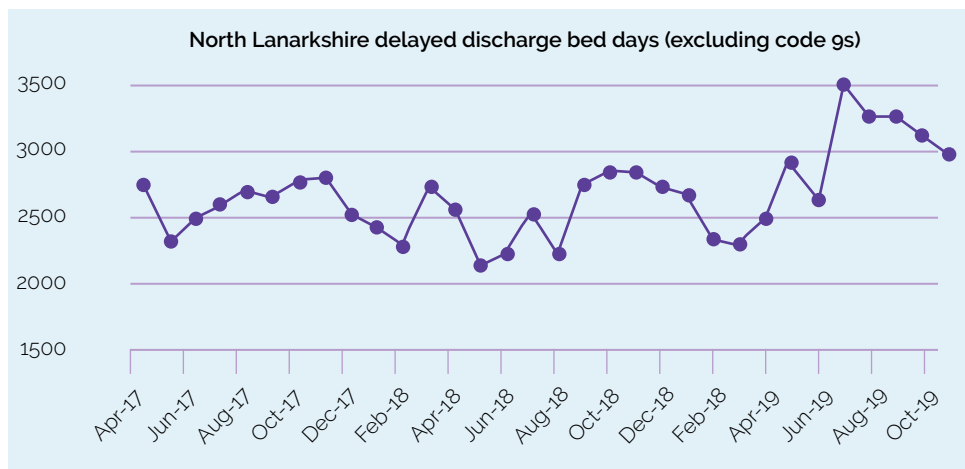
The number of people attending **Accident & Emergency departments (A&E attendances)** in North Lanarkshire has gradually been increasing over a number of years and this is an area of significant concern to us.

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 and support 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 and 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, 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)**).

- 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 & voluntary services

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** (2019- 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 major 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 2020. 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.

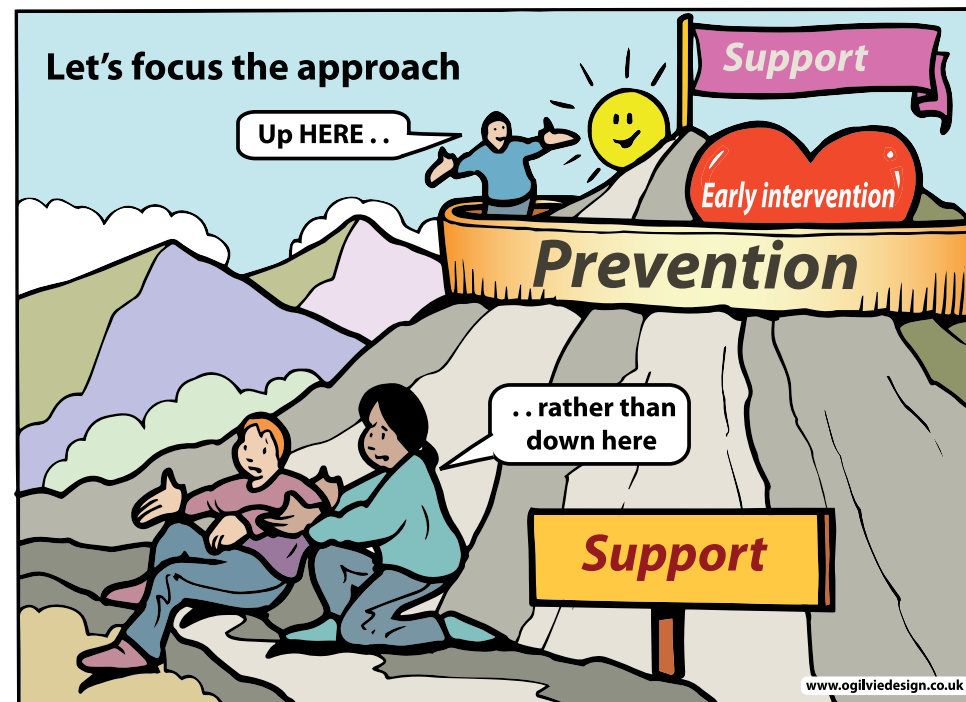
We recently launched an online survey which asked people to rate a number of factors in order of importance. Over a thousand people responded and told us that the things that mattered most to them were;

- 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

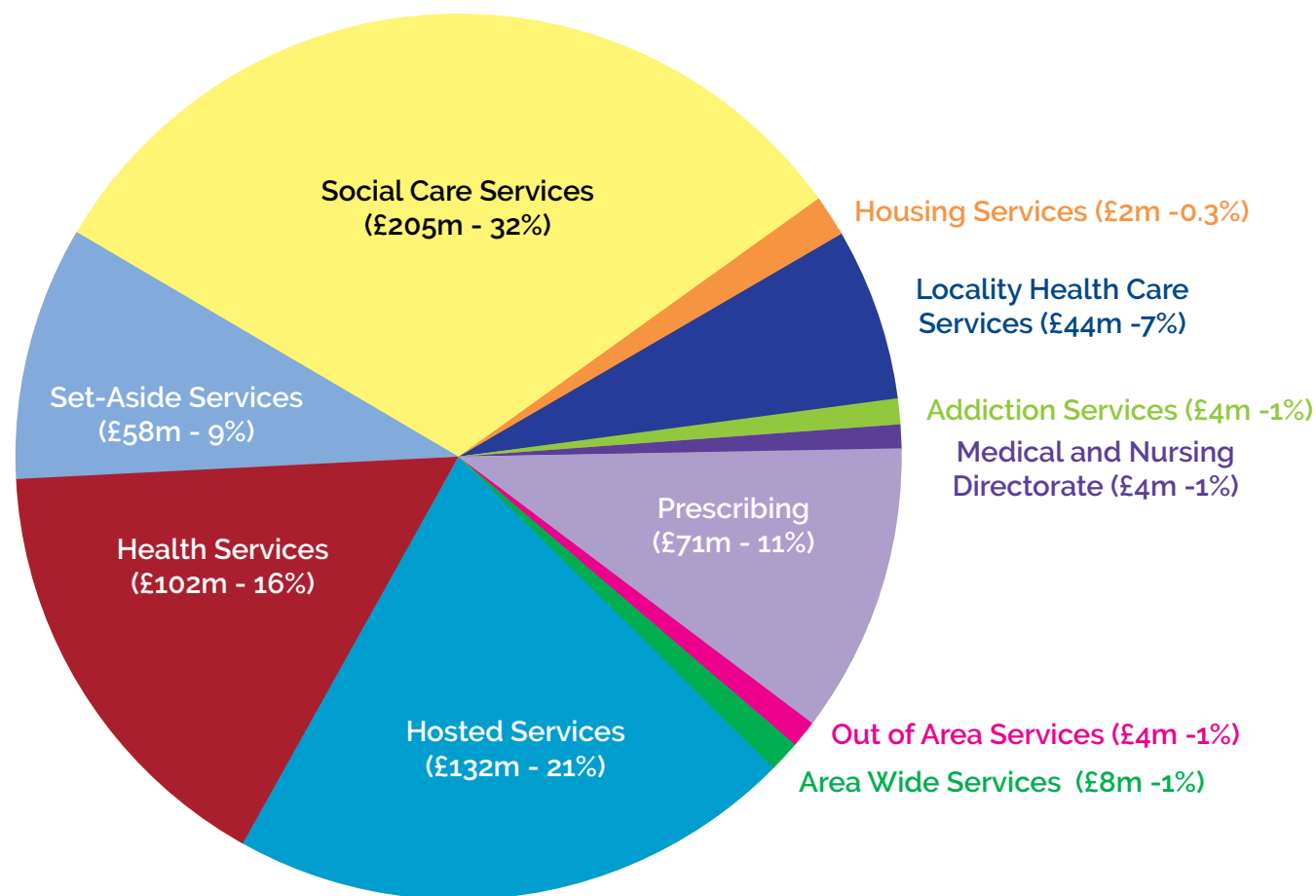
The Health and Social Care Partnership is committed to making the best use of the resources delegated to it and to achieving financial sustainability. Public expectation is that health and social care partnerships will meet changing and increasingly complex needs. The Programme of Work sets out our plans 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.

This financial plan is a financial model over the period from 2020/2021 to 2029/2030. Financial planning is extremely difficult in the present economic, political and national health situation. There is uncertainty around the withdrawal from the European Union. Financial markets are uncertain about future economic growth prospects. The impact on the availability of future finances is very difficult to predict. One-year budget settlements are making the projections even more problematic. The pandemic as a result of the Covid-19 virus is a further adverse factor which will have significant financial consequences in the immediate future for both partners and the economy.

Health and Social Care Services Expenditure 2019/2020



At this stage, the financial plan does not take the additional cost pressures as a result of the pandemic into consideration however they are being monitored in consultation with the Scottish Government.

Given the current political climate and the associated economic uncertainty, the financial planning assumptions are likely to vary over the duration of the plan. Three scenarios are therefore explored namely the envisaged outlook, optimistic outlook and pessimistic outlook.

The agreed strategy to address the envisaged funding gap of £9.4 million in 2020/2021 is highlighted in the table on the previous page which sets out the Financial Strategy (Planned savings - £5.1m; Reliance on reserves - £0.8m; Management Actions - £1.6m and Re-profiling cost pressures - £1.9m). The envisaged funding gap is projected to be £4m in 2021/2022 and £3m in 2022/2023.

Over the longer term from 2023/2024 to 2029/2030, the average annual funding gap ranges from an optimistic projection of £0.1m per annum to a pessimistic projection of £18.9m with the envisaged projection being £4.3m per annum.

It is important that our Ambitions are set within the context of the funding which is available. Both partners have a proven track record of managing budgets effectively over many years however the delivery of ongoing savings in a health and social care environment is difficult. The financial sustainability approach therefore which is being progressed across the partnership considers a range of interventions including:

- **Efficiency options**
- **Service Redesign and Innovation**
- **Shifting the balance of care**
- **Service prioritisation and reduction**

- **Prescribing Efficiencies and Medicines Management**
- **Realistic Care and Realistic Medicine**
- **Early Intervention and Prevention opportunities**

The financial plan also recommends that for 2020/2021 a risk-based and general contingency reserve is established of £5m (1%) increasing to £24m (5%) by 2023/2024.

The strategic commissioning intentions are to continue to support individuals to live as independently as possible for as long as possible. The focus will continue to be to enable and support those that require assistance to enjoy the best quality of life possible, informed by choices they make for themselves. For adult and older people's health and social care services that may mean a different approach to managing risk, particularly where the individual, their families and carers wish to make conscious choices to live with risk in the community.

The medium to long term financial plan will be reviewed as soon as up to date information becomes available. The IJB maintains a strategic risk register and both partners maintain operational risk registers. Strategic and operational risks are regularly monitored by senior officers across the health and social care partnership. The Scottish Government's aspiration to move to multi-year settlements in the future is also welcomed as this would reduce the uncertainty which is currently impacting on strategic commissioning activity across the health and social care partnership.



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.

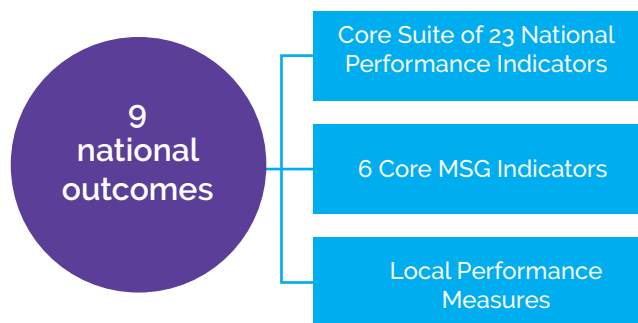
The IJB has established a performance framework with oversight of all integrated services in order to be assured that we are delivering all the strategic and operational aims of the partnership. The performance measures are agreed on an annual basis and are reported formally in an Annual Performance 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 asterix *, 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 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 37,000 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

- Increased the number of affordable and accessible homes in North Lanarkshire helping meet a broad range of housing and support needs
- 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 to 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 homelessness, 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 homelessness 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.

