

safer healthier independent lives

Integrating Health & Social Care In North Lanarkshire

Strategic Plan
2016-2026

Foreword

In presenting this ten year strategic plan, we have one overarching ambition. We want to set in motion an approach to delivering health and social care that will lead over time to achieving the national health and wellbeing outcomes prescribed in the Public Bodies (Scotland) Act 2014 and the outcomes linked to The Children and Young People's (Scotland) Act 2014 and the Community Justice (Scotland) Bill.

In North Lanarkshire we have a long history of cooperation and joint working between NHS Lanarkshire and North Lanarkshire Council. We have a number of shared services and have worked together in reshaping care for older people, in improving services for children and young people, supporting offenders and working across agencies in the longer term through community planning.

The formal integration of adult health and social care services, driven by the Scottish Government, will allow us to build on these foundations, extend the benefits of integrated planning and delivery of services across the population, and strengthen the services we provide for everyone living in North Lanarkshire.

This opportunity to further improve health and wellbeing outcomes comes at a challenging time for public bodies. Overall economic conditions mean that public sector budgets will continue to be constrained while the need for services will continue to grow. North Lanarkshire Council is required to save significant sums over the next three financial years and, likewise, NHS Lanarkshire is undertaking a range of efficiency programmes to achieve sustained financial stability and best value for taxpayers.

Faced with this fiscal reality, it is important that we anticipate and, where possible, prevent need before it arises. We need to help and support people, including our children and young people and those in the community justice system, in making the right life choices and to ensure that the people of North Lanarkshire get full value for every pound spent on their wellbeing.

This draft Strategic Plan sets out our vision and our priorities for the next ten years. It explains how we will change services to focus on those most in need, and how we will support people to live as independently as possible, by providing support at the right time, in the right place and in the right way. It sets out the actions we will take in our first year as we refine and develop our longer term commissioning intentions. We will refresh our plan again in August 2016 to take account of this work.

In simple terms, it is our view that people in North Lanarkshire would like us to;

- Support our young people to be safe, healthy, achieving, nurtured, active, respected, responsible and included;
- Support people to lead healthier lives;
- Support people to live independently;
- Support people with offences to minimise re-offending and make our communities safer;
- When people do need our support, ensure they see people with the right skills to help them;
- Avoid admissions and unnecessary delays in hospital;
- When the time comes, let people die with dignity;
- Use resources wisely.

Fundamental to integrating services is closer working with communities. In North Lanarkshire we have strong and well defined communities; third and independent sector organisations, carers, staff and others who respect and value their local areas. Our intention is to build on local knowledge and experience to ensure services are tailored to community needs and the considerable community assets that exist in towns and villages across the area. We want people to live safer, healthier, independent lives by anticipating need before it arises and through information, local support networks and services.

Addressing needs, reducing inequality and supporting communities to reach their potential is not something we can do alone. We are committed to working hand in hand with all agencies to ensure that we have a cohesive plan that optimises collective effort to the benefit of those who need support.

Our proposed changes will not happen overnight. This Strategic Plan is a starting point and a considerable amount of work has to be done to achieve our aspirations for North Lanarkshire.

We will report annually on our progress towards our aims and will continue to engage and consult with our communities to ensure that we are addressing the real issues and taking the appropriate actions necessary to improve outcomes for people in North Lanarkshire.

Cllr Harry McGuigan, Chair

Dr Avril Osborne, Vice Chair

Our Vision and Purpose

Our Vision

The people of North Lanarkshire will achieve their full potential through:

- ⊗ Living safe, healthy and independent lives in their communities.
- ⊗ Receiving the information, support and care they need, efficiently and effectively, at the right time, in the right place and in the right way.
- ⊗ Ensuring North Lanarkshire is the best place in Scotland to grow up.

Our Mission

- ⊗ Children and young people who realise their potential and grow to be successful learners, confident individuals, effective contributors and responsible citizens.
- ⊗ People and communities who support and respect each other, exercising both their rights and responsibilities.
- ⊗ People and communities who experience low levels of crime, fear, alarm and distress.

Our Mission

safer
healthier
independent
lives

National Agenda For Change

Integrating Health And Social Care In North Lanarkshire

2014, the Scottish Parliament passed legislation¹ requiring Health Boards and Local Authorities across Scotland to integrate adult health and social care functions. This is the most significant reform to Scotland's National Health Service and social care service in a generation. The purpose of integrating these services is to improve the health and wellbeing outcomes of people. NHS Lanarkshire and North Lanarkshire Council have chosen to integrate services through the establishment of the North Lanarkshire Joint Integration Board (NLJIB).

From 1st April 2016, the NLJIB, a new, legal entity will be responsible for planning, commissioning and overseeing the delivery of integrated health and social care provision, covering community and unplanned hospital healthcare and adult, children and families and community justice social work in North Lanarkshire.

This strategic plan, based on engagement with the people of North Lanarkshire, people who use services, carers, staff, independent and third sector providers and practitioners will determine how integrated health and social care support and services will be delivered in the future.

¹ The Public Bodies (Joint Working) (Scotland) Act 2014

Meeting National Outcomes and Standards

The legislation sets out that we must contribute to the delivery of nine national health and wellbeing outcomes for integration. The NLJIB will plan and direct the delivery of services in a way that will achieve these outcomes. We will also take into account the national outcomes and legislative requirements for the planning and delivery of Children's services and community justice. We will publish an annual report on progress to achieve these outcomes, as well as on twenty-three pre-determined National Performance Indicators as set out in Appendix 1. In addition, locally derived performance indicators have also been developed to ensure we have information tailored to North Lanarkshire's circumstances.

National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer;
2. 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;
3. People who use health and social care services have positive experiences of those services, and have their dignity respected;
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services;
5. Health and social care services contribute to reducing health inequalities;
6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing;
7. People using health and social care services are safe from harm;
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide; and
9. Resources are used effectively and efficiently in the provision of health and social care services.

Meeting National Outcomes and Standards

National Outcomes for Children and Families Social Work

1. Our children have the best start in life and are ready to succeed;
2. Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
3. We have improved the life chances of children, young people and families at risk.

These outcomes are supported by the eight wellbeing outcomes: Safe, Healthy, Achieving, Nurtured, Active, Responsible, Respected, Included.

Criminal Justice System

1. Increased public protection and community safety;
2. Reduction of reoffending; and
3. Increased social inclusion to support desistance from offending.

It is anticipated that these community justice outcomes will be replaced, by a version of the following outcomes, during 2016/17 with the enactment of the Community Justice (Scotland) Bill.

Structural Outcomes

1. Increased community safety and public protection through reducing reoffending;
2. Improved public understanding and confidence in the effectiveness, appropriateness and quality of community justice services;
3. More strategic, collaborative and integrated provision of community justice services;

More effective provision of court mandated activities and alternatives to custody; and Greater equality of access to universal services for people with convictions or a history of offending.

Person-centric outcomes

4. Improved physical and mental well-being and reduced substance misuse;
5. Improvements in attitudes, behaviour and personal relationships;
6. Improved access to appropriate housing services; and
7. Improved opportunities through engagement with educational, employability and personal development services.

Devolved Services

The NLJIB will plan and have operational oversight of the following children's and adult health services and adult social care services.

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

Making it Happen

Making it happen

Where We Are Now

Integration is not new to North Lanarkshire and we have a good basis for further reform;

- The need to be outcomes and people focussed is well understood across our services;
- We have a strong relationship with people who use services, carers and the third and independent sectors;
- We have already successfully integrated some of our services, for example addictions, and can evidence the positive impact partnership working has had in North Lanarkshire;
- There is a good recognition that we should provide services, including those delivered by the third and independent sectors, based on the needs of the individual;
- We plan across public sector organisations through our Community Planning Partnership;
- There are good local planning arrangements in place between health, social care and housing through locality planning groups;
- Our staff work co-operatively across organisational boundaries.

The Challenges We Face

To achieve our vision of safer, healthier, independent living for the people of North Lanarkshire, we need to address a number of challenges:

- There are significant and persistent inequalities in North Lanarkshire that impact on the life opportunities and chances people have;
- More people have multiple conditions making their support and care needs more complex;
- Public expectations do not always match how services can best be provided;
- The demand for services is rising whilst the money we have is reducing;
- We provide too much care in hospitals and not enough in the community, this is becoming increasingly unsustainable;
- We face a significant challenge to provide accessible housing for the projected increase in older people;
- We do not adequately support people, including children and young people, to take responsibility for their own outcomes;
- Investment in preventative approaches and anticipatory services is currently insufficient to meaningfully reduce the demand on reactive services;
- Many of our IT systems are not compatible with each other.

Making It Happen

What Needs To Change?

To address the challenges that we face and achieve our outcomes we must do a number of things;

- We need to continue to support those most in need and improve outcomes of all citizens;
- We need to empower people to have choice and control over the supports and services they access to deliver the outcomes they want to achieve;
- We need to further invest in preventative and self-management approaches;
- We need to provide support and services that are sustainable into the future;
- We need to support people and communities to take greater responsibility for their own outcomes, reducing the need for services;
- We need to build on the capacity of our localities to deliver with the community, based on the assets that exist within those communities, ensuring collaboration and effective local delivery;
- We need to empower people who use services, people who deliver services, local communities and carers to be full partners in the planning process;
- We need to build stronger relationships between staff in hospital and community services;
- We need to invest in our staff to ensure they have the right skills to deliver support that improves people's outcomes;
- We need to continue to work with all our partners so our combined contribution to North Lanarkshire is maximised.

Where We Want To Be

Meeting the National Outcomes and performance standards will be a critical measure of successful transition, but the NLJIB has added its own criteria for determining the success of its aims for the provision of local health and care services. Transformation of functions and services will be a success if:

- We improve the outcomes for people;
- People are healthier;
- Children are given the best start in life;
- People are fully included in the decisions that affect them;
- We play our full part in reducing inequalities within our communities;
- People are less reliant on services and are able to live as independently as possible;
- People are better able to manage their own conditions;
- People receive the right support and services for their individual circumstances;
- Preventive measures reduce long-term health conditions;
- People only access hospital when they need to, and are discharged as soon as they are able to do so;
- More people can choose to die at home;
- Carers receive the support they need and feel supported to fulfil their caring role;
- We have improved outcomes for offenders, communities and victims;
- Our own data provides an accurate and vivid picture of the needs of our communities;
- Locality teams are recognised as single entities and functioning well;
- We work within available finances and resources;
- Staff feel valued and that their work is worthwhile.

Commissioning

This strategic plan sets out the framework for how we intend to improve the health and wellbeing outcomes of the people in North Lanarkshire and we will direct NHS Lanarkshire and North Lanarkshire Council to deliver services in line with this plan. To achieve this strategic vision we must commission the right mix of health and social care support and services to deliver our aims. Fundamental to successful commissioning is understanding;

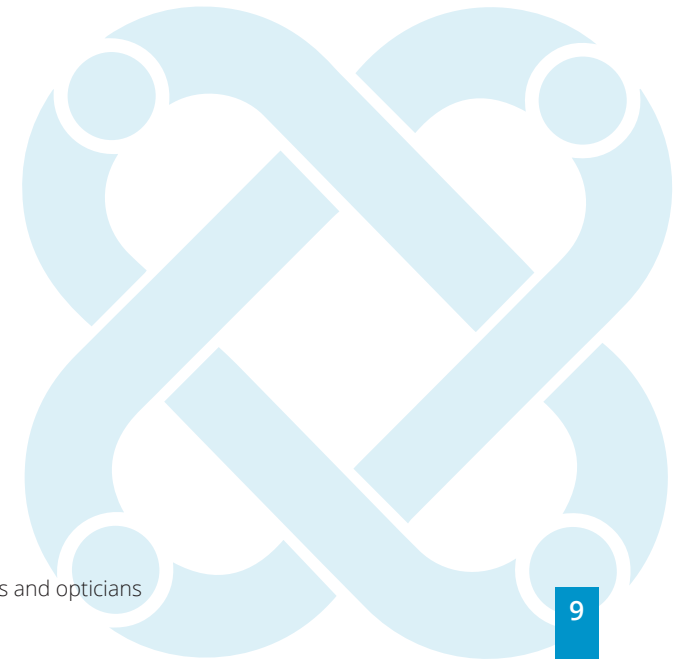
- Activity; the support and services that are currently provided by NHS Lanarkshire, North Lanarkshire Council, our community planning partners, the third and independent sectors and carers;
- Demand; our population needs now and in the future;
- Resources; the collective resources that all partners bring to provide supports and services including community assets.

The strategic needs assessment that has been carried out as part of this strategy goes some way to providing the information that we need. It has enabled us to identify the broad challenges and pressures that health and social care services will face over the coming years and how services need to change to improve outcomes. It demonstrates that the models of service provision that we currently have are not sustainable within current resources.

The integrated budget that we will have to commission health and social care services is currently being calculated. This will include the reductions that NHS Lanarkshire and North Lanarkshire Council are required to make in line with reduced public sector spending.

NHS Lanarkshire is undertaking a significant amount of work under their healthcare strategy. This will provide the detailed analysis of activity and future demand for many of our integrated services and the broader provision of hospital services across Lanarkshire. North Lanarkshire Council are taking forward similar work with regards to social work, housing services and public protection.

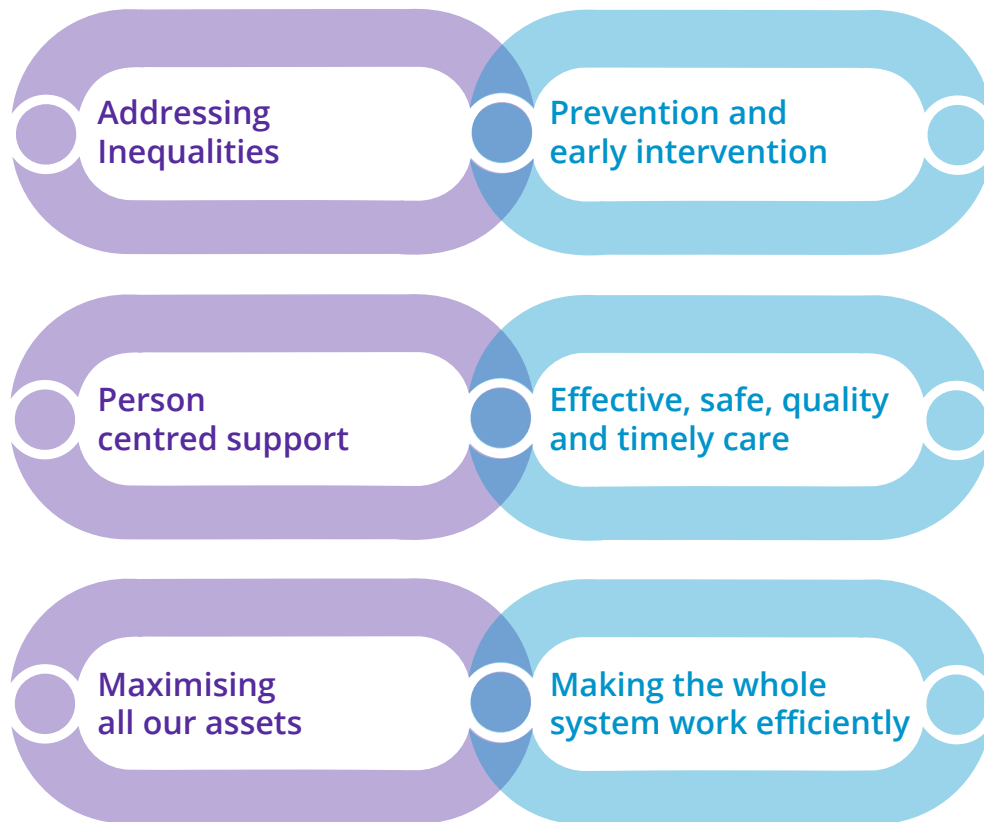
Fully understanding the contribution that the third and independent sectors, staff and independent contractors², social landlords, carers, and the assets that people and communities bring is essential in developing our commissioning plan. Much of this work will be undertaken within localities but we will need to understand the overall contribution of these partners and ensure that all our stakeholders are included within the discussions that shape our understanding of how best to improve outcomes in North Lanarkshire.



² These include GPs, Pharmacists, dentists and opticians

Strategic Priorities

The NLJIB has identified six strategic priorities that it will focus on over the ten year lifetime of this strategic plan;



These priorities will help the NLJIB and its partners focus on the key challenges that we identify within this strategic plan and deliver improved outcomes for people.

Developing Our Detailed Commissioning Intentions

We are still in the process of gathering the necessary information to fully shape our commissioning intentions for the next three years. A detailed strategic commissioning plan will be developed and consulted on by August 2016. This will give us the time to identify the full range of changes that we intend to make to services over the next three years to deliver better outcomes for people. It will set out the services that we intend to invest in and those that we intend to disinvest from. This work will be taken forward with all of our partners and we will consult on this more detailed plan with all those who have an interest in health and social care in North Lanarkshire.

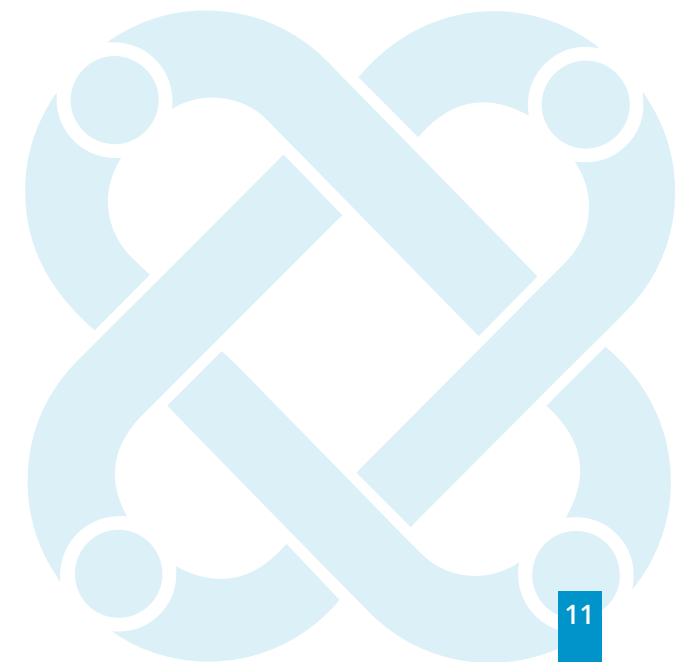
This strategic plan does set out a number of actions that the NLJIB, with its partners, have identified as priorities for our first year. This plan sets out those actions.

Market Facilitation

Part of the work to develop a comprehensive commissioning strategy is the development of a 'market facilitation plan'. A market facilitation plan ensures that the intentions in a commissioning plan are translated into actual services. For example, our commissioning strategy may set out that we require more care at home provision. The market facilitation plan allows our partner organisations to plan for training and recruiting the necessary staff to provide these services. In short, it gives confidence to the third and independent sector to invest in the development of new services and gives public service the confidence to invest in staff training and development to ensure we have the right workforce.

The process to develop a market facilitation plan will involve all our partner organisations to ensure that the changes that we wish to make are sustainable and will be delivered. It will ensure that our partners have the confidence to build their own capacity, services and supports towards the same shared vision. It will ensure that as the integration agenda develops, local services are fit for purpose and in a position to respond to care needs in a joined up, whole systems, person-centred way.

We will consider, with our partners, the strategic commissioning plan and the market facilitation plan on an annual basis to ensure that it remains fit for purpose and is delivering improved outcomes for the people of North Lanarkshire.



North Lanarkshire Health and Care Overview

North Lanarkshire Health and Care Overview

North Lanarkshire is the fourth largest local authority area in Scotland, by population, and covers a geographical region of over 180 square miles within Scotland's central belt. The area includes a variety of communities ranging from rural settlements to larger towns such as Airdrie, Bellshill, Coatbridge, Cumbernauld, Kilsyth, Motherwell, Shotts and Wishaw.

It is located at the crossroads of Scotland's motorway network and has excellent rail links including; 25 stations on 10 local routes, three intercity routes, Coatbridge container terminal, as well as Eurocentral and Mossend, Scotland's rail freight links with Europe via the channel tunnel.

The structure of the North Lanarkshire economy has undergone a major transformation in the last twenty years. North Lanarkshire's economy has been most affected by the loss of its heavy industry, particularly during the 1980s and early 90s, and more recently significant reduction in its manufacturing sector which has suffered a decline of almost 30% over the period from 2004 to 2013 (representing a loss of some 5,500 jobs).

This rapid decline in manufacturing has, however, been more than offset by the increase in service based industries. The growth in financial and business services in North Lanarkshire between 1981 and 2008 outstrips that of the Scottish economy as a whole. As a result, the last twenty years has seen a significant shift from an industrial to a service based economy, with an increasing business start up rate, more people in employment and a growing local economy.

As part of the development of this strategic plan we have undertaken a strategic needs assessment of North Lanarkshire. This assessment takes into account the contribution of; statutory agencies, the third and independent sectors and carers.

It looks at;

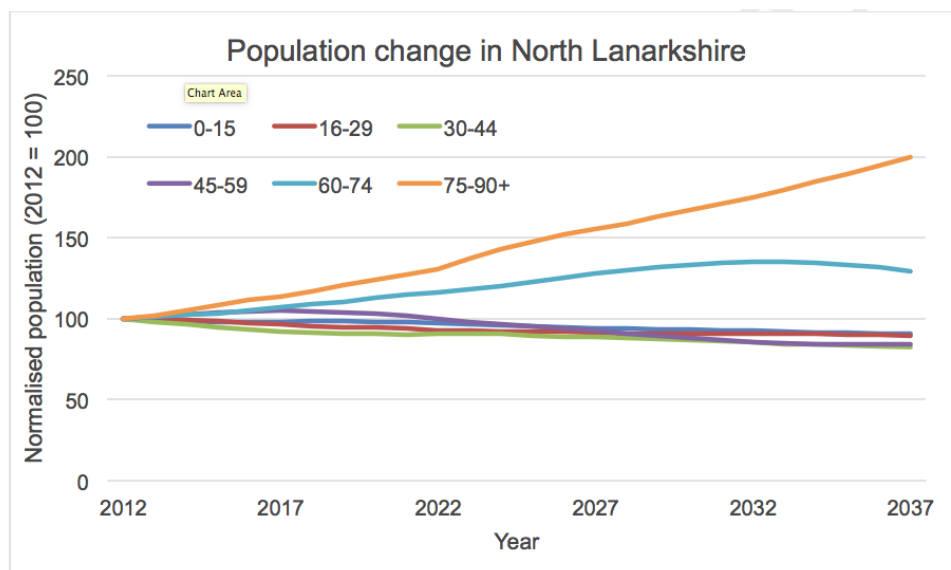
- Activity; the support and services that we currently collectively provide
- Demand; our population needs now and in the future
- Resources; the resources we have available to provide supports and services
- By understanding this information we will be able to deliver better outcomes for the people of North Lanarkshire. The assessment includes;
- Demographic data (Age, deprivation, employment rates, gender etc.);
- Service delivery (Provision of current services, GP practices, care homes, attendance rates etc.);
- Health Outcomes (Prevalence rates for conditions and diseases etc.);
- Public Health (Obesity, smoking rates etc.);
- Public Protection (Adult and children's protection, criminal justice social work etc.);
- Housing (Housing support services, housing provision etc.);
- Community Planning Partners (Police, fire services, education, sport and leisure etc.);
- The contribution of non-statutory partners (Third Sector, Independent Sector, Social Landlords etc.);
- Available assets (The strengths that people and communities bring).

We have this information at a datazone level so we can use it to look at the needs of very small areas, wider localities and North Lanarkshire as a whole. There has been an extensive engagement process to ensure that the data we have reflects the experience and knowledge of those that work and live in North Lanarkshire and we have developed detailed locality profiles that will be published alongside this plan.

We have set out some key data below. Our full strategic needs assessment will be developed alongside our detailed commissioning plan by August 2016.

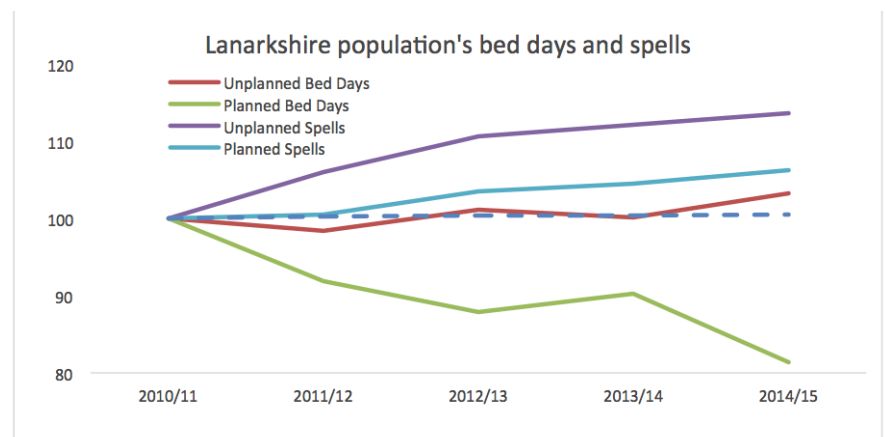
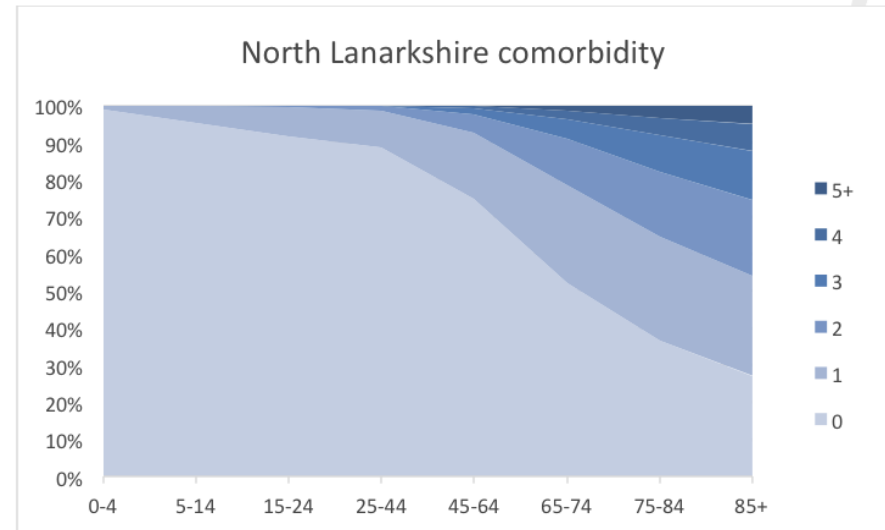
Some of the key data we have seen is

- 22% of people in North Lanarkshire live in the 15% most deprived areas in Scotland.
- In North Lanarkshire, there is up to 13 years difference in life expectancy between our most deprived and most affluent communities.
- Across all tenures, 41% of households were in fuel poverty in North Lanarkshire;
- There is less ethnic diversity in North Lanarkshire (2%) when compared to Scotland (4%);
- People aged 75 and over made up 7% of the North Lanarkshire Population in 2012. By 2037 they are projected to make up 15%.



North Lanarkshire Health And Care Overview

- The incidence of all cancers is predicted to rise by 35% by 2027;
- The number of people being admitted to hospital for alcohol related reasons in North Lanarkshire (525 per 100,000) has risen over the last few years exceeding the Scottish average (460);
- The unemployment rate in North Lanarkshire is higher (7.3%) than that of Scotland (5.9%) and of the rest of the UK (5.7%);
- It is estimated that two thirds of the population in North Lanarkshire are either overweight or obese.
- 84.7% of the bed days used in 2014/15 were related to unplanned care;
- Over the last five years the number of people staying in hospital has risen, though the time that they stay in hospital for planned procedures has dropped;
- The number of people in residential care is around 1500, around 9% lower than in 2011
- The number of homeless applications has fallen from 4,000 in 2004/05 to just under 2,000 in 2014/15
- Presentations at A&E from North Lanarkshire have been remained constant over the last 3 years though demand fluctuates in line with the seasons;
- The number of adult protection referrals has doubled every two years since the enactment of the adult protection legislation;
- The amount of money we have had to spend on health and social care has reduced in real terms over the last few years. This will reduce further in 2016/17;
- Some people attend A&E or Out of Hours GP services out of convenience rather than necessity;
- The frail elderly begin to lose their independence after a 72 hour delay in discharge from hospital. In 2014/15 475 people were delayed for longer than 72 hours.



North Lanarkshire Health and Care Overview

This strategic needs assessment demonstrates the fundamental planning and delivery challenges that face the NLJIB, NHS Lanarkshire and North Lanarkshire Council. The population of North Lanarkshire is changing. Without careful planning it is likely that this will lead to greater demand for health and social care support and services. Deprivation and inequality are expected to remain significant challenges in North Lanarkshire for the foreseeable future and the complexity and numbers of people with multiple long term conditions are expected to rise. This will happen earlier in North Lanarkshire than elsewhere because of the areas of deprivation that exist within our communities.

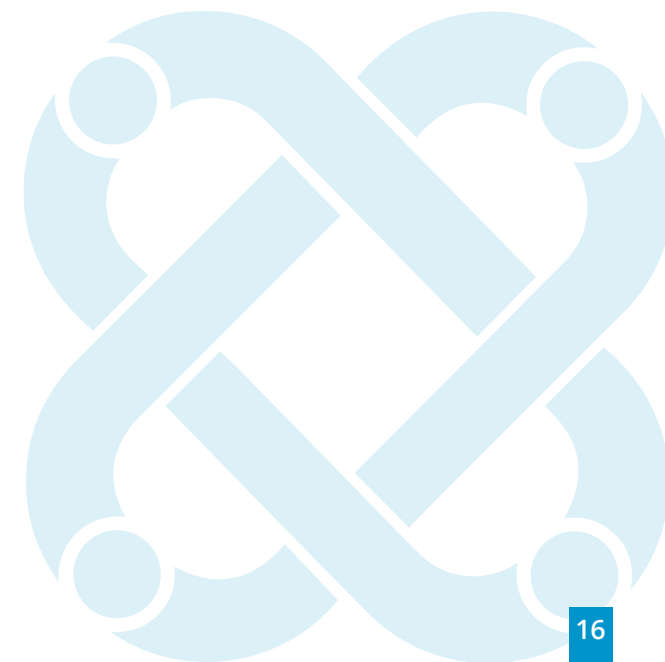
Whilst we will continue to make our system more efficient, this alone will not release enough capacity to meet this rising demand. As public finances currently stand there will not be an increase in finances for health and social care to match increasing demand. This tells us that doing more of the same will no longer meet the needs of our population.

The information also shows us that current service provision does not necessarily improve the health and wellbeing outcomes of people in North Lanarkshire in the long term. People are admitted to hospital when supports and services could be provided in the home and, when they are admitted they can be delayed and these delays reduce their ability to live independently. People do not always have access to the best information that could help them prevent circumstances that limit positive health and wellbeing outcomes or help them better manage their conditions.

To deliver our outcomes we will have to fundamentally change the way that we approach health and social care in North Lanarkshire. It will trial and adopt new models of health and social care and shift resources from traditional to new service models. As we develop the detailed commissioning plan it will set out those areas of service provision that we need to transform, those that we need to redesign and those that need to improve. The detailed commissioning plan that will be published in August 2016 will set this out for each of the integrated functions.

To ensure that we have the right focus, this strategic plan sets out the actions that we will take in four areas;

- People; ensuring that people are central to the decision making process and that the supports and services we provide deliver the health and wellbeing outcomes that they seek;
- Localities; ensuring that we build on the assets in our localities and that teams are strengthened to provide more care closer to home;
- Culture; ensuring that there is a shared vision across service providers and the public about how to develop sustainable health and social care provision for the future;
- Systems; that our systems and processes support integrated service delivery.



People



People

The purpose of integrating adult health and social care services is to improve the health and wellbeing outcomes for the people of North Lanarkshire. To deliver quality, efficient and timely supports and services we need to ensure that the people we are seeking to support and their outcomes are central to the decision making process.

We need to give people the skills and knowledge to transform and manage their own health and wellbeing so they can live more positive fulfilling lives with reduced needs for health and social care services. A partnership approach to enabling people to achieve their potential, and be safe, healthy and included, by providing access to high quality housing and support will be required.

Many of our traditional approaches to delivering services have been around single conditions or life circumstances. This is a good way of treating a specific condition, but not necessarily a good way of improving the health and wellbeing outcomes for an individual, their families and carers in the long term. It also does not prevent health and social care needs arising in the first place and often does not take into account that many people experience more than one health and social care need. To successfully support a person you need to understand their individual circumstances. Mental health issues might be linked to unemployment, isolation, loneliness or abuse. Medical conditions are often linked to diet, exercise, housing and social habits such as smoking and alcohol use. A particular condition getting worse can often be because people do not have the right information and knowledge to successfully manage their own health and wellbeing or because the support that they have in place is no longer appropriate.

By ensuring that the person we are trying to support is central to the decision making process we can tailor services to meet the range of circumstances that are contributing to ill health or social care need. We can try and support people to not only overcome the presenting condition but also the underlying causes. As the number of people with multiple long term conditions grows, tailoring individual support and services will become ever more important.

Working with people

The Christie Commission report suggested that around 40% of our Scottish health and social care spending is currently accounted for by interventions that could have been avoided by prioritising a preventative approach³. Christie suggests the focus needs to shift from meeting the cost of dealing with health or social problems after they have developed to prevention and early intervention.

Central to our approach to working with people is early preventative intervention and the promotion of recovery and a strengths and assets based approach with a strong locality focus. We will work closely with a range of universal services that support people's health and wellbeing including NL Leisure, Culture NL and North Lanarkshire housing services who are key partners in transforming our communities to be safe, healthy, vibrant and creative.

To enhance the ability of people to care for themselves we will provide a continuum of support which starts when someone first recognises that they are having difficulty; through a system of signposting, information and innovative service provision. We will support people to improve their ability to look after themselves and where possible increase the time before long term service provision is required.

When required we will offer intensive support to prevent or minimise admission to care settings including a range of short term interventions, for example rehabilitation and reablement, to assist people to regain and build on their skills and develop self-management techniques.

If someone requires more intensive support they will be assessed and assisted to access self-directed support opportunities. We will seek to build on the existing successful approaches that exist in North Lanarkshire.

³ Christie Commission. The Future Delivery of Public Services. Public Services Commission; 2011.

People

Major Care Groups

Individual professionals and teams can work with people to develop support and services that deliver their outcomes. However, efficient quality led services have to be planned across larger groups of people. One way of looking at our population to facilitate this planning is within different care groups, for example people with frailty, whilst recognising that a person might fall into more than one of these care groups. This helps professionals to establish systems and processes that work better for an individual.

To enable this focus, we will build upon the Partnership Board structure in North Lanarkshire that brings health and social care staff and stakeholders together to focus on the needs of our major care groups. We intend to have two Partnership Boards that will cover;

- Long Term Conditions, Disabilities and Frailty;
- Addictions and Mental Health.

These Partnership Boards will be underpinned by Locality Improvement Boards and Locality Planning Groups to strengthen how we consider and support the needs of individuals within each of our localities. This structure will ensure that all stakeholders are drawn together to consider the best way of delivering holistic quality information, support and services across our major care groups and localities in North Lanarkshire.

Children and Families

There have been considerable changes within children's services in recent years including a shift to prevention and early intervention to support children, young people and their families. Based on research we know that intervening earlier with families can for many, help to prevent a problem escalating, and can generally lead to better outcomes for children and young people especially in the longer term.

The Scottish Government's Early Years Framework published in 2008 and the more recently published Early Years Taskforce Shared Vision and Priorities Paper from March 2012 both emphasise the need for all agencies to work together to prioritise investment in prevention and early intervention. In addition the national policy 'Getting it right for every child' is an approach which puts the needs of children, young people and their families at the centre of planning, with agencies in the public and voluntary sectors, working together to better help all children grow, develop and achieve their full potential.

Getting it right for every child recognises eight wellbeing indicators - safe, healthy, achieving, nurtured, active, respected, responsible and included, as areas in which children need to progress in order to do well now and in the future. This construct of well being, founded on the United Nations Convention on the Rights of the Child, is central to understanding how children grow and develop. The Getting it right for every child (GIRFEC) approach also promotes proportionate and timely intervention.

This is further reinforced by the legislative framework established by the Children and Young People (Scotland) Act 2014. The legislation is a key part of the Scottish Government's strategy for making Scotland the best place in the world to grow up. By facilitating a shift in public services towards the early years of a child's life, and towards early intervention whenever a family or young person needs help, the legislation encourages preventative measures, rather than crises responses.

GIRFEC underpins single and multi agency work with children, young people and their families and ensures the child is at the centre, they get the help they need when they need it and intervention and support is proportionate and outcome focussed. There is a small but significant number of children who may require to access additional supports and an even smaller number who may require access to specialist and intensive services to meet their complex needs. To meet the diversity

of needs of all children and young people, early intervention and prevention are at the centre of the planning and delivery of services and supports.

We will encompass universal services, additional supports and specialist and intensive services for children, young people and families to achieve positive outcomes for children, young people and their families and take a multi agency approach to early intervention and prevention.

Our relationships with communities and the public are important in meeting outcomes for children, young people and families. Service users and their carers do not live in isolation. Friends, neighbours, local organisations, services and businesses impact on the quality of all of our lives. These assets are very much part of assessment and care planning.

The role of individuals and communities in many areas of our work is significant.

Examples include:

- Campaigns. Sometimes these are national but we have also had local campaigns e.g. raising awareness of child protection concerns and how to respond have been successfully delivered;
- Recruitment of foster carers and people providing supported care;
- The benefits of volunteering and valuable contributions of volunteers;
- Our media and communications strategies impact on public perception and reputation, not just of agencies but also the individuals and communities we work with;
- Our public information is often the first point of contact for people. We need to ensure that the rights of individuals are promoted and there is clarity around expectations of services and supports.

Involving children and young people is a priority. The inclusion of children and young people, particularly those considered to be most vulnerable, can be challenging.

We need to ensure that they are represented, can influence improvements, can feedback on their experiences of services and supports and are actively engaged at an individual level in processes such as assessment, planning and review. We are committed to independent advocacy to ensure that individuals and groups have their views heard and their rights respected.

We will link to the existing participation and engagement structures, Youth Forums and members of the Scottish Youth Parliament, to involve children and young people in the planning and delivery of children's services across North Lanarkshire. There are many examples of best practice, and tools that have been used, to enable children and young people to express their views. We will build on this experience.

Carers

A 'carer' is someone who provides help and support to family or friends who are ill, disabled or who just need some extra support. This could be a short term arrangement, such as supporting someone following a hospital admission or for others the need for help and support could be long-term, such as caring for a disabled or ill child, spouse, partner or an elderly relative.

Every carer is different, with supportive tasks including personal care, taking medication, mobilising, shopping, laundry, cleaning, cooking, filling in forms and managing money. There are estimated to be 49,000 carers in North Lanarkshire providing care on a regular basis.

The very positive role of carers cannot be understated. Caring for a frail, ill, disabled or older person can be very rewarding, but research also indicates the demands of the caring role can be challenging and support is therefore vital to assist carers in North Lanarkshire. Through providing good quality information, advice and support to carers we can support them to develop skills and knowledge that helps them to fulfil their caring role and reduce the impact this can have on their own health and wellbeing.

People

Inequality

The overall health of North Lanarkshire's population continues to improve and life expectancy continues to increase. However there remain significant inequalities in the health experiences of different groups of people. These inequalities do not occur randomly or by chance, but are socially determined by circumstances largely beyond an individual's control.

These circumstances include such things as the distribution of power, money and resources, and the direct influence this has on things like the availability of good work, access to quality, affordable housing, social and cultural experiences, transport, education and learning opportunities, and services.

There is much evidence to suggest that people living in the more deprived areas and those who are part of specific social groups are more likely to experience poorer life chances, reduced health and wellbeing and shorter life expectancy than the rest of the population. This ultimately results in unequal outcomes in health, illness and death across the population. For example in North Lanarkshire, there is up to 13 years difference in life expectancy between our most deprived and most affluent communities.

We will play a key role in tackling health inequalities in North Lanarkshire and we will work with community planning partners to tackle some of the longstanding and fundamental causes of social inequality. We recognise that Housing Services play a vital role in contributing to health and wellbeing outcomes through the provision of good quality, warm affordable homes.

If we are to address the increasing demand for health and social care services and support people to take responsibility for their own health and wellbeing, we need to take action to prevent, mitigate and reduce the severity and impact of health and social inequalities.

In partnership with the North Lanarkshire Partnership, our approach will deliver:

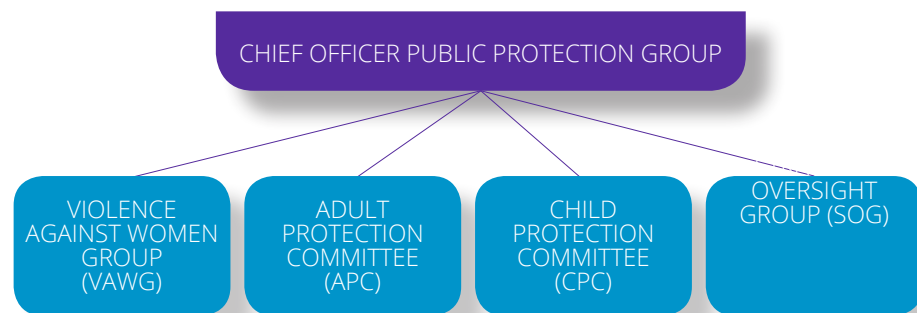
- actions that mitigate or reduce the severity of the health and social consequences of social inequalities. These include providing specialist and targeted supports to particular population groups (e.g. homeless, looked after children);
- actions that prevent harmful environmental influences and help individuals and communities overcome the effects of inequality on health and wellbeing. These include community development activities that increase social capital, and improvements to the physical environment in deprived areas; and
- actions that undo the underlying structural inequalities in power and resources. These comprise provision of high quality universal services including education, housing, and employment, and economic policies that support social mobility and prevent high wage differentials.

Public Protection

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, MAPPAs (multi-agency public protection arrangements regarding the management of high risk offenders) and domestic abuse. These are high profile areas of activity that involve sophisticated risk assessment and management and as such carry high operational and reputational levels of risk for the NLJIB. All areas of public protection are showing increases in demand at a time of sharply falling local authority resources.

A fundamental stated partnership objective is to keep people safe. A national outcome for integration is that "people using health and social care services are safe from harm" but the partners' statutory duties extend beyond people who use services, and apply to the general population.

One of the challenges of integration is therefore to ensure risk is assessed, minimised – it can never be eliminated- and managed in ways that demonstrate safe and effective partnership working, managerial oversight and professional practice. To this end there are existing partnership governance structures that require to remain in place, as depicted in the diagram below.



A major strength of public protection arrangements and indeed wider partnership arrangements in North Lanarkshire remains the strong interface between adult and children’s services, Joint Adult and Child Protection Committee development activity and regular meetings of all four public protection chairs and lead officers take place to address cross-cutting issues. This coherence is vital to the efficiency and effectiveness of the NLJIB’s arrangements.

The Chief Officer Public Protection Group receives and examines performance reports for each of these areas of activity. In addition the MAPPA Strategic Oversight Group and the Violence Against Women Group each produce an annual report; the Adult Protection Committee and Child Protection Committee each produce an annual report. Both have independent chairs. The chair of the Adult Protection Committee is also required to produce a biennial report to the Scottish Government.

The NLJIB’s approach to managing risk requires to be underpinned by strong information sharing and governance arrangements. These are overseen by the Lanarkshire Data Sharing Partnership which is currently updating the agreements for sharing data across the public sector in North Lanarkshire in line with the Public Bodies Act and the Children and Young People Act.

Many of the messages contained within ‘A Shared Approach to Effective Risk Management’ – a framework adopted by North Lanarkshire Council and NHS Lanarkshire in December 2007 – are just as pertinent today, when managing situations that present significant risk. This was updated in 2010 in adult services through the adoption of a joint risk assessment process, building on the adult protection risk assessment format. This is intended to meet the requirements of a multi-agency record, can be completed by a range of professionals with lead responsibilities, and is designed to help people understand and manage their own risk where possible, and understand the responsibility of each agency and duty of care.

In the context of integration and the need for multi-agency records for children and young people, the NLJIB will need to ensure that this is reviewed and refreshed accordingly.

People

Community Justice

North Lanarkshire Council has delegated responsibility for social work community justice services to the NLJIB. These services include providing support to the Courts and the procurator fiscal, working with offenders and their families from the start of their sentence, through their stay in prison, and after release, ensuring offenders comply with court orders relating to drug testing, assessing the risk that an individual might pose to the public whilst on bail and working with HMP Shotts to provide support for offenders under their care. The focus of these services is to support offenders and their families to minimise the risk of reoffending, improving the outcomes for people and improving community safety.

The Scottish Government introduced the Community Justice (Scotland) Bill in the Parliament on 7th May 2015. It seeks to establish new arrangements for the delivery and oversight of community justice services. Under the provisions of the Bill, the current model for community justice based on eight Community Justice Authorities would be abolished. The planning and delivery of community justice services would become the responsibility of a core group of statutory partners within the 32 community planning partnerships across Scotland. A new body, Community Justice Scotland, will be established in October 2016 and fully operational by 1st April 2017. It will work closely with statutory Community Justice Partners, the Third Sector and a range of other parties to provide support and leadership for community justice.

In North Lanarkshire, the Community Justice Steering Group (CJSG) was formed in August 2015. The membership of the group includes North Lanarkshire Council, Police Scotland, Scottish Fire and Rescue Service, North and South Joint Integration Boards, NHS Lanarkshire, Corporate and Community Planning (NLC), Lanarkshire Alcohol and Drug Partnership, Voluntary Action North Lanarkshire (Third Sector Interface), Lanarkshire Community Justice Authority (LCJA), Skills Development Scotland and the Scottish Prison Service. It is anticipated that the membership of the group will be widened as the partnership develops.

The shadow/transitional year will begin on 1st April 2016, and this group will then become the Community Justice Partnership (CJP) reporting directly to the NLP Board in line with reporting requirements.

The ethos which supports the redesign of community justice is to ensure that the identified local statutory partners will be responsible for the delivery of the proposed national strategy at a local level. In North Lanarkshire, it will be the responsibility of the statutory partnerships within the CJP to operationally deliver and develop community justice, whilst the role of NLP will be to provide strategic leadership and governance. The model adopted, allows for links between the broader community planning themes to be incorporated within community justice and vice versa. It will also enable the use of existing forums, systems and processes to engage with communities and third sector colleagues. The co-ordinator for community justice will have a key role in linking with Lanarkshire Community Justice Authority, wider CPP themes and in particular the North Lanarkshire Community Safety Partnership.

All partners within the CJSG are aware of their responsibility to contribute resources towards the implementation and delivery of community justice outcomes and will be accountable through the group and through reporting to the NLP on these outcomes. Information on the future national performance framework is awaited as is the future funding formula.

Integrated 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 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 early intervention and preventative 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, 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. Through developing preventative approaches, improved systems and processes staff will feel an enhanced sense of focus on their role and recognise the positive impact of their work on our communities.

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. The NLJIB will also look to work with its community planning partnerships to ensure that the right training is available for people to pursue careers within health and social care service provision.

Staff governance

The NLJIB does not employ any staff. In planning integrated service delivery we will take into account the rules, processes, arrangements and procedures that NHS Lanarkshire and North Lanarkshire Council have in place. Key to this will be working through any consequences of the detailed commissioning plan with our trade union partners and HR departments of NHS Lanarkshire and North Lanarkshire Council.

People – Actions For 2016/17

- Develop our understanding of the needs of our population, the activity, future demand and costs of services so we can commission effectively, including the contribution from the third and independent sectors, unpaid carers and the assets that people and communities bring;
- Engage with the North Lanarkshire Community Planning Partnership to better understand how our detailed commissioning plans can contribute to reducing inequalities;
- Develop the governance arrangements for adult and child protection to ensure that the NLJIB can fulfil its obligations in this regard;
- Develop an integrated workforce strategy;
- Develop a housing contribution statement and contribute to the delivery of the North Lanarkshire's Local Housing Strategy.
- Develop a market facilitation plan with our stakeholders.
- Develop a detailed commissioning plan covering all delegated functions by August 2016;
- Ensure that the shared approach to effective risk management is reviewed and refreshed by 01 April 2016;
- To put in place a refreshed Partnership Board structure to support the sharing of good practice for major care groups;
- To work with the North Lanarkshire Partnership on the Enabling Collaborative Leadership programme to provide stronger leadership and direction in tackling inequalities across North Lanarkshire;
- To work with partners to achieve the stretch aims of the Early Years Collaborative works streams and ensure every child has the best possible start in life and placing a focus on the needs of looked after children;
- To develop the assets based approach to improving health and wellbeing within our most deprived communities;
- To work with Community Planning Partners (CPPs) to identify and address the needs of vulnerable populations with complex health and care needs.

Locality



Locality

Central to the reform of health and social care is the development of a locality approach to planning and delivering health and social care. By focussing on smaller distinct areas within North Lanarkshire we are better able to tailor services to the needs that arise in different areas, build on the existing strengths and resilience of our communities and build relationships between all those who have a stake in improving outcomes for a local area. By strengthening the approach we take to delivering health and social care services in each locality, we are better able to serve the needs of the individuals that live in these localities.

In North Lanarkshire we have six well established localities, based around the main townships of North Lanarkshire. These will provide the basis for taking forward a locality approach to improving health and wellbeing outcomes. As part of this strategic plan we have undertaken an extensive needs assessment for each of our six localities and the datazone areas within them. Information and data can only tell part of the story and our approach to developing the locality profiles has involved a series of engagement events. These have brought together the people who live in the locality, the professionals that work there, representatives of the third and independent organisations and carers who provide so much of the support that people receive.

To improve health and wellbeing outcomes you cannot consider health and social care services in isolation. Our localities align to 'Local Area Partnership' boundaries so they can be easily mapped across to other community planning partners. The links to integrated and non-integrated housing services, both those provided by North Lanarkshire Council and Registered Social Housing providers is particularly key as we cannot deliver better health and wellbeing outcomes without consideration of the houses people live in and grow up in and the services provided by professionals in housing services.

Developing a locality approach

The locality approach prioritises prevention, anticipation and community capacity building, with a focus on promotion of health and wellbeing and addressing health inequalities. The vast majority of advice, support and care (including some urgent and non urgent acute care) will be provided in the community or in a person's home. A single community model will be developed that includes all health and social care staff, including GPs and Consultants and the third and independent sectors, to remove hand-offs and service barriers and support more specialist service delivery in the community setting. Where the care required falls out with the scope of the locality teams, they will request and access assistance from acute services, further extending specialist care in the community.

There are a number of independent contractors based within each locality in North Lanarkshire, with GP Practices, General Dental Practices, Opticians and Community Pharmacies, each playing a vital role in the community approach. Appropriate use of Dental, Ophthalmic and Pharmacy Practices play a role in providing early proactive and preventative advice and services, freeing capacity in GP Practices and reducing inappropriate attendances at Accident and Emergency.

Although the independent contractors are based within the six locality areas, Practice boundaries do not necessarily match those of the localities, meaning for example, one GP Practice could see patients from two or three locality areas. The community model will need to recognise this to ensure seamless service delivery for all residents.

An area of development within locality areas is the use of new data sources to proactively identify people who may require additional support. For example, identifying people who use the greatest amount of service may allow for a proactive review to ensure supports and services are coordinated and focused on maximising independence. Identifying individuals who frequently attend Accident and Emergency may provide a useful flag to those in need of additional support.

LOCALITY

Delivering a locality approach will require that we move staff who work across North Lanarkshire and within acute hospitals into locality based teams. We will need to provide better information and data at a locality level to ensure that locality teams are able to support those most at risk. The third and independent sectors, carers and people who use services will require support so that they become full partners in the locality approach informing and shaping the planning and delivery of services within the locality.

We have developed a set of Locality Modelling principles that are set out in Appendix 2.

Using the assets in our communities

To base our judgements on what support and services we are required to deliver we look at the projected needs of the population. This allows us to put in place services that either reduce the projected increase, for example immunisations, or increase the capacity of the system to cope with increased demand, for example providing more specialist dementia services. In short, we provide services to counteract a problem.

It is equally important that as well as undertaking this analysis and developing services that address rising demands, that we also consider an 'assets based approach' that focuses on the strengths that people and communities bring. A recent international review⁴ of asset-based approaches set out three levels of assets;

- Individual assets e.g. resilience, commitment to learning, self-esteem, sense of purpose;
- Community assets e.g. family and friendship networks, social capital, community cohesion, religious tolerance, intergenerational solidarity;
- Organisational or institutional assets e.g. environmental resources for promoting physical health, employment security and opportunities for volunteering, safe housing, political democracy and participation.

NHS Scotland and Local Government have carried out a number of trials and projects that look at how best we can develop supports and services that take account of the assets that already exist. This work is challenging as it is not always easy to provide an evidence base of the impact that assets have on the wider system. Often, you can only evidence the impact at an individual level.

Part of the locality approach that we will take in North Lanarkshire is to work with our partners in the third and independent sectors, carers and people who use services to trial and develop supports and services that either encourage and grow community assets or take account of them in the services that we provide. Building on the 'asset map' and the third sector 'locator tool' developed in each of our localities through the Reshaping Care for Older People Programme will be a crucial step in supporting us to reform how health and social care will be planned and delivered in the future.

Bed modelling

There are a number of community hospitals and facilities with bed provision in North Lanarkshire. The NLJIB has responsibility for planning the services that will be undertaken in these facilities. In many cases community facilities are used by people from across North Lanarkshire rather than the locality they are in because of the kind of care and support they provide.

As part of the development of our detailed strategic plan we will take forward a piece of work that looks at how we currently use our community facilities now and how we might want to use them in the future. This work needs to be considered alongside the healthcare strategy that will set out the changes that NHS Lanarkshire propose to make to the major hospital sites in Lanarkshire. This work will be completed by August 2016.

⁴ Morgan A, Davies M, Ziglio E. Health assets in a global context: theory, Methods, Action: Investing in assets of individuals, communities and organizations. London: Springer; 2010

Locality profiles

In North Lanarkshire we have six well established locality areas, based around the main townships of the area. These localities are;

- **Airdrie;**
- **Bellshill;**
- **Coatbridge;**
- **Motherwell;**
- **North (Cumbernauld, Kilsyth and the Northern Corridor);**
- **Wishaw.**

As part of the strategic needs assessment we are developing 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. We have held engagement events with staff, independent contractors, the third and independent sectors, people who use services, carers and representatives from our community planning partners to support the development of these profiles.

This work 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 and is published alongside this strategic plan at the following link.

Locality – Actions for 2016/17

- Publish locality profiles setting out the key information and priorities areas for action in each of our six locality areas by April 2016;
- Consider the range of staff that will be required to support a locality approach and develop plans to achieve this within the detailed commissioning plan to be published in August 2016;
- Develop the locality model to provide an integrated, multi-disciplinary approach in each locality area to remove hand-offs, service barriers and support more specialist service delivery in a community setting;
- Undertake a ‘bed modelling’ exercise to consider how our community facilities can be developed to support the delivery of improved outcomes;
- Develop, test and embed a model for how non-statutory partners are fully involved in locality planning and delivery;
- Work with independent contractors to ensure that they are embedded and central to locality decision making;
- Further develop the third sector ‘locator tool’ to include supports and services for all age groups, resulting in a detailed assets map for each locality;
- Work with community planning partners to ensure that our plans for health and social care align with the wider aims and ambitions across North Lanarkshire;
- Provide the necessary data and systems so locality teams can better identify and proactively support individuals in need.

Culture



Culture

The integration of health and social care is not a new endeavour. For the past decade or so national policy, legislative changes and local initiatives have drawn health and social care services together. There are very few people who think it is the wrong thing to do. In fact, it is a commonly held view that if you could start health and social care services again, given the current needs in our society, you would start it again as a single system.

The nine national health and wellbeing outcomes are also widely accepted as being laudable objectives for the reform. They focus on improving the health and wellbeing of individuals, supporting those most in need in our society, keeping people safe and supporting those that deliver services. You find these sentiments across current plans for not only health and social care but for many of our public services.

This reform presents the opportunity to deliver both integration and the national health and well being outcomes. It presents the opportunity to give people choice and control over the supports and services that they require to deliver the outcomes that they are looking to achieve. It presents the opportunity to draw on the expertise and experience of professionals across the NHS, Local Government and the third and independent sectors to ensure we deliver the right support and services to make a difference to people's lives.

The reform focuses us to look at how we prevent and anticipate illness and social harm before it arises, to build on the strengths and assets of individuals and the communities that they live in. It focuses on giving people the knowledge, experience, technology and skills to live more independently and manage their own circumstances rather than having to rely on public service.

The challenge is that to deliver these aims requires fundamental changes to how health and social care services are provided. It requires not only the NHS, local government, third and independent sector partners and staff to change how they

plan and deliver supports and services to the communities they serve, but also for the general public to change their expectations of what support and services they will receive and how they will be accessed.

The NLJIB will need to lead a programme of cultural change that challenges the attitudes, perceptions and behaviours of many of its stakeholders so it can build in partnership the new models of care and support that are required to deliver sustainable health and social care services that improve outcomes now and in the future.

Culture change

The NHS, Local Government, the third sector and the independent sector work in very different ways. This richness of organisational and professional cultures is a significant strength of integration. Planning, learning and collaborating across these partners and their staff will ensure that best practice from each of these sectors is spread and shared across all organisations that deliver health and social care supports and services.

To support this process of organisational learning and change we have produced an organisational development plan as set out in Appendix 3. This plan focuses specifically on work that will engage ownership and enable progress across all the other strands of work we will take forward. It addresses culture and values, leadership, team working, behaviours and learning. The plan will help to maximise the benefits of integration to improve outcomes for the population. It has reach across primary care, social care, secondary care, the third and the independent sector.

Culture

It recognises that one of the greatest assets that we have are the staff that deliver health and social care supports and services across the NHS, social work, independent contractors and our non-statutory partners. It seeks to bring this mix of people together to jointly discuss how to develop and change the models of service we have. It draws out the different ways that we try to support people, what works and what doesn't.

The organisational plan and the work undertaken to date is a starting point for us. As we progress this reform in North Lanarkshire so we will build and strengthen this element of the work. Over time it will include wider groups of staff who deliver integrated service provision to build coherence across all the work we do and ensure that the learning, knowledge and understanding from across the system can be harnessed.

Changing people's perceptions

Changing services, especially when you disinvest in one service to invest in another, can cause significant anxiety and challenge from the public. The perception is often that services are being cut back even when there is evidence to show that a new service will deliver better outcomes for people. This public challenge can hold back improvements to health and social care services.

To develop a more sustainable service model for health and social care that addresses people's needs in the long term will require a change to the way people manage their own health and wellbeing, changes to the way that people access support and services and disinvestment from services to free up resources to invest in services that are more likely to improve people's health and wellbeing outcomes.

We will develop a participation and engagement strategy that will set out how it will engage the public and promote models of care that are most likely to improve people's health and wellbeing outcomes in the long term.

It will have to ensure that there is a shared understanding of why change is necessary and how it will benefit people in North Lanarkshire. It will need to set out how we will support people to engage and make connections within communities to improve their own health and wellbeing without the need for service interventions.

Without this shared vision, participation and engagement of people in North Lanarkshire it will be more difficult to change the expectations that the public hold of what health and social care services should and can deliver.

Third and Independent Sector, Carer and user engagement

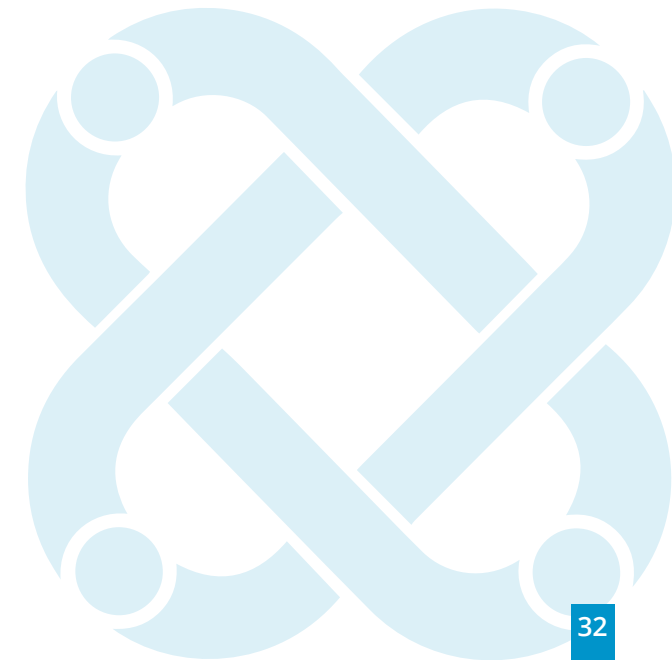
NHS Lanarkshire and North Lanarkshire Council can be rightly proud of the systems that they have established to involve these groups and their representatives in planning and delivery decision making. This is particularly in evidence through the 'Reshaping Care of Older People' programme of work and the Public Partnership Forums. The NLJIB has significantly different responsibilities to that of the Community Health Partnership that it is replacing. As the NLJIB requires new governance and decision making arrangements so will its key stakeholders.

Without the full engagement, participation and support of the third and independent sector, carers and people who use services in the plans to transform our services they will not succeed. We must ensure that these representatives are full partners in the new arrangements and contribute to the strategic direction and oversight of integrated services by the NLJIB and in locality planning and delivery.

We have asked representatives of the third and independent sector, carers and people who use services to establish a working group to consider how best their views should be represented and how their collective knowledge, experience and expertise can help to inform the commissioning of supports and services in North Lanarkshire.

Culture - Actions 2016/17

- Develop comprehensive arrangements for the involvement of people who use services, the third and independent sectors and carers so that they are full partners in decision making processes;
- Develop a participation and engagement strategy to engage with the public to promote the benefits of the changes that we need to make to health and social care provision in North Lanarkshire;
- Develop and progress our organisational development strategy;
- Spread and share good practice across our partner organisations.
- Map the priorities, drivers and objectives of the current plans for integrated health and social care services to ensure they align to delivering the national health and wellbeing outcomes;



Systems

Systems

There is a long history of joint working between NHS Lanarkshire and North Lanarkshire Council. They work in partnership across a number of integrated services, through Community Health Partnerships and as Community Planning Partners. The establishment of the NLJIB, replacing Community Health Partnerships, represents a step change in this relationship as it requires planning, resourcing and operational oversight of integrated health and social care to take place in a single joint forum.

The NLJIB is a separate legal entity so that it has the ability to make its own decisions in how health and social care services will be planned and delivered over the coming years. The NLJIB, however, relies on NHS Lanarkshire and North Lanarkshire Council to provide it with corporate support, services such as finance, audit and assurance, HR and Workforce, IT, risk management, communications and other central services. NHS Lanarkshire and North Lanarkshire Council have committed to providing this support.

Integrating and working collaboratively across corporate areas means that we will be better placed to support front line staff and the services that we will commission. It means that we are better able to learn from the different approaches that we have across health and social care and ensure that we support integration effectively.

A challenge for us is to ensure that the contributions of the third and independent sectors are fully taken into account and can influence these corporate supports. These sectors provide a significant amount of the workforce that deliver health and social care support to people in North Lanarkshire and invest heavily within our communities. By integrating how we think about workforce planning, IT, financing and communications across public, third and the independent sectors we can ensure that we deliver the most effective support to front line staff across North Lanarkshire.

Governance

North Lanarkshire Council and NHS Lanarkshire agreed an Integration scheme that established the NLJIB to take forward the planning, commissioning and operational oversight of integrated health and social care services. A similar Board has been established in South Lanarkshire with the same responsibilities. These Boards act independently of NHS Lanarkshire and their respective Councils but must take account of each other's priorities to ensure that services are planned coherently across Lanarkshire.

The NLJIB consists of eight voting members drawn in equal numbers from NHS Lanarkshire and North Lanarkshire Council. They are supported by a range of advisory members that include representatives of people who use services, carers, staff, the third sector, the independent sector and professional advisors including the Chief Accountable Officer, the Finance Officer, Chief Social Work Officer, a hospital doctor, a GP and a nurse.

The primary responsibilities of the NLJIB are to develop a strategic plan through engagement with its stakeholders covering integrated service provision, publish a financial statement that allocates the integrated budget to these services, commission the services in line with this plan from NHS Lanarkshire and North Lanarkshire Council and onward to the third and independent sector where appropriate and oversee the delivery of the services. The NLJIB has established two committees; the 'Finance and Audit Committee' and the 'Performance, Scrutiny and Assurance Committee', to help fulfil its statutory responsibilities.

Some of the services that are to be planned and commissioned by the NLJIB are quite specialist and only require a single team to deliver them across the whole of Lanarkshire. Where this is the case the Boards in North and South Lanarkshire have agreed to 'host' these services for management purposes on a Lanarkshire wide basis. These hosting arrangements are set out in Appendix 4.

Systems

Support, Care and Clinical Governance

NHS Lanarkshire and North Lanarkshire Council have in place arrangements to ensure that professionals oversee the quality of care that is delivered. These support, care and clinical governance arrangements ensure that services;

- are safe;
- that risk is managed;
- that staff are registered and have the necessary training and expertise;
- that professional advice is given to those with the responsibility for running services;
- that there is a culture of continuous improvement to ensure we deliver the best services we can;
- that new ways of delivering services are considered and robustly tested;
- that we learn from mistakes that occur.

Senior professionals from the NHS and Social Work are developing a single support, care and clinical governance framework that will encompass all integrated service provision. This governance framework will have an accompanying action plan setting out the range of actions we will take to embed these governance arrangements throughout integrated service delivery. This will help to ensure that staff and those contracted to deliver care and support will operate to a shared vision and shared values. This will help to ensure that people receive the same high level of quality care and support wherever and by whomever it is delivered.

The continuous improvement of the supports and services that the NLJIB will commission is an essential part of these governance arrangements. NHS Lanarkshire and North Lanarkshire Council have in place staff and arrangements that drive improvement across the services that we provide. This includes learning from good practice across Scotland, evaluating the health and wellbeing outcomes that services deliver and learning from circumstances where the care we provide

does not meet the standards that we have set.

Integrating these arrangements so they work collaboratively to consider the whole pathway of care, including where it is delivered by our third and independent sector partners, will be essential to ensure that integrated services deliver the best outcomes for people and draw on the knowledge and experience of all the professionals who deliver them.

The Planning Landscape

We do not start from a blank sheet of paper. A considerable amount of legislation, strategies, frameworks and plans already exist for the services included within the scope of integration. These are noted in Appendix 5. Some of these are due to be refreshed now; others are being taken forward by our partner organisations and will help to shape services for people, adult, children and families and community justice over the coming years.

To ensure that this strategic plan is as effective as possible and makes a difference to people's lives we will need to make sure that there is cohesion between all of these different plans. We are committed to working in partnership with our statutory partners and the third and independent sectors so that all our services promote an outcomes focus and deliver real change for people. Our strategic needs assessment, ongoing engagement and participation and our advisors on the NLJIB will help us to decide which areas we need to focus on in the first instance and which services will continue under their current plans.

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. Our own locality analysis demonstrates we need improvements to areas such as transport and to ensure that we have the right type and quality of housing to improve health and wellbeing outcomes and meet future need. These lie out with the responsibilities of the NLJIB.

To be effective we must become an essential part of 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.

Of particular importance at the moment is the national conversation on health and social care services announced by the Scottish Government, the refresh of the North Lanarkshire Community Plan, the implementation of the Children and Young People's Act, the planned changes to Criminal Justice Authorities, and the development of the healthcare strategy for Lanarkshire.

The national conversation will help to shape the national strategic vision for health and social care over the next 10 to 15 years. It will help to identify the key principles for the future shape of health and social care and how we can better support our communities and families to live healthier lives and prevent unnecessary illness.

The North Lanarkshire Community Plan is a single plan for all community planning partners on the delivery of improved outcomes for our communities. This plan is due to expire in 2018, but the North Lanarkshire Partnership will be undertaking a mid-term review of the document during 2016/17 and we will ensure that we play a full part in the work to refresh the community plan and will consider whether this strategic plan requires to be refreshed at the same time to ensure alignment between the two.

The Children's Services Partnership, reporting to North Lanarkshire Partnership, is the key multi-agency planning forum for the development of integrated service delivery for children, young people and families across North Lanarkshire and the current Improving Children's Services Plan 2012 to 2017 provides the strategic planning framework for this delivery.

Going forward the Children and Young People (Scotland) Act 2014 (Part 3) provides the new legislative framework for the development and delivery of a 'Children's Services Plan' and its associated annual report. Duties are placed on the North Lanarkshire Council and NHS Lanarkshire to prepare a plan every three years and on the NLJIB to participate and support the planning process. This new plan will require to be in place prior to April 2017.

Local strategic planning and delivery of services by community justice partners, within the context of community planning, is a core aspect of the new model for community justice. This year (2016/17) is a transition year which sees responsibility move from the existing Lanarkshire Community Justice Authority (LCJA) to the North Lanarkshire Community Justice Partnership. To support the transition a Community Justice Steering Group has been established which includes key community planning partners together with the LCJA. The Community Justice (Scotland) Bill will place a duty to prepare a community justice outcomes improvement plan will be due in early 2017 and in the interim the work of the steering group is guided by the North Lanarkshire Community Justice Transitional Plan 2016/17.

The Healthcare strategy for Lanarkshire will ensure that we have a single plan for how the NHS in Lanarkshire will develop to support the delivery of improved outcomes for our communities. As part of this process we have developed a number of shared planning principles to ensure that the work we take forward is coordinated. These principles are set out in Appendix 6.

Systems

Financial governance

The NLJIB has responsibility for an integrated budget that is made up of community health, a proportion of hospital spend that is related to unscheduled care and adult social work. The details of the integrated budget are being worked through including the savings that NHS Lanarkshire and North Lanarkshire Council have to make.

The NLJIB decides on an annual basis how to allocate this money to best deliver the outcomes and priorities that are set out within this strategic plan. We will publish an annual financial statement that sets out this information in detail so people can see where we have invested this money.

NHS Lanarkshire and North Lanarkshire Council finance teams are developing a set of financial regulations that will set out the arrangements for how the integrated budget will work. This will include information, among other things, on how the integrated budget for future years will be determined, how over and under spends are accounted for and how savings that the NLJIB with have to make will be calculated.

The NLJIB has created a finance and audit committee that will oversee this work and the monthly budget returns to ensure that we stay on track and within budget. An important part of developing the integrated budget is also to consider the financial contribution made by the third and independent sectors. By better understanding the interaction between the funding of our partner organisations and the outcomes that this achieves, will ensure that we get the right balance of services across the statutory and non-statutory sectors.

Integrated budget

The current draft budget is;

Social Work

Younger Adults – Learning Disability	£38,111,494
Younger Adults – Physical Disability	£8,356,917
Younger Adults – Mental Health	£10,573,063
Older Adults	£76, 211, 349
Children & families	£21,286,216
Justice Services	£6,708,267
Assessment and Planning (localities)	£18,056,937
Social Work Out of Hours	£4,190,240
Housing Services	£2,325,415
Other Costs	£9,403,699

The draft budget also includes income of The Social Work element of the draft integrated budget is	£35,295,973
	£159,927,624

Health Services

Community Health	£278,000,000
Set aside budget	£56,000,000

The health element of the draft integrated budget is	£334m.
--	--------

The total draft integrated budget for the Joint Integration Board is	£493,927,624
--	--------------

Performance

The NLJIB has responsibility for overseeing the performance of integrated services to ensure that the national health and wellbeing outcomes and our priorities identified in this plan are delivered. We have developed a performance and outcomes framework that will help us to track how well we are doing and consider the impact we have having on our local communities.

This framework includes the national performance measures and local measures that are essential to ensure the smooth and effective running of our services. The NLJIB will publish an annual performance report so that people can hold us to account. Our first performance report will be published by August 2017.

Technology

The advance of technology continues to provide significant opportunities for improving the way that we work. It can allow us to support people better, enable people to take greater control of their circumstances, reduce administrative time, improve decision making and inform performance and quality of the support and care we offer.

For example; North Lanarkshire Council have successfully introduced mobile working across 1,300 home support workers so they are able to access care schedules electronically. This has negated the need for 300,000 letters and 400,000 five minute phone calls amending schedules per annum. It means that the home support workforce can access this information when and where they need it. This initiative has reduced the administrative cost of the service significantly and allows home support workers to better manage their time to prioritise the support they offer to people.

The transformation of technology enabled home support is something that the NLJIB wants to build on and roll out to other community teams across health and social care. As the NLJIB develops its detailed commissioning plan it will consider how technology can play a part in transforming service delivery. Technology also presents us with some significant challenges as we have many different systems and ways of working spanning health and social care. We have to ensure that information is kept safe and secure and that any information that is shared between professionals is appropriate and leads to better decision making.

For example; the email link between NHS Lanarkshire and North Lanarkshire Council is not secure enough to send sensitive information. This means that health and social work professionals cannot easily share information where they are jointly trying to support an individual. The NLJIB has identified this as a priority IT development in the first year to ensure that professionals have appropriate access to the right information to effectively support people in the community.

Risk and Assurance

The NLJIB, in partnership with NHS Lanarkshire and North Lanarkshire Council, have taken forward a programme of risk analysis and identification. This work will identify the key strategic risks that integration will bring, and how they will be managed and mitigated. This will ensure that risk is managed and monitored appropriately across all three partner organisations.

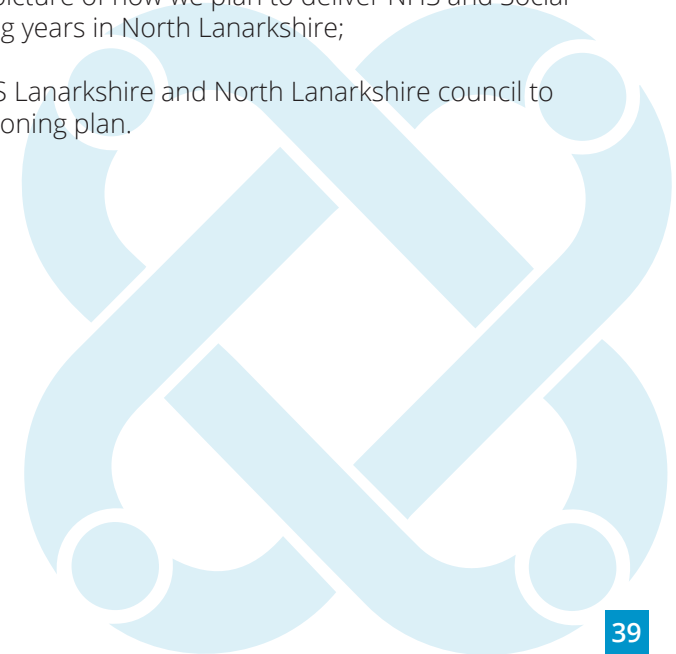
System- Actions 2016/17

- Develop and publish an integrated support, care and clinical governance framework by 01 April 2016;
- Develop shared arrangements across the NHS and Local Government to consider the continuous improvement of integrated service provision;
- Finalise the integrated budget and consider investment and disinvestment options in line with the detailed commissioning plan for 2017-18;
- Develop financial regulation by 01 April 2016;
- Finalise the performance framework for integrated service delivery by 01 April 2016;
- Consider how mobile technology can be spread to other areas of community service provision and include within the detailed commissioning plan by August 2016;
- Resolve the issues related to the sharing of information via e-mail between health and social work professional staff where they are jointly supporting an individual;
- Put in place shared risk management arrangements across the NLJIB, NHS Lanarkshire and North Lanarkshire Council by 01 April 2016.
- Ensure that the duties set out within the Children and Young People's Act are embedded within the governance arrangements of the NLJIB;
- Work with Scottish Government and other stakeholders to undertake the necessary changes to criminal justice oversight once the new requirements are established.

Next Steps

Over the course of 2016/17 we will

- Develop a comprehensive delivery plan to deliver the actions for 2016/17 that are noted within this strategic plan;
- Hold a number of staff road shows to explain what the strategic plan means for them and how they can inform the more detailed commissioning plan;
- Hold commissioning intention workshops to provide the detail of how we will reconfigure services to deliver the aims, objectives and outcomes set out with this strategic plan;
- Consult on these ideas, alongside the NHS Lanarkshire Healthcare strategy, to provide a comprehensive picture of how we plan to deliver NHS and Social Work services over the coming years in North Lanarkshire;
- Agree, publish and direct NHS Lanarkshire and North Lanarkshire council to deliver our detailed commissioning plan.



Appendices

Appendix 1 - National Performance Indicators

1. Percentage of adults able to look after their health very well or quite well;
2. Percentage of adults supported at home who agree they are supported to live as independently as possible;
3. Percentage of adults supported at home who agree they had a say in how their help, care or support was provided;
4. Percentage of adults supported at home who agree their health and care services seemed to be well co-ordinated;
5. Percentage of adults receiving any care or support who rate it as excellent or good;
6. Percentage of people with positive experience of care at their GP practice;
7. Percentage of adults supported at home who agree their services and support had an impact in improving or maintaining their quality of life;
8. Percentage of carers who feel supported to continue in their caring role;
9. Percentage of adults supported at home who agree they felt safe;
10. Percentage of staff who say they would recommend their workplace as a good place to work;
11. Premature mortality rate;
12. Rate of emergency admissions for adults;
13. Rate of emergency bed days for adults;
14. Readmissions to hospital within 28 days of discharge;
15. Proportion of last 6 months of life spent at home or in community setting;
16. Falls rate per 1,000 population in over 65s;
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections;
18. Percentage of adults with intensive needs receiving care at home;
19. Number of days people spend in hospital when they are ready to be discharged;
20. Percentage of total health and care spend on emergency hospital stays;
21. Percentage of people admitted from home to hospital during the year, discharged to a care home;
22. Percentage of people who are discharged from hospital within 72 hours of being ready;
23. Expenditure on end of life care.

Appendix 2 – Locality Modelling Principles

1. The model will describe a locality based integrated team which will be responsible for providing support and care for the locality population 24 hours a day, seven days a week.
2. The team will have an integrated manager and will have control over local resources.
3. The model will include the full range of interventions or linkages that address health & wellbeing, prevention and early intervention.
4. Where possible people will be supported to self-manage and will be given more control, choice and independence, including the focused use of Making Life Easier, EDL Smartcare and other proactive self management resources.
5. The modelling of the team, its interventions and linkages with other parts of the health & care system (including third and independent sectors), will be built on an outcomes based approach and enablement ethos and the delivery from that team will be based on personal outcomes assessment and planning.
6. Maintaining people at home will be a key focus, however, where this is not possible, the team will taking ownership of their patients in Hospital, actively 'pulling' patients back into the community, ensuring the reliable achievement of safe, timely and person centred discharge from hospital to home.
7. The team will actively identify and support unpaid carers so that they feel able to continue their caring role, again using a personal outcomes approach.
8. The approach will incorporate all relevant disciplines both in and out of hours, including Social Workers, Access Social Work, Long Term Conditions Nursing, Home Support, Community Mental Health Services, Hospital at Home and the disaggregation into Localities of Allied Health Professional services where possible, including the Community Assessment and Rehabilitation Service. Strong links will also be required with GP Practices and acute clinicians.
9. All key stakeholders including North Lanarkshire citizens, carers and staff will be engaged with and involved in the modelling
10. The aim is to integrate all disciplines and services, however, in circumstances where this proves impractical, the modelling will describe exactly how such disciplines will link with the team.
11. Specialist supports and services including Housing and Scottish Ambulance Service will also be included in the integrated locality model wherever possible and practical to do so. Where this is not feasible, the specific ways of linking with them will be made explicit.
12. The team will work closely with the local Independent Sector, assisted by a Commissioning Position Statement.
13. Simplified and speedy access to the team will be a major focus, building on the learning from Locality Response.
14. The team will provide high quality end of life care, delivered in the place of the person's own choosing.
15. The team will develop early warning systems to actively identify and manage those at risk in order to ensure they can be supported as early as possible. Active risk management will also be important to avoid practice that is risk averse.
16. The team will support the creation and use of person centred Anticipatory Care Plans which will also help in managing risk.
17. The team will be robustly integrated with the Third Sector through a link person to inform third sector development locally and to facilitate involvement of and signposting to, all Third Sector led supports and services including social prescribing.

Appendix 3 – Organisational Development Plan

Outcome	Action	Lead	Timescale
Agreed vision and values to act as a common foundation for values based behaviours , planning decision making and development	Establishment of an agreed vision and value set	Chief Accountable Officer	
Effective Board	Development support available to Board members including seminars, briefings and visits	Chief Accountable Officer	
Leaders across the system learning and working collaboratively beyond traditional boundaries to design and deliver services to meet the needs of people	Implementation of leading integration programme	OD Programme Manager	Launching March 2015-11-20 completion December 2016
Development support for wider leadership cohort to enable effective engagement in new relationships and ways of working	Access to a range of appropriate development opportunities in place	OD programme manager	March 2017
To develop the locality modelling work further at local team level and widen the scope to all adults	Continue the locality modelling approach and widen its focus Complete evaluation	OD programme Manager	March 2017
Build common skills and knowledge and working relationships through access to shared learning approaches	Identify and offer opportunities for joint learning. Complete role mapping exercise and learning needs analysis Promote policy guidance	OD programme Manager	March 2017

Appendix 4 – Hosted Services

The services hosted by North Lanarkshire for managerial purposes are;

- a) Care Home Liaison;
- b) Community Children's Services;
- c) Dietetics;
- d) Psychology;
- e) Sexual and Reproductive health and Blood Borne Viruses;
- f) Speech and Language Therapy;
- g) Prisoner Health Care;
- h) Podiatry;
- i) Mental Health and Learning Disability services;
- j) Community Paediatrics;
- k) Continence Services;
- l) Addiction Services.

The Services hosted by South Lanarkshire for managerial purposes are;

- a) Community Dental Services;
- b) Diabetes Services;
- c) Health & Homelessness;
- d) Primary Care Administration;
- e) Palliative Care;
- f) Physiotherapy;
- g) GP Out of Hours;
- h) Traumatic Brain injury;
- i) Occupational Therapy.

Appendix 5 – Legislation, National and local plans

Legislation –

Public Bodies (Scotland) Act 2014
 Children and Young People (Scotland) Act 2014
 Community Empowerment (Scotland) Act 2015
 Community Justice (Scotland) Bill
 Carers (Scotland) Bill
 Social Care (Self Directed Support) (Scotland) Act 2013
 Adult Support and Protection (Scotland) Act 2007
 Procurement Reform (Scotland) Act 2014
 Local Government in Scotland Act 2003
 Equality Act 2010
 Public Health etc. (Scotland) Act 2008

National Planning -

The Healthcare Quality Strategy for NHS Scotland (2011 – 2020)
 Commission on the future delivery of public services
 Self directed Support – A National Strategy for Scotland 2010 - 2020
 Mental Health Strategy for Scotland 2012 - 2015
 Caring Together: The Carers Strategy for Scotland 2010 – 2015
 Changing Scotland's relationship with Alcohol: A framework for action (2009)
 The road to recovery; Tackling Scotland's drug problem (2008)
 See Hear – Strategic Framework for people with a sensory impairment in Scotland (2014)
 Improving Health and Wellbeing of people with long term conditions in Scotland: A national action plan (2009)
 National Telehealth and telecare delivery plan for Scotland to 2015
 Scotland's national dementia strategy 2013 – 2016
 Reshaping Care for Older people 2011 - 2021
 The Keys to Life 2015 – 2017
 National Delivery Plan for AHPs in Scotland 2012 - 2015

The Sexual Health and blood borne virus framework 2015 – 2020
 Strategic Framework for Action on Palliative Care and End of Life Care (2015)
 Prescription for excellence – A vision and Action plan for the right pharmaceutical care (2013)
 National Memorandum of Understanding on the provision of prisoner health care (2012)
 Many conditions, One life, Living well with Multiple Conditions (2014)
 Getting it right for every child (2004)
 Early Years Framework (2008)
 Early Years Taskforce Shared Vision and Priorities (2012)

Local Planning -

North Lanarkshire Community Plan 2013 – 2018
 NHS Lanarkshire, Local Delivery Plan – (Annual)
 Healthcare Strategy for Lanarkshire 2016 – 2020
 Joint priorities for Community Care 2015 – 2018
 Local Housing strategy 2016 – 2021
 Youth Housing Statement
 Warm Homes Statement
 Temporary Accommodation Strategy
 Housing for older people strategy
 A strategy for carers in North Lanarkshire 2013 – 2018
 Alcohol and Drugs strategy 2015 – 2018
 Voluntary Sector Strategy 2013 – 2018
 NLC Corporate Plan 2013 – 2018
 Community Learning & Development Partnership Strategy 2014 – 2018
 The Dental Action Plan 2005 - 2015
 NLP Community Engagement Statement
 Children and Young people's health plan 2015-2018
 NHS Lanarkshire Inequalities Action Plan
 Strategy for Pharmacy – in development
 Active and Independent living programme (AHPs) – in development

Appendix 6 – Shared healthcare planning principles

1. Provide information and support to keep people as healthy as possible for as long as possible anticipating needs and preventing them arising wherever possible;
2. Consistently give focus to addressing health inequalities;
3. Only intervene when appropriate and enable people to find their own solutions;
4. Build services around the needs of people and their carers -supporting people to have the best health possible and ensuring that people who use services and carers have as much choice and control as possible of how they are supported and cared for;
5. Work to reduce our dependence on institutional solutions consistently promoting care and support in peoples own homes wherever possible and affordable. e.g. preventing and avoiding admission, and shortening the time spent in institutional settings and providing rehabilitation at home;
6. Plan services locally with the community (including in particular people who use services, those who look after people who use services and those who are involved in the provision of health or social care);
7. Value and resource community capacity building, recognising the unique contribution of the third sector as a locus for low level supports which promote good health and wellbeing and contribute to the prevention of ill health;
8. Make the best use of the available facilities, people and other resources;
9. Plan our services based on the best evidence available and offer a consistent standard of service across Lanarkshire for the local population ensuring core care are consistently met and continually seeking to improve our care outcomes;
10. Provide low volume and high complexity healthcare services in specialist centres of excellence;
11. Be bold in our aspirations to deliver the best possible services for our population encouraging all professionals to work at the top of their licences and maximising our combined staffing resource adopting an imaginative approach to delivering good outcomes for individuals.

safer
healthier
independent
lives



DRAFT STRATEGIC PLAN
2016-2026