



South
Lanarkshire
Health and Social Care
Partnership

South Lanarkshire Integration Joint Board Annual Performance Report

2017/18



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

Our Vision is

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



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Foreword

We are pleased to introduce our Annual Performance Report for 2017/18 for South Lanarkshire's Integration Joint Board, detailing our achievements for the past year and the way forward across the forthcoming year.

Our vision is clear: **“Working together to improve health and wellbeing in the community – with the community.”**

As with previous years, it has been another extremely busy and positive year, as we continually strive to develop better integrated health and social care services for the people of South Lanarkshire.

With this in mind, the IJB has taken a number of significant strategic decisions for operational implementation by the Council and NHS Board, for example:

- Securing agreement to support end of life care through the provision of hospice beds within the South Lanarkshire area
- Working hard to shift the balance of care and support more people to be cared for at home through further investment in home care and district nursing services and developing ambitious plans for new care facilities
- Progressing work to develop a new model for Primary Care Services which strives to enhance multi-disciplinary working to ensure that people in communities are able to access the correct level of help at the right time
- Supporting people to live with and beyond cancer through a personal budgets based approach through the Transforming Care After Treatment (TCAT) programme
- Roll-out of the Physical Activity Programme (PAP) across the four localities in partnership with the Leisure Trust as part of our ambition to support people to self care and self manage.

The priorities for 2018/19 are also set out in the report and reference the 18 Directions which were approved by the IJB in March, 2018 and the refresh of the final year of the current Strategic Commissioning Plan which we undertook as part of laying the foundations of a new plan covering 2019/22. Finally, we'd like to thank everyone who's contributed and participated in the attainment of these achievements to date. We look forward to working in close partnership with you as we shape health and social care for the future.



Val de Souza

Director of Health and Social Care,
South Lanarkshire Health and
Social Care Partnership



Philip Campbell

Chair,
South Lanarkshire Integration
Joint Board

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in the community – **with** the community*

1.0 Introduction and Overview

South Lanarkshire Integration Joint Board (IJB) has just completed its second full year of operation as a formal entity of the public sector. Much has happened in this two year period, including some very positive developments and achievements.

This report represents the IJB's second Annual Performance Report (APR) which builds on telling the story of progress outlined in last year's APR. Importantly, the APR is a statutory requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 and gives the IJB, the Parties (Council and NHS Board) and the wider partners of the Health and Social Care Partnership, the opportunity to celebrate success and outline some of the priorities for the future.

2.0 Our Strategic Context

The strategic context within which the Health and Social Care Partnership operates is both wide-ranging and complex, taking into account national legislation, policies and strategies as well as strategies relevant to South Lanarkshire. Although this extensive policy and legal framework remains extant, there has been a number of existing policy areas which have accelerated progress, coupled with some new policy areas since the IJB became a formal entity. Examples of such areas are detailed as follows:

- **The Carers (Scotland) Act 2016** – which will bring a number of additional duties within the scope of the IJB
- **The Community Plan and Neighbourhood Plans**, with an agreed overarching objective – to tackle deprivation, poverty and inequality
- **Achieving Excellence** – which supports NHS Lanarkshire's aim of developing an integrated health and social care system which has a focus on prevention, anticipatory care and supported self-management
- **General Medical Services (GMS) Contract** – the effect of implementation would be a radical change and expansion within primary and community care across Scotland
- **Health and Social Care Delivery Plan** – which will see transformational change decisions to shift the balance of care and reduce reliance on acute hospital beds.

In 2017/18 it was appropriate to review the progress of our Strategic Commissioning Plan, and to sense check the existing priorities in light of these emerging/new priorities impacting on the Partnership.

In doing so, this provided a refreshed focus for the Partnership to achieve its priorities over the remaining term of the plan and to build upon the successes achieved to date. It will also act as a staging post towards the next full review of the Strategic Commissioning Plan, due in 2019.



Nine national health and well-being outcomes

The Scottish Government has set out the following nine national health and well-being outcomes to be achieved through the integration of adult health and social care.

Outcome 1



People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2



People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community.

Outcome 3



People who use health and social care services have positive experiences of those services and have their dignity respected.

Outcome 4



Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5



Health and social care services contribute to reducing health inequalities.

Outcome 6



People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

2.0 Our Strategic Context

Outcome 7



People who use health and social care services are safe from harm.

Outcome 8



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

Outcome 9



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

In addition to the 9 outcomes, the HSCP undertook extensive participation and engagement activity as part of developing the South Lanarkshire Strategic Commissioning Plan. From this, the public told us that there were 10 priorities which were important to them in developing integrated health and social care services as detailed below:

- Statutory and Core Work
- Early intervention, prevention and health improvement
- Carers support
- Models of self-care and self-management including telehealth and telecare
- Seven day services
- Intermediate care to reduce reliance on hospital and residential care
- Suitable and sustainable housing
- Single points of contact
- Mental health and wellbeing
- Enablers to support better integrated working

Taken together, the nine outcomes and 10 priorities form the commitment that the SLHSCP gave to progress the integration of health and social care services. The next section gives an overview of our progress in meeting these commitments.



3.0 How are we meeting the Outcomes and Priorities?

In this section we have highlighted some of the good work that the Partnership has achieved over the last year. It comprises of three sources of information as follows:

- Key performance indicators
- Inputs and service developments that are progressing or working well
- Survey based data from what people have told us

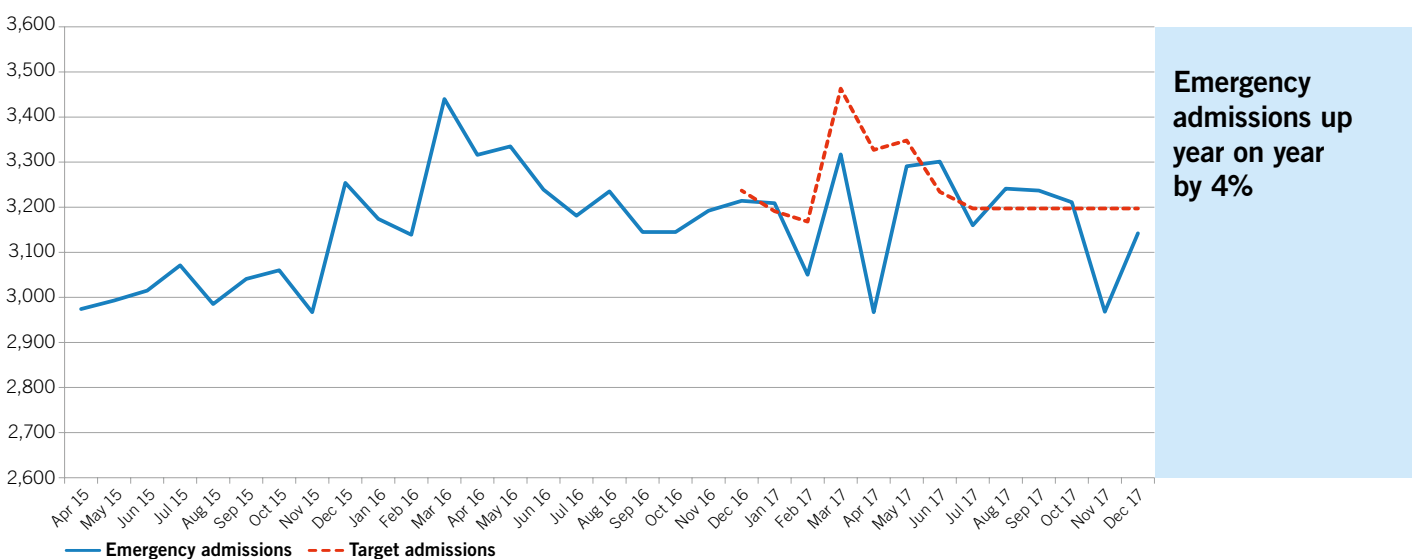
Feedback from survey based data

From the Health and Social Care Experience survey, South Lanarkshire residents provided us with the following feedback:

- 94% of adults able to look after their health very well or quite well
- 80% of adults supported at home who agreed that they are supported to live as independently as possible
- 74% of adults supported at home who agreed that they had a say in how their help, care or support was provided
- 74% of adults supported at home who agreed that their health and social care services seemed to be well coordinated
- 77% of adults receiving any care or support who rated it as excellent or good
- 86% of people with positive experience of the care provided by their GP practice
- 81% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
- 81% of adults supported at home who agreed they felt safe.

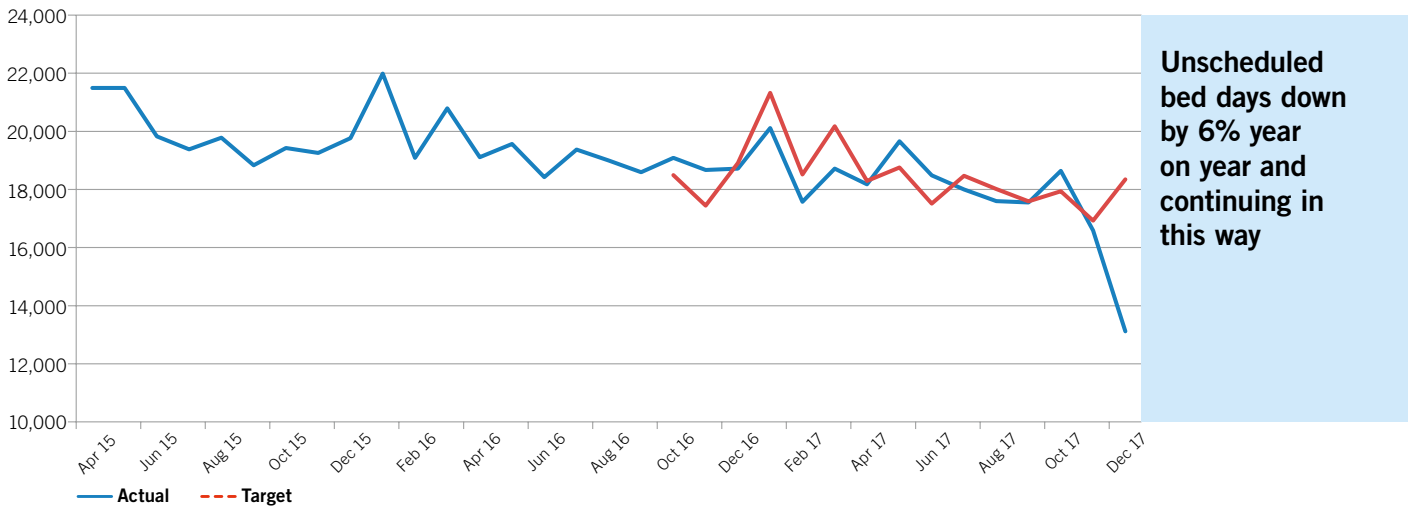
Health and Social Care Partnerships across Scotland use an agreed suite of performance measures to report to Integration Joint Boards (IJBs) and the relevant Sub-Committees. In December 2016, there was renewed focus on six priority measures, which can be seen below from a South Lanarkshire perspective.

South Lanarkshire emergency admissions, April 2015 – December 2017

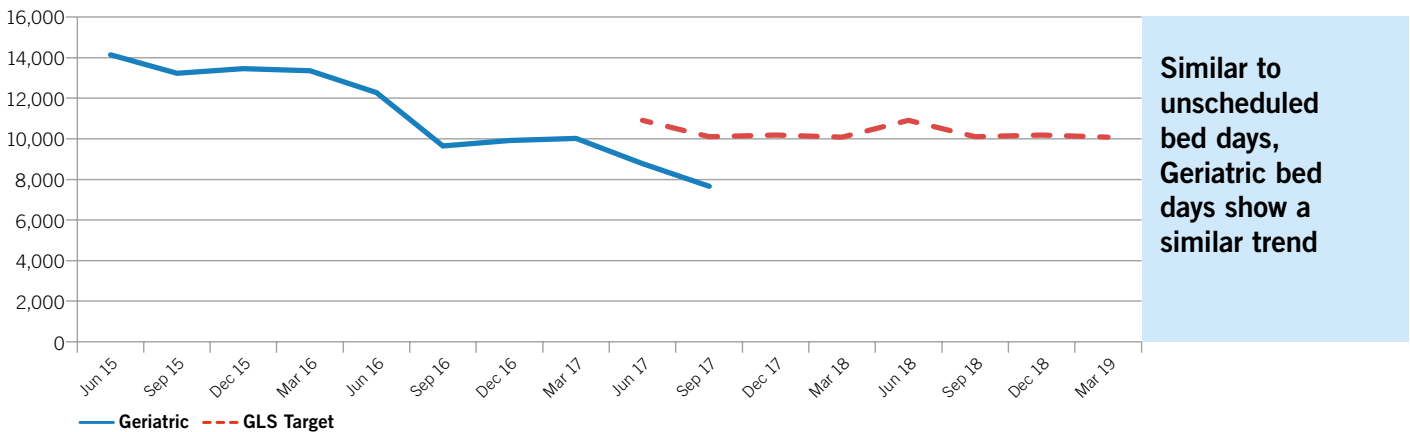


3.0 How are we meeting the Outcomes and Priorities?

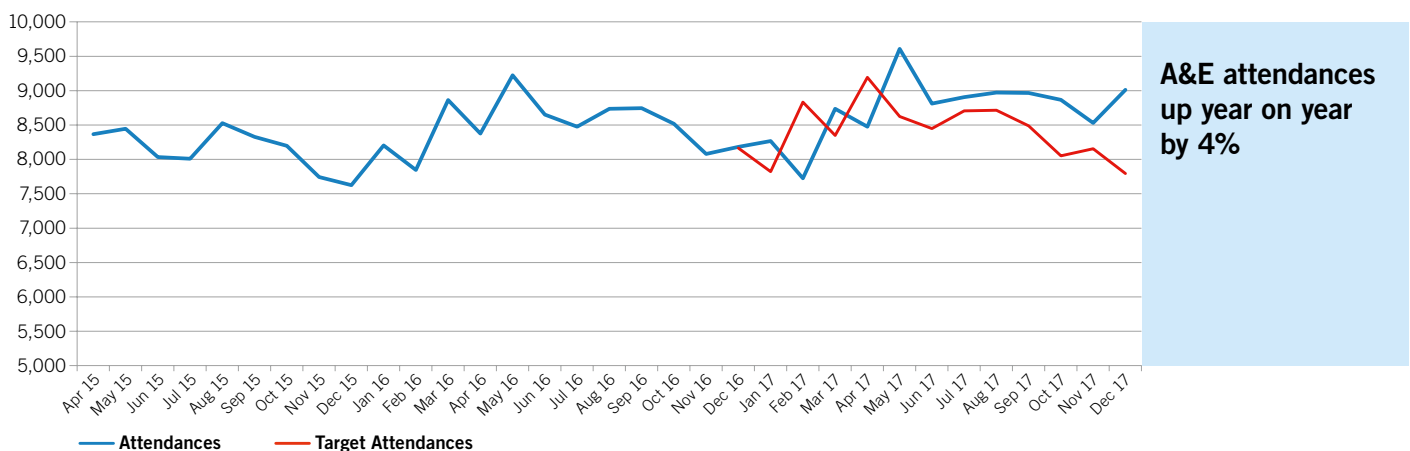
South Lanarkshire unscheduled care bed days, acute specialities



South Lanarkshire unscheduled geriatric bed days

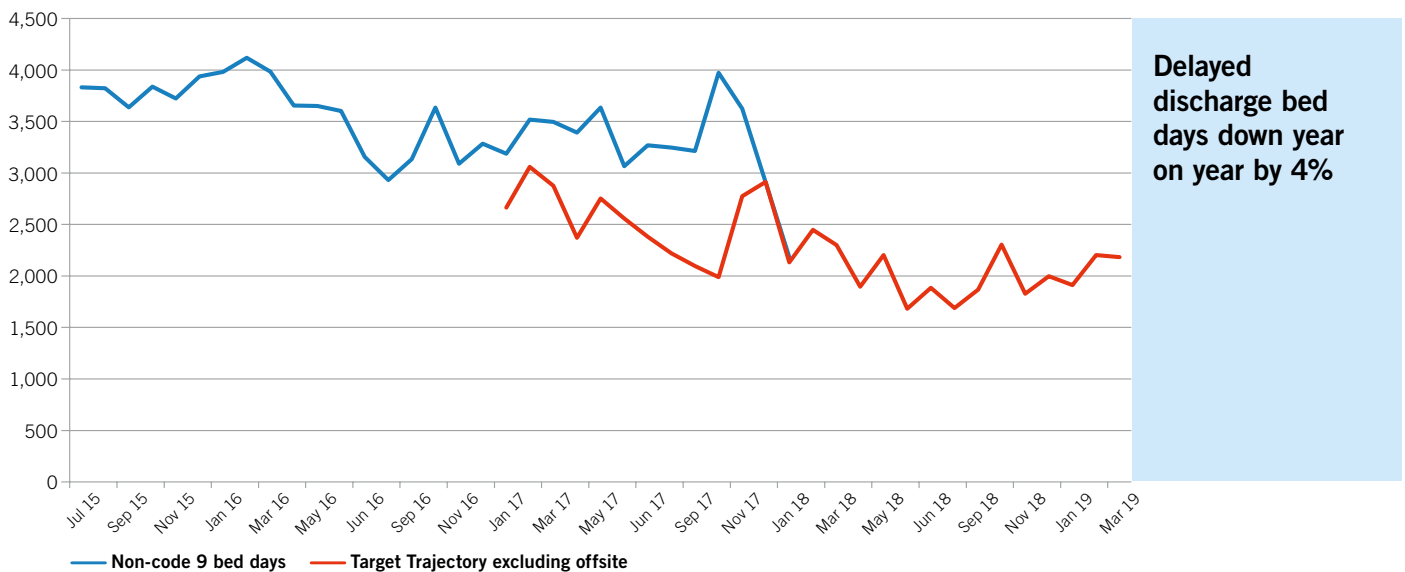


South Lanarkshire A&E attendances

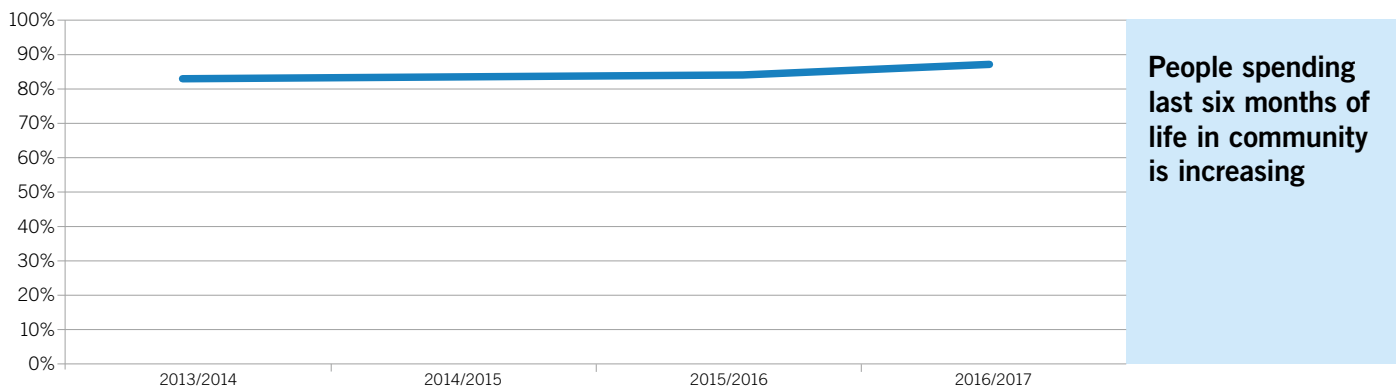


3.0 How are we meeting the Outcomes and Priorities?

South Lanarkshire delayed discharge bed days (excluding Code 9's)



Percentage of last six months of life spent in community setting



Balance of care

South Lanarkshire community based service provision remains just under **98%**, this is broadly inline with other large Partnerships.

From an analytical view, the main message is that whilst the number of A&E attendances and emergency admissions has continued to rise, the number of unscheduled bed days is in fact reducing, as are the overall number of bed days lost to delayed discharges. As at March 2018, the total number of bed days associated with delayed discharges decreased by 1,795 when compared to March 2017.

More people are spending the last six months of life in the community, which shows that people are being cared for at home or closer to home with a planned approach to end of life care resulting in less time in an acute hospital settings. Overall, this is a positive picture, showing the South Lanarkshire HSCP has made real progress in maintaining more people at home.

3.0 How are we meeting the Outcomes and Priorities?

Inputs and service development areas that are progressing or working well

This section considers areas of development that are working well within the Partnership that emanate from our Commissioning Intentions from the SCP and have made significant progress over the last year. This in effect, impacts on the nine Health and Wellbeing Outcomes and 10 priorities:

Supporting People at End of Life

Reducing the length of stay for patients in hospitals in the last six months of life is one of the six key 'measuring performance under integration' indicators. The IJB at the December meeting underpinned this ambition by taking the decision to extend the provision of community-based services to support Palliative Care as far as possible – and in keeping with the wishes of individuals – in their own homes/homely settings. Part of this decision included the positive development to open 12 specialist palliative care beds within South Lanarkshire, thus ensuring that people who require this service can now access it more locally.

Shifting the Balance of Care

In 2017/18 the IJB, as part of its ambition to shift the balance of care, took the decision to disinvest in 30 beds within the Douglas Ward of Udston Hospital to reinvest in community-based supports. A total of £700,000 will be reinvested into services such as homecare, district nursing and other community-based supports which will create the necessary capacity to support more people at home.

Supporting People to Remain at Home

One of the ambitions that the IJB sought to make progress with was reducing reliance on residential and nursing care through enhancing the support we provide in the community. A specific IJB direction was developed in relation to this in 2017/18, with a further direction being put forward for 2018/19.

This direction was mandated to the Council to lead and from a strategic perspective, it links well with existing Council ambitions identified in the Council Plan – Connect 2017-22 with regards to supporting and prioritising the needs of older people.

In realising this ambition, the Council agreed to invest a sum of £18m through the capital programme allocation to modernise existing care facilities. In doing so, this provided the Council and its wider partners with an exciting opportunity to consider the existing model of care and what could be done to enhance this, particularly in light of population demands which have significantly changed over the last twenty years.

On this basis, significant work was undertaken to develop the thinking around the future shape and purpose of Council Care Facilities, whilst at the same time ensuring that any proposed developments would augment existing community based resources in localities.

3.0 How are we meeting the Outcomes and Priorities?

Out of this thinking, an ambitious plan has been developed to utilise the £18m capital investment as a catalyst for a wider model of health and social care support across the four localities. At the centre of this model will be the development of locality based care facilities which will:

- Move to a new model of delivery through the introduction of flexible transitional care beds focused on short term reablement support to help people return to their homes following a period of ill health or acute hospital admission
- Build new care facilities to replace the ageing elements of the existing estate, whilst at the same time enhancing the remaining care facilities to enable the model of care to be successfully delivered in a supportive environment
- Create a community Hub for multi-disciplinary staff to provide on-site and off-site health and social care support to the wider community
- Facilitate the development of technology enabled properties and maximise the use of existing assets including amenity and sheltered housing to support people with multiple long-term conditions

The ongoing thinking and implementation of this model will be developed and implemented in 2018/19.

Digital strategy

Over the course of 2017/18 good progress has been made with the development of a digital strategy for Health and Social Care Services. The anticipated benefits of the strategy will be:

- digital services that meet local and national needs
- digital tools for people to manage their health and wellbeing at home and in the community
- developing digital skills and leadership
- digital services that enable and are safe
- reliable and based on shared architecture and standards
- ensuring every person's data is protected and accessible when needed
- supporting service re-design and innovation
- making better use of health and care information.

Supporting People to Live Well with Long Term Conditions – the Transforming Care After Treatment programme (TCAT)

The aim of Scotland-wide Transforming Care After Treatment (TCAT) project - which also involved key partners Macmillan Cancer Support and Health and Social Care North Lanarkshire - was to test the role that a planning process and individual budget would play in supporting people living with and beyond cancer. The project developed a person-centred approach that supported people to think about what would make a positive difference to their life after treatment. It has given people who have had a cancer diagnosis an opportunity to think about their experiences and to take control of their own care post treatment.

The project was about helping those with a cancer diagnosis take control of their life after treatment. Empowering people who have had a cancer diagnosis is one of the main aims of the wider national project. In Scotland, the cancer care system is facing an unprecedented challenge in giving people with cancer the emotional, practical and financial support they need. It's incredibly heart-warming to see that this project with just a small personal budget of £250 could have such a positive impact on those who took part. People used their own budget for a variety of things from improving their health and fitness to buying driving lessons. For more information visit: bit.ly/2J4ocwB



3.0 How are we meeting the Outcomes and Priorities?

The Impact of the Locality Model

Progress with developing the locality infrastructure will be touched on in Section 5. However, there are some real and tangible benefits that have been realised by better integrated working across professions, staff groups and agencies beyond health and social care.

One of the main developments has been the adoption by all four localities of the tiered model of intervention which essentially outlines the various levels of proportionate support which the wider Partnership will provide. The model is outlined below:

Table 1: South Lanarkshire Health and Social Care Locality Community First Tiered Model



This way of working has contributed positively to supporting people in their community as evidenced by the following examples:

- The delivery of various Community Capacity Building initiatives being developed across all localities include; Health and Well Being Literacy Ventures; Physical Activity Programme Clinics established within localities to inform and support the public and colleagues by promoting life choices which will enhance their health and wellbeing; adult weight management *Weigh to Go* long term conditions management; *Active Health* child healthy weight management programme *Healthy Families* and mental health and wellbeing programme *Well Connected*.
- The integration of the Integrated Community Support Teams (ICST) (community nursing, physio and OT) and homecare service across the localities has re-energised the *Supporting Your Independence* and rehabilitative dimension of Health and Social Care intervention. The current focus has been on supporting people within the community to engage in re enablement in order to promote independence. This initiative, combined with integrated service triaging has resulted in reductions (62%) in the need for home care services across all localities.

3.0 How are we meeting the Outcomes and Priorities?

Partnership project centred on human dignity

A pilot initiative which has markedly improved the lives of people in some Lanarkshire's care homes has been praised by a national health chief. Professor Jason Leitch, National Clinical Director of Healthcare Quality and Strategy for The Scottish Government, met core members of the Care Home Continence Improvement team during a visit to South Lanarkshire Council's David Walker Gardens in Rutherglen, one of the care homes where the initiative had been tested, and was hugely impressed by the work piloted there. The residents and their families have praised this initiative which has tackled a taboo subject, improving people's lives and also markedly reduced the impact of incontinence, including reducing infections and falls.

Find more about the work at this link:

bit.ly/2NHlcfN



The pharmacy plus homecare initiative across all the localities has created an opportunity to amend prescribing practices both from consultants and GPs. Early indicators have shown there are cost reductions to be made. For example reduction in prescribing can lead to less homecare visits medication prompts. Estimated savings could be in the region of £1800 per patient (within the trial).

Clydesdale are developing a pathway for supporting frail elderly people at home. This test of change is at an early stage. Staff have been given enhanced training in supporting service users and carers at home for up to a 72 hour crisis period.

This builds on the successful integrated model of overnight care provided across the locality.

East Kilbride ICST and homecare teams have been providing a timeous response to hospital discharge. This integrated approach commenced in October 2017. The output was significant with positive results including 98.2% of all hospital discharges having home care sourced within three days of referral and 92.1% of all hospital discharges sourcing home care on the day of referral. This approach has now been rolled out across all the localities with similar results beginning to be realised.

Service User Story

The community based IV therapy service was introduced to Mrs A, a 69 year old lady who lives with her husband in South Lanarkshire. This lady felt she had spent almost all of last year in hospital due to frequent admissions to have IV therapies. The option to receive the treatment at home was welcomed by the family. They have reported being delighted. Mr A is also being trained by the community team to administer IV therapies in order to further support his wife. The family will continue to be monitored by the community nursing team.

4.0 Areas for Improvement

Other Key Areas of Progress

The IJB as part of its statutory duties progressed a number of other key issues including:

- Agreeing and submitting a Climate Change Statement outlining how the IJB will work to support climate change duties
- The IJB approved its Complaints Handling Procedure which brings the IJB complaints resolution process into line with other public bodies and achieves compliance with the Scottish Public Sector Ombudsman (SPSO) requirements
- In line with the Freedom of Information Act (2002) requirements, all Public Bodies are required to produce a Publication Scheme. Following a letter from the Information Commissioner informing of changes to Publication Scheme duties, the IJB was required to revise and update its existing Scheme. This was duly undertaken and approved at the December IJB

- Following the passing of the Carers (Scotland) Act, 2016, the duties with regards to this Act now fall within the scope of the IJB delegated functions. As a result of this, the Parties (South Lanarkshire Council and NHS Lanarkshire) were required to amend the Integration Scheme as this is the agreement through which the delegation of functions transfers to the IJB. This piece of work was completed and submitted to the Scottish Government in March 2019. Whilst strategic planning with Carers was already one of the IJB's 10 existing priorities, there will be more focus and scrutiny with regards to supporting carers in 2018/19 and beyond.



4.0 Areas for Improvement

In conjunction with the above, the Partnership has identified that there are also a number of areas where improvement activity requires to be taken forward in the next year. Examples of areas which have been identified are:

Carers Support – we know from survey based information that 42% of carers feel supported to continue in their caring role. Although this is above the national average of 41%, carers and their input are critical to the overall vision of supporting people to remain at home. As a result of this, the Partnership has given a commitment to review existing commissioning intentions for carers as well as fully implement the requirements of the Carers Act, 2016. As part of this Act we are developing a Carers Strategy 2017/2021, the Adult Carer Support Plan and Young Carer statement. Other work that is being progressed is an eligibility criteria for carers and young carers and a Communication Strategy that is aimed solely for taking forward the regulations of the Act.

Long-term Care – South Lanarkshire has one of the highest numbers of people in long-term residential/nursing care. There are currently over 2358 people whose needs are being met in Care Homes at any point in time. One of the most compelling cases for change is the profile of the current service user within our residential care homes. Increasing and developing capacity within intermediate care, for example transitional and crisis intervention beds, would have allowed many of the existing service users to have their care managed earlier and be supported to return to their own home. Whilst we have made good progress through the introduction of better community supports we need to continue with this agenda to realise these aspirations.

5.0 How we are developing integration and infrastructure

As a Partnership we understand the need to continuously develop and improve what we do. Part of this involves delivering our intentions in smarter and more efficient ways. The further integration of services gives us a real opportunity to realise this ambition, and in doing so improve the way in which we communicate and articulate our vision.

This section updates some of the infrastructure and approaches that are being put in place to support the better integration of services.

IJB Development Sessions

Given that the IJB is still a relatively new entity, an ongoing programme of development was agreed for 2017/18 and beyond with the specific aim of:

- Supporting the IJB to mature and function as a collective body
- Support voting and non-voting members with their respective roles and responsibilities
- Discuss issues to do with governance, the role of sub committees, frequency and format of meetings and communication with members out with the formal meetings cycle
- Strengthening the lines of interface and influence between locality planning and the overall strategic direction set out by the IJB.

A number of sessions have been held to date and members have found this protected time to be positive in discussing the above themes.

Developing the Locality Infrastructure

The Public Bodies (Joint Working) (Scotland) Act 2014 requires HSCPs to have a minimum of two localities and emphasises the importance of locality planning and how this shapes and drives a strategic commissioning approach.

By way of context, South Lanarkshire is home to just over 316,000 people and is one of the largest and most diverse areas of Scotland. The HSCP covers a geographical area of 180,000 square kilometres and contains both urban and more rural communities stretching from a few miles from the city centre of Glasgow to close to the Scottish Border. The four main Localities of South Lanarkshire are Clydesdale, East Kilbride, Hamilton and Rutherglen which are made up of a range of towns and smaller rural villages. The split of population across the four localities is set out below:

Locality	Population
Hamilton (incorporating Hamilton, Blantyre, Bothwell, Uddingston, Stonehouse and Larkhall)	108,030
East Kilbride (incorporates East Kilbride and Strathaven)	87,380
Clydesdale	61,474
Rutherglen/Cambuslang	60,216
Total	316,230



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in the community – with the community*

5.0 How we are developing integration and infrastructure

In comparison to 2016/17, the approach to locality planning has been further embedded with all four localities now working on a Locality Plan to provide the necessary interface with the new Strategic Commissioning Plan 2019-22. Localities will utilise the following in agreeing their Locality Plans:

- The already well established strategic needs assessment data
- The Core Management Group and Locality Planning Group
- The work that has been already agreed to implement the tiered intervention model
- Planned consultation sessions to test the direction of travel with the local population
- Develop local priorities which demonstrate the strategic fit with the nine Health and Wellbeing Outcomes and overarching priorities of the Strategic Commissioning Plan
- For localities where there is agreed Neighbourhood Planning activity (Hamilton and Rutherglen/ Cambuslang), capitalise on this with the wider Community Planning Partners.

Primary Care Improvement Plan

Primary Care transformation is one of the most significant strategic imperatives for the IJB and will continue to be in the years ahead. It is not only the size and breadth of this programme of work, but the complexity involved that will require a well organised programme planning approach. This is also supported by a ring fenced transformation fund of £6m. In 2017/18, good progress has been made with a full programme plan developed comprising of 7 workstreams as follows:

- Primary care and mental health
- Vaccination
- Pharmacotherapy
- Community treatment and care services
- Urgent care services
- Premises
- Enablers to support transformation (I.T, Health Improvement, workforce, finance and communications).

Over and above the seven workstreams is the new General Medical Services Contract between the NHS Board and General Medical Practitioners.

This particular area of work proposes new contractual arrangements with GPs and is right at the centre of ensuring that primary care transformation is successful. Similar to other IJB's there will be a requirement for the South Lanarkshire IJB to sign off its Primary Care Improvement Plan in June, 2018.



Building and Celebrating Communities

Intrinsic to supporting people to achieve their outcomes and wishes is the realisation that health and social care services cannot do this on their own or in isolation. Recognition of the strengths and capacity that already exists within local communities is something that the South IJB is keen to foster and promote. The Building and Celebrating Communities or BCC strategy was approved by the IJB in December, 2017 and specifically, it aims to:

- Support and promote community development which enhances social capital
- Support and develop frontline staff to recognise the value of a strengths based approach
- Enabling local communities to identify where and when public service organisations such as health and social care can add value to local assets
- Support local communities to understand and have knowledge of their local asset base
- Utilise locality planning arrangements to facilitate a community development approach.

5.0 How we are developing integration and infrastructure

Building and Celebrating Communities opening events filled to capacity

In the summer of 2017, South Lanarkshire Health and Social Care Partnership launched its Building and Celebrating Communities (BCC) programme with a series of high profile events across South Lanarkshire's four localities. Over 360 people from a variety of backgrounds agencies and organisations attended the events, filling venues to capacity. The key objectives of the launch of BCC was to explore how the HSCP could generate more space for communities to create the things that matter to them - and how the partnership can support these activities, if required. For more info on BCC visit: bit.ly/2ogDeq1

Telehealth and Telecare continues to be an important strategic development for the IJB. NHS Lanarkshire's Telehealth team, who work across North and South Lanarkshire Health and Social Care Partnerships, were recently crowned at the inaugural Holyrood (Connect) Scottish Digital Health and Care Awards in Edinburgh.

Various forms of technology are now supporting growing numbers of people in Lanarkshire with a variety of conditions to feel safe, connected and in control whilst increasing independence. Some examples include home and mobile health monitoring to support a variety of health conditions. One of the systems, Florence Simple Telehealth text messaging, allows people with conditions including high blood pressure, to monitor and text their readings from home.

This ensures safety and reduces the need to attend the Doctor's surgery for routine checks. The team also use the latest video conferencing technology to improve connections with people and clinical support. Within several local authority and independent sector care homes across Lanarkshire, for example, the technological infrastructure is now in place so residents have the opportunity to link into GPs and other health staff for consultations. Some care homes are also using the system for online video conference get-togethers, ranging from sing-alongs to group exercise. Among the overall benefits are improved levels of long-term condition self-management, staff and service users reducing time travelling to clinics and meetings and residents in care homes connecting with their local communities.

People in their golden years are revelling in the magic of the silver screen - as it forges vibrant, virtual communities across Lanarkshire

The latest video conferencing technology is being used as part of an initiative at some local authority and independent sector care homes across the area with residents linking in with each other for online get-togethers, ranging from sing-alongs to group exercise. The work is paving the way for virtual clinical consultations and support between residents and services like Dietetics, Pharmacy, Out-of-hours and Community Mental Health teams. Yet for most, who grew up without television, the cutting edge developments are bringing a sense of togetherness and fun into their lives – reminiscent of simpler times.

Ian MacFarlane (74), a resident of Kirkton House Care Home in Blantyre said: "I come from a generation where families would gather round in living rooms for a chat and perhaps a song before television was so accessible. "The widespread availability of TVs has often being blamed over the years for the loss of that golden age. But that all seems to have come full circle - it's the screen that's bringing folk back together again. It's just magnificent!" For more info visit: bit.ly/2weW70W

5.0 How we are developing integration and infrastructure

A South Lanarkshire man has become the focal point of a campaign that could help thousands of Scots with high blood pressure

Bill Fletcher (67) from Hamilton, South Lanarkshire, spent over 40 years working in the steel industry and now enjoys an active retirement. The grandfather of four – who is a passionate football fan and photographer – said a recent string of headaches flagged up something wasn't quite right. The problem turned out to be his blood pressure, which was significantly above the recommended level.

Thanks to telehealth, Bill's been equipped and taught how to self-monitor his blood pressure and texts his readings from home every day. This has allowed him to maintain his active lifestyle with minimal trips to the surgery. Bill said: "The system is so easy to use and has made all the difference to me and my family. And that lets me get on with the important things in life."

For more info visit: bit.ly/2Lxbabv

Strategic and Operational Communications

In June 2017, South Lanarkshire Health and Social Care Partnership, following approval of the Integrated Joint Board, introduced a new communication strategy. Ultimately, the implementation of this strategy seeks to measurably support the SLHSCP in the pursuit of its vision: **Working together to improve health and wellbeing in the community - with the community**. Key aspects of the implementation of the strategy so far include:

- A series of workshops in all our localities, led by our Communication Manager. The key objective of the workshops, which involved leaders from across all areas of the partnership, was to create a broad understanding of how HSCP teams can work with Communications to maximise the impact of communication activities and ensure they are all supporting local and strategic objectives. The workshops evaluated extremely positively and all partnership communications are now being structured on industry best practice.
- The launch of a standalone partnership website which is regularly updated with vibrant content from across the HSCP. As well as comprehensive links to all partner organisations, and how to get in touch, the website provides all relevant papers and documents relating to South Lanarkshire Integration Joint Board, which ensures we are fully transparent and accountable.

- Strategic communication support to teams and workstreams, driving results and showcasing partnership developments on a national and international stage. This includes:
 - A continued upward trajectory in people benefiting from Telehealth. The award-winning team work closely with communications and the campaign approach was the focus of a UK wide conference.
 - The Continence Care Project receiving local, national and international recognition. The pilot scheme has had marked results in reducing the impact of incontinence – including skin damage, infection and falls in older people - in two care homes. Plans are underway – supported by a communication strategy – to roll the system out and replicate the benefits in South Lanarkshire and beyond.
 - The communication campaign behind the launch of Building and Celebrating Communities was shortlisted as a finalist in the best partnership campaign category at the NHS Scotland Communication Awards. The judging panel is comprised of senior industry experts
 - In other communication actions, a regular blog by the Director of Health and Social Care continues to receive positive feedback from staff groups and directly supports and facilitates drop-in sessions in localities, allowing the Director to meet and engage with all partner groups
 - The launch of a dedicated digital newsletter to the primary care community increasing the Director of Health and Social Care's commitment to building on communication and engagement with GPs.

6.0 How our external partners viewed the quality of what we do

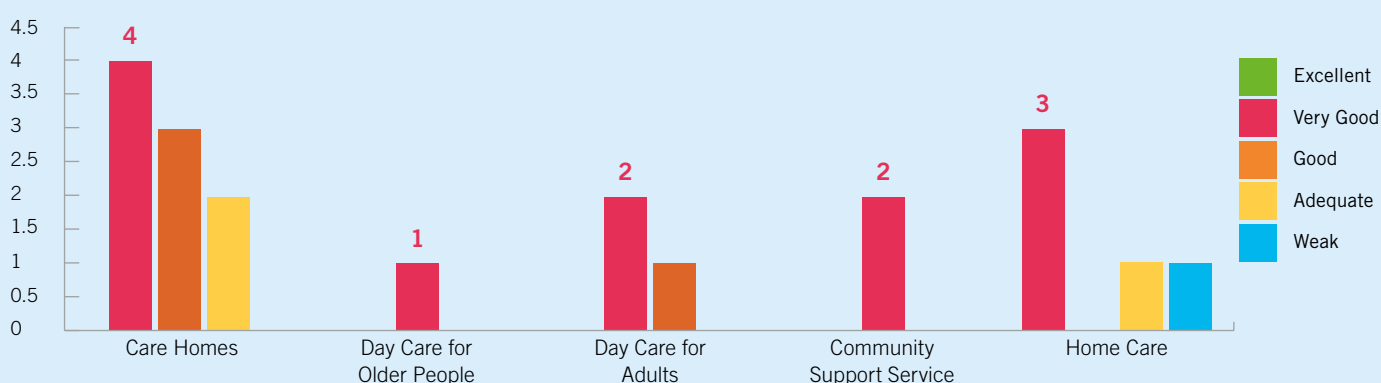
In delivering health and social care services, it is important that we work with and listen to the feedback of external agencies. One of our key partners in providing this feedback is the Care Inspectorate.

The Care Inspectorate regulates the performance, inspection, and public reporting of the Care Services registered with them. The HSCP has strategic oversight of these services, with operational management responsibility remaining with the Parties (Council and NHS Board). Over the last year (2017/18) there have been a number of inspections carried out by the Care Inspectorate, from the 33 registered services for adult and older people social care:

- 8 Care Homes for Older People

- 13 Day Care Centres for Older People
- 6 Day Care (Lifestyles) Centres for Adults
- 2 Community Support Services for Adults (Care and Support)
- 4 locality Home Care Services.

20 inspections were carried out in 2017/18 over 18 services. From this 16 are in the grade range excellent/ very good/good, with the remaining 4 in the grade range adequate/weak.



Improvement plans are developed and agreed with the Care Inspectorate to ensure that any requirements and recommendations that have been identified through these inspections are being met within timescale.

In addition to the above, the IJB is required to satisfy both internal and external audit requirements. Internal audit arrangements are provided through the Council and NHS internal audit functions and external audit activity is regulated by Audit Scotland. Both audit reports were positive, in that there was deemed to be satisfactory governance and assurance arrangements in place. From an Audit Scotland perspective, there were a number of recommendations aimed at further strengthening existing arrangements in the following areas:

- Further develop the format and content of financial reports to the IJB to assist members understanding of the content of reports
- A medium to long term financial plan should be developed for the IJB
- The IJB should consider using the Sub Committee structure to assist in managing this agenda
- Public access to IJB information should be further improved.

There has been work undertaken against each of the above recommendations, for example the public visibility of IJB reports has been improved by the introduction of a standalone website for the Partnership, and this now hosts all IJB information in relation to meetings, agendas and content of them.

7.0 How we have used the budget

Financial Year 2017/2018

The resources available to the IJB to deliver the delegated functions set out in the Integration Scheme and the Strategic Commissioning Plan are comprised of the financial contributions from South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL).

The financial position for public services continues to be challenging. Notwithstanding these pressures, within the financial envelope available to each partner and following a process of consultation, in March 2017 the IJB agreed a financial plan for 2017/2018 to ensure a balanced budget was achieved by 31 March 2018.

Partner Contributions 2017/2018

SLC maintained the 2016/2017 baseline funding for 2017/2018. They also provided additional recurring funding of £7.799m to meet the costs associated with pay and pension increases, inflationary pressures, the apprenticeship levy, demographic growth and accelerated discharges from hospital.

NHSL also agreed to maintain the 2016/2017 baseline funding for 2017/2018. In addition to this, recurring funding of £6.450m was transferred by NHSL to the IJB to meet the projected cost increases associated with the following policy commitments:

- The full year effect of the payment of the living wage of £8.25 per hour to all adult care workers
- The payment of the living wage uplift of £0.20 per hour from £8.25 per hour to £8.45 per hour, effective from May 2017
- The impact of sleepover costs and sustainability in the care sector
- The disregard of the value of war pensions from financial assessments for social care
- The pre-implementation work in respect of the Carers (Scotland) Act 2016.

Additional funding for NHSL was also issued during the year. Approximately 87% of the in-year NHSL funding was ring-fenced for areas covered by the South and North Lanarkshire IJBs.

Included within the funding available is a “set aside budget” totalling £54.715 million. This is a national allocation in respect of “those functions delegated by the health board which are carried out in a hospital within the health board area and provided for two or more local authority areas”. The IJB is responsible for the strategic planning of these services but not their operational delivery.

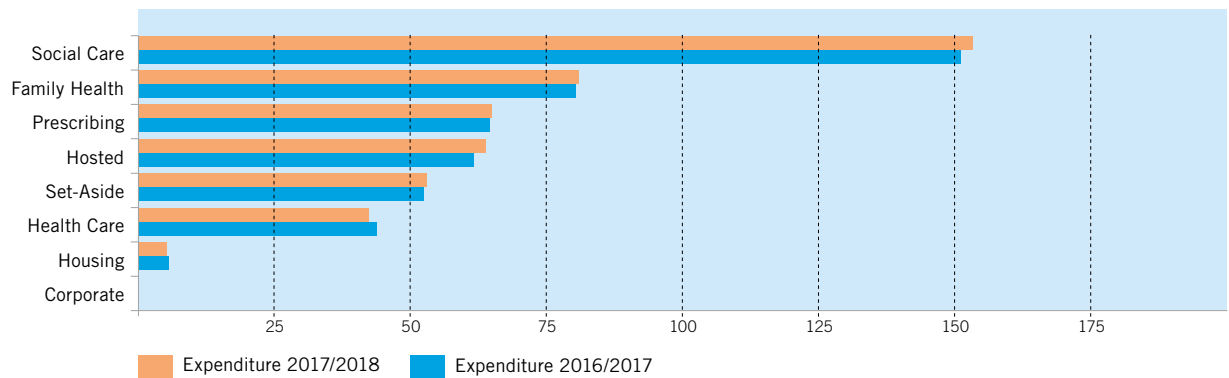
The total funding therefore available during the financial year 2017/2018 to take forward the commissioning intentions of IJB was £478.404m (NHSL - £361.611m; SLC - £116.793m).

7.0 How we have used the budget

Expenditure 2017/2018

Cost pressures in 2017/2018 were originally expected to be £16.874m and the financial strategy to address these pressures was outlined in the **IJB Financial Plan 2017/2018** (Agenda Item 3 Pages 7 to 18)¹. The total amount of money spent in 2017/2018 was £476.245m. The comparison of actual expenditure between 2016/2017 and 2017/2018 on services is detailed in the table below and is also graphically illustrated in the chart.

Services	2016/2017		2017/2018	
	£m	%	£m	%
Social Care Services	150.729	32%	156.703	33%
Family Health Services	84.231	18%	85.223	18%
Prescribing Costs	67.013	14%	67.571	14%
Hosted Services	62.592	13%	66.692	14%
Set-Aside Services	55.154	12%	54.715	11%
Health Care Services	42.401	9%	40.169	8%
Housing Services	5.202	1%	5.020	1%
Corporate Services	0.147	0%	0.152	0%
Total Expenditure	467.469	100%	476.245	100%



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

7.0 How we have used the budget

The expenditure aligned to health and social care services has remained broadly consistent between the years. The overall increase in expenditure in 2017/2018 of £8.776m is mainly attributable to inflationary cost increases and demographic growth. Key elements of the financial profile across health and social care services over the past 12 months are summarised as follows:

- Spending on drugs continued to increase and is a key financial risk. Before the start of the financial year, an overspend against the prescribing budget appeared highly unlikely however the price of a range of drugs increased considerably during the year as, across the UK, shortages in supply emerged. The intensity of the Pan-Lanarkshire Prescribing Quality and Efficiency Programme was maintained during the year and, while both the South Lanarkshire and the North Lanarkshire IJBs benefited, their activity could not in itself compensate for the short supply factors, leaving a forecast year-end overspend across Lanarkshire due to price increases. The short supply issues have not yet washed out of the market, leading to predictions that 2018/2019 will also be a difficult year. In order to mitigate against this risk, NHSL made available an additional contribution of £1m in 2017/2018 which avoided the need to use the already established prescribing reserve of £0.636m. Part of the 2018/2019 financial strategy included significantly increasing the prescribing reserve by £0.100m to £0.736m, which represents 1% of the prescribing expenditure of £67.571m
- There was an overspend of £0.912m across out of area services. A plan is being implemented by the partners which will significantly reduce the costs of supporting individuals with complex care needs in 2018/2019
- There was an under spend across the locality and other services of £1.032m, part of which was due to lower than anticipated costs across drugs, surgical sundries, travel costs, equipment and printing and stationery. There were also vacancies across nursing services and administration services

- Primary Care services are a hosted service which is led by the South Lanarkshire IJB on behalf of both North and South Lanarkshire. At 31 March 2018, there was an underspend against the Primary Care Transformation Fund of £0.932m. The underspend at 31 March 2017 of £2.749m was transferred to reserves and ring-fenced for primary care. The balance on the reserve therefore now totals £3.681m and this will support a range of projects which are being implemented by NHS Lanarkshire in the year ahead
- In respect of social care and housing services, a net underspend of £0.701m was reported. The main factor contributing to this favourable outturn was lower than anticipated care home costs. There was also an underspend on self-directed support services and an increase in the financial contribution from service users towards their care costs
- An overspend of £0.152m was reported on the Housing Revenue Account. In line with the agreed accounting policy, South Lanarkshire Council made an additional funding contribution and a break-even position was therefore reported
- The vacancy rate in 2017/2018 however was slightly higher at 9.4% in comparison to 9.2% in the previous year

Throughout the year, the financial monitoring reports provided updates on the management of the key financial risks. Overall, the financial contributions of both partners have helped to address a number of significant cost pressures across health and social care services in 2017/2018.



7.0 How we have used the budget

2017/2018 Financial Outturn

The balance on the IJB reserves at 1 April 2017 was £6.119m. This provided a contingency against demographic demand and service volatility in 2017/2018. The net movement on reserves in 2017/2018 is summarised in the table below.

Movement on Reserves	NHSL	SLC	Total
Balance as at 1 April 2017	£6.119m	-	£6.119m
Year-end Surplus	£1.579m	£0.701m	£2.280m
Year-end Surplus	(£0.121m)	-	(£0.121m)
Balance as at 31 March 2018	£7.577m	£0.701m	£8.278m

A surplus of £2.280m was reported at 31 March 2018 which represents 0.5% of the total funding available. It is critical to note that part of this underspend will be non-recurring. This position also reflects a break-even position in respect of prescribing costs which was secured as a result of the additional one-off funding of £1m provided by NHSL to address the in-year overspend of £1m.

A total of £0.121m was transferred from the IJB reserves during 2017/2018 to fund approved commitments.

Further details of the ring-fenced, ear-marked and general fund reserves totalling £8.278m is available at **Reserves Strategy 2018/2019**.

Internal Audit Opinion 2017/18

Internal audit concluded that reasonable assurance can be placed on the adequacy and effectiveness of the South Lanarkshire Integrated Joint Board's framework of governance, risk management and control arrangements for the year ending 31 March 2018.

Financial Outlook for 2018/19

The current strategic commissioning plan 2016 to 2019 details 80 commissioning intentions which were grouped to deliver the 10 priority areas originally identified by key stakeholders as follows:

1	Statutory/core work
2	Early intervention, prevention and health improvement
3	Carers support
4	Model of self care and self management
5	Seven day services
6	Intermediate care to reduce reliance on hospital and residential care
7	Suitable and sustainable Housing
8	Single points of contact
9	Mental health and wellbeing
10	Enablers to support better integrated working

7.0 How we have used the budget

- The plan is now in its third year and a total of 18 Specific Directions, as detailed in appendix 2 at **IJB Direction 2018/2019** (Agenda Item No 4 Pages 37 to 50)³, were approved by the IJB for implementation in 2018/2019. These Directions are in alignment with the 9 National Health and Wellbeing Outcomes, the 10 Strategic Commissioning Priorities and the 6 Health and Social Care Delivery Plan Priorities
- Cost pressures in 2018/2019 are expected to total £14.8m (£9.7m across social care services and £5.1m across health care services). The 2018/2019 IJB Financial Plan, which is available at **Financial Plan 2018/2019**, was approved in March 2018. Both SLC and NHSL confirmed that the same level of base cash resources would continue to be provided to the IJB in 2018/2019. They also made available additional funding of £13.2m (SLC - £9.5m; NHSL - £3.7m). This included an inflation uplift of 1.5% on the recurring base budget for health boards. A further inflation uplift has been planned for in June 2018 to meet the balance of the pay cost pressures
- A financial strategy to close the funding gap was then agreed. This included savings proposals across a range of services including prescribing which total £1.5m (SLC - £0.2m; NHSL - £1.3m). These were recommended to the IJB as being the best fit with the strategic commissioning intentions and the best value requirement to use resources more effectively. The financial settlement is for one year only. A significant element of NHSL funding also comprises of non-recurring allocations, the details of which will be confirmed in-year.

Key Strategic Priorities

Although the 2018/2019 Financial Plan for the IJB has been agreed, there are concerns about the funding for future years. The IJB, its partners and commissioned service providers continue to face a number of challenges, risks and uncertainties.

- The level of funding available to the IJB in the future will be significantly influenced by the grant settlements from the Scottish Government for SLC and NHSL
- Projected growth in elderly demographics and the increasing complexity of need, together with inflationary rises, continue to increase the demand for services and drive cost pressures. The demographic profile up to 2039 indicates a significant increase in the age group 65 years of age and over
- Ensuring effective workforce planning is in place to address medium to longer term resource requirements, is a key priority. Consideration is therefore being given to the current level of vacancies, the age profile of staff, planned future retirements, training and recruitment initiatives and skills mix opportunities across the multi disciplinary teams. The implications of leaving the EU, in particular on staffing levels, are also, at this stage, unknown
- As highlighted above, prescribing cost pressures will continue to be a key concern. In comparison to 2016/2017, costs are expected to be between 3.5% and 5% higher in 2018/2019. Part of the increase will be offset by the inflation uplift of 1.5% in 2018/2019 but it is expected that a net cost pressure will require to be managed. The prescribing budget represents 26% of the expenditure on health services, excluding the notional set-aside cost.

National developments and legislative changes continue to influence the landscape.

7.0 How we have used the budget

- A new General Medical Services contract came into effect on 1st April 2018 which will radically change and expand primary and community care across Scotland. The future role of General Practitioners is critical to reshaping service delivery and managing future demand. The number of General Practitioners retiring is however increasing and sustainability plans therefore require to be developed. The new contract is explicit about a much broader group of clinicians and services and acknowledges the need to shift the balance of work from General Practitioners to relevant multi-disciplinary teams in the wider primary care managed services. A comprehensive transformation programme of work within Primary Care and Mental Health Services across Lanarkshire is already in place. The South Lanarkshire IJB is the lead partner for primary care services across Lanarkshire
- Scottish Government Ministers made a commitment to support the employment of 800 additional mental health workers across Scotland in order to improve access to mental health services in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. The detail of this commitment is set out in Action 15 of the Mental Health Strategy 2017-2027 and additional funding has been made available by the Scottish Government to support the implementation of this strategy. The North Lanarkshire IJB is the lead partner for mental health services across Lanarkshire
- The Carers (Scotland) Act 2016, which came into effect on 1 April 2018, brings a number of additional duties within the scope of the IJB and the Strategic Commissioning Plan
- In response to the 2015 Community Empowerment Act, the Community Planning Partnership agreed the South Lanarkshire Local Outcomes Improvement Plan. The overarching objective is to tackle deprivation, poverty and inequality and, within this, to focus on reducing child poverty, reducing employment related deprivation and income related deprivation
- The South Lanarkshire local housing strategy, Affordable Homes, Sustainable Places, covers the period from 2017 to 2022 and includes a priority outcome that people with particular needs and their carers are better supported to live independently within the community in a suitable and sustainable home. In order to achieve this, Housing, Health and Social Care partners are taking forward a priority action to develop and implement a Housing Options for Older People Strategic Plan
- In order to improve our population's health and reduce the demand on our services, we are engaging with our communities and working with our third sector partners to build social capital for health
- Future legislative changes are expected, including the extension of free personal care to under 65s (e.g. Frank's Law), the proposed Safe Staffing Bill and the introduction of the Children & Young Persons (Scotland) (Act) 2014. The requirement for a named person service, corporate parenting provisions and the new universal pathway in health visiting will also add additional demands on services
- The Fairer Scotland Duty came into force in Scotland in April 2018. When making strategic decisions, the IJB and its partners have a legal responsibility to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantages. Whilst still having due regard to best value and equality, tackling inequality needs to be at the heart of our key decision-making.



7.0 How we have used the budget

Conclusion

In Section 3, we outlined how we are meeting our outcomes and priorities. Overall, a positive picture is emerging which indicates that real progress is being made to maintain more people at home.

Although the number of A&E attendances and emergency admissions has continued to rise, the number of unscheduled bed days is reducing. As at March 2018, the total number of bed days associated with delayed discharges decreased by 1,795 days when compared to March 2017. More people are also spending the last six months of life in the community, which shows that people are being cared for at home or closer to home with a planned approach to end of life care resulting in less time in an acute hospital setting.

We will continue to focus on supporting communities to utilise their strengths and assets and supporting people to maintain their independence. We will increase awareness and ownership of self-care and self-management and promote care and support choices which are community focussed and less reliant on institutional and acute interventions.

Further work will be undertaken in 2018/2019 to more specifically align the financial allocations to the strategic commissioning plan intentions and the directions to each partner. The next strategic plan will cover the period 2019 to 2022.

Our joint focus will continue to be ensuring that all resources in scope are maximised and the health and social care system across South Lanarkshire operates efficiently and effectively.



8.0 What are the risks we have to manage as a Partnership?

Given that the IJB is an entity/public body similar to that of Councils and NHS Boards, it requires to be aware of the risks that may affect its ability to operate effectively. In view of this, a Risk Register has been prepared to allow the IJB to function and take decisions, whilst at the same time being aware of the potential risks and mitigation that requires to be put in place to reduce any identified risks

The Risk Managers of both South Lanarkshire Council Social Work Resources and NHS Lanarkshire, along with members of the Performance and Audit Sub Committee carried out a review of the initial Risk Register to refine the content for the year ahead. A number of transitional risks were removed from the original Risk Register, with the remaining risks rescored and new risks added, this reflects the maturity of the Partnership. At the same time, a suite of risk control actions to mitigate risks were defined.

Cognisance was also taken in relation to the existing risk registers for South Lanarkshire Council and NHS Lanarkshire.

This provided assurance that the three registers had a consistency of approach, with all three capturing risks relevant to their strategic and operational scope, whilst at the same time managing similar risks via the same approach. Resultantly, all three risk registers are comprehensive and complement each other, with the appropriate ownership of the captured risks.

The table below shows the IJB risk profile, for 13 risks identified for 2018/19. The profile sets out the likelihood and impact of each risk, giving an overall assessed level of residual risk:

Likelihood	Score	Impact				
		Low	Minor	Moderate	Major	Extreme
		1	2	3	4	5
Almost Certain	5					
Likely	4		2	1		
Possible	3		4	2	1	
Unlikely	2	1	2			
Rare	1					

The profile shows that 8% of risks identified have a residual risk rating of low; 84% are rated medium and 8% are rated high.

The Health and Social Care Management Team oversee the actions detailed within the risk register and ensure that these actions are progressed.

When reviewing the register consideration is given to the partner organisation's risks. Where a number of operational risks impact across multiple service areas or because of interdependencies, then escalation to strategic risk status goes to the Performance and Audit Sub Committee and is escalated where appropriate to the IJB for both management and assurance purposes.

9.0 Next Steps

This annual report highlights that the Partnership has made significant progress in the last year, particularly with regards to the infrastructure to support better integrated health and social care services for the people of South Lanarkshire.

Notwithstanding this, it is recognised that this is a large and complex agenda, with a lot of competing demands and priorities. In view of this, the IJB, at its meeting of 28th March, 2018, agreed a refreshed and updated Strategic Commissioning Plan for 2018/19 and a 18 further directions issued to the Parties (NHS Lanarkshire and South Lanarkshire Council). The Directions detailed below, will form part of the key priorities for 2018/19:

- Reduce prescribing activity for South Lanarkshire to achieve a level which is more comparable with the national averages through 1) Increased social prescribing 2) Alternative medicines and drugs 3) Changes to practice and culture
- Implement Primary Care Transformation programme in relation to general practice and community redesign, urgent care, the house of care model, pharmacy support in practice, GP sustainability and the new General Medical Services (GMS contract)
- Implement the new requirements with regards to General Medical Services 2018 Contract. Specifically the development of a Primary Care Improvement Plan by June 2018 to outline how existing and new services will affirm the role of GPs as expert medial generalists
- Implement the requirement of the Carers (Scotland) Act 2016 pertaining to; a new adult carer support plan with a personal outcomes focus; a new young carer support plan with a personal outcomes focus; a duty to support carers including by means of a local eligibility criteria; a duty to prepare a local Carers Strategy; a duty to provide an information and advice service and publish short breaks services statement; a duty to involve carers in the discharge from hospital of the people they care for
- Develop proposals for IJB approval which consolidate and co-locate out of hours services across health and social care
- Implement a locality operational model across the four geographical localities of South Lanarkshire
- Reduce reliance on Nursing and Residential Care through the development of proposals to remodel a proportion of residential care beds to focus on transitional support and the 'home for life' principle
- Strengthen community-based services resulting from the re-allocation of resources from acute to community as a result of the agreed IJB Direction to close the Douglas Ward in Udston Hospital (30 beds)
- Redesignate off-site acute hospital beds within Udston and Stonehouse hospitals to support step down intermediate care patients undergoing a guardianship (AWI) process
- Commission inpatient Palliative Care Services within the South Lanarkshire geographical area
- Integrate the Hospital at Home Service with other community based intermediate care services such as Integrated Community Support Teams (ICST)
- Establish and implement an agreed average length of stay for emergency admissions related to Care of Elderly
- Develop and commission a day opportunities model for Adult and Older People which promotes enablement, independence, self-care and self-management
- Through Integrated Care Fund Investment, increase capacity within the Third Sector and Leisure to promote alternatives to formal services
- Support people to maximise their independence through the delivery of reablement (SYI)
- Implement the recommendations of the Home Care service review to maximise capacity to support people at home
- Develop whole system working approach to locality planning
- Develop and implement a performance management approach for the Partnership.

The refresh of the Strategic Commissioning Plan for 2018/19 will lay the foundation for a new three – year plan covering the period 2019/22. The communication and engagement process to inform the development of this will be taken forward across the next financial year, with a view to seeking IJB approval in March 2019.

10.0 List of Key Contacts

Noted below are key individuals working within the Health and Social Care Partnership:

Val de Souza

Director of Health and Social Care

Craig Cunningham

Head of Commissioning and Performance

Ian Beattie

Head of Health and Social Care
(Hamilton and Clydesdale)

Marianne Hayward

Head of Health and Social Care
(Rutherglen/Cambuslang and East Kilbride)

Linda Findlay

Medical Director

Maria Docherty

Nurse Director

Liam Purdie

Chief Social Work Officer/Head of Children and Justice

Marie Moy

Chief Financial Officer

Maureen Dearie

Health and Social Care Locality Manager (Clydesdale)

Deborah Mackle

Health and Social Care Locality Manager (Hamilton)

Nadia Ait-Hocine

Health and Social Care Locality Manager (East Kilbride)

Tom Bryce

Health and Social Care Locality Manager
(Rutherglen/Cambuslang)

Martin Kane

Health and Social Care Programme Manager

Yvonne Cannon

Health and Social Care Organisational
Development Manager

Janiece Mortimer

Health and Social Care Planning and
Development Officer

Margaret Moncrieff

South Lanarkshire Health and Social Care Forum

Gordon Bennie

Chief Executive, Voluntary Action South Lanarkshire
(Third sector)

Rhonda Ormshaw

Commercial Providers of Social Care

Denise Gillespie / Barbara McAuley

South Lanarkshire Carers Organisations

To request further information or discuss
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If you need this information in another language or format, please contact us to discuss how we can best meet your needs.

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