Borders NHS Board

SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATED JOINT BOARD UPDATE ON THE DRAFT COMMISSIONING & IMPLEMENTATION PLAN

Aim

To bring to the Board's attention the Scottish Borders Health & Social Care, Integrated Joint Board (IJB) draft Commissioning and Implementation (C&I) Plan, which was presented to the Integration Joint Board (IJB) at its meeting on the 18th April 2016. This document outlines service delivery actions for year one to achieve local objectives. A copy of the draft plan and IJB cover paper are attached in Appendices A and B to this document.

Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a "strategic plan" (also known as a strategic commissioning plan) for integrated functions and budgets under their control.

Under the act each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-productive approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

By developing strategic commissioning plans for all adult care groups, Integration Authorities are required to design and commission services in new ways in collaboration with their partners. Strategic commissioning plans should incorporate the important role of informal, community capacity building and asset based approaches, to deliver more effective preventative and anticipatory interventions, in order to optimise wellbeing and the potential to reduce unnecessary demand at the 'front door' of the formal health and social care system.

The Strategic Plan for the Scottish Borders Health & Social Care IJB was published on 19th April 2016. It articulates nine local objectives to address the continuing improvement in the delivery of the Integrated Authority (IA) services to ensure improved outcomes for the people of the Borders.

Subsequent to this, a draft Commissioning and Implementation Plan has been developed with reference to the nine local objectives, which form the basis of the Strategic Plan and sets out how these will be achieved. These are:

1. We will make services more accessible and develop our communities.
2. We will improve prevention and early intervention.
3. We will reduce avoidable admissions to hospital.
4. We will provide care close to home.
5. We will deliver services within an integrated care model.
6. We will seek to enable people to have more choice and control.
7. We will further optimise efficiency and effectiveness.
8. We will seek to reduce health inequalities.
9. We want to improve support for Carers to keep them healthy and able to continue in their caring role

The draft C&I plan outlines that for year one the focus will be on ensuring that business as usual can continue. Therefore, the IA will be prioritising work that will contribute to improving performance against the following indicators:

- Percentage of people who are discharged from hospital within 72 hours of being ready
- Number of bed days people spend in hospital when they are ready to be discharged
- Overall rates of emergency hospital admissions
- Readmissions to hospital within 28 days of discharge
- Admissions to hospital in the over 65s as a result of falls
- Percentage of adults with intensive care needs receiving care at home
- Proportion of employees who would recommend their workplace as a good place to work

These are the IA priorities and the draft C&I plan highlights that these will be developed by the IJB as commissioning arrangements are progressed and through the development of directions for future years.

In addition, through 2016-17 the IA has identified two target areas to focus activities in meeting the local objectives - supporting people at home and the wellbeing of our staff.

Separately at its meeting on 18th April the IJB considered an outline Performance Management Framework, which the above indicators feed into, and which will continue to be developed over 2016/17.

At the IJB meeting on 18th April 2016 several observations were made by members and those in attendance with regards to the draft C&I Plan including: the need for timescales for the 9 local objectives; supporting documentation in terms of specific measurables; analysis of current activity; wider engagement through the Joint Staff Forum and other existing groups; feedback from users and carers in terms of qualitative data and performance reporting; strengthen local objective 9 in terms of the Carers Bill; local

objective 8 to be more ambitious in line with the health inequalities plan; and recognising the wellbeing of all staff across Health and Social Care.

The IJB noted the work that had been undertaken to develop the draft plan and approved the approach to its continued development; confirmed that the priorities, and actions to address them, were in line with expectations and the overall strategic direction; recognised that further adjustment would be made to the document in light of comments received and as progress was made and engagement took place on specifics. The C&I Plan will continue to develop and evolve through 2016/17 as the first year of the official implementation of the IA under the governance of the IJB.

The plan remains in draft form at present and as such has not yet been presented formally to NHS Borders Board.

Summary

The Strategic Plan for the Scottish Borders Health & Social Care IJB was published on 19th April 2016. It articulates nine local objectives to address the continuing improvement in the delivery of the Integrated Authority services to ensure improved outcomes for the people of the Borders.

Subsequent to this, a draft Commissioning and Implementation Plan has been developed with reference to the nine local objectives, which form the basis of the Strategic Plan and sets out how these will be achieved.

An outline performance management framework has been presented to the IJB and will continue to develop over the coming financial year.

The draft C&I plan was presented to the IJB at its meeting on 18th April 2016, and will continue to evolve over 2016/17. It remains in draft form at present and as such has not been formally presented to NHS Borders.

Recommendation

The Board is asked to **note** that a draft Commissioning and Implementation Plan has been presented to the Integration Joint Board which outlines service delivery actions for year one to achieve local objectives.

Policy/Strategy Implications	Compliance with the Public Bodies (Joint Working) Act 2014 NHS Borders Local Delivery Plan
Consultation	This will be subject to ongoing discussion with the Integration Joint Board and NHSB Board
Consultation with Professional Committees	As above and as detailed within the Scheme of Integration.
Risk Assessment	Consideration of issues and risks will be a continuous process as part of Integration and as detailed within the Scheme of Integration.
Compliance with Board Policy requirements on Equality and Diversity	Once formally released to NHS Borders the Plan will be delivered in line with Board

	Policy requirements on Equality and Diversity
Resource/Staffing Implications	Not yet confirmed

Approved by

Name	**Designation**	**Name**	**Designation**
June Smyth	Director of Workforce and Planning		

Author(s)

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HEALTH & SOCIAL CARE INTEGRATION - COMMISSIONING & IMPLEMENTATION PLAN – Appendix A

Introduction

1.1 The Strategic Plan for the Scottish Borders Health & Social Care Partnership will be published on 19th April 2016. This articulates nine local objectives to address the continuing improvement in the delivery of our services to ensure improved outcomes for the people of the Borders. These were determined through a range of consultation and engagement activities, focused on ensuring that our delivery focus reflects the needs of our communities, as well as developing our approach on a co-production basis.

1.2 The key challenges that were identified in the process of developing the Strategic Plan include the following aspects:

- People living with multiple long term conditions
- Disability
- Dementia
- People living with complex and intense needs
- Deprivation in the Borders
- Carers in the Borders.

1.3 This resulted in the development of nine local objectives, which drive the planning and delivery of our services, both at the individual service level, and as a partnership as a whole.

1.4 The Commissioning & Implementation (C&I) Plan sets out how this will be achieved. This will continue to develop and evolve as we move through the first year of the official implementation of the Integration Authority, under the governance of the Integration Joint Board (IJB).

1.5 This is also being developed with, and is closely linked to, the Performance Monitoring Framework (PMF). Similarly, this plan contributes to, and is reflected within, both the NHS Borders local delivery plan and the Scottish Borders Council corporate plan for 2016/17.

1.6 For year one, the focus will be on ensuring that business as usual can continue, whilst key strategic change processes are delivered, to enable us to move efficiently to a fully integrated service in the second and subsequent years. Through both the Integrated Care Fund (ICF) and the Social Care Fund (SCF) we will deliver services which will reflect the key priorities of integration, including the introduction of new models of care which will be tested to inform strategic decisions on further investment.

1.7 To that end, formal Directions to the two public bodies for 2016/17 from the IJB will effectively be a statement to continue delivery as planned by the existing services and associated planning activity. As we progress through year one, moving our strategic focus and our service development activities to the locality approach and testing of new models of care, these Directions will become more specific and will be reflected in the emerging C&I plan at that time. This may mean reprioritisation of

certain services, disinvestment in others whilst clearly identifying areas for further investment which demonstrate a direct impact on achieving our outcomes.

1.8 This approach will continue to build our commissioning approach, enabling us to deliver transformational change in the way that the people of the Borders experience health and social care services.

Aims of Commissioning & Implementation Plan

2.1 The document aims to ensure that commissioning arrangements link to each partner's mainstream activities and budget processes. It has been produced on the basis of existing plans and processes within both NHS Borders and Scottish Borders Council, as well as the work that is underway via the ICF. In term of timescales for delivery, this will be our focus for year one and we will continue to develop the plan for subsequent years.

2.2 In line with our focus on co-production and community involvement, we will carry out a programme of consultation and engagement in the further development of the C&I plan. This is currently being worked on in the development of the overall Communications and Engagement plan, which will be brought to the IJB in due course.

2.3 Additionally, this will be a key part of our locality planning activity so that we reflect the needs of each locality in delivering our services. In the future, locality planning will play a much more significant role in driving commissioning.

Development of Commissioning & Implementation Plan

3.1 We have developed the plan with reference to the nine local objectives, which form the basis of our Strategic Plan. These are:

1. We will make services more accessible and develop our communities.
2. We will improve prevention and early intervention.
3. We will reduce avoidable admissions to hospital.
4. We will provide care close to home.
5. We will deliver services within an integrated care model.
6. We will seek to enable people to have more choice and control.
7. We will further optimise efficiency and effectiveness.
8. We will seek to reduce health inequalities.
9. We want to improve support for Carers to keep them healthy and able to continue in their caring role

3.2 These in turn, have been mapped to the nine National Health and Wellbeing Outcomes and our planning approach ensures that the delivery of our services is focused on these, taking into account local priority needs.

3.3 For year one, in line with the NHS Borders Local Delivery Plan and the Scottish Borders Council Corporate Plan, we have identified two target areas for us to focus our activities in meeting the local objectives - **supporting people at home and the wellbeing of our staff.**

3.4 Therefore, we will be prioritising work that will contribute to improving performance against the following indicators:

- Percentage of people who are discharged from hospital within 72 hours of being ready (Health & Wellbeing Outcomes 2, 3 and 9)
- Number of bed days people spend in hospital when they are ready to be discharged (Health & Wellbeing Outcomes 2, 3, 4 and 9)
- Overall rates of emergency hospital admissions (Health &Wellbeing Outcomes 1, 2, 4, 5 and 7)
- Readmissions to hospital within 28 days of discharge (Health &Wellbeing Outcomes 2,3 , 7 and 9)
- Admissions to hospital in the over 65s as a result of falls (Health & Wellbeing Outcomes 2, 4, 7 and 9)
- Percentage of adults with intensive care needs receiving care at home (Health & Wellbeing Outcome 6)
- Proportion of employees who would recommend their workplace as a good place to work (Health &Wellbeing Outcome 8).

3.5 These are our priorities and we will develop these as we progress in line with our commissioning arrangements and the development of directions for future years, refining these as we continue to monitor performance against these indicators and taking into account the results of our consultation and engagement activity.

3.6 As we move forward we will focus on mainstreaming the ICF projects and we will monitor how these are impacting and delivering the shift in overall resources in line with the Strategic Plan.

Action Plan for Service Delivery 2016-17

4.1 We have developed a detailed view of the actions that we will take in the first year of the Integrated Authority and this is shown at the Appendix to this document. This is a work in progress, demonstrating the range of activities that will be carried out to ensure that we carry on with critical business as usual service delivery, whilst implementing key aspects that are required to effect transformational change (including those that will be delivered through the ICF and Social Care fund).

4.2 In line with our focus on supporting people at home, the priority activities against each objective have been identified and are as follows:

1. *We will make services more accessible and develop our communities through:*

    - Review Primary Care Premises Modernisation programme to review and increase capacity for services available to local communities and assess opportunities for co-location
    - Development of Community Capacity Building delivered through the Eildon work and Locality planning and implementation.
    - Improve access to social care and health from local communities and GP practices (test first point of contact model)

- Review Day Hospitals providing day services delivered within a locality model and providing a local resource to the wider communities for health and social care

2. *We will improve prevention and early intervention through:*

    - Ensuring that Anticipatory Care Plans (eKIS) are updated remains an essential focus and will feed in to the Transitional Quality Arrangements for 2016/17 in the revised GMS contract
    - Personalised care planning and self-management as part of the Long Term Condition management improvement work (supported by ICF)
    - Promoting healthier lifestyles for patients, staff and visitors through our health improvement campaign 'small changes, big difference'

3. *We will reduce avoidable admissions to hospital through:*

    - Development of the Eildon Community Ward and links with the Health & Social Care coordination project to provide a proactive case management approach for people with multiple complex co-morbidities most at risk of hospital admission and readmission. (supported by ICF)
    - GP Enhanced Services to support the management of patients in the community or at home, such as near patient testing, warfarin and services to people in care homes.
    - GPs working with BGH consultants via direct access by phone to discuss any cases for early ward or clinic review by a Specialist team
    - Reviewing Mental Health Crisis Team input to the Emergency Department

4. *We will provide care close to home through:*

    - Working with care providers to develop different models of care that will support people to stay at home for as long as possible.
    - Development of Technology Enabled Care models to maintain independence and care closer to home
    - Commissioning of 24 Specialist Dementia care beds to support people with high level dementia care needs and provide specialist in-reach nursing services to support providers

5. *We will deliver services within an integrated care model through:*

    - Quality agenda within the Transitional Year GP Contract to develop processes with the full involvement of Practices
    - Linking to GP practices to ensure communication and speedier access
    - Linking to the third and independent sector locally to improve access to services and coordinate between the services

6. *We will seek to enable people to have more choice and control through:*

- Embedding co-production within the care management and assessment approach and deliver at a locality level
- Completion of the review of the Physical Disability Strategy
- Increasing overall uptake of Self Directed Support

7. *We will further optimise efficiency and effectiveness through:*

    - Continuing to employ service improvement methodology across a range of services to enable staff to spend increasing time with service users and patients improving the quality of service provision

8. *We will seek to reduce health inequalities through:*

    - Development of locality plans to identify how to include those who are hard to reach within our communities and implement change
    - Revision of the Mental Health Commissioning Strategy

9. *We want to improve support for Carers to keep them healthy and able to continue in their caring role through:*

    - Ongoing identification of Carers within GP Practices and signposting to Carer support such as the local Carer Centre
    - Ongoing information and education for Carers across the range of health and social care services
    - School Nursing Services continuing to support young carers and their physical and mental wellbeing

4.3 The full set of activities is shown in the Appendix, with the above priorities highlighted in bold text.

4.4 In line with our focus on the wellbeing of our staff, we are developing a plan to address this key target area. We have established a Workforce Project team who will be taking this forward. Among the activities that will be included in the delivery plan are:

- Engagement in a series of communication activities with staff across NHS Borders and Scottish Borders Council to build awareness and identify key training and development needs
- Working with individual teams to develop appropriate support requirements to help them operate in a seamless way with colleagues across organisational boundaries
- Implementing solutions to improve access to, and sharing of, key patient and client information to support staff in delivering together within joint teams.

Responsibility and Accountability for Commissioning

5.1 As the statutory body responsible for ensuring the successful delivery of health and social care for the people of the Borders, the IJB is accountable for the commissioning activity. Aligning our planning to the local objectives will provide a

basis for measurement of our performance in relation to these. In addition, each of these objectives contributes to, and has been mapped to, the nine National Health and Wellbeing outcomes.

5.2 This approach has been adopted in the development of the Performance Management Framework which is intended to support and enhance the commissioning activity. This will provide assurance to the IJB and the reporting against the framework will enable the IJB to take strategic decisions as we move through the commissioning cycle.

Risk

6.1 Implementation of the C&I plan will be considered and assessed in relation to corporate risks in the context of the IJB.

Conclusion and Next Steps

7.1 In line with the formal Directions from the IJB, we will engage and consult with key stakeholder groups to implement the C&I plan within the financial budgets set out and the agreed strategy. We will develop a communication plan to support this.

7.2 We are working on developing a locality framework for delivery of the strategic plans for each locality. This will include developments such as the Eildon Community Ward and the Transitional Care Facility. We will bring a report on our progress towards our locality plans to the IJB meeting in June 2016.

7.3 This document, and the Appendix, is draft at this time and we will continue to develop this through our communication and engagement activities, the plan for which will be submitted to the IJB in due course.

7.4 The IJB is asked to note the work that has been undertaken to develop the C&I plan and to approve the approach to its continued development. The IJB is also asked to confirm that the priorities and actions to address them are in line with expectations and the overall strategic direction.

7.5 Using the key performance indicators we will baseline activity and measure change, improvement and progress towards the outcomes

APPENDIX B

HEALTH & SOCIAL CARE INTEGRATION - COMMISSIONING & IMPLEMENTATION PLAN

SERVICE DELIVERY ACTIONS FOR YEAR ONE TO ACHIEVE LOCAL OBJECTIVES

Local Objective 1

We will make services more accessible and develop our communities

Strong communities are a real asset of the Borders. Community capacity building makes a big improvement to the health and independence of people.

How delivery of our services will help us to meet this Objective.

- **Review Primary Care Premises Modernisation programme to review and increase capacity for services available to local communities and assess opportunities for co location**
- **Development of Community Capacity Building delivered through the Eildon work and Locality planning and implementation.**
- Development of Locality Plans by Locality Co-ordinator posts
- Home Care Tender to ensure we meet requirements at a locality level.
- Further develop Local Citizen's Panels
- **Improve access to social care and health from local communities and GP practices (test first point of contact model)**
- Development of Veterans Mental Health Services
- **Review Day Hospitals providing day services delivered within a locality model and providing a local resource to the wider communities for health and social care**
- Development of Child and Adolescent Mental Health intensive support
- Improvement work to increase capacity to deliver Psychological Therapies
- Redesign services and develop processes under the Transitional Quality arrangements of the GP Contract for 2016/17, to suit a locality approach.
- Further development of Local Area Co-ordination to increase independence, resilience and local resources.
- Provision of Emergency Dental Services 7 days per week
- Work with partners to remove barriers to access dental services within the community
- Review Day Services and preventative services to ensure they meet needs within each Locality
- Provide Health Literacy Training for staff to improve accessibility of information

Local Objective 2

We will improve prevention and early intervention

Ensuring that people attempting to manage independently are quickly supported through a range of services that meet their individual needs.

How delivery of our services will help us to meet this Objective.

- Ongoing creation and review of existing Anticipatory Care Plans.
- **Ensure that Anticipatory Care Plans (eKIS) are updated remains an essential focus and will feed in to the Transitional Quality Arrangements for 2016/17 in the revised GMS contract.**
- **Personalised care planning and self management as part of the Long Term Condition management improvement work (supported by ICF)**
- Develop preventative services that involve the third and independent sector
- Promote good physical and mental health through well-being advisors.
- Develop an Integrated health and social care transitions pathway for young people moving from children's to adult services.
- Reduce the amount of drug and alcohol use through early intervention and prevention approaches
- **Promote healthier lifestyles for patients, staff and visitors through our health improvement campaign 'small changes, big difference'.**
- Increase referrals to Lifestyle Advisory Services, Quit4Good, as well as signposting to community resources such as 'Walk It' groups.
- Deliver the Long Term Conditions project to support people to self manage their conditions better, promoting social contact and reducing isolation.
- Promote the uptake of health screening opportunities and immunisation programmes
- Raise awareness of the signs and symptoms of health conditions and encourage people to get checked e.g. Detecting Cancer Early, Suicide Prevention Training.

Local Objective 3

We will reduce avoidable admissions to hospital

By appropriate support in the right place at the right time, we will ensure people are supported to remain in their own homes.

How delivery of our services will help us to meet this Objective.

Opportunities to reduce emergency admissions will include development and review of Anticipatory Care Planning, District Nursing Services, Social Care Services, GP clusters and new GP contract, Out of Hours Services, models of Intermediate Care, and the use of Technology Enabled Care, all of which will support people through all stages of the care pathway.

- **Development of the Eildon Community Ward and links with the Health & Social Care coordination project to provide a proactive case management approach for people with multiple complex co-morbidities most at risk of hospital admission and readmission. (supported by ICF)**
- **GP Enhanced Services to support the management of patients in the community or at home, such as near patient testing, warfarin and services to people in care homes.**
- Health and Social Care coordination projects Services will support the 'Reducing Inappropriate Emergency Admissions Working Group' to achieve its objectives.
- Hawick Paramedic Practitioner Pilot. Two GP Practices are working directly with SAS to test a different model of in-hours response to emergency calls to GPs. (Unscheduled Care Project)
- **GPs working with BGH consultants via direct access by phone to discuss any cases for early ward or clinic review by a Specialist team**.
- The 2015/16 Unscheduled Care Project work streams will be mainstreamed within local services and will include a range of initiatives to support this objective;
- Ambulatory Care and Acute Assessment - A new Ambulatory Assessment Unit has been established and the model is being evaluated in line with agreed improvement methodologies.
- **Review Mental Health Crisis Team input to the Emergency Department – discussions are underway to identify the most appropriate location for the team to ensure timely access and support for patients attending in crisis**.
- Ongoing collaboration with local GPs and District Nurses to ensure that Anticipatory Care Plans (eKIS) are updated remains an essential focus and will feed in to the Transitional Quality Arrangements for 2016/17 in the revised GMS contract.
- Effective Psychiatric Liaison Services operating within hospital settings
- Effective Community Mental Health Rehabilitation Services
- Increasing uptake of Self-Directed Support to increase effective individualised community support arrangements.

Local Objective 4 -We will provide care close to home

Accessible services which meet the needs of local communities, allows people to receive their care close to home and build stronger relationships with providers.

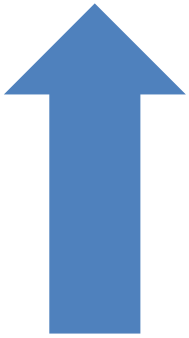
How delivery of our services will help us to meet this Objective.

- District Nursing and Treatment Room services will continue to provide care delivered in a locality model that; ensures people achieve the best possible health outcomes – promotes self-management and independence – uses skilled assessment working with a person and their family to develop their care plan – focuses on prevention and anticipatory care – avoids unnecessary hospital admission/supports early discharge – offers a care management function and improves coordination of services – ensures collaboration and interface with third and independent sector – uses knowledge of local community resources and networks
- **We will work with care providers to develop different models of care that will support people to stay at home for as long as possible.**
- Specialist Outreach clinics and screening services will be delivered in localities
- **Development of Technology Enabled Care models to maintain independence and care closer to home**.
- Long Term Care will be reviewed to ensure care homes are providing high quality care across the localities
- **We will commission 24 Specialist Dementia care beds to support people with high level dementia care needs and provide specialist in-reach nursing services to support providers**.
- We will commission effective community support and supported accessible housing options with our communities
- NHS Dental Services will be available across the region with domiciliary care to those cared for at home or in long term care facilities.

Local Objective 5

We will deliver services within an integrated care model

Through working together, we will become more efficient, effective and provide better services to people and give greater satisfaction to those who provide them.



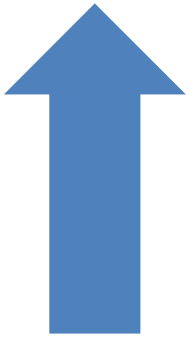
How delivery of our services will help us to meet this Objective.

- **Quality agenda within the Transitional Year GP Contract to develop processes with the full involvement of Practices**.
- Creation of Quality Clusters in Localities.
- Review assessment and care management to ensure teams across the partnership are able to work efficiently and enable further integrated working.
- Ongoing HB engagement with GP representative bodies regarding development work and best use of Primary Care funding.
- Ongoing use of the Primary Care Feedback facility to identify interface issues affecting everyday working, e.g. with Secondary Care.
- START staff based in Community Hospitals and working the hospital and community MDTs
- Deliver projects supported by the Integrated Care Fund to maximise integrated working for Health and Social Care.
- Discharge Hub Developments (supported by Connected Care)
- Complete integration of Community Mental Health teams and continue to deliver services within an integrated governance structure incorporating service providers, users, professionals and other stakeholders.
- Joined up Adult Protection services and response.
- **Linking to GP practices to ensure communication and speedier access**
- **Linking to the third and independent sector locally to improve access to services and coordinate between the services**
- Facilitating the development of locality plans based on local needs and co produced in the context of local partnership arrangement.
- Working with services across the NHS and Council to redesign services locally to meet the needs of the local population, local communities and in line with improved outcomes, using localities group
- In consultation with partners, make recommendations to the Localities group on future arrangements to support locality planning and integrated organisational arrangements on an ongoing basis.

Local Objective 6

We will seek to enable people to have more choice and control

Ensuring people have more choice and control means that they have the health and social care support that works best for them.



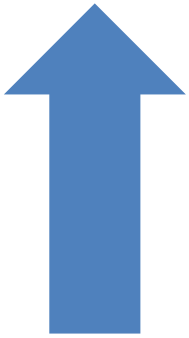
How delivery of our services will help us to meet this Objective.

- Further the development of personalisation and outcomes approaches to assessment
- **Embed co-production within the care management and assessment approach and deliver at a locality level**
- **Complete the review of the Physical Disability Strategy**
- **Increase overall uptake of Self Directed Support**
-
- Public involvement and representation in teams working on the redesign and development of services.
- Multidisciplinary presence in projects developing new services.
- Increase the use of patient/service user feedback processes.
- Lifestyle advisory services will work with communities offering support with a specific emphasis to vulnerable groups.

Local Objective 7

We will further optimise efficiency and effectiveness

Strategic Commissioning requires us to constantly analyse*, plan, deliver and review our services which give us flexibility to change what we do and how we do it.*



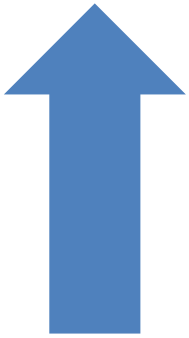
How delivery of our services will help us to meet this Objective.

- **Continue to employ service improvement methodology across a range of services to enable staff to spend increasing time with service users and patients improving the quality of service provision**.
- Creation of Quality Clusters with clear set of outcomes and their improvement through repeating cycles of work and evidence bases approach to their improvement.
- Review of current management arrangements towards a more integrated model that delivers efficiency and effective use of resources
- Joint approach to Efficiency Planning by partners
- Commission a review of assessment and care management teams to ensure they are able to meet future demand and deliver services efficiently and effectively.
- Commission care at home through a tender process.
- Ensure intelligence is available from locality planning processes to inform any commissioning cycles.

Local Objective 8

We will seek to reduce health inequalities

Ensuring that people do not miss out on services due to, for example, a health condition, or lack of easy access to transport.

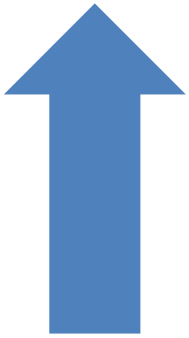


How delivery of our services will help us to meet this Objective.

- **Through the development of locality plans we will identify how to include those who are hard to reach within our communities**
- We will ensure that we carry out Equality Impact Assessments across all strategic developments
- Representation at the Health Equalities steering group.
- We will ensure Rural Proofing is carried out
- GP Keep Well Enhanced Service, targeting populations in the most deprived areas.
- Ensure intelligence is pulled from locality planning activity and considered in any future service reviews.
- **Revision of the Mental Health Commissioning Strategy**

Local Objective 9

We want to improve support for Carers to keep them healthy and able to continue in their caring role.



How delivery of our services will help us to meet this Objective.

- Acknowledge the significant role carers have in meeting health and social care needs of our population.
- Review of Carers Strategy to identify the key areas of development over the next 3 years
- **Ongoing identification of carers within GP Practices and signposting to carer support such as the local Carer Centre**.
- Carer's assessments carried out by the main stream services.
- Engagement with carers on Strategic Planning Group and emerging Locality Planning groups.
- **Ongoing information and education for carers across the range of health and social care services**
- **School Nursing Services will continue to support young carers and their physical and mental wellbeing**.

The Nine National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through improving quality across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

Nine National Outcomes	
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 reasonably 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 well-being.
Outcome 7	People using 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.

Source: Scottish Government

Our Local Objectives and the National Outcomes Cross-Referenced

Our Local Objectives are:

1. We will make services more accessible and develop our communities.
2. We will improve prevention and early intervention.
3. We will reduce avoidable admissions to hospital.
4. We will provide care close to home.
5. We will deliver services within an integrated care model.
6. We will seek to enable people to have more choice and control.
7. We will further optimise efficiency and effectiveness.
8. We will seek to reduce health inequalities.
9. We want to improve support for Carers to keep them healthy and able to continue in their caring role.

The National Outcomes cross-referenced with Our Local Objectives

National Outcomes	1	2	3	4	5	6	7	8	9
Local objective 1	★	★	★	★		★		★	
Local objective 2	★	★		★	★			★	
Local objective 3	★	★							★
Local objective 4	★	★	★	★	★	★			★
Local objective 5				★				★	★
Local objective 6	★	★	★	★	★	★	★		
Local objective 7								★	★
Local objective 8	★	★	★		★	★	★		
Local objective 9	★	★	★	★	★	★	★		

Priority Indicators for focus in 2016/17

Core Suite Indicator Number	Indicator description
10	Percentage of staff who say they would recommend their workplace as a good place to work.*
12	Rate of emergency admission for adults.
14	Readmissions to hospital within 28 days of discharge.*
16	Falls rate per 1,000 population in over 65s.*
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.
22	Percentage of people who are discharged from hospital within 72 hours of being ready.