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Dear Lewis

Pre-Budget Scrutiny 2020-21 Additional Information

Thank you for the opportunity to attend the evidence session with the Committee on 21 May 2019 and also to provide additional information to support the Scottish Parliament's pre-budget scrutiny process for 2020-21.

I have attached overleaf the further information which the Committee has requested.

Please contact me if I can be of any further assistance.

Yours sincerely



Val de Souza
Director, Health and Social Care Partnership

South Lanarkshire Health and Social Care Partnership Pre-Budget Scrutiny 2020-21 Additional Information

Shifting the balance of care

Following a period of decommissioning, the Douglas ward at Udston Hospital was closed on 1 April 2018. The budget for the ward remained within the total budget delegated by NHS Lanarkshire to the IJB however, in 2018/2019, £1.072 million was available to be re-directed by the IJB, in consultation with both partners. Part of the budget (£0.701m) was therefore transferred from the Acute Services notional set-aside budget to the health and social care services directly managed budgets (i.e. the non set aside budget).

The balance of the funding released (£0.371m) was retained by Acute Services as part of the notional set aside budget in order to fund cost pressures across unscheduled care services. These services are also within the functions delegated to the IJB but are managed by the Director of Acute Services on behalf of the IJB.

The notional set-aside budget was therefore reduced by £0.701m and the directly managed budgets were increased by £0.701m.

Additional background information on the closure of the Douglas ward at Udston hospital is attached at appendix 1.

Transformation and Change

The health and social care landscape is changing. The 20/20 Vision, the Primary Care Improvement Plan, the Mental Welfare Commission patients' rights pathway and changes to the legislation are just some of the key drivers which are influencing the evolving models of care. In consultation with our partners, we continue to review the way we currently deliver health and social care services to ensure we achieve our priorities and they offer best value, particularly within the challenging financial position across public services.

A whole system approach is being adopted to implement a range of transformational changes, the most notable of which are highlighted below:

1. Modernisation of primary care services
2. Lanarkshire mental health and wellbeing strategic developments
3. Alcohol and drug partnership strategic developments
4. Locality strategic developments
5. Modernising care facilities
6. Support for carers and community developments
7. Re-designation of community hospital
8. Palliative care service strategic developments
9. Housing services strategic developments
10. Social care services prioritisation/eligibility framework
11. Improvement agenda around Home Care delivery
12. Reviewing Framework agreement for Supported Living and Home Care Providers
13. Day opportunities review
14. Technological advancements
15. Early intervention and prevention strategy
16. Urgent Care Out of Hours Services Review
17. Monklands replacement / refurbishment project

Additional background information on each of the above transformational changes is attached at appendix 2. The 2018/2019 Annual Performance Report, which will be published in July 2019, will also include information on the progress being made across the South Lanarkshire health and social care partnership.

Pre-Budget Scrutiny 2020-21 Additional Information (Cont.)

Transformation and Change (Cont.)

Alternative pathways to divert people into more appropriate forms of support continue to be explored. Strong financial planning and management, the achievement of best value and the allocation of resources to support sustainable models of service delivery from a whole system perspective continue to underpin everything that the South Lanarkshire IJB and the partners do to ensure our limited resources are targeted to achieve our outcomes to best effect.

The pace of change however is constrained by the requirement to meet in-year cost pressures, in particular the increasing demand for, and complexity of, social care and health care services as people live longer with multiple conditions and also inflationary cost pressures. Transformational change will contribute to ensuring service provision is person centred and appropriate but it is not yet certain that this alone can offset the increase in costs being experienced.

Both partners have been supportive to the South Lanarkshire IJB since its inception, maintaining baseline budgets and minimising savings requirements. Neither partner however has sufficient recurring funding to increase their contribution to the IJB beyond the allocations already agreed.

Scottish Government funding since 2016 has been targeted at taking forward new policy commitments which have resulted in new costs emerging.

A key consideration of the 2020-21 budget is the necessity to make additional Scottish Government funding available to support the increase in demand for health and social care services as a result of demographic growth and increasing complexity.

'Double running costs'

The South Lanarkshire Health and Social Care Partnership governance structures are effective. A Support, Care and Clinical Governance Group was established to ensure that all clinical, financial and legislative requirements of service provision are complied with. The group is comprised of key stakeholders and practitioners across all professional disciplines. Before alternative models of care are implemented, the Support, Care and Clinical Governance Group will seek absolute assurance that safe, effective and person-centred services will continue to be provided. In certain circumstances, it may be appropriate to undertake tests of change to inform future service planning.

New investment funding for Primary Care Services, Mental Health Services and Alcohol and Drug Partnerships has been made available by the Scottish Government to progress these strategic policy initiatives. South Lanarkshire has also been successful in securing additional non-recurring funding to take forward technological advancements as highlighted at section 13 on appendix 2.

The closure of the ward at Udston Hospital had to be implemented first before the funding could be released and reinvested in community health and social care services. The impact of the transition therefore had to be managed within the existing resources. The transitional arrangements agreed included financial support for potential double running costs associated with the ward closure strategy during the three month period between January 2018 and March 2018.

Pre-Budget Scrutiny 2020-21 Additional Information (Cont.)

'Double running costs' (Cont.)

The options to fund double running costs across other service areas are limited to non-recurring funding solutions such as unplanned underspends or the use of reserves.

The viability of service redesign is dependent on confirming recurring funding solutions. De-commissioning from existing services is a key consideration. This brings into sharp focus, the need to agree the expected outcomes in advance of any significant service change such that future service models and recurring funding solutions are identified at the outset. The requirement however to establish safe models of alternative care first before clinicians will transfer care was highlighted by the Chief Officer of East Ayrshire – and this could lead to a requirement for 'double running' in some circumstances.

The role of local communities is key to the future strategic developments. The key messages set out in the report by the Christie Commission in June 2011 on the future delivery of public services remain relevant today and the need to do things differently continues to be evident. This not only relates to the use of money but also to the requirement for local communities to play an active role in planning and delivery of a range of low level services. As yet, this is somewhat unexplored in urban areas, albeit there is an increasing number of these examples in the more rural communities. In a South Lanarkshire context, we are focussing on a Building and Celebrating Communities (BCC) approach to gain more traction in this area.

Accessing more support from the partners and focussing on best value outcomes across the whole system, and not solely costs incurred, are also essential aspects which underpin the redesign process.

Shortage of Funds Available and Engagement

The requirement to cut costs is, by necessity, one of the drivers in the search for innovative solutions. The delegated funds for the IJB come from the two partners, South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL). The level of funding available to the IJB is therefore heavily influenced by these organisations' grant settlements from the Scottish Government.

Consistent with the majority of public sector organisations, both SLC and NHSL have, over many years, met the challenge of balancing their respective budgets due to cost pressures exceeding the provisional level of funding available. Notwithstanding these pressures, both partners maintained the baseline funding for the IJB and additional funding received in-year by NHSL was passed on to the IJB. In 2018/2019, SLC also provided additional recurring funding of £0.547m to meet the cost of demographic growth and additional Housing Revenue Account adaptations.

The IJB has agreed a financial plan for 2019/2020 to achieve a balanced budget however part of the plan relies on non-recurring funding solutions and the use of reserves. Projected growth in elderly demographics and the increasing complexity of need, together with inflationary rises, continue to drive the cost pressures associated with caring for people across the full range of care settings i.e. at home and in care homes. The volatility of prescribing activity and price increases, particularly in the context of the uncertainty associated with the European Union withdrawal, is also a key financial risk.

Pre-Budget Scrutiny 2020-21 Additional Information (Cont.)

Shortage of Funds Available and Engagement (Cont.)

The multi-faceted factors¹ which impact on the demand for health and social care services across South Lanarkshire include the following.

- In 2018, the population was 319,020. This is an increase of 0.3% from 318,170 in 2017. Over the same period, the population of Scotland increased by 0.2%.
- The age profile of residents is as follows: 17% are 15 years of age or younger, 64% are aged between 16 and 64 years, 11% are aged between 65 and 74 years and 8% are over 75 years of age.
- When compared to other Scottish local authority areas, in the period up to 2026, the 16 to 24 years age group is projected to see the largest percentage decrease at 9%. The 75 years and over age group however is projected to see the largest percentage increase at 26.5%. In terms of size, the age group of 45 to 64 years is projected to remain the largest.
- In comparison to the Scottish average, life expectancy continues to be lower for males and females across all age groups. In particular, many older people and a growing number of younger people are living with two or more long term conditions such as diabetes and respiratory disease.
- The number of years that an individual can expect to live in good health i.e. healthy life expectancy, is strongly associated with deprivation. The expected period of “not healthy” health increases with increasing deprivation. South Lanarkshire has 431 data zones, 6.1% of the total across Scotland. Data zones have no standard geographical size and can vary from a small urban area to a large rural spread. In 2016, there were 6,976 data zones in Scotland. 1,046 data zones (15%) were assessed as the most deprived areas. 62 of the 431 data zones (14.4%) in South Lanarkshire ranked within the worst 15% in Scotland. This represents the highest number recorded since 2004.

Whilst recognising the significant challenges each partner is currently managing, the IJB financial strategy must ensure sustainability for the current and future years.

It is increasingly difficult to identify efficiency savings when demand for and the cost of services are increasing. Some national policy initiatives are also not fully funded by the Scottish Government. An example was the recent regrading of Health Visitors from a band 6 to a band 7 which will cost NHSL an additional £1.540m over a three year period based on the original target increase in Health Visiting numbers being achieved and maintained. Another example is the ‘safe staffing’ legislation.

Efficient, effective and affordable services fit for the future will need to be developed as part of the integration and transformational change activities. If these activities do not generate the required level of savings or if funding released from a whole system approach to IJB cost reduction activity is not passed to the IJB, then there is a risk future budgets will not be balanced.

¹ <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/south-lanarkshire-council-profile.html>

Pre-Budget Scrutiny 2020-21 Additional Information (Cont.)

Shortage of Funds Available and Engagement (Cont.)

Engagement

A coordinated and consistent communications message to the public, together with concerted action planning with colleagues in acute services, is key to the success of the integration agenda.

In South Lanarkshire, there has been significant investment in developing and enacting a broad communication strategy. This has included a number of key areas and is supported by having our key partners on the IJB itself, i.e. 3rd Sector Interface, Independent Sector rep, carers rep, Health and Social Care Forum rep and also a representative for older people.

Significant elements of the communication and engagement strategy are highlighted below.

- The creation of a communications strategy
- The appointment of a dedicated communications manager
- The Strategic Commissioning Plan was based on extensive communication and engagement across a series of events in all 4 localities – reaching over 1,000 people.
- The South Lanarkshire Health and Social Care Forum, which through active participation in stakeholder events and locality planning group meetings, ensures their members influence future services and represent the views of people in their local communities. A recent mapping exercise highlighted that the Forum access approximately 100,000 people, which is almost a third of the population of South Lanarkshire. The Chief Officer's blog regularly reaches 15,000 people.
- The creation of a dedicated IJB website which receives 3,000 visits per month.
- Workshops led by our Communication Manager to support increased engagement at locality level.
- Joint working opportunities with other partnerships are also explored to maximise reach and minimise costs. A recent example of which is the Power of Attorney media campaign to actively encourage uptake.

Budget setting and three year cycle

The changes to the approach to financial planning for NHS Boards is welcome.

The move to the three year cycle will remove the artificial stop/start point each year of the 31st of March. Funding commitments for projects can be aligned to the relevant financial year in line with the expenditure profile without the uncertainty and risk of funding no longer being available to the Health Board. The previous arrangement of having to spend the funding in the year it was issued was an added challenge which led to a focus on short term planning potentially to the detriment of strategic longer term investment strategies.

Pre-Budget Scrutiny 2020-21 Additional Information (Cont.)

Budget setting and three year cycle (Cont.)

Theoretically, the longer budgeting period and the flexibility to break even over the three year timescale will allow investment in a large scale service transformation programme to result in an over-commitment in year 1 on the understanding that reduced expenditure would be incurred in years 2 and 3. There would however have to be a high degree of confidence that the reduced cost projections could be achieved.

The initial guidance from the Scottish Government suggested that any plan to underspend in any of the three years had to be expressed at the start of the period. At this stage of the current financial year, July 2019, NHS Board's have only been advised of the allocation for 2019/2020. There is therefore still uncertainty about the funding available in years 2 and 3. This will limit the certainty with which a three year plan can be developed and a range of financial planning scenarios and assumptions will still require to be explored and relied upon until the three year funding commitment is confirmed. It is therefore hoped that the initial guidance can be reviewed. NHS Boards will not have enough certainty or confidence to confirm the projected outturns over a three year period based only on the funding allocation for the first year.

Confirmation of the future funding allocations on a three year rolling forward programme is therefore essential to support service delivery and transformational change.

It is also essential that the financial envelope available is increased on a recurring basis to address the costs associated with demographic change, increasing complexity of need, pay inflation and new high cost drug treatments. Additional recurring funding is also required to invest in early intervention and prevention initiatives, the benefits of which may not be realised until future generations.

Both partners believe 2020/2021 will be a difficult year. For NHS Boards, this will be the third year of the national pay deal which brings the largest percentage increase in cost. When combined with the expected growth in new high cost drug treatments, this is expected to create a higher funding gap. The options to reduce funding gaps with recurring efficiency schemes is reducing each year as opportunities to reduce or avoid costs are being exhausted.

Although the three year flexibility would allow an underspend in 2019/2020 up to 1% to be carried forward and available in 2020/2021, it is unrealistic to believe that savings could be overachieved in 2019/2020 to create such a cushion. This would also only represent a non-recurring funding solution, if any. The future challenges and risks associated with managing the health and social care demand led budgets also need to be risk assessed on an ongoing basis, the outcome of which may inhibit the extent to which the partner and the IJB would wish to overcommit in any year to fund transformational change. The scale and pace of essential change is being adversely impacted by the priority to manage current financial cost pressures.

Linking budgets to outcomes

Contribution analysis was developed by John Mayne in the early 2000s. It is a methodology used to identify the contribution a development intervention has made to a change or set of changes. A guide to [Contribution Analysis](#)² was also prepared by the Office of the Chief Researcher in 2009 and is available on the Scottish Government website.

²<https://www2.gov.scot/resource/doc/175356/0116687.pdf>

Pre-Budget Scrutiny 2020-21 Additional Information (Cont.)

Linking budgets to outcomes (Cont.)

Contribution analysis is a method for linking inputs (such as time, money, expertise, resources) to outcomes (such as good quality of life, reduced inequalities) and is very useful when the programme of work is complicated in some way. The aim of the methodology is to identify the contribution a development intervention – such as a project or programme – has made to a change or set of changes. It can be used during a development intervention, at the end or afterwards. It is normally used in a project or programme once enough time has elapsed for significant change to occur.

Evaluating health and social care integration is a complex process and requires a method that can incorporate the scope and variety of provision. The complexity and level of ongoing change involved with integration makes it impossible to directly link cause and effect and this is where Contribution Analysis is most useful. It has therefore been used by the South Lanarkshire Health & Social Care Partnerships to gather robust evidence that what we do contributes to the national health and wellbeing outcomes.

- It was successfully applied to the evaluation of 39 Reshaping Care for Older People initiatives across Lanarkshire. This enabled very disparate work to be judged together and was felt to have generated useful results. For example, in 2014 the use of 95.5 hospital beds was avoided as a result of the initiatives commissioned in the community.
- In 2017, 26 initiatives across Lanarkshire which had been funded by Integrated Care Funding, Delayed Discharge Funding and Bed Release Monies were evaluated to assess the contributions to the nine national health and well-being outcomes and to influence the future financial investment strategy.
- An example of the 'tool' being used in South Lanarkshire was through the use of patient held blood pressure monitors which have reduced the need for visits to both GPs and hospitals and as well as getting better outcomes for patients, is also supporting more efficient ways of service delivery with the attendant increase in capacity.

Set Aside Budgets

Our Chief Financial Officer, Marie Moy, advised that “although we are trying to move resources and shift the balance of care, we needed to revisit the fundamental underlying assumptions upon which the set aside budget has been based.” (Official Report, Col 39).

The set aside concept requires to be revisited in recognition that many of the key elements of 'unplanned care' are core to the full running of the hospital and therefore not easily disaggregated to support movement of resources across the system.

Moreover, demographic growth projections see the numbers of patients over 75 years of age increasing steeply. The service redesign work both in hospitals and in the community over the last 10 years has already delivered a 29% reduction in lengths of stay in hospital. It is hard to envisage significant opportunities to re-direct current acute hospital spend, rather there will need to be increased investment in community services if the hospitals are going to be able to keep up with the impact of the demographic growth.

Pre-Budget Scrutiny 2020-21 Additional Information (Cont.)

Set Aside Budgets (Cont.)

There are a number of ways to help reduce pressure on individual hospitals, however this would require a clear message to the public that they will need to travel to access the associated 'expert clinicians' and to access services in a very different way to that traditionally used – at all levels.

These include:-

- Increased use of new technologies
- explore and expand regional solutions
- invest in more patient led care solutions – including self management
- increased numbers of community led/accessed services
- more community based services traditionally only available in hospital, e.g. Hospital at Home

Without further changes to the current service models, the first priority for Acute Hospitals is, by necessity, to fund existing demand before any funding can be released on a recurring basis to fund new community health and social care services. These pressures include increasing demand, safe staffing and inflationary growth in supplies, in particular new drugs which are not fully funded mean cost pressures exceed funding uplifts.

Housing adaptations

We have a very positive working relationship with our Housing colleagues in South Lanarkshire. We believe a good quality home is at the heart of supporting independent living. For those who need care and support to be able to live their lives to the full, a home of the right type, in the right location at the right time, is a key requirement.

The population in South Lanarkshire is ageing. The number of households headed by someone aged 60 and above is projected to increase by 2% per annum, equivalent to an additional 5,500 households by 2022 (National Records of Scotland 2012-based household projections). Supporting people and households to live independently in their own home or a homely setting within the community is a core cross-cutting theme within '*Affordable homes, sustainable places*', South Lanarkshire's Local Housing Strategy (LHS) 2017-22 as well as South Lanarkshire Health and Social Care Partnership Strategic Commissioning Plan 2019 - 22.

Housing colleagues work closely with Occupational Therapists in the assessment of a tenant's home to ensure that every effort is made to support people to remain there and live as independently as possible with the right support. South Lanarkshire Council offers a range of housing options to help people to stay at home including the provision of equipment, adaptations, community alarms, telehealth, telecare and tele-support as well as home care, re-ablement and support services.

Over the three year period since 2016, a total of £15.587m has been spent by Housing Services on equipment, adaptations and the care of gardens to support people to remain at home. This is in addition to the expenditure on equipment and adaptations also provided by Social Work Resources totalling £10.269m over the three years.

Where the property cannot be adapted, we will discuss wider housing options which may include transferring to alternative accommodation which suits their needs. Re-housing options include mainstream, retirement, amenity, sheltered or very sheltered housing.

Pre-Budget Scrutiny 2020-21 Additional Information (Cont.)

Housing adaptations (Cont.)

Moving in with a relative or friend may be an option which can be explored for some individuals before considering a move to an extra care housing setting or a residential or nursing care home setting.

Similarly, when selecting applicants for a tenancy, every effort is made to allocate a suitable property based on their needs, and if appropriate, Occupational Therapists are involved to determine any additional adaptations required.

Advice, information and support is provided to enable people to make informed choices, with a focus on supporting people to remain in their own home. Assistance is also available to work intensively with people when a planned move to alternative specialist accommodation is necessary and agreed.

At section 5 of appendix 2, the development of 20 technology enabled homes for adults and older people is highlighted as part of the first phase of the innovative care facilities modernisation programme in South Lanarkshire.

Both strategically and operationally our experience of working with our housing partners has been very positive and we believe these working arrangements have been, and continue to be, effective and person-centred. We have actively monitored at a national level the debate on housing and adaptations and routinely taken the opportunity to contribute to this agenda.

Shifting the balance of care - Background

The closure of the care of the elderly Douglas ward at Udston Hospital first emerged as a proposal in 2016.

A whole system approach to redesign was undertaken with the establishment of a short life working group of key stakeholders. A clinical and operational assessment of the impact of the 30 bed ward closure was undertaken. The new alternative service model required following the ward closure was specified and included consideration of nursing care services, homecare services, allied health professional services, nursing services and pharmacy support.

The amount of the resource shift was calculated by costing the actual impact of the change from a “bottom-up” perspective and comparing the service costs before and after the change. The transitional arrangements agreed included financial support for potential double running costs during the implementation of the ward closure strategy during the three month period between January 2018 and March 2018.

From the start and throughout the process, partner consultation and involvement was key to the success of the transformational change.

Post implementation, financial and operational monitoring arrangements were established. The “notional set-aside budget” was also reduced to reflect the resource transfer.

The re-modelling exercise required to be forward looking and not retrospective. The “notional set-aside budget” does not capture the future cost of changes to direct service delivery. Of significance, there was no reference to the “notional set-aside budget” during the remodelling exercise.

The closure of the ward on 1 April 2018 resulted in a saving of £1.072 million which was available to be re-directed by the IJB in 2018/2019 in consultation with both partners.

- Approximately 66% of the funding (£0.701m) was transferred out of the notional “set aside” allocation to support direct health and social care services in the community. An additional £0.060m was also realigned from other budgets within the partnership to expand the community capacity. The funding of £0.761m was directed to additional home care services (£0.376m), community nursing staff (£0.243m), support workers (£0.060m), physiotherapist (£0.040m) and pharmacy support (£0.042m). This investment in the workforce was based on the outcome of tests of change in relation to the services required to provide a rapid respond at a time of crisis in order to prevent admission to, and facilitate discharge, from hospital.
- It was anticipated that the remaining wards would be operating at maximum capacity. It was therefore agreed that 17% of the funding (£0.186m) was re-invested in ward staffing in the acute hospital.
- A key benefit of the service redesign was that 17% of the original budget was also released back to Acute Services to help manage cost pressures across the “set-aside” service areas (£0.184m). Within Lanarkshire, the cost pressures on the “set-aside” services are managed by the Director of Acute Services and are not passed to the IJB.

Transformation and Change - Background

1. Modernisation of Primary Care Services

- 1.1. The modernisation of Primary Care Services and the General Medical Services Contract are two of the most significant planning and policy developments aimed at changing how services are developed and transformed to meet different demands in the future. The development of the primary care service is therefore a priority for Lanarkshire. South Lanarkshire IJB is the lead for this hosted service.
- 1.2. The Primary Care Improvement Plan is an ambitious transformational programme for Lanarkshire comprising of a range of workstreams covering the following:
 - digital plan
 - vaccination transformation programme
 - pharmacotherapy implementation plan
 - community treatment and care services
 - urgent care in-hours services and
 - premises.
- 1.3. In support of this agenda, the use of 'Attend Anywhere' has also been expanded between GPs and Acute Services to allow the more efficient use of resources.
- 1.4. The full 2018/2019 Primary Care Investment Funding was £5.649m. The 2019/2020 allocation will increase to £7.767m.

2. Lanarkshire Mental Health and Wellbeing Strategic Developments

- 2.1 Mental health and learning disability services are a hosted service led by North Lanarkshire IJB. Mental health and wellbeing is prioritised in both the South Lanarkshire and North Lanarkshire IJB Strategic Commissioning Plans. A Mental Health and Wellbeing Strategy is being jointly developed for Lanarkshire. The aim of the strategy includes the following:
 - improve access to mental health supports, including accessing services closer to home;
 - align physical health needs with mental health needs;
 - tackle stigma and discrimination;
 - further develop early intervention and prevention initiatives for all age groups; and
 - promote good mental health for all.
- 2.2 Transformation of mental health in primary care is also a priority in the Primary Care Improvement Plan.
- 2.3 The partnership currently has an integrated model of mental health care which offers appropriate supports to individuals at the right time. The primary care and mental health transformation programme has seen increased contributions from a wide range of healthcare professionals, increased access to the right help at the right time, GPs feeling more supported with this agenda, fewer unnecessary hospital admissions and an increased ability to self-manage. Distress Brief Intervention/crisis services have also been introduced to support staff in Accident and Emergency Departments and the Police to recognise and support people with mental health issues.
- 2.4 In 2018/2019, the mental health funding was £1.358m. This will increase to £2.099m in 2019/2020.

Transformation and Change - Background (Cont.)**3 Alcohol and Drug Partnership Strategic Developments**

- 3.1 On behalf of the South Lanarkshire Alcohol & Drug Partnership, NHS Lanarkshire is commissioning a lead provider to establish recovery hubs across the four localities of South Lanarkshire over the forthcoming three year period. The establishment of recovery hubs will strengthen the prevention infrastructure and reduce the levels of problematic alcohol and substance use, making recovery visible and embedding the values of healing, compassion, welcome and empathy within local communities.
- 3.2 The recovery hubs will include assertive outreach approaches to engage with and connect to the most vulnerable individuals. This will involve “first responders” having the capacity to be creative with engagement methods, shifting away from traditional responses. The recovery hub will link with key statutory partners, who will work collaboratively as part of a responder task force providing services that are trauma informed, accessible and have a focus on wellness. This will involve Police Scotland, Strathclyde Fire and Rescue Services, addiction psychologists and outreach harm reduction workers based within community hubs and working with peer led experience.
- 3.3 Continued engagement and awareness of individuals needs are paramount. A key component of the innovative service model is investing in volunteers and people with lived experience who will be supported by a psychological therapist to work in a trauma informed manner. The anticipated benefits of this programme include adopting a whole family approach, reducing stigma, increasing engagement, promoting pathways to employment, reducing the risk of homelessness, reducing the number of drug related deaths, strengthening collaboration across key partners with a focus on prevention and improving the health, wellbeing and resilience of individuals and communities.
- 3.4 Additional funding of £1.007m is being received in each of the three years 2018/2019 to 2020/2021 to reduce the morbidity and mortality caused by problem alcohol and drug use in South Lanarkshire. The new funding is being invested to meet the needs of individuals in a more joined up person centred way and will build on the current tiered model of intervention adopted by all four localities to date. Due to the lead-in time to establishing the new service model, the first year’s investment has been transferred to a ring-fenced reserve.

4 Locality Strategic Developments

- 4.1 The development of the locality model underpins the IJB’s strategic direction to support people to remain at home and in their communities and also to shift the balance of care from hospital and residential provision to community based alternatives. The locality model focuses on developing single points of access, seven day services, rapid and appropriate levels of response, enablement, rehabilitation, intermediate care, technology enabled care, discharge to assess arrangements, effective care management and end of life care.
- 4.2 As outlined in appendix 1, the closure of the ward in Udston Hospital allowed the reinvestment of £0.701m to enhance community support increasing the capacity of the rapid response short-term care at home teams and the integrated care and support teams. The assessment and care management systems have been remodelled and additional pharmacy support was also secured.

4. Locality Strategic Developments (Cont.)

- 4.3 The pathway for pharmacy discharge to the community is often fraught with issues. Funding was invested in pharmacy services to take forward a medicine alignment project. Medicine management on discharge from hospital was improved and opportunities were identified to 'swap' medicine for alternative equally effective drugs that require less homecare visits or can be self-managed. Within the financial envelope available, this work progresses.
- 4.4 The Integrated Community Support Team provides multi-disciplinary support from nurses, physios and home care staff on a 24/7 basis. This provides people with a single point of contact. A number of services are now moving towards 7 day working. This was highlighted in the Strategic Commissioning Plan consultation as an area for further development.
- 4.5 Within the rural area of Clydesdale, the Integrated Community Support Team-Acute Care Team comprises of nurses, allied health professionals and overnight home carers who provide home-based care and rehabilitation. The success of the joint working and enhanced relationships in this team has led to acute care being delivered by the team.
- 4.6 This highly innovative approach has allowed people experiencing acute infections or sudden deterioration in their health to be supported to remain at home - negating the need for an otherwise inevitable hospital admission. This truly integrated model has promoted a person-centred approach and enhances the experience for the service user and their family. Improved communication, reduced duplication and blurring of roles across services have contributed to improving the outcomes – and the lives – of people who have used this service. Within the resources currently available, this approach will inform future service delivery and improvements across the partnership.
- 4.7 At any one time, 12 patients are in hospital purely for intravenous antibiotics. Within the East Kilbride locality, an intravenous therapies initiative supports patients to receive treatment at home where they would historically have been admitted to hospital. This specialist service development is delivered through a multi-disciplinary team with Acute Services but primarily sits within the community. This is a potential area of growth however further investment would be required to expand this homebased intravenous therapies initiative at scale and at pace.
- 4.8 In NHS Lanarkshire we have based our Primary and Community Advance Nurse Practitioners (ANPs) on the national transforming roles guidance, with clear governance and support infrastructure in place. We are aligned to the West of Scotland Advanced Practice Academy and work in partnership with a wide range of differing professions across the whole health care system.
- 4.9 There are currently 12 ANPs working across Primary and Community Care in Lanarkshire, with future plans to increase the establishment. These posts will be skill mixed to incorporate Senior Advanced Practitioners and Senior Nurses, who will have managerial responsibility. This will further develop the infrastructure for the high level of clinical knowledge and skills with nurse led coaching and supervisory supports in place.

4. Locality Strategic Developments (Cont.)

- 4.10 We have concluded successful tests of change in GP practices, care homes, urgent in hours and out of hours care. ANPs are safely and effectively visiting patients at home, where the GPs would previously have carried out the intervention. ANPs also rotate in and out of Out-of-Hours services to create learning opportunities and to support the Out-of-Hours rota.
- 4.11 The South Lanarkshire innovative initiative to address speech and language inequalities won the prestigious national Quality Improvement Award 2018.

5 Modernising Care Facilities

- 5.1 There has been, and continues to be, widespread engagement with stakeholders and communities. The residents of South Lanarkshire have told us that they would prefer to be cared for in their own homes. As many of our community-based supports are strengthened, increasingly, people who might previously have moved into a care home on a long term basis because of ill health and/or increasing dependency can now be supported in their own home. The Strategic Commissioning Plan 2016 – 2019 therefore included a direction to the council to ‘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’.
- 5.2 South Lanarkshire Council (SLC) also approved the investment of £17.6m to replace the existing care homes with new care facilities. Plans are therefore being progressed to modernise the South Lanarkshire care facilities which will enable more people to be supported in their own homes following periods of extended rehabilitation in a purpose built facility.
- 5.3 The ongoing programme of modernising our care homes seeks to build on this desire for ‘home first’ care and support. The model of care being developed will enhance our ability to meet changing care needs, particularly in light of the significant population changes experienced to date and the future population changes projected. Crucially, the programme will also be built on the strong partnership foundations that are making the increase in independent living possible. The ambition is to improve people’s lives and offer real choice.
- 5.4 An investment in Hamilton/Blantyre marks out the first phase. It will focus on a state-of-the-art, new-build Care Hub facility which will serve South Lanarkshire and has four distinct elements:
- 20 transitional care beds for adults and older people. Transitional care offers short term support with the objective of allowing people to return home following a period of ill health or crisis. Transitional care can also be preventative, preventing hospital admission.
 - A centre of excellence – specialising in the training and development of health and social care staff. Although unique to the proposed Hamilton/Blantyre facility, this will support all localities.
 - A community-facing hub featuring: A café; Demonstration site (showcasing our telehealth technology and how it can improve lives); Guidance and support for unpaid carers; Linkage and signposting into a raft of community-based voluntary and third sector support.
 - 20 technology enabled homes for adults and older people.

5. Modernising Care Facilities (Cont.)

- 5.5 SLC approved the development of a second Care Hub to serve the Clydesdale locality. This Hub will include long term residential care beds and similarly will also offer transitional care. The Hub will replace Lanark's existing council run care home McClymont House which will continue to offer residential care until the new facility is built.
- 5.6 SLC also approved the continued development of proposals to site a third Care Hub in the Larkhall/Stonehouse area. Plans for this third Hub are at an early stage but like the above, they include proposals for short, long stay and transitional care – all supported by the robust infrastructure of the partnership. This includes a strong, community-facing ethos.
- 5.7 This is a key capital project which is being progressed by SLC to meet the IJB's commissioning intention. This strategic development increases the opportunity for people to access different care approaches and is in line with the Scottish Government's 2020 vision to shift the balance of care so that more people are looked after in their own home or in a homely setting. The focus is very much on the aforementioned desire for people to remain at home when possible and appropriate. It is also anticipated that this strategy will support the increasing number of unpaid carers in our communities.

6 Support for Carers and Community Developments

- 6.1 The Carers (Scotland) Act 2016 aims to support carers' health and wellbeing and help make caring more sustainable. In 2018/2019, the number of registered carers increased by 514 (17.4%) from 2,949 to 3,463. A Planning and Development Officer was appointed in January 2019 and the partnership's Carers Strategy was updated for 2019 - 2022. Recognising that a short breaks service statement is one of the IJB's new statutory duties, South Lanarkshire was part of the national group which developed the guidance for all local authorities. In 2019/2020, providers will be invited to tender for the delivery of carer support services, information and advice, short breaks, consultation and engagement, training, practical support and assistance for adult and young carers.
- 6.2 The IJB continued to allocate £0.650m to the third sector to promote early intervention and prevention activities. In partnership with VASLan, the third sector and South Lanarkshire Leisure and Culture, a range of innovative initiatives were taken forward which included physical activity prescribing programmes to support people to take responsibility for their own health and wellbeing, particularly young people. These activities have had a positive impact on people's mental health and wellbeing.

7 Re-designation of Community Hospital

- 7.1 Local GPs were no longer able to provide medical input at the community hospital in Clydesdale. As a result, inpatient services were withdrawn and the hospital was formally re-designated as a community health and social care services base from which alternative services are provided. Extensive stakeholder engagement is ongoing with local community groups to shape the future health and social care delivery in Lanark and the surrounding areas, in line with the IJB's Consultation and Engagement Framework which takes account of and applies the seven national standards for community engagement.

7. Re-designation of Community Hospital (Cont.)

- 7.2 As well as being able to support more people at home, there has been reduced numbers of delayed discharges, performance in relation to hospital flow in Wishaw Hospital has improved and the number of unscheduled care bed days has continued to reduce.
- 7.3 The Think Activity Project, which combats the impact of sedentary behaviour within a hospital setting, was pioneered in the community hospital in Biggar and won the Scottish Health Award. The learning from this pioneering project is being shared with other teams across acute and community hospitals within Lanarkshire.

8 Palliative Care Service Strategic Developments

- 8.1 The range of drop-in, day and out-patient palliative care services provided by the Kilbryde Hospice moved to the purpose built hospice in East Kilbride in 2015, which also provided a base for the nurse-led care at home service. In April 2018, the South Lanarkshire IJB commissioned 12 inpatient beds at the Kilbryde Hospice to provide care for individuals at difficult times in their lives. This facility also complements the community supports and services which are already in place and reflects the preferences of people – expressed during the review of palliative care services – to receive end of life care in their own home.
- 8.2 The St Andrew's, Kilbryde and Strathcarron Hospices were successful in a bid to secure an award from the National Lottery Community Fund to establish a partnership project, Compassionate Lanarkshire, for a period of three years. The aim of the project is to support vulnerable and isolated individuals and families in Lanarkshire who are affected by a life-limiting illness such as cancer, chronic obstructive pulmonary disease, heart disease and progressive neurological conditions. The lottery award will be match funded by the IJB and, including the contributions from each hospice, over £1m will be available over the three years to ensure individuals living with life limiting conditions and their families have increased access to specialist palliative care support both in their own homes and their communities.

9 Housing Services Strategic Developments

- 9.1 Sustainable housing is recognised as vital in enabling people who are frail, vulnerable or disabled, to be supported to live within the community, this helps to reduce and prevent unplanned hospital admissions and enable timely returns when people are fit to go home. The Affordable Housing Supply Programme has significantly increased the supply of suitable, affordable and sustainable housing across South Lanarkshire, delivering on average 270 new affordable homes per year (2016 - 2019). This has included new homes built to Housing for Varying Needs standards, as well as specially adapted homes to meet the particular housing needs of disabled people and families.
- 9.2 Approximately, 1,600 homeless households were supported through homelessness, including people with multiple complex needs and 1,100 homeless households were provided with a permanent home. On average, 1,603 adaptations were completed across private (533) and council (1,070) homes each year. These adaptations enable people and households with particular needs, including older people and people with mobility needs and disabilities, to continue to live independently within their own homes in the community.

10 Social Care Services Prioritisation/Eligibility Framework

- 10.1 In line with the national joint Scottish Government and COSLA guidance on eligibility, which ensures that resources are targeted at those most in need, and taking into consideration the Self-Directed Support Act, the Carers Act and free personal care for individuals under the age of 65 years, the IJB approved the implementation of a prioritisation/eligibility framework which stratifies four levels of needs and risks.
- 10.2 The implications of the prioritisation framework will depend on individual service users' needs going forward. Cost avoidance assumptions have been reported by the partner to the IJB and these will be monitored throughout the year as part of the development of the future financial strategy.

11 Improvement agenda around Home Care delivery

- 11.1 Following a homecare mobile/agile working review, new digital technology was rolled out to social work to enable homecare staff to access and input real-time information on clients. This is intended to improve the accuracy of information available to social work staff and increase productivity by reducing paperwork and duplication of work when recording case details.
- 11.2 In addition to the use of mobile technology by home care services, a new scheduling system is currently being procured by SLC to further improve this functionality.

12 Day Opportunities Review

- 12.1 There are 19 day care centres across South Lanarkshire, 13 focused on providing support for older people and 6 for adults. The property estate is in very good condition. Although the variation in use ranges from 56% to 69% across localities, dependency levels are increasing due mainly to the prevalence of dementia. A Neighbourhood Networks pilot has also been established.
- 12.2 Over the coming year, a review of day opportunities is being undertaken to support people's personal outcomes. This will involve key stakeholders in the development of a model which will be more responsive to supporting the individual's preferences and also be agile in meeting future demand for the next 10 years and beyond, in line with the strategic direction.

13 Technological Advancements

- 13.1 The South Lanarkshire and North Lanarkshire IJBs are committed to implementing digital technology to help people to manage their own health and well-being at home and in the community and to support staff to work efficiently.
- 13.2 The extension of technology enabled care has been very successful in supporting an increasing number of the population to self-care and self-manage through simple smart technology and applications from their mobile phones. This includes home health monitoring and 'Attend Anywhere' where care can be supported remotely. The partnership and the hospices have also explored the use of the ECHO technology to support illness and end of life care.

13. Technological Advancements

- 13.3 There are Telehealth champions in each locality and the partnership has also been successful in attracting Scottish Government funding to expand the technology enabled solutions across Lanarkshire. In total, £1.712m will have been made available over the four years from 2016/2017 to 2019/2020. This funding however is non-recurring. The roll out of the new technology to allow people to monitor blood pressure at home, thereby reducing the need for GP consultations and securing more accurate readings, is an exemplar outcome which was shared with the Cabinet Secretary for Health and Sport during a recent visit to the Hunter Health Centre in East Kilbride.
- 13.4 A key strategic priority is the development of the SMART/technology enabled care demonstration site which is being funded by the Scottish Government. This development, which is aimed at supporting older, frail adults and their families on the use of technology, will inform the modernising care facilities strategy highlighted at section 5.
- 13.5 Scotland's Digital Health and Care Strategy outlines the need for a national digital platform and a once for Scotland approach. The partnership's digital vision also aspires to this ambition. In July 2018, a Federated Trust was formed between the South and North partnerships and NHSL to take forward the technical work which will allow staff across Lanarkshire to communicate effectively across digital platforms. Replacing the community health system (MIDAS) and improving Wi-Fi access are also key priorities for NHSL and both partnerships.

14 Early Intervention and Prevention Strategy

- 14.1 Over recent years there have been significant legislative and policy developments which focus on the principles of empowerment and self-determination and recognise the need to build strong and resilient communities. In early June 2017, a conversation was facilitated across key stakeholders within South Lanarkshire to recognise the strengths and assets within communities and to explore how the partnership can best serve the communities' needs. This led to the Building and Celebrating Communities (BCC) programme.
- 14.2 A research project conducted by the University of the West of Scotland concluded that there is strong support, particularly at the senior level, for the partnership's approach to supporting community health and resilience whilst mitigating resource constraints. The BCC approach is considered to be particularly appropriate in South Lanarkshire as a mechanism for addressing the challenges of poverty, economic stress and service provision across diverse communities. Population ageing was identified as a major challenge, alongside isolation and loneliness for both older and young people. A high degree of alignment was perceived between the BCC approach and the statutory priorities in relation to the health and well-being outcomes, clinical excellence and the integration of health and social care. The priority moving forward will be to secure the resources to put BCC into action.

15 Urgent Care Out of Hours Services Review

- 15.1 A national independent review of Urgent Care Out of Hours (OOH) was commissioned by the Scottish Government in 2015. This was due to the challenges emerging nationally in the ability to deliver services out of hours mainly as a result of the reduction in the number of GPs prepared to work in the OOH period. This review was led by Sir Lewis Ritchie.
- 15.2 The OOH Service is a hosted service led by the South Lanarkshire IJB. The review resulted in a new model of delivery for Lanarkshire which was an Urgent Care Resource Hub in Hamilton supported by an Urgent Care Centre in Airdrie Health Centre, Airdrie.
- 15.3 Within the OOH Service, a significant number of mitigating actions are in place to address the workforce issues in an ever changing and challenging environment. This includes the commitment to expand the nursing service in order to address GP sustainability problems alongside a range of other initiatives which continue to be progressed.
- 15.4 Despite pro-active action being taken by the partner to maintain service availability, due to the lack of GP cover, the OOH Service has had to consolidate on one site (Hamilton site) 12 times in 2018 and four times so far this year. Patient and staff safety is the overarching priority.
- 15.5 The GP sustainability issues for the OOH Service are also mirrored in the In Hours Service with a number of GP practices experiencing challenges in terms of sustainability. In addition to this, OOH Service challenges are also attributed to a range of other issues for example, changes in pension arrangements, fewer doctors prepared to work unsocial hours and fatigued from working daytime hours.
- 15.6 A support group has been formed to ensure staff and clinical governance is maintained while there are workforce challenges within the OOH Service.

16 Monklands Replacement / Refurbishment Project

- 16.1 The Monklands Replacement / Refurbishment Project is an exciting and positive vision for the University Hospital Monklands and the local and wider community it serves. This is a major investment in the Lanarkshire hospital estate. The Monklands of the future would support the required clinical model of how clinicians will treat patients in the future.
- 16.2 It would also meet the objectives set out in the NHSL Healthcare Strategy Achieving Excellence, which sets out the following ambitions:
- to shift care away from inpatient treatment to day case, day treatment, outpatient and community care;
 - to develop pan-Lanarkshire hospital centres of excellence; and
 - to support the healthcare needs of the wider West of Scotland.
- 16.3 The indicative timescales include approval of the outline business case mid-2019 and full business case approval in 2020.

Linking budgets to outcomes – Additional Information

Contribution analysis is a theory-based approach to evaluation which can be applied under conditions of complexity. Contribution analysis is based around a defined series of steps³ as follows:

1. Set out the question(s) to be addressed.
2. Develop a theory of change and risks to it.
3. Gather existing evidence.
4. Assemble and assess the contribution narrative and challenges to it.
5. Seek out additional evidence.
6. Revise and strengthen the contribution narrative.

Linking inputs to outcomes is known as the 'theory of change' i.e. mapping out how the inputs and activities were expected to contribute to the outcomes to be achieved. Outcomes can be analysed as short, medium or long-term. It is possible that other things may also contribute to the outcomes and you can gather evidence to support or discount their influence. External factors can also often influence the changes brought about. This is similar to trying to control different variables in randomised controlled trials. Contribution analysis can be used where it is clear that multiple interventions might affect outcomes and when it is not feasible to design an 'experiment'. The other benefit is that evidence of links from different inputs can be brought together around the outcomes to create a story about all of the contributions.

Contribution analysis is therefore designed to be used alongside theories of change that explicitly set out how change is, or was, supposed to happen. Normally, these theories of change are developed as pathways showing how change or activities lead to outputs, intermediate outcomes and eventually impacts. Contribution analysis does not seek to conclusively prove whether, or how far, a development intervention has contributed to a change or set of changes. Instead it seeks to reduce uncertainty. The aim is to produce a plausible, evidence-based narrative that a reasonable person would be likely to agree with. It can also be used for learning, to improve performance and accountability for monitoring and evaluation purposes. Contribution analysis is particularly useful in fields of work such as research, policy influencing, capacity development and mobilisation, where there are often many different contributors to change.

Contribution analysis offers a step-by-step approach designed to help managers, researchers, and policymakers arrive at conclusions about the contribution their program has made, or is currently making, to particular outcomes.

The essential value of contribution analysis is that it offers an approach designed to reduce uncertainty about the contribution the intervention is making to the observed results through an increased understanding of why the observed results have occurred, or not, and the roles played by the intervention and other internal and external factors.

The report from a contribution analysis is not definitive proof but rather provides evidence and a line of reasoning from which we can draw a plausible conclusion that, within some level of confidence, the program has made an important contribution to the documented results.

³Mayne 2001 pages 8 to15