



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
28 FEBRUARY 2017**

**REPORT ON: NATIONAL HEALTH AND SOCIAL CARE DELIVERY PLAN**

**REPORT BY: CHIEF OFFICER**

**REPORT NO: DIJB7-2017**

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to provide the Integration Joint Board (IJB) with an overview of the recently published national Health and Social Care Delivery Plan, and to set out how requirements relevant to the Health and Social Care Partnership (HSCP) are being addressed.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of the national Health and Social Care Delivery Plan (attached as appendix 1) and local arrangements for responding to this.
- 2.2 Remits to the Integrated Strategic Planning Group (ISPG) to confirm that the detailed commitments made within the delivery plan are fully reflected within the Partnership's Strategic and Commissioning Plan and Strategic Planning Group Commissioning Statements.
- 2.3 Remits to the Chief Finance Officer to ensure that future performance reports submitted to the Performance and Audit Committee fully incorporate the local improvement objectives in relation to the six areas of performance set out at 4.3.4.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

### **4.1 Health and Social Care Delivery Plan Overview**

- 4.1.1 In December 2016 the Scottish Government published the national Health and Social Care Delivery Plan, which sets out a programme of work to further enhance health and social care services towards the aim of "*a Scotland with high quality services, that have a focus on prevention, early intervention and supported self-management.*" The plan sets out expectations of significant step-change towards transformation of health and social care services by 2021.
- 4.1.2 Whilst the delivery plan has a focus on health services, it also recognises that for the Government's aspirations to be delivered that "*change must take place at pace and in collaboration with partners across and outside of the public sector, and that partnership working is essential for planning that will deliver the actions described.*" The plan recognises that capacity, focus and an appropriately skilled workforce will be required to address the increasing pressures on health and social care services stemming from our changing society, particularly those pressures associated with more people living longer and with long-term conditions.
- 4.1.3 The delivery plan sets out the Government's intention to focus on three areas which it believes will have the greatest impact on delivery and achieve transformational change over the next five

year period. The 'triple aim' of 'better care', 'better health' and 'better value' is to be delivered through four major programmes of linked activity: health and social care integration; the National Clinical Strategy; public health improvement; and, NHS Board reform. An integrated performance framework is to be developed early in 2017 for the different component parts of the delivery plan.

- 4.1.4 **Better care** is focused on improving quality of care by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all. This approach seeks to ensure that people get the right help at the right time, are involved in all aspects of their care through person-centred, safe and effective services. Better care also places an emphasis on care planning that anticipates health and social care needs, focuses on prevention and early intervention and further enhances the role of Community Health Services. Better care is aligned to the Partnership's strategic priorities and shifts for early intervention / prevention, person centred care and support, models of support / pathways of care and managing our resources effectively.
- 4.1.5 **Better health** is focused on improving health and wellbeing by promoting and supporting healthier lives, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management. This includes equal importance being placed on physical and mental health and approaches that promote key public sector services (such as health, social care and education) working together systematically to create a culture in which healthy behaviours are the norm. Better health is aligned to the Partnership's strategic priorities and shifts for health inequalities, and early intervention and prevention.
- 4.1.6 **Better value** is focused on increasing value from, and financial sustainability of, care by making effective use of available resources and efficient and consistent delivery that focuses resource on where it achieves most and on prevention and early intervention. This approach seeks to promote a culture of improvement, innovation and accountability and to ensure that services are organised and delivered at the level where they can provide the best, most effective services for individuals, including shifting the balance of services towards the community. Better value is aligned to the Partnership's strategic priorities and shifts for early intervention and prevention, and managing our resources effectively.

## 4.2 Key Implications for Health and Social Care Partnerships

- 4.2.1 The delivery plan sets out wide ranging ambitions and commitments under the four major programmes of work identified at 4.1.3, all of which have implications for the functions delegated to the Partnership. The delivery plan is directed to driving forward step-change at a national and local level in the integration of health and social care services.
- 4.2.2 The delivery plan sets out the expectation that Health and Social Care Partnerships will continue to plan and deliver well co-ordinated care that is timely and appropriate to people's needs, with care needs being better anticipated in order that fewer people are inappropriately admitted to hospital or long-term care. In support of this the delivery plan identifies three specific areas of focus for which Partnerships will be accountable for:

1. Reducing inappropriate use of hospital services
  - **Unscheduled care and delayed discharge:**
    - Making full use of powers and responsibilities to shift investment into community provision by reducing inappropriate use of hospital care and redesigning the shape of service provision across hospital, care home and community settings;
    - Raising performance across the whole of Scotland on delayed discharge to the performance of the top quartile of local areas, as a step to eliminating delayed discharge, reducing unscheduled hospital care and shifting resources into primary and community care;
    - By 2018, reducing unscheduled bed-days in hospital care by up to 10% by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital.
  - **Palliative care:**

- By 2021, ensuring that everyone who needs palliative care will get hospice, palliative or end of life care, all who would benefit from a 'key information summary' receive one, and more people will have the opportunity to develop personalised care and support plans;
  - By 2021, doubling palliative and end of life provisions in the community, resulting in fewer people dying in a hospital setting.
2. Shifting resources to the community:
    - By 2021, increase Partnerships spending on primary care services to 11% of the frontline NHS Scotland budget.
  3. Supporting the capacity of community care:
    - Continuing the programme of work to deliver change in adult social care sector with COSLA and other partners through work to reform the National Care Home Contract, social care workforce issues and new models of care and support in home care.
- 4.2.3 The programme of work under the National Clinical Care Strategy aims to achieve an integrated, re-balanced service that is more responsive and supportive to the needs of individuals. In primary and community care activity is focused on building capacity (particularly in GP practices and the associated multi-disciplinary workforce) and supporting the development of new models of care within GP provision, out-of-hours provision and mental health. Similarly to the areas of focus for health and social care integration (see 4.2.1) in secondary and acute care the National Clinical Strategy focuses on reducing unscheduled care, improving scheduled care and improving outpatients.
- 4.2.4 The delivery plan recognises the challenges to public health that arise from lifestyle behaviour, the modern environment and wider social-cultural factors that act to prevent positive health choices being made and sustained. The plan sets out work that will be undertaken to support a new set of national priorities and support key public health issues (particularly smoking, alcohol, obesity and physical activity). This includes a specific focus on improving access to mental health support by increasing capacity and reducing waiting times, and on the effectiveness and sustainability of models of supporting mental health in primary care.

### **4.3 Local Response to the Delivery Plan**

- 4.3.1 The aims and priorities set out in the delivery plan are strongly reflected in the Partnership's Strategic and Commissioning Plan as described at 4.1.4 to 4.1.6. Strategic Planning Groups (SPGs) across the Partnership will undertake a further exercise, under the direction of the Integrated Strategic Planning Group (ISPG), to confirm that the detailed commitments made within the delivery plan are fully reflected within their own strategic commissioning statements.
- 4.3.2 During 2017 the delivery plan indicates that there will be new/refreshed national strategies, plans and/or guidance for: oral health; health literacy; alcohol; mental health; digital health and social care; and, physical activity and health and social care workforce planning. As these emerge Strategic Planning Groups will review their content to ensure appropriate alignment with strategic and commissioning plans (both Partnership wide and for specific SPGs), reporting back to the ISPG as required.
- 4.3.3 The delivery plan sets out a clear commitment to enhance services and improve performance in relation to unplanned admissions, unscheduled care, delayed discharges, end of life care, and the balance of spend across institutional and community services. National benchmarking data and the Partnership performance information for 2016/17 quarter 2 indicates that Dundee is currently demonstrating variable performance across national indicators in these areas (see appendix 2 attached and Performance & Audit Committee Report PAC3-2017).
- 4.3.4 In January 2017 the Scottish Government wrote to Partnership Chief Officers to indicate that the Ministerial Strategic Group for Health and Community Care has agreed that during 2017/18 Partnership performance in relation to unplanned admissions; occupied bed days for unscheduled care; A&E performance; delayed discharges; end of life care; and, the balance of spend across institutional and community services will be tracked (see appendix 2 – Measuring Performance Under Integration letter from the Scottish Government & Cosla dated 19 January 2017). Each Partnership has been invited to set out local objectives against indicators for each

area by the end of February. Officers are currently developing a response to this request and it is proposed that a detailed report setting out improvement targets and timescales will be submitted to the Performance and Audit Committee in due course. This will include how the Partnership will meet the improvement targets set out within the national delivery plan for delayed discharge, unscheduled bed days, end of life care and the balance of spend.

- 4.3.5 A set of statements is provided (in appendix 1 of the delivery plan) articulating what will be different at an individual, community, regional and national level in a transformed health and social care system. These will be considered within ongoing discussions regarding the development of local outcomes and indicators within the Partnerships' multi-tiered performance framework.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

## **6.0 CONSULTATIONS**

The Chief Finance Officer, Professional Advisors to the Integration Joint Board and the Clerk were consulted in the preparation of this report.

## **7.0 BACKGROUND PAPERS**

None.

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Chief Officer

DATE: 6 February 2017