

**Appendix 1.**

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## FOREWORD



### Foreword by Chief Officer

This is the final refresh of the Integration Joint Board's Strategic Commissioning Plan for 2016 – 2019. The original plan can be accessed [here](#) and the 2017 – 2019 refresh can be accessed [here](#).

A great deal has been achieved to date as can be seen in performance reports that are regularly reported to the Integration Joint Board and can be accessed on the Orkney Health and Care website [here](#). In addition, a full Strategic Commissioning Plan Performance Update for 2016 – 2017 was published in June 2017 and can be found [here](#).

The Integration Joint Board still has a lot to achieve in Orkney to respond to the changing needs of our population – children, young people, adults – who need additional support, and to deliver improvement in each of the nine health and wellbeing outcomes, as set by the Scottish Government. All of this has to be achieved in a context of reducing finances for public services. To meet these challenges the Integration Joint Board has to be creative, prepared to think differently and prepared to take forward change, working with partners and stakeholders in the community. In addition, the Integration Joint Board has to raise the profile of the need for law, policy and guidance to be Island Proofed so that the demand is placed on us are reasonable and achievable.

This document sets out the refreshed plan. It does not repeat what has already been written and can be accessed elsewhere, rather it focusses on the change ideas that will be developed and explored over the coming year, and the most important measures of the effectiveness of what is being delivered. I hope it gives readers a clear sense of the direction the Integration Joint Board sees services in Orkney taking, which is a direction that is focused on people, place and purpose.

A handwritten signature in black ink that reads "C. Sinclair".

**Caroline Sinclair**

Chief Officer

## 1. Executive Summary

The purpose of the strategic commissioning plan is to assist the integrated health and social care partnership to assess and forecast the needs of the population and link investment in community based health and social care services to outcomes which meet those needs.

The plan recognises the need to get best value for investment in services by monitoring spend in relation to quality outcomes.

It does not attempt to direct the operational detail as to how services will deliver on the outcomes. Rather it outlines the financial envelope available for each service and directs providers as to the next steps necessary in a journey towards achieving quality health and social care services, within the context of the population, and political and economic challenges we encounter.

The integrated health and social care partnership will continue to invest in statutory provision for health and social care with regard to protection of children and adults who may be at risk and the provision of statutory criminal justice services.

The integrated health and social care partnership will continue to evaluate the way it invests in care to those with the greatest health and social care needs to ensure efficiency and best value.

During the course of 2017 – 2018 the Integration Joint Board members have considered, through a number of development sessions, ways in which services could be re-shaped for the future. This vision is informed by feedback from communities, staff and stakeholders.

### **The Integration Joint Board's vision is that services are focused on people, place and purpose.**

Underpinning the Board's vision is a commitment to this being delivered in partnership with people who use services, their families and carers, staff and across sectors including the statutory and third sectors.

The directions in this plan have focused on particular service areas which the Board feels are ready for change and development and/or have the potential for significant, positive impact on improving outcomes for the individuals who use our services and their families. Where the plan does not set out a specific area of service change the Board's direction is for that service to continue to be delivered at a strategic level in line with current service provision and within the financial envelope outlined in the plan. Details of service change will be presented to the Board for consideration in the form of service specific plans throughout the year.

In addition to the areas the Board has set out below, there will of course be law, policy or guidance changes that emerge during life of the plan, that have not been included. The Board wants to see any necessary changes implemented in-year as

and when required. However, Orkney is a unique place and sometimes centrally directed ideas don't fit our geography, our people or our services, so the Board wants to see locally focused thinking and an island proofed approach at the forefront of any changes that are made.

The Board will also continue to work alongside NHS Orkney and Orkney Islands Council in wider services planning and will take account of and participate in the regional planning for health and social care as a member of the North group.

[Appendix 1](#) to this plan sets out the financial framework of the IJB.

[Appendix 2](#) to this plan sets out the performance framework that will be used to monitor the impact the plan is having on outcomes for people.

## **2. Services Focused on People**

In consulting stakeholders on what health and social care services should look like for the future in Orkney, as well as wanting to see adequate levels of service to meet their needs, people also wanted the staff they come into contact with to have ready access to all their care and health needs information, so they don't have to repeat themselves. They want the services they receive to feel joined up, and they want to see as few different people as possible, so they can get to know their 'care team'. In Orkney we know the demographic challenges we face and so we also have to plan services to meet the growing demands of our increasingly elderly population.

Place holder for Demographic graph to go here.

### **2.1. What this means for the people who use our services**

To support delivery of services focused in people the Board wishes to see the following commissioned from NHS Orkney, Orkney Islands Council and third Sector services in Orkney:

Children getting the best start they can in life through maternity services implementing the 'Best Start' maternity recommendations.

A review of services for Looked After Children in light of the rising numbers and changing nature of needs. The Board wants to be assured that the needs of our most vulnerable children and young people re being supported appropriately and organisations are meeting their Corporate Parenting responsibilities.

Access to services made as easy as possible by enabling people to self-refer and enabling parents and guardians to refer children in their care.

A reduction in the amount of duplication of information collection that people who receive services experience. This is to be achieved through health and social care services routinely sharing Single Shared Assessments, with appropriate agreement.

Carers getting the support they are entitled to through the implementation of the Carers (Scotland) Act 2016. In addition Carer Support Plans are to be routinely shared across involved health and care services, with appropriate agreement.

Place holder for Stats on local carer number info box here.

More effective care pathways when a hospital admission is involved through Individuals and, crucially, patient's families and carers, routinely involved in care decisions.

People will not be in hospital longer than necessary. Discharge process will be dynamic and people will return home or to an appropriate homely setting as soon as practicable so they can recover and rehabilitate as best possible, with the right longer term care team around them.

There will be improved links between mental health and primary care services and easier access to mental health services when GPs wish to refer patients.

Place holder for stats on mental health info box here.

Health and Care staff engaging in routine multi-disciplinary team meetings to discuss best care for those they are supporting. Involved third sector services should be part of these processes.

All services that are commissioned by the Board employing some form of service user, patient, carer feedback process so views can routinely be considered and services improved in an ongoing manner.

A reduced reliance on relief and locum staffing in the services commissioned by the Board so people can get to know their care team, with fewer changes.

## **2.2. What this means for people who deliver services**

Staff can readily share information across service boundaries with appropriate consent. It will be clear to staff how to do this.

Different types of work roles will be developed that offer the opportunity to work across traditional health and social care boundaries. These roles will be more focused on providing a holistic services to people who use health and social care services. The Integration Joint Board is commissioning NHS Orkney and Orkney Islands Council to develop these roles in a way that will provide opportunities for career progression in both health and social care services.

The health and social care workforce of the future will routinely include third sector and volunteers as part of the core team. Team meetings, training and information sharing will support all team members equally to be valued contributors to the service. This will require to be underpinned by appropriate policies, procedures and protocols for information sharing, insurance and other such essential underpinning matters.

## **2.3. How we will measure progress**

The following measures will be used to review progress:

Success in implementation of the 'Best Start' guidance in maternity services as measured and reported by maternity services.

Output of the review of services for Looked After Children presented to the Board by August 2018.

Numbers of people who experience a delay in being discharged from hospital and numbers of hospital bed days lost to delays.

Implementation of the Carers (Scotland) Act 2016 as measured using the Scottish Governments self-evaluation toolkit and reported to the Carers Strategy Group.

People who use services reporting the experience as feeling well 'joined up' between health and social care services.

The Board also wants to see all the services it commissions routinely making use of measurement as a means of understanding and improving the services they provide.

### **3. Services Focused on Place**

Stakeholders told us that they wanted services to be locally available and they did not want to have to travel unnecessarily to access services. This means different things at different times. Sometimes it means services delivered in Orkney instead of in another area, sometimes it means being able to access a service on your own island or in your own local area instead of having to travel to Kirkwall, and sometimes it means being able to have a service at home, instead of in another setting.

Place holder for Graph on SDS usage to go here.

#### **3.1. What this means for the people who use our services**

To support delivery of services focused on place the Integration Joint Board wishes to see the following commissioned from NHS Orkney, Orkney Islands Council or third Sector services in Orkney:

Delivery of services should be focused on delivery at community or locality levels and as close to home as possible. This has to be balanced with services effectiveness and efficiency. Technological solutions to prevent unnecessary travel are to be maximised.

Staff and services should be located in local community hubs where ever possible. Hub arrangements should be inclusive of third sector services. These hub arrangements should be complementary to the vision set out by NHS Orkney in its Full Business Case for the new hospital and should make best use of the collective community assets of NHS Orkney, Orkney Islands Council and other Community Planning Partners. This applies equally to the isles.

The services that are delivered in the community, particularly the nursing and allied health professional services, are to be reviewed to ensure they support the model of care for the new hospital. Opportunities to shift services from the hospital and into the community are to be identified and over the year transition plans for any changes are to be developed and tested.

### **3.2. What this means for people who deliver services**

The idea of shared work spaces available to health and social care staff in localities will be further developed to better promote close multi-disciplinary working. There is good evidence that shared work spaces promote closer and more co-operative working between disciplines and improve communication, all of which impacts positively on service delivery. These work spaces need to be set up in a way that enables staff to access the information and systems that they need. The Partnership commissions NHS Orkney and OIC to carry out a review of current arrangements to establish how they can be improved to enable staff to work more efficiently.

Staff will routinely consider and make use of a range of technology options to deliver services, where this is appropriate.

Staff in community based services may be undertaking further roles. Any implications of this including training and workforce planning implications must be fully considered by the employing body so that the cost implications can be understood by the Board.

### **3.3. How we will measure progress**

The following measures will be used to review progress:

Delivery of the Primary Care Implementation Plan, which is the plan that sets out how the new GP contract will be delivered.

A shift towards multi-disciplinary locality hubs through an increased number flexible work spaces available in existing community settings.

Usage of technological service delivery options to be increased.

A transition plan to support the new hospital.

## **4. Services Focused on Purpose**

Stakeholders told us that they want to see services available locally or as close to home as possible and that are well aligned to local health and care needs, rather than national models, or traditional distribution and types of services. They also wanted to see services focused on the right intervention at the right time in their health or care pathway of need.

### **4.1. What this means for the people who use our services**

To support delivery of services focused on purpose the Integration Joint Board wishes to see the following commissioned from NHS Orkney, Orkney Islands Council or third Sector services in Orkney:

First and foremost people in the community will be supported to be self caring and self managing as best possible. There will be ready access to online information to support people, particularly those with long term conditions, in this.

In line with the implementation of the new GP contract, there will be more direct access to pharmacy, mental health and allied health professional services for



people, so that they do not have to be delayed waiting for the GP to act as gatekeeper to all services. In addition, the GP provision arrangements across Orkney are to be reviewed to take account of the new contract and the health needs of the population.

The Single Point of Referral put in place through a previous iteration of the plan is to be further promoted so that individuals know where to access the system.

Anticipatory Care Plans are to be offered routinely to those with complex and co-occurring conditions.

Residential care services are to further develop their ability to offer intermediate or step-up-step-down forms of care.

A re-ablement focused approach is to be embedded within services that support people in the community.

Prescribing practice across Orkney will become more standardised and variation will be significantly reduced.

Services for children and young people will show a clear focus on the provision of early and preventative intervention services, in partnership with other local service providers.

Services on the isles will be reviewed to ensure that they meet the needs of the isles populations.

People will be supported to have end of life care in an appropriate setting where and the pathway for end of life care will be reviewed to ensure that there is scope for provision of this services across Orkney, including on the isles.

Social care services maintained at the current level which allows for provision of service to people who have critical and substantial level of needs.

## **4.2. What this means for people who deliver services**

Staff will know how to access the community services directory and the Single Point of Referral system.

Staff will have access to predictive tools such as the e frailty tool to help identify people who are at risk of declining health and wellbeing so that services can be effectively targeted.

The Active and Independent Living programme will be implemented to support people at the right time in their health journey.

Staff who are involved in changing types of service delivery will be involved in developing these plans.

## **4.3. How we will measure progress**

The following measures will be used to review progress:

Take up of e frailty tool.

Delivery of the Active and Living programme in such a way that it suits the local priorities and needs.

A locally developed and appropriate palliative care strategy which includes a clear pathway of care.

## **5. The Way Ahead**

This plan covers a one year period. During the course of 2018/2019 the Integration joint board will work on developing a new three year plan for the period 2019/2022. Working through the Strategic Planning Group and in consultation with stakeholders this plan will set out the future shape of health and social care services within the Boards remit. There are a number of key things that will need to be in place to support the delivery of more efficient ways of working and improved services that are outside the control of the Board. Accordingly the Board will raise the following key enablers with the Scottish Government and the Orkney Partnership Board, which is the board of the Community Planning Partnership:

Good digital connectivity to enable innovative technology based ways of working.

Transport links that support and enable efficient service delivery.

Education and training that feeds into the workforce needs of the future.

Affordable housing for staff and we will contribute to the local housing strategy in relation to this.

Flexibility around some areas of regulation and registration which enables us to trust change and different ways of working.

Mental welfare of staff and unpaid carers is a key priority. We want to see the Orkney Partnership Board promote the mental welfare of the whole community.

## Appendix 1 – Financial Framework

In real terms, demand for health and social care services is rising, while available public spending is falling.

Over the coming years the Integration Joint Board will require to balance its ambitious commissioning decisions, to support change alongside a de-commissioning strategy, that enables NHS Orkney and Orkney Islands Council to deliver year on year efficiencies to sustain priority services. This means that carrying on with 'business as usual' is not sustainable and will impact on our aspiration to improve outcomes as described within this plan.

It will be necessary for services to demonstrate that they make a positive impact on delivering the outcomes that matter and they are cost effective. If they cannot demonstrate this, the Integration Joint Board will look to have those services delivered differently, or not at all. Cost benefit analysis should become part of strategic planning.

The Integration Joint Board makes its financial planning assumptions based on awareness of the details of service provision during the planning stage. At times additional costs can be introduced mid year as a result of matters such as changing legislation, guidance or decisions by NHS Orkney or Orkney Islands Council to make new provision should this occur it will be required to have discussion to establish how these additional costs will be met.

Within the IJB there are payments made from the two parent bodies which are NHS Orkney and Orkney Islands Council.

The anticipated budget for financial year 2018/19 is as follows:

<b>Services.</b>	<b>Initial Budget £000.</b>
Orkney Islands Council.	XX,XXX.
NHS Orkney.	XX,XXX.
<b>Total.</b>	<b>XX,XXX.</b>

The Initial Budgets have been allocated to the following services as follows:

**Comment [SJ1]:** This will be updated by the Chief Finance Officer once the budget is known.

<b>IJB Summary.</b>	<b>Budget £000.</b>
<b>Support Services and Overheads.</b>	
Voluntary Sector Service Level Agreements excluding Commissioned Services.	
Children and Family Services including Child and Adolescent Mental Health Services.	
Prescribing.	
Elderly Residential, Supported and. Day Care.	
Disability Services	
Mental Health and Substance Misuse Services.	
Community Care.	
Occupational Therapy.	
Home Care.	
Criminal Justice.	
Community Nursing.	
Primary Care.	
Allied Health Professionals.	
Rehabilitation Services.	
Midwifery.	
Alcohol and Drugs Partnership.	
Inpatient Services - Unscheduled Care	
<b>Service Totals.</b>	

The services under each function and on which directions will be sent are as follows:

<b>Summary by Function.</b>	<b>Budget £000.</b>
<b>Support Services and Overheads.</b>	
Voluntary Sector.	
Children and Family Services.	
Prescribing.	
Elderly Residential, Supported and Day Care.	
Disability.	

<b>Summary by Function.</b>	<b>Budget £000.</b>
Mental Health.	
Other Community Care.	
Occupational Therapy.	
Home Care.	
Criminal Justice.	
Community Nursing.	
Primary Care.	
Allied Health Professionals.	
Rehabilitation.	
Midwifery.	
Alcohol and Drugs Partnership.	
<b>Totals.</b>	
<b>Support Services and Overheads.</b>	
Social Services Admin.	
Training and Staff Development.	
PARIS.	
Integration Joint Board.	
OHAC Administration.	
Apprentice Levy – IJB.	
Head of Children's Services.	
IJB Management.	
OHAC Service Managers.	
Health and Community Care Management.	
Equipment – Children's Services.	
Community Equipment.	
Joint Equipment Store.	
<b>Voluntary Sector</b>	
Contract Service (OMHA, Lunch Clubs).	
Grants to Voluntary Orgs.	
<b>Children and Family Services.</b>	
Childcare Resource Centre.	
Child and Fam Senior Staffing.	

<b>Summary by Function.</b>	<b>Budget £000.</b>
Children and Family Casework Staffing.	
Intensive Fostering Service.	
Children Fostered.	
Children Throughcare/Aftercare.	
Children Outwith Orkney.	
Childcare Partnership.	
Children's External Services.	
Child Protection Committee	
Children and Adolescence Mental Health Services.	
Adoption and Fostering Panel.	
Adoption.	
Summer Playscheme.	
Aurrida House.	
Family Focus.	
Aid to Persons (S.12) – Loans/Grants.	
Children in Need.	
Childcare Direct Payments.	
Child Protection Committee.	
Child and Adolescent Mental Health Services.	
Peedie Sea Centre.	
School Nurse.	
Speech Therapy.	
Health Visitors.	
<b>Prescribing.</b>	
Vaccination and Immunisation.	
Pharmacy Community.	
Pharmaceutical Cash Ltd.	
Pharmaceutical. Prescribing Unified.	
Pharmaceutical Services.	
<b>Elderly Residential, Supported Day Care.</b>	
St Peter's House.	
St Peter's House Fees.	

<b>Summary by Function.</b>	<b>Budget £000.</b>
St Rognvald House.	
St Rognvald House Fees.	
Smiddybrae House.	
Smiddybrae House Fees.	
Braeburn Court.	
Sunnybrae Sheltered Housing.	
Kalisgarth - Westray Care Unit.	
Residential Independent Outwith Orkney	
Gilbertson Day Centre.	
Hoy Support to Lunch Club.	
Day Care Smiddybrae.	
Elderly Day Care Direct Payment.	
<b>Disability.</b>	
Lifelong Disabilities Staffing.	
Sensory Impairment.	
Disability Outreach Services.	
Learning Disability Supported Accommodation – Individual Tenancy.	
Learning Disability Supported Accommodation – Individual Tenancy.	
Learning Disability Supported Accommodation.	
Pilot Project (Woodwork).	
Pilot Project (Stationery).	
Lifestyles.	
LD Short Breaks.	
Third Sector Commissioned Services – Autism.	
Third Sector Commissioned Services – Learning Disabilities.	
Physical Disability Direct Pay.	
Learning Disability Direct Pay.	
Glaitness Centre.	
Disabled Adaptation Grants.	
Disability.	
<b>Mental Health.</b>	

<b>Summary by Function.</b>	<b>Budget £000.</b>
Mental Health Staffing.	
Mental Health and Psychiatric Services.	
Dementia.	
Substance Misuse and Detox Services.	
<b>Other Community Care.</b>	
Community Care Senior Staffing.	
Community Care Staffing.	
Adult Support and Protection.	
Self Directed Support Strategy.	
Spot Purchase.	
Drug Rehabilitation.	
Aid to Persons (S.12) – Grants.	
Community Responder Service.	
Telecare.	
Shifting The Balance.	
<b>Occupational Therapy.</b>	
Occupational Therapy Staffing.	
Occupational Therapy – Other.	
Selbro Centre.	
Small Repairs Grants.	
Occupational Therapy – Balfour Hospital Team.	
<b>Home Care.</b>	
Care at Home Office Based.	
Care at Home Carers.	
Carers – Third Sector.	
Frozen Meals.	
Home Care Direct Payment.	
<b>Criminal Justice.</b>	
Criminal Justice.	
<b>Community Nursing.</b>	
East Mainland Nursing Team.	
West Mainland Nursing Team.	



<b>Summary by Function.</b>	<b>Budget £000.</b>
Hoy Nurses.	
Sanday Nurses.	
Stronsay Nurses.	
Westray Nurses.	
Papa Westray Nurses.	
Incontinence pads.	
<b>Primary Care.</b>	
GP's Issues Balfour.	
Out of Hours GP Cover.	
Diabetes Service.	
General Medical Services Board Act Funds.	
General Medical Services IT.	
Board Administered Funds Lead GP.	
Board Administered Funds Eday.	
Board Administered Funds N Ronaldsay.	
Board Administered Funds Rousay.	
Board Administered Funds Stronsay.	
Board Administered Funds Sanday.	
Board Administered Funds Shapinsay.	
Board Administered Funds Longhope.	
Board Administered Funds Westray.	
General Medical Services Skerryvore.	
General Medical Services Dounby.	
General Medical Services St Margarets Hope.	
General Medical Services Heilendi.	
Flotta GMA.	
PMS Stromness.	
Balfour Dental Service.	
Community Dental Service.	
Dental 10 King Street General Services.	
Oral Health Specific Allocation.	
Community Dental New Balfour.	

**Comment [CS2]:** The dental services section headings are currently under review to ensure they correctly reflect the allocations – this section will be updated prior to publication

<b>Summary by Function.</b>	<b>Budget £000.</b>
Chief Area Dental Officer.	
General Dental Services Orkney Dental.	
General Dental Services Orkney Dental Stromness Practice.	
General Dental Services Salaried Pay.	
General Dental Services CI Garson Premises.	
General Dental Services CI King Street Premises.	
General Dental Services -CI Balfour Premises.	
<b>Allied Health Professionals.</b>	
Physiotherapy – Balfour.	
Dietetics.	
Gastrostomy Feeds.	
Podiatry.	
<b>Rehabilitation</b>	
Intermediate Care Team	
<b>Midwifery.</b>	
Maternity Ward.	
<b>Alcohol and Drugs Partnership.</b>	
Alcohol and Drugs Partnership.	
<b>Totals.</b>	

In addition to the resources for which the Integration Joint Board has direct responsibility there is also a requirement to jointly plan wider aspects of the local overall health service alongside NHS Orkney.

The direction of the joint planning work can be found in NHS Orkney's Local Delivery Plan for 2018 – 2019 and is further developed in NHS Orkney's regional delivery plan which contains some areas of relevance to the Integration Joint Board.

**Comment [SJ3]:** Table above is placeholder only and will be updated

## Appendix 2 – Performance Framework

The Performances Framework that has been developed for the Integration Joint Board ensures Members the opportunity to scrutinise progress on the full range of activities affecting the health and social care landscape in Orkney by sharing reports by NHS Orkney and Orkney Islands Council that relate to the services commissioned from those agencies, and providing direct reporting on the key indicators that are applicable to the work of the Integration Joint Board.

Members will receive performance information in relation to health services as measured in line with the Local Delivery Plan Standards from NHS Orkney. Local Delivery Plan Standards are priorities that are set and agreed between the Scottish Government and NHS Boards.

Members will receive performance information in relation to social work and social care services as measured in line with the Local Government Benchmark Framework from Orkney Islands Council. The Local Government Benchmarking Framework brings together a wide range of information about how all Scottish councils perform in delivering services to local communities.

Members will receive performance information in relation to the National Core Integration Indicators (NCI) directly. The NCI indicators are a suite of core indicators drawing together measures that are appropriate for the whole system under integration and they have been developed in partnership with NHS Scotland, COSLA and the third and independent sectors, although some of these are still under development. This will be reported alongside the six key indicators that the Scottish Government have identified as key to measuring the performance of Integration Joint Boards.

The Strategic Commissioning Plan's performance framework aims to identify how performance in various areas links to the Scottish Government's 9 National Health and Wellbeing Outcomes which are not specific measures in themselves.

**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.

Performance reports will be publicly available as part of the Integration Joint Board's papers.

<b>Indicator Name.</b>	<b>Description.</b>	<b>Requirement.</b>	<b>National Health and Wellbeing Outcome.</b>	<b>Current Frequency and SOURCE.</b>
Adult Health.	Percentage of adults able to look after their health very well or quite well.	NCI.	1.	Survey every 2 years. Next release due mid-2018, ISD.
Independence.	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	NCI.	2.	Survey every 2 years. Next release due mid-2018, ISD.
Engagement.	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	NCI.	2,3.	Survey every 2 years. Next release due mid-2018, ISD.
Coordination of Services.	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated.	NCI.	3,9.	Survey every 2 years. Next release due mid-2018, ISD.
Adult Support	Total percentage of adults receiving any care or support who rated it as excellent or good.	NCI.	3.	Survey every 2 years. Next release due mid-2018, ISD.
GP Care.	Percentage of people with positive experience of the care provided by their GP practice.	NCI.	3.	Survey every 2 years Next release due mid-2018, ISD.
Quality of Life.	Percentage of adults supported at home who agree that their services	NCI.	4.	Survey every 2 years. Next release due mid-2018, ISD.

<b>Indicator Name.</b>	<b>Description.</b>	<b>Requirement.</b>	<b>National Health and Wellbeing Outcome.</b>	<b>Current Frequency and SOURCE.</b>
	and support had an impact on improving or maintaining their quality of life.			
Carers' Support.	Total combined percentage of carers' who feel supported to continue in their caring role.	NCI.	6.	Survey every 2 years. Next release due mid-2018, ISD.
Feeling Safe.	Percentage of adults supported at home who agreed they felt safe.	NCI.	7.	Survey every 2 years. Next release due mid-2018, ISD.
Premature Mortality.	Premature mortality rate per 100,000 persons.	NCI.	1,5.	Annual Figures, ISD.
Emergency Admission.	Number of Emergency Admissions. Local target reduction of 264 total for 2017 / 2018.	Integration Performance Indicators as defined by Scottish Government.	1,2,4,5,7.	Monthly from SOURCE, ISD.
Emergency Bed Admissions.	Number of Unscheduled Hospital Bed Days; acute specialties. Local target reduction of 1311 total for 2017 / 2018 for emergency bed days across all acute specialties.	Integration Performance Indicators as defined by Scottish Government.	2,4,7.	Monthly from SOURCE, ISD.
Readmissions.	Readmission to hospital within 28 days (per 1,000 admissions).	NCI.	2,3,7,9.	Quarterly from SOURCE, ISD, NSS Discovery Platform.
End of Life – Care	Proportion of last 6 months of life	NCI.	2,3,9.	Quarterly from SOURCE, ISD.

<b>Indicator Name.</b>	<b>Description.</b>	<b>Requirement.</b>	<b>National Health and Wellbeing Outcome.</b>	<b>Current Frequency and SOURCE.</b>
Setting.	spent at home or in a community setting. No specific improvement target set for this area.			
Falls Rate.	Falls rate per 1,000 population aged 65+.	NCI.	2,4,7,9.	Quarterly from SOURCE, ISD.
Quality of Service – Care Inspectorate	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.	NCI.	3,4,7.	Annually from Source, ISD.
Intensive Care Needs.	Percentage of adults with intensive care needs receiving care at home.	NCI.	2.	Annually from Source, ISD.
Delayed Discharge.	Number of days people spend in hospital when they are ready to be discharged. The target will initially be to reduce non code 9 reason delays by 50%, from 882 in 2016 to 441 in 2017, a reduction of 441.	Integration Performance Indicators as defined by Scottish Government.	2,3,4,9.	Monthly data published quarterly by SOURCE, ISD, NSS Discovery Platform.
Emergency Admission Costs.	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	NCI.	2,4,7,9.	Quarterly from SOURCE, ISD.
Care Home – Hospital Admissions.	Percentage of people admitted to hospital from home during the year, who are discharged to a care	NCI.	2.	Indicator under development.

<b>Indicator Name.</b>	<b>Description.</b>	<b>Requirement.</b>	<b>National Health and Wellbeing Outcome.</b>	<b>Current Frequency and SOURCE.</b>
	home.			
Delayed Discharge – 72 hours.	Percentage of people who are discharged from hospital within 72 hours of being ready.	NCI.	2,3,9.	Indicator under development.
End of Life – Finance.	Expenditure on end of life care, cost in last 6 months per death.	NCI.	2,3,9.	Indicator under development.
A and E Attendances.	Numbers of attendances at A and E. A target of a reduction of 297 attendances in the year 2017 / 2018.	Integration Performance Indicators as defined by Scottish Government.	4.	Monthly from SOURCE, ISD.
Balance of Care.	Percentage of population in community or institutional settings. No specific improvement target has been set in this area for 2017 / 2018.	Integration Performance Indicators as defined by Scottish Government.	2,3.	Annually from SOURCE, ISD.
Complaints.	Proportion of complaints responded to following Scottish Public Services Ombudsman targets.	Public Bodies (Joint Working) (Scotland) Act 2014.	4.	Monthly within in house services.