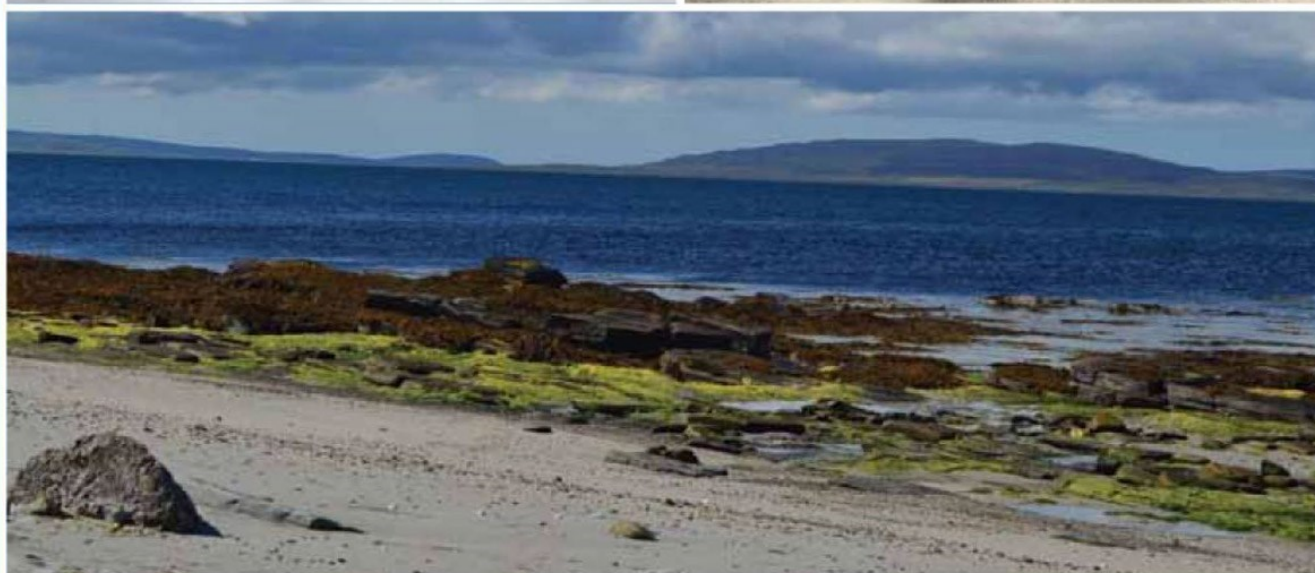


# Bringing Health and Social Care together to improve outcomes for the people of Orkney

Working together to make a real difference

Strategic Commissioning Plan Refresh 2018 - 2019



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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 maximising quality and 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 the staff who deliver services, 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 tested over the coming year, and the measures of the effectiveness of what is being delivered. I hope this refreshed plan gives readers a clear sense of the direction the Integration Joint Board sees services in Orkney taking, 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 quality outcomes in relation to spend.

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 the political and economic challenges we encounter. It also reflects the priorities and views of the range of stakeholders who have contributed to the development discussions to date.

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 focussed 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 Board will continue to be an active partner in the Alcohol and Drugs Partnership, Community Safety Partnership, Community Justice Partnership and Children and Young People's Partnership. The Board also aims to work in a positive, proactive and collaborative way through the Community Planning Partnership and with Orkney Islands Council and NHS Orkney as key strategic partners. It is also important that the Board is informed by, and is planning for, its identified localities. Feedback from locality level meetings has helped shape the current plan and over the course of 2018 – 2019 this locality led approach will be further developed.

The directions in this plan have focussed 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 focussed thinking and an island proofed approach at the forefront of any changes that are made. Two of the most significant changes that will impact on local health and social care services in the year 2018 – 2019 are the implementation of the new Carers (Scotland) Act 2016, which comes into force from 1 April 2018, and the changes that have been agreed to the GP contract, which requires the development of a Primary Care Implementation Plan setting out how the changes will be managed, by July 2018.

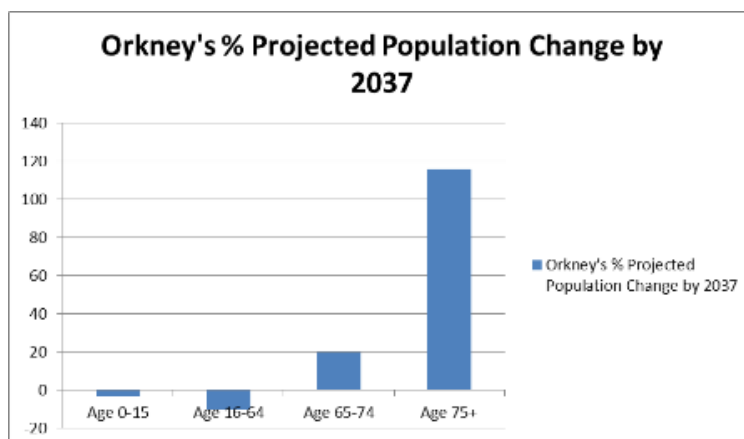
The Board will also continue to work alongside NHS Orkney and Orkney Islands Council in wider services planning and will take account of and participate in the regional planning for health and social care as a member of the North group.

[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 Focussed 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 sufficient 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 increasing elderly population and the increasing numbers of people who have multiple health and social care needs.



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

To support delivery of services focussed on 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 are being supported appropriately and organisations are meeting their Corporate Parenting responsibilities.

Access to services made as straight forward 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.

The Scottish Government estimated in June 2017 that there are 788,000 unpaid carers in Scotland (over 14% of the population)

44,000 of these carers are aged under 18.

The Carers Trust estimates the value of this care to be £10,347,400,000 a year.

Effective care pathways when a hospital admission is involved through individuals and, crucially, patient's families and carers, being 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 to their potential, with the right care team around them for as long as required.



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.

Health and Care staff continuing to engage in routine multi-disciplinary team meetings to discuss best care for those they are supporting but extending this to routinely involve appropriate third sector services as part of these processes.

All services that are commissioned by the Board employing feedback from service users, patients and carers so views can routinely be considered and services continuously improved.

All services that are commissioned by the Board being aware of and complying with their duties to protect the public from harm, have appropriate training in relation to this, and acting appropriately where there is a risk of harm (Child Protection, Adult Protection and training in relation to PREVENT legal duties).

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 roles will be developed that offer opportunities to work across traditional health and social care boundaries. These roles will provide more focus on providing a joined up service 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 include third sector and volunteers as part of the core care 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 including those focussed on information sharing, insurance and professional regulation. This cannot be achieved fully in one year but work towards this must start.

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

The following measures will be used to review progress:

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.

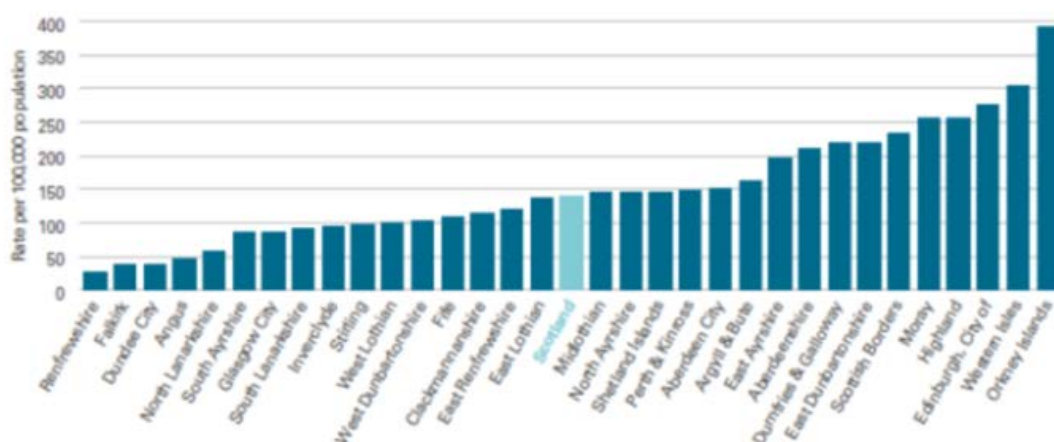
Waiting times standards achieved for Allied Health Professional and Mental Health services.

The Board also wants to see all the services it commissions routinely making use of available and new data and quality improvement approaches to measurement as a means of understanding and continuously improving the services they provide.

### 3. Services Focussed 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. This aspiration does however have to be balanced by consideration of effective, safe and efficient approaches to health and care service delivery.

Variation in number of people with direct payments per 100,000 population, 2015/16  
The rate of direct payments varies between authorities from under 50 to over 250 per 100,000 population.



Source: Social Care Services, Scotland, 2016, Scottish Government, November 2016



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

To support delivery of services focussed 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 focussed 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 appropriate. 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 Our Orkney Our Health strategy, and the planning and business case for the new hospital and health care facility. In thinking about how hub arrangement could be put in place consideration should be given to 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 provide high quality care and best value which will support the model of care for the new hospital and health care facility and the changes brought by the new GP contract. Opportunities to shift services from the hospital and into the community, and to support the new GP contract, 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 and shared learning, 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 and available.

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 workforce and 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.

Implementation of the Transforming Nursing Roles agenda where agreed for Health Visitors, School Nursing, the refocused District Nursing role and Advanced Nursing Practice.

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

Usage of technological service delivery options to be increased.

Each service that is moving into the new hospital and health care facility will have a clear plan in place for how this move is to be made and how the service will work in its new setting to ensure effective services continue to be delivered through this change.

## **4. Services Focussed 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 that only work well at large scale, or traditional distribution and types of services. While the Board wants to ensure that service planning takes account of this, there is also a need to recognise that at times the most effective and best quality way to deliver a service, particularly a specialist service, is a regional approach, or even national approach. In the event of this, the Board will ensure that the quality of that service is scrutinised. Stakeholders also wanted services to be focussed on providing the right intervention at the right time in their health or care pathway of need. Realistic decisions about care and treatment based on maximising quality of life for people are an important part of this.

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

To support delivery of services focussed 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 care for themselves and to manage their own conditions, as far as they are able. There will be ready access to online and other appropriate formats of information to support people, particularly those people living with long term conditions, to do 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 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 be familiar, confident and use predictive tools such as the e frailty tool, national early warning scores and anticipatory care planning to help identify people who are at risk of declining health and wellbeing so that services can be effectively targeted and outcomes for people improved.

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 of roles and ways of delivering services will be involved early in developing these plans as will their union or partnership colleagues and processes.

Staff will have realistic conversations with the people they are treating or caring for that are focussed on quality of life led decisions.

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

The following measures will be used to review progress:

Implementation and monitoring of the transforming roles agenda for Health Visitors, School Nursing, District Nursing, Advanced Practice and General Practice Nursing.

Measures being developed through the Excellence in Care nursing assurance framework will be tested in community nursing which will include number of people supported to die in their preferred place of care.

Increased use of predictive tools to identify deterioration early and ensure safe, effective and person centred care is delivered.

Delivery of the Active and Independent 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 strategic and financial 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. The Board has already initiated work through the Strategic Planning Group on three key areas where the potential for change has been identified; the development of a more flexible workforce, the development of a hub based approach to the delivery of services, and consideration of the best model of care for the isles to promote sustainability. These three key strategic priority areas are the areas that the Board sees as essential to reshaping services to deliver good outcomes for people while also meeting the very real financial challenges that there are.

In addition to the work of the Board, 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 test 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 finance is reducing.

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 indicative budgets have been allocated to the following services as follows

<b>Services.</b>	<b>Budget £000.</b>
Orkney Islands Council.	17,917.
NHS Orkney.	23,129.
<b>Total.</b>	<b>41,046.</b>

The indicative net budgets have been allocated to the following services as follows:

<b>IJB Summary.</b>	<b>NHS Budget £000</b>	<b>OIC Budget £000</b>
Support Services and Overheads.	856.	1,492.
Voluntary Sector Service Level Agreements excluding Commissioned Services.	0.	461.

Children and Family Services including Child and Adolescent Mental Health Services.	910.	2,975.
Prescribing.	4,455.	0.
Elderly Residential, Supported and. Day Care.	0.	4,051.
Disability Services	0.	3,921.
Mental Health and Substance Misuse Services.	445.	277.
Community Care.	0.	861.
Occupational Therapy.	222.	385.
Home Care.	0.	3,451.
Criminal Justice.	0.	43.
Community Nursing.	1,478.	0.
Primary Care.	9,014.	0.
Allied Health Professionals.	811.	0.
Rehabilitation Services.	247.	0.
Midwifery.	708.	0.
Alcohol and Drugs Partnership.	427.	0.
Integration Funding and Resource Transfer (transfer from NHS Orkney to Local Authority).	3,556.	0.
Inpatient Services - Unscheduled Care	0.	0.
<b>Service Totals.</b>	<b>23,129.</b>	<b>17,917.</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.

## 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.

In November 2017 the Scottish Government published a review of the current targets and indicators that are in place. This review made a number of recommendations for new indicators for the future. In addition, the Scottish Government has published a new Mental Health Strategy, which includes the development of a suite of indicators and measures focussed on mental health and the performance of mental health services. Over the course of 2018 – 2019 consideration requires to be given to how any new reporting requirements are to be met and the potential value of adopting any proposed measures that do not become requirements.

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.

<b>Indicator Name.</b>	<b>Description.</b>	<b>Requirement.</b>	<b>National Health and Wellbeing Outcome.</b>	<b>Current Frequency and Source.</b>
Quality of Life.	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	NCI.	4	Survey every 2 years, Next release due mid-2018, ISD.
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	Integration Performance Indicators as defined by Scottish Government.	1,2,4,5,7.	Monthly from SOURCE, ISD and MSG data.
Emergency Bed Admissions.	Number of Unscheduled Hospital Bed Days; acute specialties	Integration Performance Indicators as defined by Scottish Government.	2,4,7.	Monthly from SOURCE, ISD and MSG data.

<b>Indicator Name.</b>	<b>Description.</b>	<b>Requirement.</b>	<b>National Health and Wellbeing Outcome.</b>	<b>Current Frequency and Source.</b>
Readmissions.	Readmission to hospital within 28 days (per 1,000 admissions).	NCI.	2,3,7,9.	Quarterly from SOURCE, ISD and NSS Discovery.
End of Life – Care Setting.	Proportion of last 6 months of life spent at home or in a community setting.	NCI.	2,3,9.	Quarterly from SOURCE, ISD.
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.	Integration Performance Indicators as defined by Scottish Government.	2,3,4,9.	Monthly data published quarterly by SOURCE, ISD and available on NSS Discovery.
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.

<b>Indicator Name.</b>	<b>Description.</b>	<b>Requirement.</b>	<b>National Health and Wellbeing Outcome.</b>	<b>Current Frequency and Source.</b>
Care Home – Hospital Admissions.	Percentage of people admitted to hospital from home during the year, who are discharged to a care home.	NCI.	2.	Indicator under development.
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.	Integration Performance Indicators as defined by Scottish Government.	4.	Monthly from SOURCE, ISD.
Balance of Care.	Percentage of population in community or institutional settings.	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.