THE RCN SCOTLAND CONTRIBUTION TO THE CHIEF NURSING OFFICER AND SEND'S REVIEW OF DISTRICT NURSING

FEBRUARY 2016

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Executive summary

District nurses are registered nurses who have completed an additional specialist practitioner programme in district nursing leading to a recordable qualification with the NMC. They are leaders in community nursing teams and coordinate increasingly complex care for people at home and in the community. As autonomous practitioners, they use their clinical skills to make assessment and diagnostic decisions, prescribe medicines from the appropriate formulary and develop care plans in partnership with patients and families. This includes recognising and taking action when a person's condition is deteriorating to avoid unnecessary hospital admission. They are key to ensuring effective and timely discharge from hospital.

They work with partner agencies and professionals, making appropriate referrals as part of their management and co-ordination of care. They clinically supervise, delegate and manage work within their team.

Along with their teams of nurses and health care support workers, district nurses are a key workforce for delivering safe, high quality care in the community and ensuring people achieve the best possible health outcomes.

Yet there is a common misrepresentation of the district nurse role as one of discrete task delivery. This view is unhelpful and has devalued the public and professional image of the role. Now is the time to present a better and more accurate representation of what district nurses do which focuses on their role in designing, coordinating and delivering care, taking a person-centred quality and care outcomes approach.

To support this aspiration, this paper has been developed by RCN Scotland as a contribution to the Chief Nursing Officer (CNO) and the Scottish Executive Nurse Directors' Review of District Nursing (DN Review), and provides recommendations for consideration by all the DN Review groups as they develop their final report.

We have developed these recommendations through analysis of the health policy and reform landscape in Scotland, interviews with key stakeholders, previous RCN policy statements and our own professional consideration of how district nursing could help better deliver on the government's vision for integrated, community-based care.

It is important to note that this analysis represents a snapshot in time of a rapidly changing environment and that the required actions may shift as the health and care landscape changes, for example through the testing of the Buurtzorg model or the completion of the new general practice contract. None of the recommendations in this paper can be considered in isolation and many of them relate to a number of different headings. The scope of the recommendations we have included highlight the complex and interwoven policies and reforms that will affect district nurses and community nursing teams.

Recommendations

RCN Scotland urges the DN Review to consider the following when developing its final report and recommendations:

1. Delivering care which is integrated from the point of view of service users

Ensuring high quality person centred care in an integrated environment

1.1. To develop a future-proofed vision for district nursing, and to support commissioners in Integration Authorities (IAs), the review must set out clearly how it expects a future district nursing workforce to support IAs to deliver on the National

Working across the NHS, third and independent sectors

1.11. To ensure effective joint working with district nursing, a community nursing workload and workforce planning tool (see point 1.2) should be adapted for use by non-NHS community providers, in particular the care home sector or new, evidenced-based tools must be developed s

the needs of people with significant health needs and who are affected by health inequalities.

2.6. Learning from the review of

nursing team with the skills and expertise to work in new integrated ways with colleagues from across health and social care.

3.18. The review should recommend that protected time and investment in CPD is made available to all members of the district nursing team.

4. Planning and leading services through engagement with the community

Locality planning and engagement with integration authorities

4.1. The review must make recommendations which enable effective district nurse engagement in locality planning and IA strategic planning and support local commissioners to understand what support and skills district nurses will require to engage meaningfully.

4.2. In particular we urge the review to recommend protected time for district nurse engagement in locality and strategic planning, through backfill and ensuring responsibilities for locality planning are included in job descriptions.

4.3. District nurses with direct responsibility for advising the nurse member of the IA should have protected time to fulfil their duties and have their responsibilities reflected in their job descriptions.

Engaging in national reforms and the development of new models of care

4.4. On publication of the DN Review's final report, the Scottish Government should ensure its recommendations are integrated across all reform agendas.

These are crucial areas for action, not just in remote and rural areas but across all parts of

We thank all of our interview participants for their time and insight, as well as our interviewer Jenny Gordon.

Setting the scene for the RCN recommendations to the District Nursing Review in Scotland

Within Scotland's integration legislation, there is a requirement that a set of Integration Principles are taken into account when planning or delivering integrated health and social care services[13]. The main purpose of the principles is to improve the wellbeing of service-users and to ensure that services are provided in ways which are person-centred and focused on safety and quality. They require IAs to take service users' views into account, anticipate needs and work actively to enable co-creation and self-management.

These principles sit alongside the National Health and Wellbeing Outcomes, which those planning and delivering care are required to enable people to achieve. The outcomes are high-level statements of what health and social care partners are attempting via integration, in partnership with service users and the community. The outcomes have a particular focus on the role of health and social care in helping people to manage their own quality of life at home or in a homely setting.

With reference to the Integration Principles, we have identified four key aims from the government's integration agenda, examined the policy context and work underway in each, and identified where the district nursing review could make recommendations to add value in each. Those aims are:

1. Delivering care which is integrated from the point of view of service users
2. Designing care around the particular needs of people and communities
3. Sustainable, quality services that make the best use of available facilities, people and resources
4. Planning and leading services through engagement with the community.

It should be noted that the recommendations and commentary in this paper refer to the policy context at the time of writing. This environment is rapidly changing and the actions required may shift in the future. None of the recommendations in this paper can be considered in isolation and many of them relate to a number of different headings. The scope of the recommendations we have included highlight the complex and interwoven policies and reforms that will affect district nurses and community teams.

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[13] Scottish Government. 2014. Public Bodies (Joint Working) (Scotland) Act 2014. http://www.legislation.gov.uk/asp/2014/9/contents/enacted
Please note: the full Integration Principles and National Health and Wellbeing Outcomes are attached as annex to this paper

1. Delivering care which is integrated from the point of view of service users

Ensuring high quality person centred care in an integrated environment

While we have made specific recommendations in this paper on how district nursing will support IAs to deliver on the Integration Principles and National Health and Wellbeing Outcomes, it will also be useful for the review to directly map district nursing services against the two, in order to demonstrate areas where the services currently help deliver on priorities, and where additional resource and support may be required. This will support commissioners making decisions on how to invest budgets at partnership level and ensure that the role of district nursing in this new context is fully understood.

High quality, person centred care will require all services to have the right people, with the right skills, in the right place, at the right time. In a truly integrated landscape, and in the context of a radically changed patient profile for community-based services, we will need to be assured that existing tools to plan for the workforce and their workload remain fit for purpose for a re-focused district nursing workforce. This will require further work to review the current community nursing workforce and workload tool in the light of the DN Review's recommendations. The new QNI/QNIS district nurse standards will provide direction for the development of this work.

Recommendations

1.1. To develop a future-proofed vision for district nursing, and to support commissioners in Integration Authorities (IAs), the review must set out clearly how it expects a future district nursing workforce to support IAs to deliver on the National Health and Wellbeing Outcomes and Integration Principles, and where additional resource and support may be required to make this a reality.

1.2. To ensure that the right care is delivered by the right person in the right place at the right time, the review should recommend an assessment of the community nursing workload and workforce planning tool to ensure it remains fit for purpose within the context of integration and in the light of the review's recommendations.

Care coordination across health and care agencies

The priority of current reform is to make sure care is delivered in a way that is seamless from the perspective of the person receiving care.

We know that this is not always easy given that structures and supports for team-working between district nurses and other care professionals vary across Scotland and between settings. The strength of these relationships will, however, be key to the success of integrated services. The district nurse, who has a vital leadership role in the community, can support making this happen.

The RCN has found from its own work, including joint work with Social Work Scotland, that far more advice and support is required to develop a culture of collaboration as the norm across each and every integrated frontline team. The professional leads in Scottish Government will have a significant role to play in support of local organisational development activities by setting clear expectations for the future for each profession within integrated services.

The district nurse specialist qualification provides nurses with the skills in case management approaches which they use to develop holistic care planning, liaise and communicate with

other care providers, and lead and support members of their team[14]. This is one of the major strengths of the qualified district nurse role and will become increasingly important in a more complex and integrated world. However, to empower district nurses in care coordination across their local area, policy makers and planners will need to consider the support, time and tools needed and how to embed this into ways of working within multidisciplinary and multi-sectoral integrated teams.

As more health care is moved to the community, getting the technology right will also be critical to avoid fragmentation. For district nurses both as autonomous lone workers and as leaders, access to real time communication and sharing of information and decision support with their teams and other professionals will make care coordination easier and more effective and reduce the chance of mistakes or miscommunication. Care enabling technology is increasingly integral to quality care delivery, and is considered in more detail on page 27.

One critical area of focus will be enabling better information sharing and relationships between district nurses and other members of the multidisciplinary team working in both community, acute and social care settings. As expert generalists in the community, district nurses should be able to easily and rapidly draw on the expertise of and, where appropriate, refer to, their specialist colleagues from across the professions. This will be to the benefit of patients, who will experience swifter access to high quality care.

One significant barrier to person centred care pathways is poorly coordinated discharge planning, and developing better mechanisms for district nurse engagement with colleagues in acute hospital settings will help to remove this barrier. The implications of the newly published Clinical Strategy[15] in potentially regionalising or centralising certain specialist inpatient care will have profound implications for the ability of district nurses to engage in effective co-ordination of discharge back into home settings. Therefore the need to establish effective communication and integrated working between hospital and community care teams will be essential.

Finally, as the Buurtzorg model is to be tested in Scotland, it will be important for the DN Review's groups to engage with the pilots to ensure they reflect the Scottish community nursing context including district nurses' integrated care coordination role, the skill mix within district nursing teams, and career pathways.

Recommendations

1.3. The review should set out advice for IA commissioners on how they can ensure district nurses have the time and tools required to deliver effective care co-ordination in multi-disciplinary and multi-sectoral teams.

1.4. The review should ensure that district nurses can benefit from advice from, and can access direct referral pathways to, specialist colleagues across the professions.

1.5. The review should clearly state that NHS boards and IAs have a responsibility to facilitate positive working relationships between district nurses and acute hospital teams to ensure co-ordinated and timely discharge of patients.

1.6. The review must ensure that any future findings from the evaluations and recommendations arising from the Buurtzorg pilot projects are fully considered in terms of any impact and consequences required of district nursing teams in relation to models of care delivery and ways of working. This includes professional

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[14] QNI. 2015. The Value of the District Nurse Specialist Practitioner Qualification. London: QNI

[15] Scottish Government. 2015. A National Clinical Strategy for Scotland. Edinburgh: Scottish Government. http://www.gov.scot/Publications/2016/02/8699

accountability, supervision, clinical decision-making support, continuous professional development, and skill mix.

The transformation of primary care

evidenced-based tools must be developed specifically for these sectors. Work in other parts of the UK may support such developments.

1.12. The review should recommend the development of a national dependency tool for the care home sector to support identification of necessary workforce requirements.

1.13. The review should recommend that guidance is commissioned to advise IAs on the parameters of the district nursing contribution to care delivered by other providers across the statutory, independent and third sectors.

1.14. In light of the new responsibilities to be undertaken by IAs, the review must clarify the accountability of nurse leaders for the quality of services commissioned from all third party contractors.

Advanced practice and district nurse clinical decision making

All of the above aspects of care require a district nursing team which is empowered and has the capability within it to make effective and timely clinical decisions and referral to other areas of health and social care, to ensure delivery of high quality interventions to support achievement of the desired outcomes for patients.

District nurses are already autonomous practitioners, however there is an important place for advanced practice here. Many district nursing teams already work with advanced nurse practitioners (ANPs) but in the future including these roles within the skill mix of district nursing teams will be essential to enhance the autonomous senior clinical decision making capacity within the team, enabling care to be delivered swiftly and seamlessly and ensuring patients are seen in the right place, at the right time, by the right person with the right skills.

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2. Designing care around the particular needs of people and communities

Scottish Government health policy has a stated aim of moving the design of care away from what suits those who fund and deliver care and towards design in response to the needs of the individual and community.

Self-management and long term conditions

To achieve the 2020 Vision, the integration of health and social care must lead to the delivery of care in a way that better meets the individual needs of patients and communities.

This will include a much greater focus on complexity, frailty and multimorbidity. People in Scotland are living longer, but are increasingly likely to have multiple long term conditions as they age[20]. A cross-sectional study of Scottish general practice found that as of 2007[21] over 23% of the Scottish population had more than one long term condition. The likelihood of developing multiple conditions was much more common and earlier among people living with high levels of deprivation. And increased age brings increased prevalence of health conditions: 65% of those aged 65-84 and nearly 82% of those over 85 are likely to be living with more than one health condition.

The study's authors concluded that their results challenge the single-disease framework which informs most health care, research and education: 'A complementary strategy is needed, supporting generalist clinicians to provide personalised, comprehensive continuity of care, especially in socioeconomically deprived areas.'

A recent report from the Kings Fund[22] also argued that integrated care for older people must fundamentally shift towards care that is coordinated around the individuals' broader needs, rather than a single condition, and which prioritises maintaining independent living. This is critical in the context of district nursing. As expert generalists working with people in the community, district nurses must be supported to deliver the personalised care required by the people they work with, who will have increasingly complex health needs and require longer and more intensive visits.

based approach in practice – participation, accountability, non-discrimination and equality, empowerment, and legality[23].

In part, developing the best possible care and support for people with long term conditions will be about professionals using and sharing skills appropriately. At present, many practice nurses undertake management of complex long term conditions – and in particular, self-management support – as part of their daily work within general practice and district nurses are focused on management of long term conditions with people in their own homes. We are also aware that general practitioners are negotiating a new role as the senior medical decision maker in the community with a particular focus on clinical leadership around complex long term conditions. The timing of the DN Review and the new GMS contract therefore provides an opportunity to look at these crucial relationships between district nursing, practice nursing and general practitioners in providing and supporting management of long term conditions, and to set a clear vision for district nursing to shape the future.

Recommendations

2.1. The review should embed the *PANEL*[24] principles for applying a human rights based approach in practice (participation, accountability, non-discrimination and equality, empowerment, and legality) into all elements of the future district nursing service, including, but not limited to, future education provision and service evaluation.

2.2. Linked to point 1.8 the review should, specifically, set out the possible implications of the end of QOF for the district nursing workforce and workload, particularly in relation to management of long term conditions and the reformed focus of the work of GPs expected by 2017.

2.3. The review must consider how its plans for future district nursing activity on self-management and long-term conditions in particular should influence current discussions on the reform of primary care.

Self-directed support

The Social Care (Self-directed Support) Act came into force in April 2014 and is about delivering person-centred, co-produced care planning to support independent living for people eligible for social care. While the focus of self-directed support (SDS) is mainly on social care provision, the guidance includes the potential for delegation of care to health professionals.

Nurses have reported concerns around how this will impact them and their teams, one concern being what their responsibilities are for the delegation of health tasks to personal care assistants employed by individuals as part of their SDS package. This impacts particularly in district nursing teams and, to ensure they are able to work safely and effectively in the future, the review must support district nurses to understand their work in this context, as leaders of community nursing teams.

Recommendations

2.4. The review should recommend that guidance is developed on the scope of district nursing involvement in self-directed support packages, including clear guidance on accountability.

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[23] Scottish Human Rights Commission. Online resource: What is a human rights based approach? http://www.scottishhumanrights.com/careaboutrights/whatisahumanrightsbasedapproach

[24] Ibid

Public health and inequalities

Scotland has high levels of deprivation and health inequalities which will continue to present a challenge for IAs, local authorities and NHS boards. We also have a cohort of people who are entirely disengaged from health and social care services.

Although one of the Health and Wellbeing Outcomes requires that ‘Health and social care services contribute to reducing health inequalities’, our interview participants felt that current services are ‘only scratching the surface’ of health inequalities and deprivation. They felt that this is exacerbated by negative attitudes from health and social care professionals, a general underestimation by professionals of the impact of social inequalities on health and wellbeing outcomes, and an over-reliance on services from some patients.

It is important that when IAs – including board members who may not have health experience – make planning and commissioning decisions on how to prioritise parity of outcomes for all who need health interventions, they understand the public health role of district and other community nursing. Many of our interviewees felt that while it is significant, the public health role of district nurses is not well understood.

Furthermore, learning from experiences with health visiting and the Deep End Practices, if district nursing is to play its part in a generational step change on inequality, the review will need to consider the option of increasing targeted interventions from nursing staff to address the inverse care law. The ability to robustly profile caseloads through a new weighting tool (see 3.1) will support this recommendation.

The government’s Public Health Review has just reported and has made recommendations for the development of a future public health strategy. This report noted the 1 0c33(e(t)6(,)-44a)13(t)6(eg)-7(

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provision of generalist palliative care, it needs to be clear how the recommendations of this review fit with the education programme.

When the RCN surveyed our members about end of life care in 2014, we found that nursing staff want more information on this area of practice. In response we developed an online learning resource on the fundamentals of caring for people at the end of life, with an additional resource on nutrition and hydration, which was one of the areas where our members felt they needed more specific guidance[34]. These resources are another educational support for nursing staff to deliver the best possible end of life care.

Embedding skills and competencies around end of life care into the district nursing team will be critical to ensure they continue to deliver quality care and keep people at home.

Recommendations

2.9.

3. Sustainable, quality

engage with the development and implementation of the review and tests of change to ensure that the roles and responsibilities of district nurses and the teams they lead, in and out of hours, are fully understood and embedded.

Recommendations

3.4. To ensure the contribution of district nursing is recognised throughout wider government agendas, the review should demonstrate how the district nursing workforce contributes to improving unscheduled care as framed by the Six Essential Actions, in particular actions five and six.

3.5. There must be clear alignment between the DN Review's recommendations and the implementation plan arising from the Primary Care OOH Review.

Intermediate care

Intermediate care is an essential function of an integrated care system, and will be an ongoing focus for those funding and planning health services. There is evidence that where comprehensive intermediate care services are in place, there are greater reductions in rates of emergency bed days and delayed discharge[41]. For example, a recent audit of intermediate care in England, Wales and Northern Ireland showed that all models of intermediate care service – crisis response, home based, bed based and re-ablement – were effective in helping people regain normal daily living and functional independence[42].

There has been concerted Scottish work over recent years to develop a framework for the delivery of intermediate care in different care settings. *Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland*[43] set out what is expected of intermediate care, and JIT has established principles for intermediate care[44] which should underpin its delivery throughout Scotland.

The government's intermediate care group made extensive progress in regard to data and benchmarking of intermediate care, including hospital at home and the role of different health and social care providers. The group's work, which came to an end last year, flagged the district nursing review as one of the crucial work streams to continue developing intermediate care in the community.

While its overall impact is better health outcomes for the patient and lower health and social care costs, at the point of delivery intermediate care is resource and time intensive for the district nursing team and their colleagues across professions and sectors. There is a need to better describe the role district nurses and their teams play in intermediate care, where this fits with other services across the patient journey, and how to plan and measure intermediate care service delivery in terms of patient outcomes, with a realistic appraisal of resources required for an effective service.

Recommendations

3.6. The review should define the contribution of district nursing to intermediate care and the resources required to deliver this, particularly in light of development of hospital at home and the previous work of the government's intermediate care group.

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41 Task force for the future of residential care in Scotland. 2014.
42 NHS Benchmarking Network. 2015. National Audit of Intermediate Care: Summary report
43 Scottish Government. 2012. Maximising Recovery, promoting independence. Edinburgh: Scottish Government. http://www.gov.scot/Publications/2012/07/1181
44 Joint Improvement Team. 2015. Intermediate Care: locality integrated care. Edinburgh: Scottish Government.

Care enabling technologies

In order to make the best use of the resources available, we must ensure the right enabling digital technologies are in place.

The technological solutions that will enhance the work of district nurses, will include those which allow nurses to develop and use person centred care plans while in the community, share information with other care providers' systems, identify changes in health status, and undertake complex assessment[45]. Too often lone-working district nurses, like their colleagues across professions and sectors, are hampered in their attempts to provide

Evaluation and quality improvement

For IAs to make informed decisions about commissioning district nursing services, they will need robust information on how those services contribute to improving person-centred outcomes. Most people we spoke with in our interviews highlighted the challenge of effective evaluation and the need to move towards quality and outcomes-focused measurement. To a large extent, this change will be about ensuring the right data is collected nationally, locally, and at the point of care to inform planning and quality improvement.

In the past there has not been a robust source of data on the community nursing workforce but in recent years significant work has been undertaken by government, ISD and territorial boards to enable quarterly reporting. This is a sound beginning in understanding our current workforce. The District Nursing Dataset, developed as the first stage of the ISD Community Health Activity Data project, has the potential to provide even more data on district nursing care in the community. However, given that this data is still focused heavily on task, there is significant risk that this dataset will be used in blunt and inappropriate ways to challenge investment in district nursing services, particularly as cost reductions are sought. The implications of this for the future commissioning of district nursing services are profound. We appreciate the limits placed on ISD in gathering only existing data sources, but a radical reform of services requires a radical rethinking of evaluation.

We understand that the evidence and quality improvement work stream of the district nursing review intends to work with ISD to tailor the dataset to better reflect the work of district nursing. In light of this we urge the review to support the refocusing of the ISD activities towards outcomes, not district nursing tasks.

There are resources available to support organisations in embedding an outcomes approach

Recommendations

3.10. The review must commission urgent work, in partnership with ISD, to rethink the current District Nursing Dataset to focus on patient outcomes rather than tasks.

3.11. The review should make recommendations to national bodies and IAs on embedding robust evaluation measures, including baselines, at the point of development of any new model of care by, or involving, district nursing.

3.12. The review should emphasise the need for continuous research into new models of district nursing practice.

Education and continuing professional development

Ensuring district nurses and their teams can continue delivering quality care in a new integrated environment, will include investment in the district nurse specialist practitioner training which is core to ensuring new district nurses have the expertise required to deliver as autonomous expert practitioners and to lead community nursing teams. However there will also be ongoing CPD and development required specifically for district nurses and their teams that will need to be adapted and developed to meet changing patient need and workforce.

Access to continuous clinical learning and development will ensure all members of the district nursing team remain skilled in all clinical and technical aspects of care. Ongoing education and development must enable district nursing teams to be able to lead and deliver care designed around the Integration Principles.

In the short to medium term, CPD should ensure our existing district nurse workforce have the skills and knowledge to work in integrated and person-centred ways. This must include a focus on care coordination within multidisciplinary services, and on the development of capabilities to support patients in their self-management of long-term conditions, utilising approaches such as co-production and motivational interviewing. The need for a refresh of district nursing CPD is inherent in many of our recommendations, and the new QNI/QNIS standards for district nurse education and practice, which the RCN has endorsed, should be taken into account as CPD is developed[48].

There have been a number of different district nurse training programs over the years, set at different levels of academic attainment with content including nurse and independent prescribing. This has led to a mixed skill set among district nurses which needs to be taken into consideration when planning a future workforce. As we develop a district nurse cohort that is fit for the future, there is a need to build capacity in the supervision and support infrastructure[49] in practice for learners which includes qualified district nurse mentors, practice teachers and practice educators, as a significant number are due to retire.

Further, as localities undertake strategic assessment of their community's needs, local learning and development approaches will need to be developed which address local health inequalities and population need, particularly where that need does not chime with the knowledge base of district nursing staff in that area.

In the long term, we need to ensure that CPD is continually developed to be flexible and resilient in – and allows district nurses and their teams to adapt to – an ever changing future. It will be pivotal that academic institutions are responsive to this and are supported by boards and IAs to design and deliver training for a fit-for-purpose workforce.

[48] QNI/QNIS. 2015. The QNI/QNIS Voluntary Standards for District Nurse Education and Practice.
[49] NHS Scotland. 2014. Setting the Direction. Edinburgh: Scottish Government

Recommendations

3.13. The review should make a recommendation for funding to be made available to train further nurses to SPQ level.

3.14. District nurse education should be informed by the new QNI/QNIS standards, which have been endorsed by the RCN, and the review must recommend the development of a commissioning approach with HEIs for the delivery of SVQ programmes.

3.15.

4. Planning and leading services through engagement with the community

From April, much of the authority to plan and commission health and social care services will shift from NHS boards and local government to IAs.

The Joint Strategic Commissioning Plans for older people, developed in 2013/14, gave some indication of the national trends we can expect. For district nursing, potential relevant changes were: a greater focus on re-ablement with more robust coordination with care homes and hospitals; increased support for palliative care; integrated care planning and management across services; and strengthened out of hours services[50].

Many of our interview participants felt that district nurses aren't engaged in strategic processes, to a large degree because they are busy 'getting on with the job' and don't feel they have the time or energy to become involved in 'political machinations'. This review must consider how nurses are enabled to confidently contribute to locality planning and other strategic processes.

Locality planning and engagement with integration authorities

Locality planning will engage staff, service users and communities to keep the focus of

Annex 1: Integration principles and National Health and Wellbeing Outcomes

Integration principles

The integration planning and delivery principles are that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users, and that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:

- Is integrated from the point of view of service-users
- Takes account of the particular needs of different service-users
- Takes account of the particular needs of service-users in different parts of the area in which the service is being provided
- Takes account of the particular characteristics and circumstances of different service-users
- Respects the rights of service-users
- Takes account of the dignity of service-users
- Takes account of the participation by service-users in the community in which service-users live
- Protects and improves the safety of service-users
- Improves the quality of the service
- Is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
- Best anticipates needs and prevents them arising
- Makes the best use of the available facilities, people and other resources

The National Health and Wellbeing Outcomes

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected
Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 5. Health and social care services contribute to reducing health inequalities
Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
Outcome 7. People using health and social care services are safe from harm
Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services