

Annual Report 2017-18





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Foreword

Welcome to the Health & Social Care North Lanarkshire Annual Report for 2017/18.

Our Annual Report is intended to offer an effective summary of the Health & Social Care Partnership's performance over the last year, setting out what's been achieved and what we need to focus on in the future.

Our frontline, locality approach is well known in North Lanarkshire, and in this report you will note the strengths in our approach identified by the Care Inspectorate and Healthcare Improvement Scotland as part of their recent joint inspection. From Kilsyth to Wishaw, Shotts to Bellshill, members of the community are actively engaged with our professionals, our workers, the Third Sector in an ongoing dialogue about how we can make our services better.

We have much to do in our efforts to develop fully integrated health and social care services which are high quality, seamless, and responsive to the needs of our individuals and communities. We outline in this report the transformative ambitions

of our Integrated Service Review Board, and in implementing its findings we will endeavour to work effectively together to deliver fundamental improvements to health and social care. The further integration of health and social care services will be only be achieved through the hard work and dedication of our staff and the continuing commitment of the many thousands of carers and their families. And it is to them that the achievements set out in this report are attributable.



Councillor Paul Kelly
Chair
North Lanarkshire
Integration Joint Board



Dr Avril Osborne
Vice Chair
North Lanarkshire
Integration Joint Board



1 Our Progress During 2017/18

In March 2017, the Integration Joint Board approved the Strategic Commissioning Plan, 'Achieving Integration', which set out the commissioning intentions for 2017/18 and the supporting pillars of the commissioning

framework. The table below sets out each of our ten commissioning intentions and provides a summary of progress achieved throughout the year.

Intention	Progress
1. Expanding multidisciplinary locality teams	A high level model of integrated health and social care services in both localities and area wide services was approved by the IJB in November 2017. An implementation plan was subsequently approved in February 2018. The implementation of the programme of change forms the basis of 2018/19 commissioning plan. For further information please see page 7.
2. Strengthening Rehabilitation Service	<p>The rehabilitation implementation pilot commenced in Motherwell Locality on 18th September 2017, creating a single integrated team of twelve practitioners across Physiotherapy and Occupational Therapy staff from the acute hospital, Community Assessment and Rehabilitation Service, domiciliary health teams and Social Work OT. The team are co-located in Scott House and early developments have included the introduction of a single point of access for all requests for rehabilitation or assessments for aids and adaptations, with collective triage of new cases and also existing waiting lists.</p> <p>By December, waiting lists for both OT and Physio had fallen from 12wks to 4.5wks, highlighting some early success in coordinating care.</p> <p>The model will now roll out to the remaining five Localities early in 2018/19, whilst Motherwell will form the first fully integrated Long Term Conditions and Frailty Team by also including District Nursing and Home Support. The aim is to have all six Localities with fully functioning LTC & Frailty teams in 2018/19. For further information please see page 19.</p>
3. Reconfiguring Home Support	<p>The new model of Home Support was approved at the 27th March 2018 meeting of the IJB. The new model focuses on five main elements:</p> <ul style="list-style-type: none"> • Integrated model - forming a core part of the Long Term Conditions & Frailty teams, linking in to the future model of discharge to assess • Same day response/Reablement - intensive and time limited support • Specialist teams - supporting people with frequently changing needs, end of life care etc • Ongoing paid support - allocation of an individual budget to deliver individual outcomes as part of self directed support • Quality assurance - improving standards of care <p>Work has commenced to create additional reablement teams in each Locality. For further information please see page 18.</p>

Intention	Progress
4. Jointly funded SDS	<p>An aim was agreed to start to look at the most complex cases supported in the community in North Lanarkshire to develop a joint approach to Self Directed Support.</p> <p>In line with the statutory framework, it was agreed to focus on those requiring ventilation in the community. Two patients have been supported via this approach and a working group has been established on invasive ventilation to review the management of such cases. A regional approach may well be applicable to this highly specialised but low volume group of patients.</p> <p>The focus is now on continuing the approach for highly complex cases, but widening the focus beyond ventilation. For example, the Addictions, Mental Health and Learning Disability Partnership Board has agreed a process for the escalation of highly complex cases for joint review and response, which will further support the development of this approach.</p>
5. Bed Redesignation	<p>The bed modelling group (pan Lanarkshire) has developed an outline plan, which aims to support a number of aims, such as maximising the in-house estate, repatriating out of area placements where possible and reviewing the model of intermediate care to maximise the impact of community hospitals. This work is at an advanced stage, setting out a proposed workplan for implementation over the next 3 years.</p> <p>In 2017/18, following a review of mental health inpatient rehabilitation, low secure forensic patients were able to be repatriated back into NHS Lanarkshire from out of area placements. In total, 7 patients were repatriated and 2 additional out of area placements avoided.</p> <p>A review group for intermediate care was formed, with the new model of care going to the June 2018 meeting of the IJB for approval. The aim of the review is to create a more rehabilitation/reablement focused service to improve patient outcomes, delayed discharge performance and hospital flows.</p>
6. Universal HV Pathway	<p>Following a successful pilot of the 13-15 month review in Coatbridge, which saw the number of children with no developmental delay at 27-30 months reach over 95%, this model has now been rolled out across all six Localities. Work has been undertaken with the national data team at ISD to provide full reports on the 13-15 month review alongside the 27-10 month data by February 2018.</p> <p>Health Visitor recruitment remains on track, with a further cohort of training commencing in January 2018.</p>

Intention	Progress
7. Family Nurse Partnership Expansion	<p>Management of Family Nurse Partnership has transferred to the IJB from 1st September 2017. Staff have been recruited to increase the reach of the programme, with staff aligned to the six Locality areas.</p> <p>Additional funding has been identified from the Scottish Government for 5wte B7 Nurses and 1wte B8a Nurse, allowing the FNP programme in Lanarkshire to become universal for all individuals meeting the service criteria.</p>
8. Campaigns and Messaging	<p>Four campaign topics were identified for delivery in 2017/18 – Care Academy, Making Life Easier, Anticipatory Care Planning and Winter Planning. There has been a range of work undertaken to take this forward, linking in with the campaign work of both North Lanarkshire Council and NHS Lanarkshire in the process.</p> <p>Lanarkshire's winter communications received national recognition for its innovative approach.</p>
9. Staff OD	<p>An extensive staff OD plan was developed for 2017/18, covering a range of areas including cohort 1 (Senior Leadership Team), Locality Action Groups and Collaborative Leadership in Practice (CLIP) with GPs, Mental Health, Locality Management Teams, Planning and Performance and the Children and Families team.</p> <p>The first H&SCNL Annual Conference Took place in September with over 300 staff attending.</p> <p>Locality engagement events have taken place in Motherwell to involve staff in the Rehabilitation Demonstration.</p>
10. Technical Solutions for IT and information sharing	<p>A programme board has been formed to coordinate the development of a shared IT infrastructure across North Lanarkshire Council, NHS Lanarkshire and South Lanarkshire Council, creating the platform for a range of information sharing solutions.</p> <p>Work is planned to commence in September 2018, with full delivery anticipated for September 2019.</p>

During 2017/18, there were some key developments worth noting that have helped to shape the delivery of our commissioning intentions and priorities for 2017/18 and also impacted and influenced the development of our priorities and intentions for 2018/19 and beyond.

Integrated Service Review Board

A key development within HSCNL in 2017-18 was the establishment of the Integrated Service Review Board. The Board's remit was to review all services within the partnership with a view to optimising the use of all available resources and coordinating developments on a whole system basis.

At the core of the Boards remit was the wish to identify how to invest and disinvest from current service provision to maximise the outcomes of people in our communities; This included proposing structural opportunities for service delivery that would maximise the impact of integration and ultimately recommend a transformational programme of service model redesign.

Over the course of three months, the board reviewed the wide range of health and social care services considering their operation, the challenges they face and most importantly the opportunities that exist to integrate and improve. The result of this will be the most comprehensive transformation in Health and Social Care in a decade, changing the organisational, professional and team structures across all 62 directly managed Health and Social Care Partnership services, covering over 5,200 staff.

The Integrated Service Review Board report was approved by the IJB in November 2017, setting out the basis for the partnership's commissioning intentions for delivery in 2018/19 and beyond.

HSCNL Annual Conference

Three hundred people attended the HSCNL annual conference - Delivering Integration, which took place on 26th September 2017 at Ravenscraig Regional Sports centre. The event focused on the success of the partnership since its inception and the difference that had been made in people's lives as a result of Integration. The keynote speaker for the day was Sir Peter Housden former permanent secretary to the Scottish Government, who set out an overview of how to develop a culture of change and excellence in demanding circumstances. There was an opportunity to see films of a range of innovative work that had taken place within the partnership and finally a chance to hear members of the senior leadership team discuss their hopes and aspirations for the future.

Joint Adult Services Inspection

H&SCNL was the first area in Scotland to be inspected by the Care Inspectorate and Healthcare Improvement Scotland under the new integrated arrangements. This was due in part to the long standing successful working relationships between the inspection agencies, North Lanarkshire Council and NHS Lanarkshire, which it was recognised, would facilitate a mutual learning process linked to the development of the range of new quality indicators focused on integration.

The inspection took place between May and August 2017 and included a review of strategic plans and an overview of delivery against national targets. The inspection team held a series of meetings over a two week period with over 250 members of staff, partners and stakeholders ranging from the Chief Accountable Officer and senior leadership team to elected members, IJB Board members, frontline staff and service user and carer representatives.

The focus of the Inspection was ensuring that the building blocks for the effective delivery of Health and Social Care Integration were in place to support the planning, commissioning and delivery of a high quality services in a co-ordinated and sustainable manner.

The assessment of these areas allowed a determination to be made as to the clarity of the vision, values and culture of the partnership, the operational and strategic planning arrangements, improvements made in the delivery of health and social care services and the overall success of the leadership.

The Inspection team identified a number of strengths and areas of good practice within H&SCNL including the strong foundations that have been developed to deliver integrated health and social care; the quality of our strategic needs assessments and locality profiles and the involvement of local communities, people who use services and carers in the development of our vision and plans.

There were a numbers of areas where the inspection team saw room for improvement including the challenge of ensuring that people were not delayed in hospital and the subsequent pressures that this created for home support services; the need for greater monitoring of plans in connection with improvement activity including anticipatory care planning and falls prevention; and the need for key stakeholders to understand and promote the vision of integration.

The dynamic nature of a process such as integration means that any inspection can only ever be a snapshot of a point in time. However, this report highlights a number of areas of activity where H&SCNL are already achieving examples of success and areas of good practice. There are, of course, areas where there was work still to be done, reassuringly the majority of these had been identified internally as targets for continued improvement and which six months after the inspection visit have already progressed.

While the inspection team did not formally grade Leadership and Direction That Promotes Partnership, the feedback received from inspection was very positive, noting specifically the shared vision and collective commitment to the development of the integration of health and social care in North Lanarkshire with the aim of supporting community capacity building and improvement in personal outcomes.

Locality Engagement

A range of locality engagement activities have taken place throughout 2017/18 in order to engage and involve staff, service user and carer representatives in the development of our Strategic Commissioning intentions for 2018/19, the progress of delivery against our intentions for 2017/18, the emerging findings of the Integrated Service Review Board and the findings of the Joint Adults Services Inspection.

Locality staff had the opportunity to attend the Achieving Integration Conference, described above, and engage in Locality Management Events which took place across all localities in February 2017. A further eleven locality roadshows took place in April 2018, with over 700 staff attending to discuss the joint inspection findings, the partnership's commissioning intentions and the difference that integration is making across each locality.

The remainder of this report is set out providing a summary of our performance against each of the national outcome indicators, and thereafter a description of our key achievements against each of the nine national outcomes.

In North Lanarkshire, we have integrated Children's Services and Justice Services within our partnership arrangements, and have therefore included further sections on the partnership's contributions to our Children's Services outcomes and Community Justice Partnership outcomes.

2 Delivering Outcomes

The core suite of integration measures which support the National Health and Wellbeing Outcomes provide the basis of this report which has been produced under the performance reporting requirements of the Public Bodies (Scotland) Act 2014. The report takes into account the performance reporting guidance issued under this legislation by the Scottish Government.

We are obliged under the Public Bodies (Scotland) Act 2014 to publish this Performance Report no later than four months after the end of that reporting year. This report covers the period April 2017 to March 2018, and is therefore to be published no later than the end of July 2018. It should be noted that, as a result of these statutory timescales, the performance information for

some national indicators is not yet available for 2017/18, therefore the most recent year's figures have been reported where this is the case. Also, Information Services Division (ISD) has also advised that where 2017/18 performance information has been made available, this should be marked as provisional and will be revised by ISD in September 2018.

The Performance Report Regulations requires us to ensure in future reports that data is included for the year the report covers and up to the 5 preceding years or for all previous reporting years, if this is less than 5 years. For 2017/18 and for the purposes of this report we are able to report data for 2016/17 and 2017/18.



National Health & Wellbeing Outcomes										
People are able to look after and improve their own health and wellbeing and live in good health for longer.	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.	People who use health and social care services have positive experiences of those services, and have their dignity respected	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Health and social care services contribute to reducing health inequalities	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 wellbeing	People using health and social care services are safe from harm	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	Resources are used effectively and efficiently in the provision of health and social care services		

National Outcome Indicator		2015/16	2017/18
NI - 1	Percentage of adults able to look after their health very well or quite well	92%	90%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	75%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	74%	71%
NI - 4	Percentage of adults at home who agreed that their health and social care services seemed to be well co-ordinated	73%	70%
NI - 5	Total percentage of adults receiving any care or support who rated it as excellent or good	78%	75%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	79%	76%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	84%	76%
NI - 8	Total combined percentage of carers who feel supported to continue in their caring role	41%	33%
NI - 9	Percentage of adults supported at home who agreed they felt safe	84%	80%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA

National Indicators 1-9 are all sourced via the nationally delivered Health & Care Experience Survey, with results available on a biennial basis for each Health & Social Care Partnership area. This report has included results from 2015-16 and 2017-18, which allows comparisons to be made across the time period. The results for North Lanarkshire are very much in line with the national picture, in that the results from 2017/18 in terms of positive responses to each

of the questions appear to be lower than the results of 2015/16. We have noted the changes made nationally in the methodology of the survey and the weighting of results and are liaising with colleagues in Scottish Government and Information Services Division Scotland to better understand our results and whether they have been affected by these weighting and methodology changes.

	National Outcome Indicator	2016/17	2017/18	Compared with last year	Compared with Scottish Average
NI - 11	Premature mortality rate per 100,000 persons	522	N/A		
NI - 12	Emergency admission rate (per 100,000 population)	15,457	15,452	↑	↓
NI - 13	Emergency bed day rate (per 100,000 population)	123,075	111,231	↑	↑
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	99	96	↑	↑
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	87%	88%	↑	↔
NI - 16	Falls rate per 1,000 population aged 65+	21	22	↓	↔
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83%	79%	↓	↓
NI - 18	Percentage of adults with intensive care needs receiving care at home	72%	N/A		
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (aged 75+)	964	1,021	↓	↓
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22%	21%	↑	↓
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA

National Health and Wellbeing Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer

Stress Control

Stress Control is a 6 week community level initiative that aims to help people develop skills and techniques to manage common issues caused by modern day living such as stress, anxiety or low confidence, which can affect wellbeing. During 2017/18, 1,041 people from across Lanarkshire completed a registration form for the programme and 94% of clients reported an improvement in their ability to manage stress. This was evidenced by an increase in clients' average score as measured by the Scottish Warwick-Edinburgh Mental Wellbeing scale from 17 at week one rising to 25 at week six

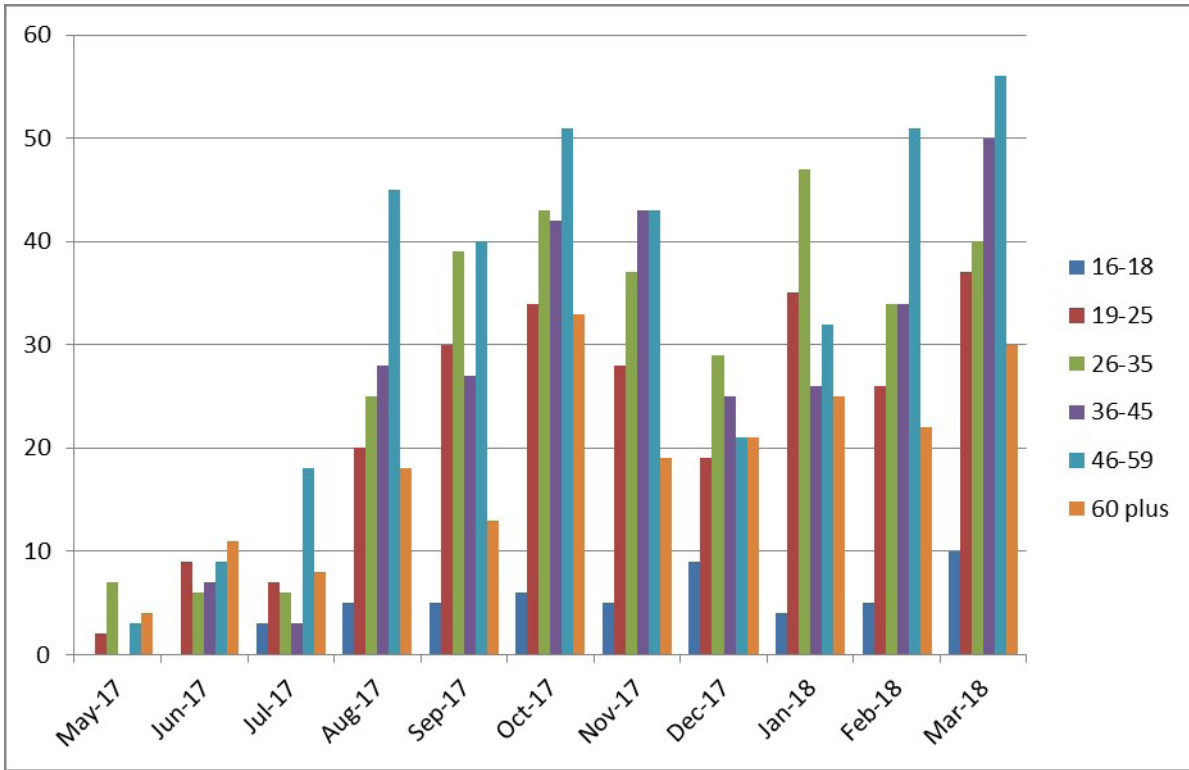
GP Link Workers North Lanarkshire

Beginning in May 2017, SAMH GP Link workers have been offering a social prescribing service to compliment the medical service provided by GP's in practices around North Lanarkshire. This GP Link worker model of social prescribing, takes into account physical, mental health, and social needs to impact on health and wellbeing. Working collaboratively with the person being referred via a GP, the link worker provides a sign-posting role to various different social supports and resources, identifying and overcoming barriers to people accessing such services and supports. One of the aims of the model is the creation of a non-dependency relationship with statutory and primary care services. GP engagement and support was established from the outset.

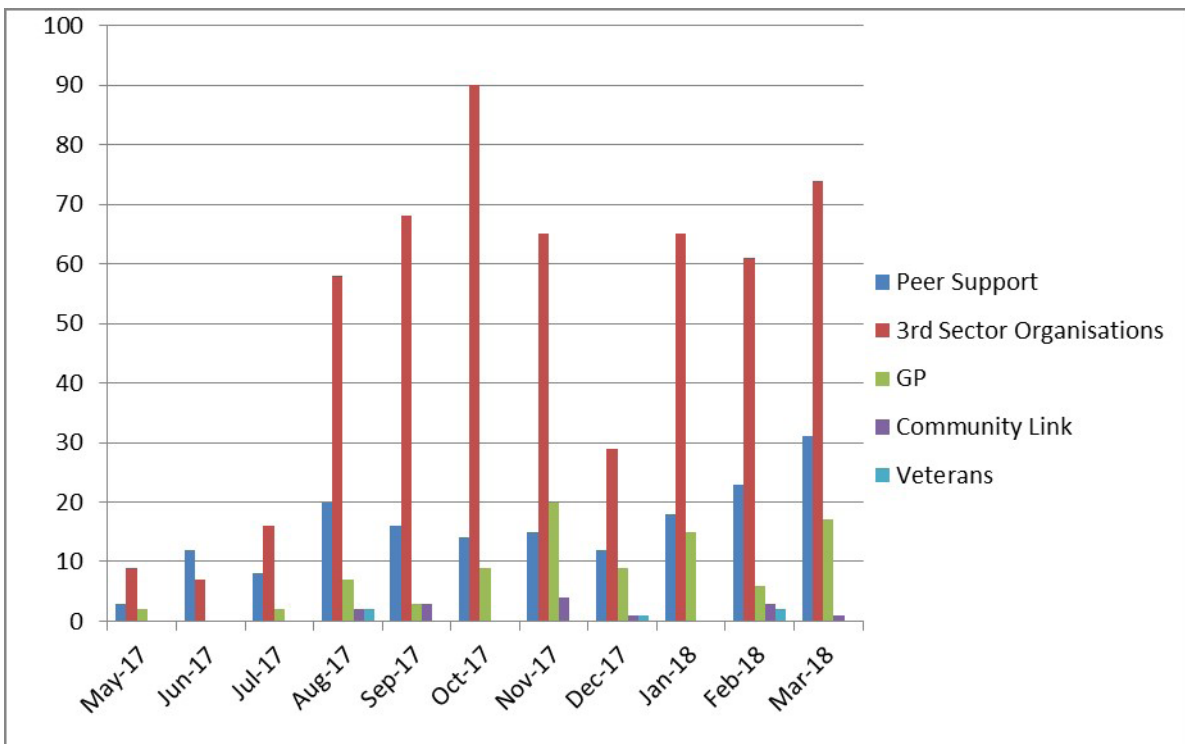
The approach engages the entire practice team and helps them develop the capacity to support self-management. This will be achieved through shared learning and additional access to up to date community information.

Skill mix of the link worker team (employed by SAMH) was important. Link workers must have the 'right' skills, including excellent listening, communicating and people skills and the ability to develop trusting relationships and have 'good' conversations.

A main focus of the project was on prevention and reducing health inequalities. The programme commenced with a focus on 'vulnerable' people, with more formal referral pathways and criteria being developed as it progressed, with now 43 practices across North Lanarkshire actively engaged with the Link worker test of change and over 2000 referrals being made since June 2017. Feedback so far has suggested that GP Link appointment's have offered a much needed link to community services for people being referred as well as enhancing the knowledge of GP's and practice staff on community recourses and supports available. People who have used the service have stated that they felt very comfortable talking to a link worker about subjects they had previously struggled discussing.



To date there has been approximately 2000 referral made across North Lanarkshire GP's. The age group ranges from 16 to over 60, though the majority of referrals received are for the 46 to 59 age group.



Overall the evaluation has concluded that the Link Worker project is a very valuable, strategically relevant, and widely respected intervention across all stakeholder groups, delivered by a highly motivated and skilled team. The number of people referred is significant, and they are recorded as progressing to a wide range of appropriate community based supports.

The delivery model has a number of key strengths such as being based on early intervention; premised on quick response times; providing a useful non-clinical complementary approach to medical services; asset based; time limited; progression focused; and based within GP Practices where Link Workers become part of the wider Primary Care team.

In addition to the consultations, 2 GPs have provided written endorsements.

'I was just writing to give you some feedback of the service being provided by SAMH and Lucia at Condorrat. We have found the service to be excellent and it has certainly reduced our workload as well as number of referrals to CMHT. Lucia is well liked and several patients have been very appreciative of her. A few patients have been disappointed that they can't see her more. I would hope Lucia and SAMH continue to provide this excellent service.'

Dr Ricky Bawa - GP Cumbernauld

'Firstly, I feel that we have under-used the facility mainly because it is new to us, but I do anticipate this service being used more frequently in the coming months as the GPs are becoming more familiar with its availability.'

'Secondly, the service being provided by Amanda is second to none. The best feedback we get is that the problems that Amanda deals with don't seem to come back. I think that speaks for itself. She works quietly and confidently and she is a credit to the service. There has been no negative feedback regarding Amanda and we would be extremely happy for Amanda to continue to provide this service for as long as possible. She is also very popular with the Staff as well as the patients.'

Paul D Flanigan
General Medical Practitioner
Branchelwood Medical Practice, Wishaw

Making Life Easier (MLE)

Making Life Easier (MLE), the North Lanarkshire Platform for self-management, early intervention and prevention was recently shortlisted as a finalist in the Digital Health and Care Awards, Scotland 2018.

As MLE develops as one of the points of access into health and social care services, it continues to build on exciting work that has been undertaken with many specialist services including audiology, podiatry, respiratory, health improvement and public health.

The most recent development has been a dietetics app to empower parents to support

their children with minor difficulties such as weight management, weaning and constipation.

Since the platform's launch in September 2017 there are now approximately 1000 assessments undertaken on the site across all apps every month and this figure continues to rise. This includes 185 assessments undertaken in the newly developed addictions app and 190 assessments in the mental health app.

There have been 120 MLE champions trained across NHS Lanarkshire, North Lanarkshire Council and the Third Sector.

National Health and Wellbeing 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.

Community Capacity Building and Carer Support

Community Capacity Building and Carer Support (CCB&CS) is Health and Social Care North Lanarkshire's Third Sector delivery branch. Through the CCB&CS Strategy, which has a strong locality focus, the Third Sector's contribution is co-ordinated, robustly monitored and connected to the Health and Social Care Partnership evaluation logic model, based on a series of programme outcomes. The CCB&CS work is built on co-production, including co-commissioning at community level, giving people (including carers) choice and control over their own lives and connecting them to their communities.

The programme has a devolved budget of £1.14 million which is directly invested in seventy seven organisations and community groups with countless others receiving support through other means. The governance arrangements ensure that best value is achieved by approving and monitoring investment, large or small, based on its clear contribution to the programme outcomes.

In year, this investment has allowed the structure to leverage additional funding of £850,573, as well as adding £193,142 as a conservative breakdown of in-kind contribution.

In 2017-18 the programme was able to evidence 34,453 aggregated programme outcomes split fairly evenly between Reducing Isolation and Loneliness; Enhanced Use of Information, Advice and Education; Improved Independence and Wellbeing; People Feeling Included, Connected and Safe; and Citizens Having Greater Access to Health and Wellbeing Support. There was also a spread across Older People; Mental Health and Addiction; Disability and Long Term Conditions; and Children and Families. Children and Families is an area we will

expand in future years.

The impact of the programme can be further demonstrated through the following quotes;

"I now meet people in the village I'd have walked past before. Now we stand and have a gab and an hour can pass before you know" (Lunch Club)

"Before I came here I was angry. I skipped school a lot but coming here I can be myself. Everyone here is the same; equal. At school I can now attend and can control my behaviour better because I understand my emotions. The best thing about coming is that I understand my mum's addiction. I didn't before and I blamed myself". (Love and Light Café – Young person in kinship care)

"Loneliness and isolation is my biggest issue. [...] I'd actually forgotten how to have an adult conversation".

"I've been in prison - I want to help others in that situation and show them that there are alternatives." (Alternatives to Violence Project)

"Whenever I would talk about my mental health I would always start off by saying 'I suffer from.' It was a very accurate representation of how I felt for a long time. It wasn't until I started on this course that I began to realise a lot of what was making me suffer was in fact manageable. I did not have to suffer any more. [...] As the saying goes, Rome was not built in a day but this course had definitely provided me with the solid foundation that I can continue to build myself up on. I am hopeful for the future where before I felt like giving up." (Living Life to the Full course)

"My youngest grandson was struggling to mix with friends outside school and I was beginning to wonder if it was a 'racist' thing on the part of his friends. I spoke to Cathy about it and she gave me some hints and tips for talking to him and suggested some things that might make this better. [...] The last couple of weeks he has started to go out on a weekend and do things with his friends. This is all thanks to the support from Nurture Scotland and I am so very grateful." (Nurture Scotland – Kinship Carer)

This model has been recognised nationally and internationally as a model of best practice to achieve outcomes for citizens and get best value from the Third Sector.

"After my stroke I was referred to this class. I was still dragging my right leg and my co-ordination was completely gone. Although initially I could not see any improvement in myself, I could see other people in the class improving, therefore, I felt I must be improving! Continued involvement in the classes is really helping me gain more mobility; they help me function as near normal as my stroke allows. Plus, I've gained some new friends - people in the class really support each other." (Physical Activity – Strength and Balance)



Home Support

In March 2018, the Integration Joint Board agreed to adopt a new model for home support focusing on five major elements:

- Integrated Model (Discharge to Assess in Localities)
- Same Day Response/Reablement/First Support (Intensive and time limited)
- Specialist Teams (e.g. supporting people with frequently changing needs and end of life / Palliative Care)
- Ongoing Paid Support (allocation of an individual budget to deliver individual outcomes as part of SDS)
- Quality Assurance (improving standards of care)

Home Support plays a crucial role in supporting individuals to remain at home, connected to their friends, family and local community for as long as possible. The new model of Home Support is a key element of the future integrated model in North Lanarkshire. Implementation of the new model will improve the outcomes that the service is able to deliver to people, improve system performance, meet requirements as they relate to relevant acts, policies and guidance and reduce projected increases in cost.

The new model focuses on the further development of in-house specialist services to maximise people's independence and support those with more complex conditions, including end of life care, within their own home.

The development of the specialist teams will help the service to future proof against the projected rising demand, whilst supporting

the challenge of living within budget and achieving best value for the public purse.

The roll out of the SDS approach for those requiring ongoing paid support will create a more person centred approach in North Lanarkshire, where younger adults and families of children with a significant disability are already supported with an individual budget. As the uptake of older adult SDS increases, the balance of support and care that will be provided through the in-house or other providers, will determine the level of recruitment of staff required in either sector.

The agreement to implement the new model of home support allows us to build on the significant achievements of the service delivered in 2017/18:

- Between January 2017 and April 2018, the median number of weekly occupied bed days due to home care delays, reduced from 197 per week in January to 93 in April 2018, a reduction of 53% which has been steadily realised across the period. This is testament to the improved joint working between our locality home support teams, and discharge hubs to better co-ordinate timely discharges for patients requiring some form of paid home support. The new model for home support will seek to deliver further improvements in any delays due to home care.
- 1,746 people completed the reablement process in 2017/18, an increase of 2.4% on the previous year.
- 812 people required no further home support following the reablement process, and 438 individuals required a reduction in the level of home support.

Rehabilitation Demonstration Project

The Rehabilitation Demonstration Project was initiated in Motherwell locality with the aim of developing and strengthening the rehabilitation service by shifting 25% of staff capacity to community provision, allowing service users to be seen by the right person at the right time in the right place.

It had been identified that there are many sources and destinations for referral for community rehabilitation in North Lanarkshire causing possible inefficiencies and duplication. In order to reduce overlap and duplication, NHS therapists from both hospital and community teams were co-located and integrated with local authority staff. By using a unique joint system of triage and prioritisation, service users in Motherwell received timely access to the appropriate service and practitioner. This placed rehabilitation and reablement principles at the heart of service delivery in the Motherwell Locality.

The team is co-located in the Motherwell adult community care team office. Co-location has proved to be very successful and a key element in terms of integrating the team, understanding each other's roles, streamlining duplication and ultimately improving outcomes for service users. Co-location has facilitated improved learning within the team from the diversity of skills spanning health and social work. It has also provided the opportunity for full and timeous access to all social work services as well as advice and support with the complexities of public protection.

The team developed an integrated health and Social Work prioritisation tool to triage referrals made into the service efficiently and consistently. The use of the tool facilitates an assessment by either physiotherapy or occupational therapy staff to determine the urgency of response following their referral into the service.

This daily triage also supports staff to clinically assess where the individual who has been referred would best be seen. An increase has been seen in the number of individuals being seen at the fast track clinic led by an Occupational Therapy Assistant.

The assistant practitioner has also been using the clinic model and it is envisaged that this can be developed further.

The development of a level 2 assessment was essential for all therapy staff coming together in this project. This allowed more effective engagement between services and reduced time spent recording while providing one consistent assessment tool across the disciplines. A level 2 assessment tool was developed for use solely by the project. The multidisciplinary integrated assessment has a rehabilitation/reablement and outcome focussed perspective and has proved to be instrumental in reducing administration time for all staff. It has been welcomed by home support staff in terms of their capacity to easily glean relevant information pertaining to requests for service delivery. Ongoing review of this assessment is currently underway.

The team have been screening all home support referrals for increased and new packages of care either post discharge from hospital or directly from the community. The team are gathering appropriate data in this respect, but early indicators have confirmed that the screening by therapy staff has proved instrumental in initiating rehabilitation for a number of service users. This in turn reduces the length of time they require home support reablement and in some circumstances no longer requiring home support provision.

The project has been able to demonstrate many examples of positive difference:

- Average waiting times reduced
- 26 visits saved over a 15 week period
- Increase in the number of reablement cases
- Increased hours of home support available for reallocation

Work continues within the locality to consolidate the work of the team and to integrate further services and supports, where appropriate. During 2018/19, the model of integrated community rehabilitation will be rolled out across the other five localities.

Palliative Care

During 2018-19, the partnership agreed a new model for palliative care services and specialist hospice provision in conjunction with NHS Lanarkshire and South Lanarkshire Health & Social Care Partnership.

The new model will see community nursing and home care staff, supported by respective specialist clinical staff, working in an integrated 24/7 way to provide palliative and end of life care and support to people in their own homes or in a homely setting. The new model reflects the preferences of people, expressed during a review of palliative care services earlier this year, to receive end of life care in their own home.

The new model continues to recognise the importance of hospice provision and the services they provide that will support residents across Lanarkshire. In relation to specialist inpatient palliative care, this will see thirty beds within the upgraded St Andrew's Hospice due to open in 2018. This arrangement will be reviewed in 12 months to determine its alignment with the strategic aim of supporting people at home.

In addition, there will be a range of community palliative care services with Strathcarron Hospice. These services, including Hospice at Home, will be monitored and the outcomes for service users and families will be reviewed over time.

Supporting People with individual budget – Transforming Care after Treatment Project.

The Supporting People with an Individual Budget project is one of three projects in Lanarkshire that were part of the Transforming Care after Treatment (TCAT) programme, a five year national project (2013-2018), funded by Macmillan Cancer Support which works in partnership with the Scottish Government, NHS Scotland, third sector organisations and local authorities. It aims to develop and promote the redesign of cancer services with a focus on putting people with a cancer diagnosis and their needs at the very centre of the support they receive.

People affected by cancer report can feel 'cast adrift' after the main clinical intervention has ended and it was with this population in mind that the initial project proposal came about. The key aim was to look at how the self directed support approach and the planning tools associated with this, usually found within a social work service, could be utilised within a more health orientated setting. We worked in partnership with

people affected by cancer at the end of their treatment, to establish what would assist their wellbeing and support this with a one off individual budget of £250.

The project firmly put the participants 'in the driving seat' through working with them to decide how to spend a small budget to bring about good outcomes. It offered the opportunity to talk, think and reflect in a safe environment and recognised that through supported discussion and time to reflect, people can take greater control of their own lives after treatment, enhancing their emotional wellbeing, ultimately aiding greater self-management.

The project was a collaboration between North and South Lanarkshire Councils, NHS Lanarkshire, the Haven and the local Maggie's Centre based at University Hospital Monklands.

By the end of the project, we had worked with 43 people and 84% of the participants took part in the evaluation process which was facilitated by Edinburgh Napier University.

Measuring Performance Under Integration

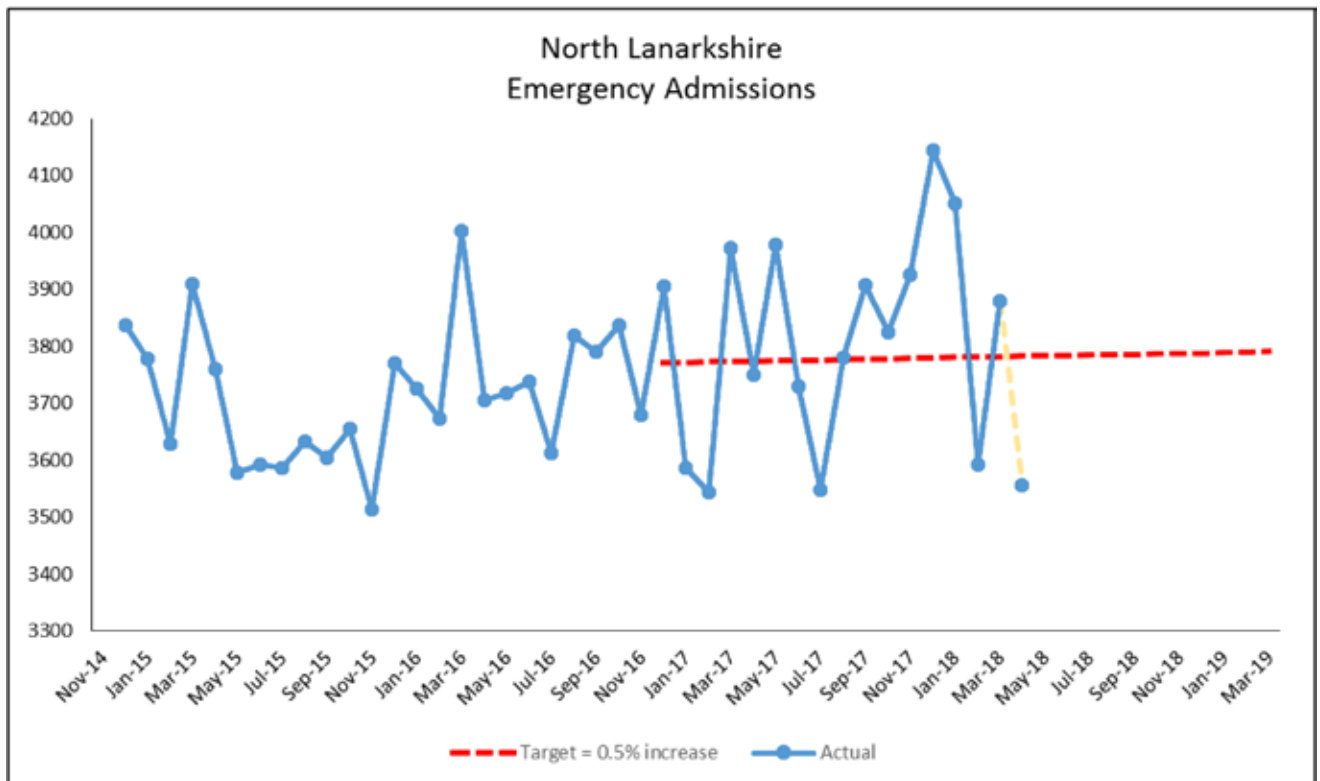
In early 2017, the Scottish Government has established the Measuring Performance Under Integration framework covering six agreed priorities that support the ambitions set out in the Scottish Government's Health and Social Care Delivery Plan. These priorities are:

- i. Number of emergency admissions into acute specialities
- ii. Number of unscheduled hospital bed days
- iii. Number of A&E attendances and the number of patients seen within 4 hours
- iv. Number of delayed discharge bed days
- v. Percentage of last six months of life spent in the community
- vi. Percentage of population residing in non-hospital setting for all adults and people aged 75+

As an Integration Authority, we agreed our improvement objectives for each indicator and developed and agreed improvement trajectories up until March 2019. Please note that the data for indicators on emergency admissions and unscheduled bed days may be affected by completeness issues, particularly in recent months and should therefore be interpreted with caution.

Emergency Admissions

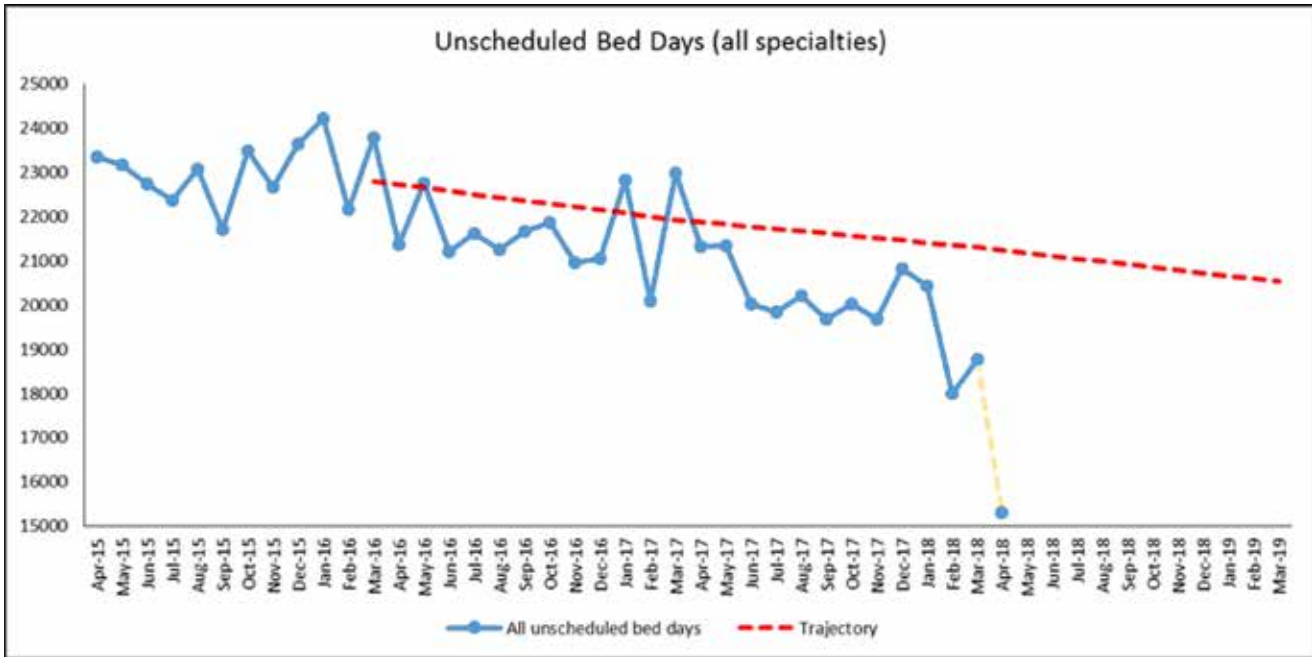
The number of emergency admissions increased by 2.7% in 2017/18, compared with 2016/17. This compares with an increase of 0.7% across Scotland. Admissions generally remained steady during 2017, largely in line with our projected increase of 0.5% and then rose around Christmas time during a particularly challenging winter period.



Unscheduled Care Bed Days

During 2017/18, the partnership has focused on developments in line with the national Health & Social Care Delivery Plan aim of reducing unscheduled bed days in hospital care by up to 10 per cent. Performance for the period April 2017 – March 2018,

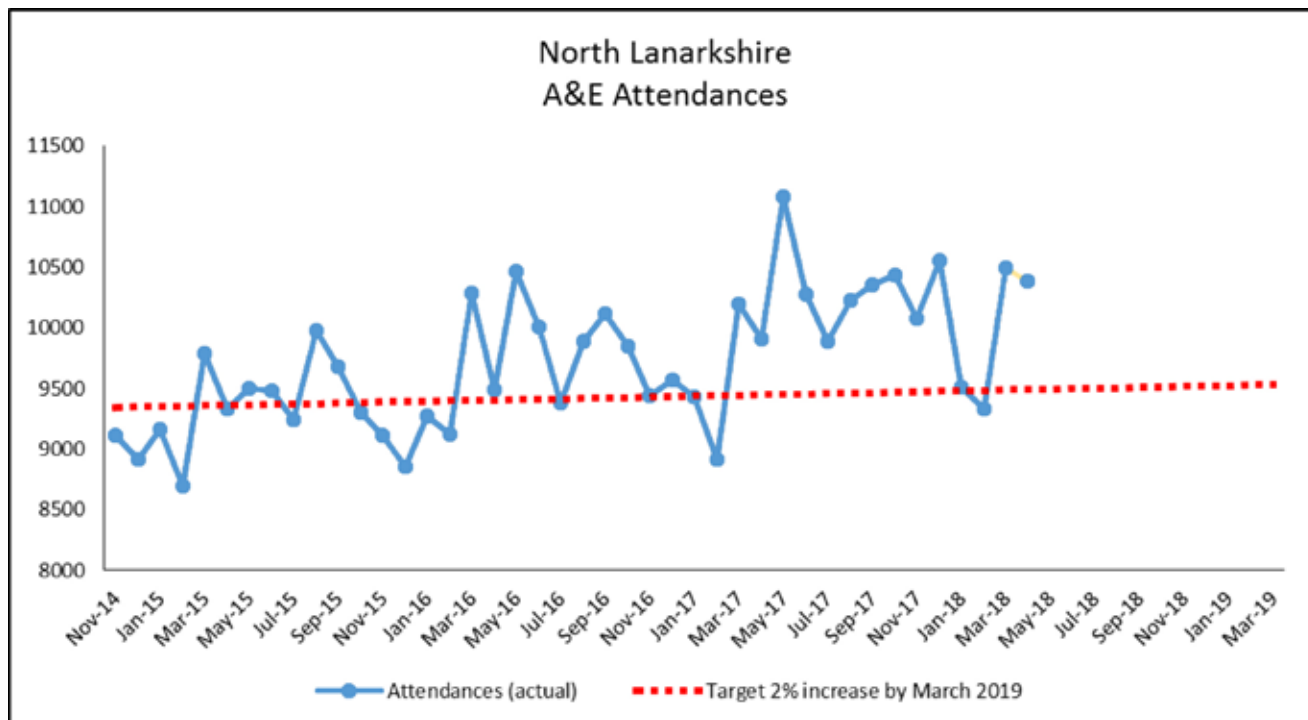
compared with the same period of last year, is indicating a reduction of just over 7%. While the data should be treated with caution due to its completeness, the graph below indicates a very positive direction of travel in terms of the reduction of unscheduled bed days across the system.



A&E Attendances

The total number of A&E attendances in 2017/18 was higher than the levels anticipated. The latest winter period, unsurprisingly, led to a noticeable increase in A&E attendances, however performance

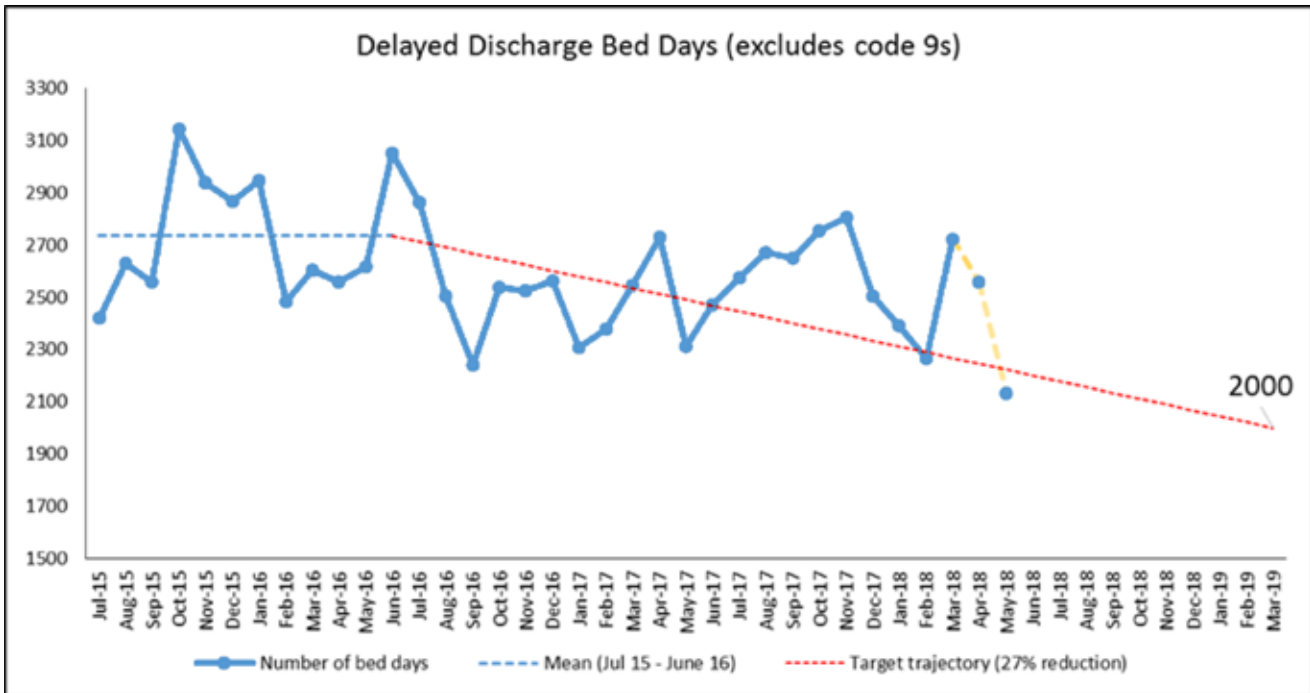
for January and February 2018 was far closer to our anticipated trajectory. In 2017/18 the number of attendances increased by 4.6% for North Lanarkshire, while nationally the number increased by 2.1%.



Delayed Discharge

We have continued to focus our efforts on ensuring timely discharge of patients who require additional support to live independently in their own homes. We have made significant progress in the average number of days patients are delayed due to home care packages being put in place – the median weekly bed days occupied due to homecare reduced between January

2017 and April 2018 by 53%. We anticipate that our new model of home support will deliver further reductions in bed days during 2018/19. Patients with more complex needs remain a priority, and we anticipate in early 2018/19 to be able to demonstrate reductions in occupied bed days for those waiting on the completion of a Community Care Assessment (CCA) and patients delayed due to their Adults With Incapacity (AWI) status.



We have developed a joint action plan for Delayed Discharge & Unscheduled Care with colleagues from across the whole health and social care system, which is reported regularly to the IJB's Performance, Finance & Audit Committee. Key actions implemented during 2017/18 include:

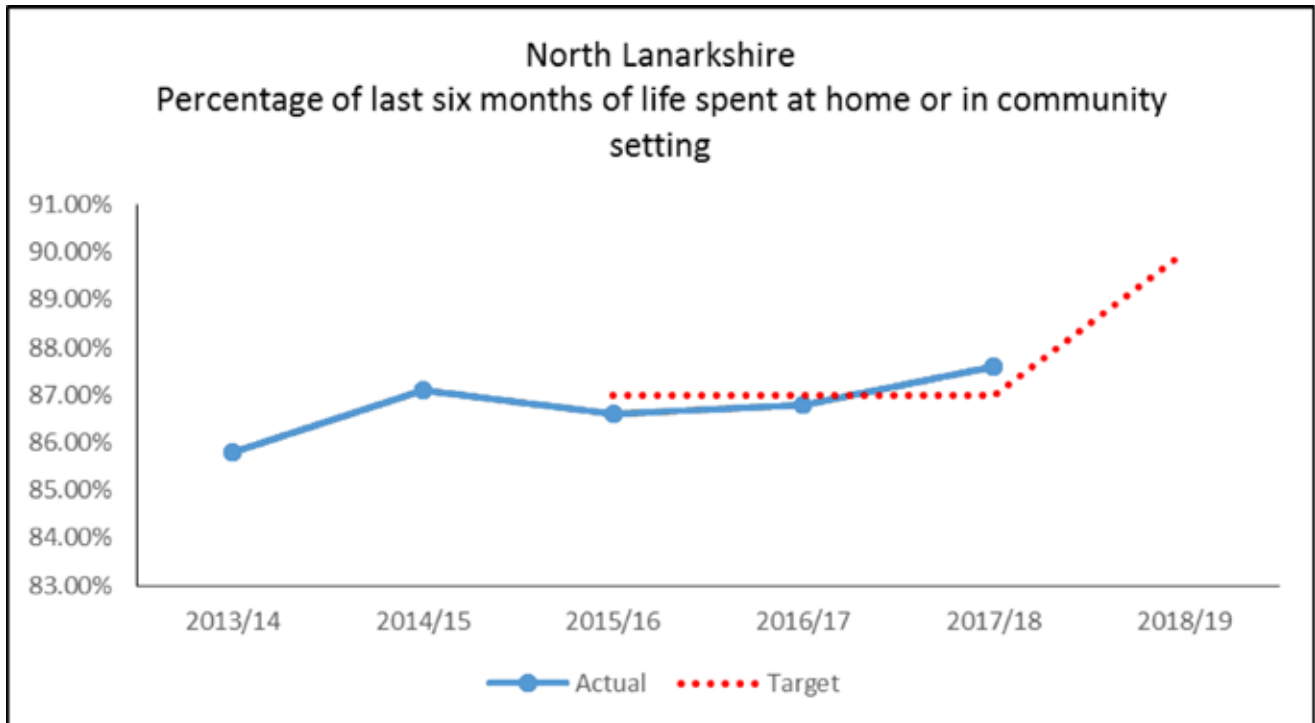
- New model for home support approved by IJB in March 2018;
- Intermediate care review at an advanced stage with final proposals to be approved in 2018/19;
- Co-location of Hospital @ Home on Wishaw site;
- New model for managing Adults With Incapacity (AWI), with new protocols at an advanced stage and to be finalised in early 2018/19;

- Rapid Emergency Assessment Care Team (REACT) in place at front door of Monklands hospital, and to be trialled at Wishaw District General;
- Criteria led discharge/ Estimated Date of Discharge / Daily Dynamic Discharge, now operational in Wishaw General and Monklands Hospitals and to be rolled out to off-site facilities

Our action plan will continue to be implemented in 2018/19, as we continue to focus our efforts on reducing unscheduled bed days, and particularly those which are attributable to any patient who has been deemed clinically ready for discharge.

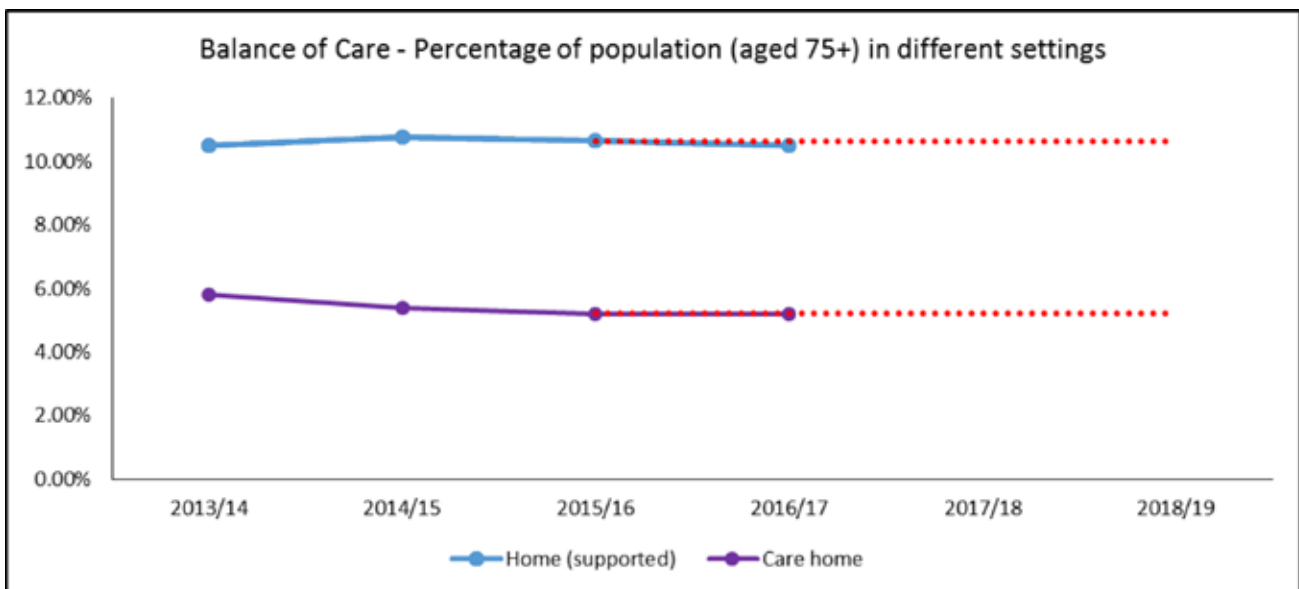
End of Life Care

The chart below indicates a general upward trend in line with the planned trajectory 90% of the last six months of life spent in the community by March 2019.



Balance of Care

The percentage figures for the distribution of the population in different care settings have remained stable over the last four years. Figures for 2017/18 are unavailable at this point in time. Our intentions are to maintain the balance of care in North Lanarkshire in line with previous years.



Case Study

Mrs M is a sixty two year old woman who currently lives alone in her own home in Motherwell. She is profoundly deaf and requires an interpreter to ensure effective communication. She has osteoporosis, diabetes and an alcohol dependency. She frequently experiences low mood and has a history of suicidal ideation. Mrs M currently receives a self directed support budget of £22,837.00 and Deaf Blind Scotland offer her support to achieve her outcomes.

Historically Mrs M frequently turned up at the Accident & Emergency Department and required assistance with difficulties sustained through falls while under the influence of alcohol or through suicidal ideology. She was well known to all emergency services. Her behaviours had also resulted in her being ostracised within the deaf community. Relationships with her family had also broken down as a result of her alcohol dependency. Mrs M had a diminished sense of self worth and this was compounded by language barriers when she was attempting to communicate her difficulties to the various agencies she came into contact with.

A community care assessment identified that Self Directed Support may assist Mrs M with the difficulties and level of risk she was experiencing.

The provider chosen by her was pivotal in the change process as she could communicate freely with them. A positive relationship was established with the allocated social worker and this aided in identifying clear outcomes for Mrs M.

Over the past year it has been the main outcome for Mrs M to engage socially within her community. She has been supported to explore opportunities and she is now going swimming, attending the gym and walking. She is an excellent BSL signer and she has been asked by Deaf Blind Scotland to become involved in teaching others. She is very apprehensive about this, however, this would give her a sense of achievement and improve her confidence. Support staff will try to continue to encourage her to do this.

The number of visits to the Accident & Emergency Department has dramatically reduced, as have accidental injuries and suicidal ideology. The provider was also able to establish a protocol at A&E that if Mrs M presents she has access to an interpreter through NHS. The input from other emergency services has also reduced. Binge drinking and alcohol related incidents have also reduced and Mrs M is to be discharged from addiction services.

Outcomes continue to be identified and Mrs M leads on this. She is keen to work on developing natural friendships.

National Health and Wellbeing Outcome 3

People who use health and social care services have positive experiences of those services, and have their dignity respected

Service User & Carer Engagement

Since 2016 there has been work to develop service user and carer involvement in the IJB governance structures. This is being reviewed as part of a wider review of stakeholder involvement in health and social care.

- Endorsement of the Participation and Engagement Strategy 2017-2020 at the January 2017 meeting of the IJB.
- Development of a Participation and Engagement Working Group to support the roll out of the Strategy and ensure compliance against the seven nations standards for community engagement.

Who has been involved?

- Partnership for Change, the forum for service user and carer involvement.
- North Lanarkshire Carers Together, one of the partners in Partnership for Change have a delegated role to involve carers in the Locality Planning Group structures.
- The Public Partnership Forum, who represent community interests, have been identifying where and how they can have a more active role in the IJB, representing the communities in North Lanarkshire.
- The Health and Social Care Partnership in North Lanarkshire has a role to support service users and carer involvement.

Below is a summary of the achievements of Partnership for Change, since the appointing a Development Worker in June 2016. There are five work streams:

Engaging with a wider range of service users and carers

- 11 new member organisations linking to the service users and carers that they support.

Gaining understanding and knowledge through an independent comments system

- Links have been established with Care Opinion in Scotland. Actions include:
 - An awareness raising event attended by 50 community and service user and carer representatives and staff
 - Exploratory discussions on IJB subscribing to Care Opinion.
 - Monitoring of Care Opinion stories and presentation of stories to Partnership Boards.

What has been achieved?

- Approval of nominations for third sector, carer and service user representatives for the IJB and sub-committees.
- Formation of the Service User and Carer Forum hosted by Partnership for Change.
- A member of the Public Partnership Forum (PPF) has joined the above group, and vice versa, supporting better communication
- Review of representation at the two Partnership Board, supporting new members from the PPF and User and Carer Forum to attend.
- Development of user and carer representation at the Locality Planning Groups

Representing the views of service users and carers whilst responding to consultations on strategies and plans, and attending IJB meetings

- Production of briefing notes for IJB Board Meetings to support representatives at pre meetings and full IJB Board meetings.

- Support for service user and carers representatives to attend
 - 11 Addictions, Justice, Learning Disability and Mental Health Partnership Boards
 - 11 Frailty & Long-Term Conditions Partnership Boards.
 - 4 Strategic Commissioning Planning Group meetings.
 - Care Commission focus group for the Adult Services Inspection.
- Joint submission to the NHS Lanarkshire and NL-H&SCP consultation on the Strategic Commissioning Intentions.
- Prepared a joint submission the NLC 2018 Budget Consultation.
- Established links with the North Lanarkshire Public Partnership Forum (PPF) and NHS Lanarkshire Public Reference Forum (PRF).

Involving service users, carers and partners within the six key localities

- Established and maintained a schedule of IJB meetings, Partnership Board meetings and all 12 Locality Planning Group meetings.
- Recruited 38 service user and staff supports from member organisations to participate in the 12 Locality Planning Groups within the 6 localities
- Facilitated two induction sessions for the service user representatives on the locality planning groups.
- Organised two quarterly assimilation meetings to connect the service user representatives on the IJB Board, the Partnership Boards and the Locality Planning Groups.
- Developed a distribution network across member organisations to forward information about developments, events and invitations.

Produce a Prospectus for Change that proactively identifies key health and social care issues that are priorities for members

- Identified three priorities to work on to develop more detailed co-produced solutions.
 - Transport and access to services- Model for future engagement is established
- Changes to the community alarm service – Involvement of service users and carers in the review of eligibility criteria. Involved in working group on implementation and review of the wider out of hours service.
- Service user and carers have been involved in promoting Self-Directed Support and applying for funding from Support in the Right Direction.

North Lanarkshire Carers Together

As well as being members of Partnership for Change, North Lanarkshire Carers Together have taken forward the task to involve carers in the LPG structures.

- Six carers have completed a 6 session training programme.
- There is a planned support programme pre and post LPG meetings

National Health and Wellbeing 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.

Care Home Continence Improvement Project

Last year, the Care Home Continence Improvement project set out to improve approaches to continence care across two care homes in North and South Lanarkshire, Summerlee House in Coatbridge and David Walker Gardens in Rutherglen. The initiative allowed care home staff to improve the quality of care through better recording of processes and introducing small changes including medication reviews and reducing caffeine intake.

The outcomes of the project has led to improvements including a reduction in falls by 65%, urinary infections being halved and skin damage reduced by one third. The project has also significantly reduced the amount of continence pads used at the homes.

The pilot was developed by teams in and North and South Lanarkshire's Health and Social Care Partnerships, NHS Lanarkshire and NHS National Services Scotland and work is underway to explore rolling the project out across Lanarkshire.

The project celebrated success in the UK-wide GO Awards which recognise excellence in public procurement, winning the top prize in the innovation category.

National Health and Wellbeing Outcome 5

Health and social care services contribute to reducing health inequalities

Health & Social Care NL are a key participant and contributor to the Community Planning Partnership's Local Outcome Improvement Plan (LOIP), which has the expressed commitment to tackling inequalities in North Lanarkshire. As part of the Plan, we play a lead role in the Homelessness workstream and are key partners in the Looked After Children and poverty workstreams.

As a Health & Social Care Partnership we have agreed our own Inequalities, Prevention & Anticipatory Care Strategy, which comprises our own aspirations for tackling inequalities in North Lanarkshire. Some of the key achievements and developments of 2017/18 which have been delivered and devised as part of this strategy are outlined below:

Adverse Childhood Experiences (ACE)

Across the partnership, we are seeking to raise awareness of Adverse Childhood Experiences (ACE) using the Resilience Documentary, and improving our understanding of the implications of toxic stress as an important public health issue. We are using the resilience documentary as a tool for facilitated discussions on how stressful experiences in childhood can alter brain development and have lifelong effects on our health and behaviour.

Homelessness

We are delivering highly targeted approaches to improving the health of people at risk of or experiencing homelessness by:

- Piloting a person centred care management model for homelessness
- Designing and delivering an assertive outreach sexual health service to increase screening uptake in the homeless population
- Completing a health needs assessment for children experiencing homelessness

- Delivering training and support to embed the Psychologically Informed Environments concept into services supporting homeless people.

Houldsworth Health Centre

We have devised a programme with the aim of testing a 'one point of contact' model for an on-site support and information service (e.g. financial and debt advice, mental health, social security support, employability, McMillan) within Houldsworth Health Centre, Wishaw. Taking a social prescribing approach with patients we will actively facilitate connections to community and voluntary sector services. We will deliver a 'frontline' service which acts as a basic patient advocate through to supporting complex issues; improve the social and economic outcomes for Houldsworth patients and service users; and reduce the time medical and clinical staff spend on non-clinical issues.

Embed routine enquiry (income maximisation and physical activity)

We are developing our workforce to have the knowledge and skills to raise the issue of money worries and physical inactivity with patients and clients and signpost or refer them for further support. We have identified key Health and Social Care staff groups and arranged Health Improvement awareness/training sessions. We will ensure they have service information and clear guidelines. We will add key routine enquiry questions into assessment paperwork and test with small staff groups.

We will embed routine enquiry into the generic assessment and by March 2019 will be in a position to report the impact of this work.

National Health and Wellbeing Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce the impact of their caring role on their own health and wellbeing

Carers Act

The Carers Act came into effect on 1 April 2018 and significant work has been undertaken in preparing for the implementation of the legislation. North Lanarkshire has a long history of commitment to carers and a highly respected approach to Self Directed Support. Our priority in preparing for the implementation of the legislation has therefore been to ensure that developments in both the Guided Self Assessment and Carer Act implementation are complementary to, and build on existing strong practice.

During 2017/18, a multi-agency group was established to support the implementation of the Carers Act including care group representatives, South Lanarkshire Health and Social Care Partnership, NHS Lanarkshire, Lanarkshire Carers Centre, , North Lanarkshire Carers Together, and Voluntary Action North Lanarkshire. To date this has established the following key work areas:

- Adult Carers – Direct Support, Short Breaks and Adult Carer Support Plans
- Young Carer – Direct Support and Young Carer Statements
- Eligibility Criteria including Carers GSA
- Campaigning and Representation
- Carers involvement in Hospital Discharge Process
- Carers Strategy

A separate Carers Guided Self Assessment has been developed in line with the Statutory Guidance from the Scottish Government. The draft Carer Guided Self Assessment covers the priority areas identified by the Scottish Government – Health and Well Being, Relationships, Living environment, Employment and Training, Finance, Life Balance and Future Planning.

During 2018/19, the partnership will continue to deliver its implementation tasks as part of the 'Readiness Tool' shared with the Scottish Government.

National Health and Wellbeing Outcome 7

People using health and social care services are free from harm

Adult Protection

Case Study

Mrs P is a 86 year old frail lady. She came to social work's attention after an Adult Support and Protection referral from her bank manager. He had known Mrs P for a number of years and became concerned when she was supported to the bank by people claiming first to be a relative then when challenged on this claimed to be Power of Attorney. They had attended the bank to support Mrs P to withdraw a large sum of money and at a later date to gain access to internet banking.

During the investigation it became apparent that the "friends" had not only tried to access Mrs P's banking, they had supported her to place her home for sale on the market, instruct a solicitor to purchase another larger home to enable one of the "friends" to move in with her. They had also visited Mrs P's solicitor and lifted her Will taking it to another solicitor to change the Will to make one of the "friends" the beneficiary. The bank had confirmed that 6 figure sums were involved.

Mrs P's "friend" had also changed her locks, taken her to a jewellers with jewellery to be appraised, and estranged her from her sister and friends. They had purchased a holiday costing £4000 that Mrs P had paid.

All of this activity had taken place within 6 weeks of befriending her.

In response, a range of services worked together to support and protect Mrs P from harm. A psychiatric consultant assessed Mrs P's capacity to make her own decisions. The consultant determined that she did not have capacity and presented his findings at an Adult Support & Protection case conference.

Police Scotland investigated concerns including interviewing all solicitors involved. They also fed back their progress at the case conference.

A banning order was put in place to stop Mrs P going on holiday and consorting with the "friends".

Mrs P moved into residential care for one week while her new "friends" went on holiday.

Mrs P re-engaged with family and neighbours (who had always been a protective factor) and subsequently Mrs P's sister was awarded Guardianship, with the family solicitor becoming Financial Guardian.

National Health and Wellbeing 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

Health & Social Care Academy Update

The Health and Social Care Academy is a key priority for the partnership in developing our workforce for the future and will assist young people to access employment in growth sectors within North Lanarkshire and across the country, through providing curriculum pathways linked to labour market intelligence. During 2017/19, significant planning and scoping work has taken place and from 2018/19 the Health And Social Care Academy will be delivered across three key strands:

- Health And Social Care Academy: Schools
- Virtual Health And Social Care Academy
- Proactive recruitment in partnership with Further and Higher Education.

Entry to the Health and Social Care Skills Academy: Schools

The Health and Social Care Academy, will be based within the Coltness High School campus and provide curriculum opportunities linked to the health and social care sector to targeted young people in the senior phase of learning from the nine secondary schools in the south locality.

It will enable pupils to gain qualifications as well as work related learning experiences to assist them in gaining employment and will also assist in meeting the workforce requirements of this sector, particularly in the areas of health and social care (adult and children and young people), general nursing and allied health professions (dietetics, physiotherapy, occupational therapy and audiology).

Young people will remain on the roll of their own secondary school and the majority of their curriculum will be delivered from there.

They will travel to the Health and Social Care Academy for subjects and opportunities linked specifically to this sector.

The Health and Social Care Academy curriculum will be overseen by the Head Teacher of Coltness High School and will be supported by school staff, Further Education and Higher Education staff, employers and other partners including Skills Development Scotland and the Prince's Trust. In year one the Care Academy will focus on the development of pupils interested in undertaking a range of support worker roles.

From August 2018 the Health and Social Care Skills Academy will offer up to 100 places for pupils in the following educational programmes, (20 places per programme):

- Skills for work Level 4/5 Health and Social Care
- Skills for Work Level 4/5 Early Education and Childcare
- Foundation Apprenticeship Social Services and Health Care
- Foundation Apprenticeship Social Services Children and Young People
- Prince's Trust Get Into Health and Social Care

In addition, all young people will have access to the support of a mentor from North Lanarkshire Council or NHS Lanarkshire.

NHS Lanarkshire will enter into a formal School/Employer Partnership with Coltness High School following the School/Employer Partnership Guidance published by Scottish Government.

In academic year 2, the curriculum will broaden to offer courses linked to Nursing and Allied Health Professions.

Virtual Health And Social Care Academy

In taking this aspect of the Academy forward a focus group of relevant professionals from across the health and social care sector was created by the Care Academy Implementation Sub-Group to discuss the themes in scope for the creation of a comprehensive online resource. This website will provide a single portal for those seeking a career in health and care to connect them with existing online resources. It will also highlight further and higher education opportunities and volunteering opportunities within North Lanarkshire.

The portal will work by asking users to make choices about the areas they wish to find more information. Based on those choices, the portal will direct the user to pre-existing online resources. Video will play a significant part on the site, with case studies and promotional films utilised. These will also be used in marketing campaigns to encourage users to visit the portal.

The site will be designed in such a way that relevant health and social care employees can update content as required, with the support of communications staff and without the need for expensive third-party maintenance.

Proactive Recruitment In Partnership With Further And Higher Education

Through discussion with Further Education colleagues it is apparent that a number of students are graduating from a range of health and social care programmes and have been unable to secure employment in this sector.

NHS Lanarkshire has an established partnership with a number of Higher Education establishments such as University West Of Scotland to proactively recruit newly qualified Registered Nurses from them. A test of change is underway to host a Recruitment Fair at New College Lanarkshire at the end of May 2018. The event will be attended by students graduating from the Collage's Health and Social Care Programmes in June 2018 as well as those going onto to do a higher level qualification who will graduate in June 2019.

The event is being co-ordinated by NHS Lanarkshire in partnership with New College Lanarkshire, and the third and independent sectors with the aim of recruiting to a range of vacant posts.

Collaborative Leadership in Practice

Collaborative Leadership in Practice was a one-off piece of work supported by NHS Education For Scotland (NES) and Scottish Social Services Council (SSSC) and linked to the Primary Care Transformation Fund. Collaborative Leadership in Practice is a tailored intervention enabling primary health care and social care practitioners to develop their collaborative leadership by incorporating action inquiry about it in their real work. This was a rolling-start programme of team support, lasting approximately eight months per team. It is aimed at multi-disciplinary groups of health and social care professionals who are working collaboratively on the delivery of a locality-orientated project that supports integration.

The programme is designed to become part of the integration work, supporting the process of development that teams are undertaking. It offers tailored team coaching and facilitation within an action inquiry framework to enable partnerships to lead change collaboratively and move forward effectively with integration. In HSCNL we received this supported by Animate to assist with the following groups of staff: GP Clusters, Locality Management teams, Children and Families teams, Mental Health Services and Planning, Quality and commissioning services team.

Organisational Development Activities

As we continue to implement our Strategic Commissioning intentions our focus will be on the on-going development of the Health and Social Care workforce in North Lanarkshire. We want to re-energise our teams, building commitment to new ways of working across sectors and professional interests; we are keen to strengthen the skills and capabilities needed for working across boundaries to deliver integrated services for the benefit of the local population; we want to ensure that the practices and behaviours embodied by local teams support the implementation of integration; and enhance performance to meet the changing demands of an increasingly complex health and social care system. We will deliver development programmes to support senior leaders and operational managers to implement the requirements of the integration agenda, to develop effective working relationships across organisational boundaries and to work with the "wicked" issues to find solutions that are workable and make a shift.

Joint and Shared learning - Some joint delivery has taken place between SW and Health for values events. An agreement has been made that requests for development events from either agency will be reviewed for the potential to develop and deliver on a multi-disciplinary basis.

Dementia training at Levels 1 and 2 has been delivered on an integrated basis with a current programme on Leadership in Dementia care resulting in some project work aligned to the Promoting Excellence framework. Within integrated services such as Addictions and Locality Day Services, learning and development is provided on an integrated basis and this model will be used where appropriate as services develop in integration. First line management training programmes that currently exist separately within health and social work have been examined for integration and it is planned to dovetail and co-deliver these programmes going forwards. Child and adult protection programmes are already delivered on a multi-disciplinary basis.

National Health and Wellbeing Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services

Financial Year 2017/2018

The resources available to H&SCNL to deliver the delegated functions set out in the Integration Scheme and the Strategic Plan are comprised of the financial contributions from North Lanarkshire Council (NLC) and NHS Lanarkshire (NHSL). The financial position for public services continues to be challenging. Notwithstanding these pressures, within the financial envelope available to each partner and following a process of consultation, in March 2017 the North Lanarkshire Integration Joint Board (IJB) agreed a financial plan for 2017/2018 to ensure a balanced budget was achieved by 31 March 2018. The detail of this plan is available at North Lanarkshire IJB Financial Plan 2017/2018¹.

Partner Contributions 2017/2018

NLC maintained the 2016/2017 baseline funding for 2017/2018. They also provided additional recurring funding of £6m to meet the cost of regrading the home support workers, £1m to support the transition of vulnerable young adults with complex needs leaving school and £1m to meet the cost of the apprenticeship levy and auto-enrolment. Non-recurring funding of £3m was also made available to support the growing needs of the elderly.

NHSL also agreed to maintain the 2016/2017 baseline funding for 2017/2018. In addition to this, recurring funding of £6.970m was transferred by NHSL to the IJB to meet the projected cost increases associated with the following policy commitments:

- The full year effect of the payment of the living wage of £8.25 per hour to all adult care workers.
- The payment of the living wage uplift of £0.20 per hour from £8.25 per hour to £8.45 per hour, effective from May 2017.

- The impact of sleepover costs and sustainability in the care sector.
- The disregard of the value of war pensions from financial assessments for social care.
- The pre-implementation work in respect of the Carers (Scotland) Act 2016.

Additional funding for NHSL was also issued during the year. Approximately 87% of the in-year NHSL funding was ring fenced for areas covered by the North and South Lanarkshire IJBs.

A new community justice model was established in Scotland in line with the Community Justice (Scotland) Act 2016. Strategic planning and service delivery became the responsibility of local community justice partners and ring-fenced funding of £6.691m was therefore directed via NLC from 1 April 2017.

Included within the funding available is a "set aside budget" totalling £56.877 million. This is a national allocation in respect of "those functions delegated by the health board which are carried out in a hospital within the health board area and provided for two or more local authority areas". The IJB is responsible for the strategic planning of these services but not their operational delivery.

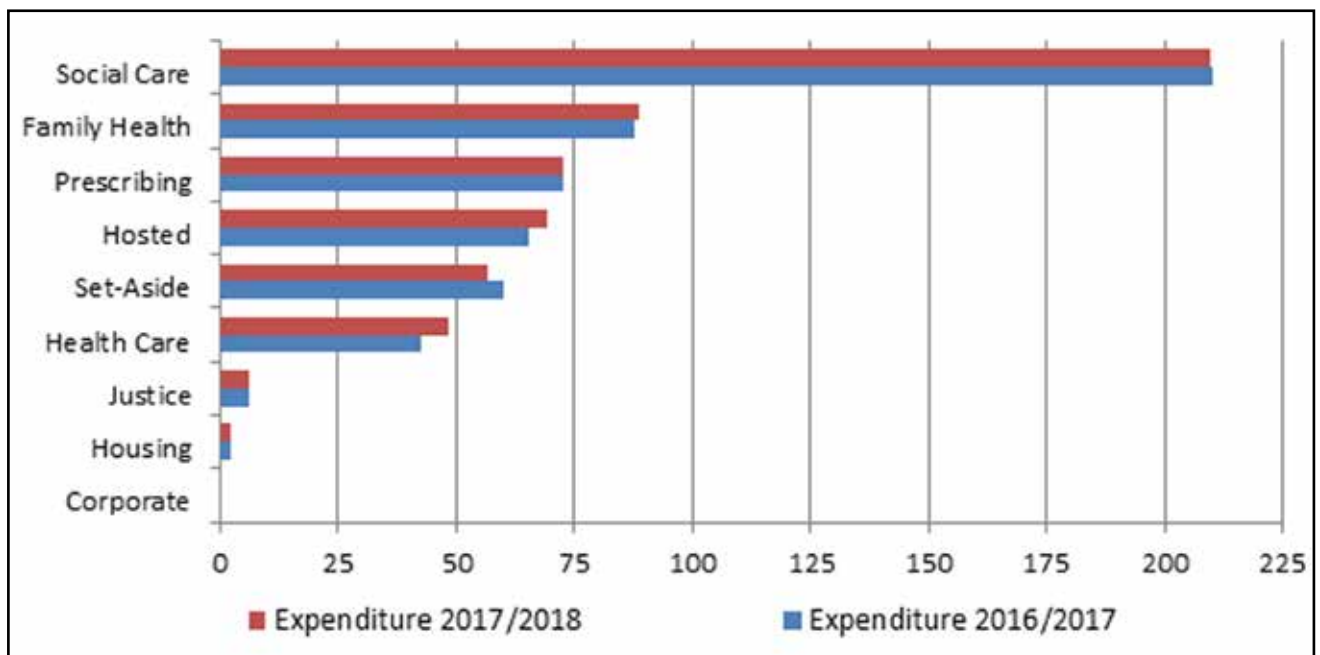
The total funding therefore available during the financial year 2017/2018 to take forward the commissioning intentions of H&SCNL was £564.760m (NHSL- £386.073; NLC - £178.687m).

Expenditure 2017/2018

Cost pressures in 2017/2018 were originally expected to be £15.649m and the financial strategy to address these pressures was outlined in the North Lanarkshire IJB Financial Plan 2017/2018¹.

The total amount of money spent in 2017/2018 was £554.022m. The comparison of actual expenditure between 2016/2017 and 2017/2018 on services is detailed in the table below and is also graphically illustrated in the graph.

Services	2016/2017		2017/2018	
	£m	%	£m	%
Social Care Services	210.016	38%	209.623	38%
Family Health Services	87.685	16%	88.701	16%
Prescribing Costs	72.586	13%	72.636	13%
Hosted Services	65.553	12%	69.185	12%
Set-Aside Services	60.000	11%	56.877	10%
Health Care Services	42.647	8%	48.423	9%
Justice Services	6.307	1%	6.324	1%
Housing Services	2.271	0%	1.993	0%
Corporate Services	0.198	0%	0.260	0%
Total Expenditure	547.263	100%	554.022	100%



The expenditure aligned to health and social care services has remained broadly consistent between the years. The overall increase in expenditure in 2017/2018 of £6.759m is mainly attributable to inflationary cost increases and demographic growth. Key elements of the financial profile across health and social care services over the past 12 months are summarised as follows:

- Spending on drugs continued to increase and is a key financial risk. Before the start of the financial year, an overspend against the prescribing budget appeared highly unlikely however the price of a range of drugs increased considerably during the year as, across the UK, shortages in supply emerged. The intensity of the Pan-Lanarkshire Prescribing Quality and Efficiency Programme was maintained during the year and, while both the South Lanarkshire and the North Lanarkshire IJBs benefited, their activity could not in itself compensate for the short supply factors, leaving a forecast year-end overspend across Lanarkshire due to price increases. The short supply issues have not yet washed out of the market, leading to predictions that 2018/2019 will also be a difficult year. In order to mitigate against this risk, NHSL made available an additional contribution of £0.600m in 2017/2018 which avoided the need to use the already established prescribing reserve of £0.616m. Part of the 2018/2019 financial strategy included significantly increasing the prescribing reserve by £2.265m to £2.881m, which represents 4% of the prescribing budget of £72.636m.
 - There was a shortfall in income of £3.911m due to changes in the charging policy. This financial pressure was managed during 2017/2018 on a non-recurring basis and will be addressed in 2018/2019 as part of the financial strategy.
 - The overspend in respect of independent home care providers was £2.160m. This reflected the increase in the number of hours provided by the independent sector and also incorporated the full year impact of the living wage.
 - There was an underspend of £5.333m across self directed support services. The review of care packages, the changing profile of service users and the introduction of assistive technology continues to enable the service to manage significant cost pressures in this area including the payment of the Scottish living wage. There was also non-recurring slippage as a result of the commencement of annual budgets being later than first anticipated.
 - Across social work services, there was an underspend of £2.595m on employee costs. The main factors contributing to this were vacancy control across non-essential services and the management of overtime. The change in the timeline for the implementation of pension auto-enrolment to 1 April 2019 was also a contributory factor to this underspend. Notwithstanding the net underspend, throughout the year employee cost pressures had still been experienced in respect of the demand for home support services.
 - There was an under spend across the locality and other services of £1.736m, part of which was due to vacancies across nursing services, occupational therapy services and administration services. The vacancy rate in 2017/2018 however was lower at 3.1% in comparison to 3.4% in the previous year.
 - There was an underspend on the Children and Adolescents Mental Health Service of £0.376m which is also linked to recruitment and retention challenges, particularly where posts were only funded from non recurring funding. There was an underspend of £0.219m in psychological therapies also linked to challenges in recruitment. Management action was taken to mainstream several posts to secure consistency and manage staff turnover due to uncertainty of continued funding.
 - The total expenditure on housing adaptations within Council houses was £1.896m, which was £0.369m lower than anticipated. In line with the accounting policy, this underspend is retained within the Housing Revenue Account.
- Throughout the year, the financial monitoring reports provided updates on the management of the key financial risks. Overall, the financial contributions of both partners have helped to address a number of significant cost pressures across health and social care services in 2017/2018.

2017/2018 Financial Outturn

The balance on the IJB reserves at 1 April 2017 was £7.462m. This provided a contingency against demographic demand and service volatility in 2017/2018. The net movement on reserves in 2017/2018 is summarised in the table below.

Movement on Reserves	NHSL	NLC	Total
Balance as at 1 April 2017	£5.238m	£2.224m	£7.462m
Year-end Surplus	£2.685m	£4.417m	£7.102m
Existing Commitments	-	£5.160m	£5.160m
Transfers From Reserves	(£0.867m)	(£0.657m)	(£1.524m)
Balance as at 31 March 2018	£7.056m	£11.144m	£18.200m

A surplus of £7.102m was reported at 31 March 2018 which represents 1.26% of the total funding available. It is critical to note that part of this underspend will be non-recurring. This position also reflects a break-even position in respect of prescribing costs which was secured as a result of the additional one-off funding of £0.600m provided by NHSL to address the in-year overspend of £0.600m.

Budgets totalling £5.160m which relate to commitments agreed in 2017/2018, the expenditure for which had not been incurred or accrued by 31 March 2018, were also transferred to reserves.

A total of £1.524m was transferred from the IJB reserves during 2017/2018 to fund approved commitments.

Further details on the ring-fenced, ear-marked and general fund reserves totalling £18.200m is available at IJB Reserves Strategy 2018/2019.

Internal Audit Opinion 2017/18

Internal audit concluded that the financial management and financial planning arrangements for the IJB are consistent with financial guidance, regulations and good practice. No issues or weaknesses were identified and the control environment has been assessed as adequate and has substantially operated as intended.

Financial Outlook for 2018/19

The twenty commissioning intentions identified in 2017/2018 will continue to be progressed in 2018/2019. These commissioning intentions will contribute to the delivery of the nine national health and wellbeing outcomes, the three national outcomes for children and families and the seven national criminal justice outcomes.

Cost pressures in 2018/2019 are expected to total £20m (£13.3m across social care services and £6.7m across health care services). The 2018/2019 IJB Financial Plan, which is available at Financial Plan 2018/2019², was approved in March 2018. Both NLC and NHSL confirmed that the same level of base cash resources would continue to be provided to the IJB in 2018/2019. They also made available additional funding of £10.1m (NLC - £4.6m; NHSL - £5.5m). This included an inflation uplift of 1.5% on the recurring base budget for health boards. A further inflation uplift has been planned for in June 2018 to meet the balance of the pay cost pressures.

A financial strategy to close the funding gap was then agreed. This included savings proposals totalling £7.2m (NHSL - £1.7m; NLC - £5.5m) which were recommended to the IJB as being the best fit with the strategic commissioning intentions and the best value requirement to use resources more effectively. The balance of cost pressures remaining of £2.7m will be addressed through management actions (£1.1m), the next phase

of the transformational change programme (£0.2m) and the use of underspends on a non-recurring basis (£1.4m).

The financial settlement is for one year only. A significant element of NHSL funding also comprises of non-recurring allocations, the details of which will be confirmed in-year.

Key Strategic Priorities

Although the 2018/2019 Financial Plan for H&SCNL has been agreed, there are concerns about the funding for future years. The IJB, its partners and commissioned service providers continue to face a number of challenges, risks and uncertainties.

- The level of funding available to the IJB in the future will be significantly influenced by the grant settlements for NLC and NHSL from the Scottish Government.
- Projected growth in elderly demographics and the increasing complexity of need, together with inflationary rises, continue to increase the demand for services and drive cost pressures. The demographic profile up to 2039 indicates a significant increase in the age group 65 years of age and over.
- As highlighted above, prescribing cost pressures will continue to be a key concern. In comparison to 2016/2017, costs are expected to be between 3.5% and 5% higher in 2018/2019. Part of the increase will be offset by the inflation uplift of 1.5% in 2018/2019 but it is expected that a net cost pressure will require to be managed. The prescribing budget represents 26% of the expenditure on health services, excluding the notional set-aside cost.
- The implications of leaving the EU are also, at this stage, unknown.

As detailed in section 1, H&SCNL was the first area in Scotland to be inspected by the Care Inspectorate and Healthcare Improvement Scotland on the effectiveness of its strategic planning and commissioning of health and social care services for all adults under the new integrated arrangement. The inspection team identified room for improvement across a number of areas, one of which is ensuring

people are not delayed in hospital. The majority of these areas had already been identified internally as targets for continued improvement before the inspection and since August 2017, progress has been made.

A number of strengths and areas of good practice were also identified. The inspectors concluded that the health and social care partnership in North Lanarkshire is laying down "strong foundations" to support more integrated working. The clear and ambitious vision of North Lanarkshire's Health and Social Care Services to deliver positive outcomes for its communities, alongside its sound strategic planning were cited as areas of good practice, including the partnership with voluntary sector organisations which was described as "strong". Inspectors found the building blocks were in place to support improvement in people's health and care experiences and outcomes and the senior leadership around integration had made significant investment and good progress in driving towards a culture of shared responsibility and accountability.

National developments and legislative changes continue to influence the landscape.

- A new GMS contract came into effect on 1st April 2018. The future role of GPs is critical to reshaping service delivery and managing future demand. The number of General Practitioners retiring is however increasing and sustainability plans therefore require to be developed.
- Scottish Government Ministers made a commitment to support the employment of 800 additional mental health workers across Scotland in order to improve access to mental health services in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. The detail of this commitment is set out in Action 15 of the Mental Health Strategy 2017-2027 and additional funding has been made available by the Scottish Government to support the implementation of this strategy.
- The Carers (Scotland) Act 2016 came into effect on 1 April 2018 and significant work has been undertaken in preparing

for the implementation of the legislation. North Lanarkshire has a long history of commitment to carers and a highly respected approach to self directed support.

- Future legislative changes are expected, including the extension of free personal care to under 65s (e.g. Frank's Law), the proposed Safe Staffing Bill and the introduction of the Children & Young Persons (Scotland) (Act) 2014. The requirement for a named person service, corporate parenting provisions and the new universal pathway in health visiting will also add additional demands on the service.
- The Fairer Scotland Duty came into force in Scotland in April 2018. When making strategic decisions, the IJB and its partners have a legal responsibility to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantages. Whilst still having due regard to best value and equality, tackling inequality needs to be at the heart of our key decision-making.

Conclusion

The IJB has an ambitious strategic plan which seeks to transform the health and social care services under its remit. Delivery of the Scottish Government's six national measures is contingent on having an effective integrated workforce. Strengthening locality teams is therefore one of the key priorities for the partnership in 2018/2019 to deliver the aims and ambitions of the strategic plan.

New ways of delivering services cost effectively need to be identified and implemented. The expectations of the public are an important consideration but areas for disinvestment need to be agreed and supported in order to release resources for key service priorities and to support transformational change.

Further work will be undertaken in 2018/2019 to more specifically align the financial allocations to the strategic commissioning plan intentions and the directions to each partner.

Our joint focus will continue to be ensuring that all the resources available to H&SCNL are used to achieve the health and well-being outcomes.

Footnotes

1. Hyperlink to: <https://mars.northlanarkshire.gov.uk/egenda/images/att85887.pdf>
2. Hyperlink to: <https://mars.northlanarkshire.gov.uk/egenda/images/att87771.pdf>
3. Hyperlink to: <https://mars.northlanarkshire.gov.uk/egenda/images/att88144.pdf>

3 Children's Services

During 2017/18, the planning and delivery of services to children, young people and their families has been shaped by a range of developments including but not limited to:

- the inclusion of children and families social work within health and social care integration scheme and the need to develop commissioning intentions for children and families and commitment to consider more integrated service delivery.
- the development and delivery of the North Lanarkshire Attainment Challenge, and
- the refocused attention by Scottish Government on all aspects of child protection with the development of the Child Protection Improvement programme and the launch of the Independent Care Review.

Linked to this, we are currently involved in a range of improvement activity, the outcomes from which will continue to shape our future direction of travel. This improvement activity is a combination of locally and nationally supported activity and includes:

- Realigning Children's Services programme
- Scottish Attainment Challenge
- Children and Young People's Improvement Collaborative
- Permanence and Care Excellence
- Edges of Care programme
- Locality modelling
- Child Protection and Improvement Programme
- National Third Sector GIRFEC Project

The new North Lanarkshire Children's Service Plan was approved in June 2017, and the plan identifies four emerging priorities based on the evidence to date from these programmes, other strategic documents and available information:

- Prevention
- Neglect, domestic abuse and substance misuse
- Promoting mental health, wellbeing and resilience
- Looked after children and young people.

It is within this context that the proposed revisions to the existing structures and governance have been developed and agreed and the diagram below outlines the proposed new planning structure.

During this year the Children's Services Partnership has supported the delivery of the North Lanarkshire Corporate Parenting strategy. This outlines the North Lanarkshire Partnership approach to the delivery of supports for children and young people who are looked after focusing around the key SHANNARI indicators – safe, healthy, achieving, nurtured, active, respected, responsible and included. It also identifies the partnership's five pledges to looked after children and young people focusing on:

- Home
- Education and work
- Health
- Leisure
- Listening.

To support the delivery of the plan, the Children's Services Partnership is involved in 8 Improvement programmes or projects – two of which have a specific focus on Looked After Children and prevention. The first is Permanence and Care Excellence (PACE). Evidence shows that children and young people want and benefit from permanent, loving and nurturing relationships. This is a programme that looks closely at the journeys for looked after children and young people to identify how these can be improved to achieve better outcomes. The second is Edges of Care. This programme, in partnership with CELCIS (Centre for

Excellence for Looked after Children in Scotland) and the Robertson Trust supports the redesign of local services and will identify improvements so that children and families get the right support at the right time. The focus is on early intervention to reduce the potential for escalation of problems later on in children's lives.

The partnership has also become a signatory to the Scottish Care Leavers Covenant which is a bold and committed promise to young people who have experience of the care system that they matter. As partners and corporate parents, we actively endorse the Scottish Care Leavers Covenant and commit to uphold and promote its principles, within and across our remits and responsibilities. We fully support and implement actions in the Agenda for Change to close the gap and realise our ambitions and aspirations for care leavers.

Over recent years our focus has been primarily on our looked after and accommodated children and young people where we have seen improvements in outcomes for this specific group of children and young people. Our recent learning has identified a need to strengthen our focus on our children who are looked after at home or in kinship care to ensure positive outcomes.

We recognise that, in order to meet increasing demand for placements and support relating to kinship care, we need to adapt and redesign our services. In 2018-19 we will work with CELCIS (Centre for Excellence for Looked After Children in Scotland) to apply the learning from our work to improve permanence planning and timescales and scope out opportunities. In 2019/20 we anticipate implementing new models of support.

Realigning Children's Services

Realigning Children's Services is a programme we are involved in with the Scottish Government. We are involved in mapping, research, analysis and learning that will lead to improvements in how the Children's Services Partnership jointly identifies need, plans, delivers and resources

services. This is also known as joint commissioning.

During 2017/18, the Realigning Children's Services Programme in North Lanarkshire engaged partners in a development programme, produced a service map to show where we currently invest in children's services and supports and surveyed over 21,000 children and young people and 500 parents in surveys about their well being (9601 P5-P7 pupils, 11,577 S1-S4 pupils, 78% of the eligible population). The results were presented in a NL Community Planning Partnership Report and summary reports for each school cluster. The reports provide a comprehensive overview of the characteristics, needs, perceptions and well-being of children and young people in North Lanarkshire.

The report tells us that most children in North Lanarkshire appear happy, consider themselves healthy, like the areas they live in and have good relationships with family, peers and teachers. The well-being outcomes for the majority of children and young people in NL appear to be positive across the domains of personal, social and place. However, although a minority, there are children and young people who are not doing so well and the report identifies areas of concern where further analysis is required and highlights the persistence of inequalities in health and well-being.

The programme will continue in 2018-19 as partners analyse, consider and begin to apply the information and evidence gathered.

Children and Young People Improvement Collaborative (CYPIC)

The CYPIC is supporting the government's drive to make Scotland the best place to grow up by putting the needs of children and families at the centre in line with GIRFEC and the Early Years Framework. The approach uses the Improvement Methodology that enables organisations to deliver stronger, more effective services that are built on robust evidence of what works in improving outcomes and life chances and to learn from each other about the approaches that

are most effective. This approach supports practitioners to test, measure, implement and spread new and better ways of working to make services more effective and responsive to the needs of children and families.

Permanence and Care Excellence

Evidence shows that children and young people want and benefit from permanent, loving and nurturing relationships. Permanence and Care Excellence is a programme that looks closely at the journeys for looked after children and young people to identify how these can be improved to achieve better outcomes.

Edges of Care

This programme, in partnership with Centre for Excellence for Looked after Children in Scotland (CELCIS) and the Robertson Trust, will support the redesign of local services and make changes so that children and families get the right support at the right time. The focus is on early intervention to reduce the potential for escalation of problems later on in children's lives.

Child Protection Improvement Programme

The Child Protection Improvement Programme was launched in February 2016. Following a review of child protection in Scotland, nine interconnected work strands have been identified that help deliver the national vision for child protection system, one that keeps children safer from abuse and neglect by placing the wellbeing of Scotland's children at the heart of everything it does. There are also 12 recommendations within the report, which have been accepted by the Scottish Government and the North Lanarkshire Child Protection Committee will work with this programme, detailing the actions in the annual Business Plan.

Breastfeeding Summit

Staff from across the Health & Social Care Partnership participated in the NHS Lanarkshire Breastfeeding Summit in February 2018. At the event, over 100 health professionals and volunteers made a personal pledge to support breastfeeding.

The aim of the day was to evaluate current practice and strengths to devise an action plan to promote, protect and support breastfeeding in Lanarkshire. The breastfeeding summit was an opportunity to bring people together to really understand the challenges faced by families and the barriers that prevent breastfeeding in Lanarkshire.

It was also a chance to consider UNICEF's call to action to 'change the conversation'; to stop laying the blame for a major public health issue in the laps of individual women and acknowledge the collective responsibility of us all.

Everyone who attended the event was asked to make their own personal pledge to take whatever steps they can to promote, protect and support breastfeeding. The aim is to make Lanarkshire a place where breastfeeding is the norm and build a supportive community around families to support breastfeeding.

In making a positive shift towards improving breastfeeding rates in Lanarkshire it is essential that the profile of breast feeding is increased and sustained at a high level. In addition a co-ordinated strategic approach is required which engages key stakeholders such as the NHS, Local Authority, local population, Education and community leaders to start a different conversation about breastfeeding, enabling this to become the first choice of feeding Lanarkshire's babies.

Our performance, the evidence base, the views of breast feeding mums and our staff were explored and commitments made to improve breast feeding. Key findings included:

- Assets based approach
- Real time support for breast feeding mums

- Joined up information ante natal and post natal
- Addressing some of the taboos by positively raising the profile of breast feeding in the local population as the most natural way to feed babies making Lanarkshire the most breast feeding friendly county in Scotland.
- Ensuring midwives and Health Visitors have the most contemporary knowledge base and practise is consistent.
- Utilisation of improvement science to improve practise sustainably
- Ownership on all fronts
- UNICEF Baby Friendly accreditation. (reaccreditation scheduled for July/August 2018)
- UNICEF Baby Friendly gold standard accreditation

We have now established a pan Lanarkshire Breast Feeding Group to drive breast feeding forward with the aim of making breast feeding the norm in Lanarkshire enabling our babies to have the best possible start in life. Key objectives are to:

- Address the social and culture issues in Lanarkshire increasing the acceptability of breast feeding as a natural way of feeding babies
- Utilise the evidence base and local data to ensure breast feeding practise is contemporary and meets the needs of women and their families.
- Test approaches to improve breast feeding rates utilising improvement methodology.
- Implement the Breast Feeding Programme for Government.

Membership includes key decision makers from across a range of sectors as well as national policy leads. The group is supported by two sub Groups, one in each of the Health and Social Care Partnerships bringing Midwives and Health Visitors together to focus on improving practise.

Based on the output of the Breast Feeding Summit a Driver Diagram to reduce attrition

rates has been developed outlining the key areas of work to be taken forward this financial year. A Driver Diagram to increase initiation rates based on the outputs of the summit is being developed. It is anticipated this will enable a proactive approach to driving improvement both in practise and in addressing the societal issues which prevent women from breast feeding.

Child & Adolescent Mental Health Services (CAMHS)

Child & Adolescent Mental Health Services (CAMHS) is a pan-Lanarkshire service hosted by Health & Social Care North Lanarkshire. The service provides comprehensive mental health care across early intervention presentations of emotional distress to more severe and complex mental health problems and illness, through a range of teams.

The service delivers against the national Referral to Treatment (RTT) target, which is to have 90% of those referred commencing treatment within 18 weeks. While we have consistently performance above the Scottish average since the RTT was introduced, there have been significant pressures facing the service in 2017/18. Performance against the RTT target reached a low of 58% in August 2018 and recovered to 75.5% by year end in March 2018.

The reliance on RTT as a measure doesn't reflect the depth and breadth of the service, particularly the response to emergency and urgent referrals to the service which are often high risk and life threatening. The need to respond to a CAMHS assessment of a child in hospital is seen as urgent and required to be seen within 24 hours and requires commitment to daily visits whilst a child is in hospital. The service maintains 100% performance within these two areas.

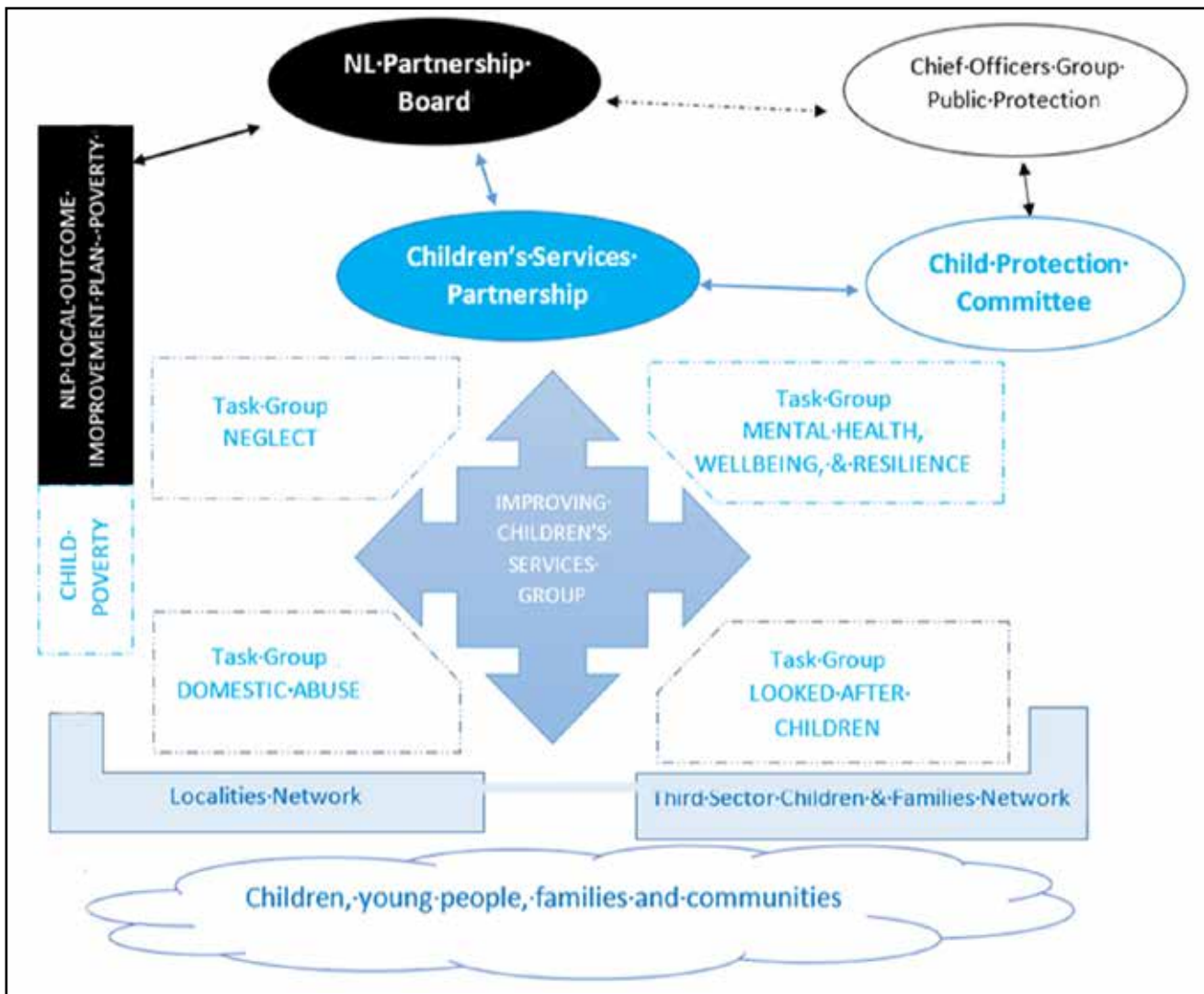
Within the national performance benchmarking toolkit, the Lanarkshire service compares favourably against most management measures. For example, in Lanarkshire:

- Our average waiting times are the same as the Scottish average;

- We see more new patients per Whole Time Equivalent member of staff than the Scottish average;
- Our Did Not Attend rate is lower than the Scottish average
- We have fewer people waiting over 36 weeks than the Scottish average

We compare less favourably with the rest of Scotland in terms of the workforce headcount, e.g. we have fewer staff in permanent contracts, a higher vacancy rate and a lower head count per 100,000 population.

The service has put in place a plan of short, medium and long term actions to address performance against the RTT target and also to address some of the local workforce issues.



4 Community Justice

Performance and monitoring

A performance and monitoring framework has been developed for the partnership and a performance and monitoring sub group established to take forward this area of work. The framework identifies the purpose, scope and key principles for the framework together with accountability, and the reporting timetable and format.

Communication and participation

Individual draft papers have been produced for both communication and participation strategies by the respective lead partners – Police Scotland and Scottish Fire and Rescue Services. Further work is underway to combine both documents and include a partnership commitment statement and the finalisation of the associated action plans.

Access to services

A draft paper has been produced mapping entry points to mental health services from access to self help support to forensic specialist services. Further review will specifically consider the needs of people with convictions. A paper has been produced by NLC Financial Inclusion Services, which details their work and the impact of it on people with convictions. Current Enterprise and Housing protocols are currently being reviewed in relation to access to housing for people with convictions. Consultation with people with lived experience and Criminal Justice Social Work staff will also take place. A draft paper which reviews current access points and service delivery for people with convictions in relation to alcohol and drugs services has been prepared and is being considered by the Addictions, Mental Health and Learning Disability Partnership Board. A survey will be developed that will be shared with people with convictions involved in criminal justice social work to contribute to service review and development and this will be supplemented by a consultation.

Domestic abuse

A protocol has been produced which links the Multi-agency public protection arrangements (MAPPA), Multi Agency Tasking and Coordination (MATAC) focusing on domestic abuse perpetrators and A Multi Agency Risk Assessment Conference (MARAC), focusing on information sharing and risk management for victims. The aim of this protocol is to establish a framework for these three groups to work together to enhance public protection and the reduction in re-offending whilst recognising the differences between MAPPA, MATAC and MARAC. Service managers in Children and Families (HQ) and Justice (HQ) will produce a paper which illustrates the current arrangements between both their services which will be used as platform for further strategic discussions.

Learning Hub

Accessing training, work experience and employability opportunities are key to supporting individuals who have been in the justice system to meaningfully re-integrate into their communities. They are often the furthest from the labour market and lack the confidence and the skills to engage with mainstream employability providers. Following research and established relationships with key third sector organisations, a lead group of partners submitted a funding bid and £126,000 had been awarded to Love Learning Scotland (LLS) to support set up of the hub to assist clients with literacy and numeracy issues. The hub will be supported by staff and local volunteers from the community recruited through the third sector.

Outcome Star – Restorative Justice Services

Over the last 18 months Restorative Justice staff have regularly completed a Justice Outcome Star for every service user. The minimum standard for completion of these include the following:

- initial star is completed within the first 4 weeks
- Follow up stars must be completed for every review (3 monthly)
- The only exception to this is when there has been a significant change to the individual's circumstances.
- Every service users data is collated, placed on the Outcome Star online computer system which enables us to measure and report on Outcomes and the impact of support.

All service users are involved in the completion of every star – this is undertaken jointly with the worker and service user so that an inclusive approach is adopted to supporting the care plan. We also share our information relating to the Outcome Star with partner agencies who also work with the service users so that duplication is avoided and communication is strengthened.

From 1 April 2017 to 30 March 2018 a total 260 service users had an Outcome Star completed. This equates to 520 Outcome stars completed in total (each service needs to have 2 stars completed to be able to produce an outcome for the online system).

This table shows the average proportion of the service users whose score for a scale has increased or stayed the same.

Intention	No Change	Increase
Accommodation	74%	14%
Living skills and self-care	77%	15%
Mental health and wellbeing	52%	33%
Friends and community	72%	19%
Relationships and family	69%	20%
Parenting and caring	82%	10%
Drugs and alcohol	57%	31%
Positive use of time	56%	30%
Managing strong feelings	57%	31%
A crime-free life	37%	52%

As you will see there are a number of domains that have a significant improvement such as Mental Health and Wellbeing, Positive Use of Time, Drugs and Alcohol, Managing Strong Feelings and finally a Crime Free Lifestyle.

The Justice Stars scales have 10 points. A 'big' increase or decrease is defined as an average change of at least 1 point up or

down across all scales. A 'small' increase or decrease is defined as an average change up or down of at least 0.25 points and less than 1. 'No change' means an average change per scale of between -0.25 and +0.25 points. The table below shows the proportion of service users who are making progress, staying the same or slipping back based on their overall Star score:

Big decrease	Small decrease	No change	Small increase	Big increase
5%	10%	39%	34%	12%

As a partnership we are keen to explore further use of Outcome Stars in other settings as an effective means of measuring and monitoring outcomes at both an individual service user level and at a service level.

Our Award Winners and Nominees

Throughout 2017/18, several of our staff and the services they provide have been recognised through external awards and accreditations. We list the individuals and projects below who have had success in the last year, either in winning awards or reaching final short-lists, and we celebrate their achievements.

Name of Project / Service	Type of Award	Category	Result
Using Anticipatory Guidance and a comprehensive review at 13-15 months to Improve Outcomes for Children across all localities in North Lanarkshire, NHS Lanarkshire	Quality Improvement Award 2017	Achieving Results at Scale	Short-listed
The Paediatric Nurses at Out of Hours Centre, NHS Lanarkshire	Quality Improvement Award 2017	Excellence for Quality Improvement in Maternity, Neonatal and Paediatric Services	Short-listed
Motherwell Rehabilitation Team – Demonstration Project	NHS Lanarkshire Staff Awards 2018	Outstanding Team – Clinical	Winner
Child & Adolescent Mental Health Services – Intensive Treatment Team	NHS Lanarkshire Staff Awards 2018	Chair Award	Joint winner
Your Voice Advocacy Service – North Lanarkshire Council	Scottish Social Services Awards 2017	Head Above the Parapet	Short-listed
Lanarkshire Carers Centre	Scottish Social Services Awards 2017	Carers Champion	Short-listed
Transformational Change in the Early Years: Co-locating Speech and Language Therapists to Early Years Establishments by Joanne Gibson, Speech & Language Therapist, NHS Lanarkshire	NHS Scotland Event 2018 : National Poster Exhibition	Quality of Care: Infrastructure Transformational Change	Winner
Veterans First Point Lanarkshire: Pioneering a unique NHS and Third Sector Partnership by Veterans First Point (V1P) Lanarkshire	NHS Scotland Event 2018 : National Poster Exhibition	Integrated Care	Winner
Care Home Continence Project - South Lanarkshire Health & Social Care Partnership, North Lanarkshire Health & Social Care Partnership, NHS Lanarkshire, NHS NSS	NHS Scotland Event 2018: GO Procurement Innovative / Initiative Award	Showcase Presentation Central Government, Health & Social Care	Finalist

5 Our Next Steps for 2018/19

In our 2017/18 plan, we outlined our intention to undertake a wide-ranging review of all services within integration, which took place over a period of eight months, culminating in a report to the Integration Joint Board in November 2017. The review helped to form our future model of integration within North Lanarkshire, which will see the development of:

- A single point of contact, making access to advice, supports and services consistent and much simpler
- The development of a small number of integrated teams, each covering multiple functions. Each Locality will have three integrated teams:
 - Children and Families
 - Addictions, Justice, Learning Disability and Mental Health
 - Long Term Conditions and Frailty
- Shared assessments and allocation of work, reducing duplication and making services more streamlined for users and carers
- Roll out of the Carers (Scotland) Act to support carers' health and wellbeing and help make caring more sustainable
- Rapid response services available at a Locality level to prevent unnecessary hospital admissions
- A Discharge to Assess approach, allowing assessments to take place at home rather than in a hospital setting

Implementing this new model forms the core of our 2018/19 plan, setting out an ambitious change programme for North Lanarkshire that will maximise the benefits of integration.

health and social care north lanarkshire 2018/19 intentions

1	2	3	4	5	6	7	8	2019/20
Implementing the Integrated Service Review Board Report	Bed Modelling	Primary Care	Mental Health Strategy actions	North H&SCP Contribution to the Children's Services Plan	North H&SCP Contribution to the Community Justice Plan	North H&SCP Contribution to the Anticipatory Care	North H&SCP Contribution to the Local Outcome Improvement Plan	Continued from 17/18
What we will do We will create multi-disciplinary teams in each Locality, and for pan-North Lanarkshire services, in line with the Integrated Service Review Board Report.	What we will do We will implement the findings of the Intermediate Care Review, ensuring a greater focus on rehabilitation in off-site beds and greater links with Locality teams.	What we will do We will publish and implement our Primary Care Improvement Plan to create additional multi-disciplinary teams in GP Practices and communities.	What we will do We will continue to integrate the Community Mental Health teams into Localities, roll out Distress Brief Interventions and build on the work of Stigma Free Lanarkshire.	What we will do We will implement a range of improvement actions through the Realigning Children's Services and Permanence programmes.	What we will do We will establish a Learning Hub to assist clients with literacy and numeracy issues and pilot the delivery of Structured Deferred Sentences for 16-21 year olds in the Justice System.	What we will do We will include key health improvement questions in the generic assessments for all staff and continue to develop and promote Making Life Easier and Community Supports.	What we will do We will identify and support those at risk of homelessness or experiencing homelessness, including support to uptake preventative screening programmes.	Mental Health Continuing Care Mental Health Recovery and Rehabilitation Mental Health Liaison in Hospitals Good Mental Health for all action Plan Kinship Care Framework Edges of Care Programme Children & Families Task Groups Review of 24/7 Working Review inpatient brain injury services
1	2	3	4	5	6	7	8	
Review of Community Capacity Building and Carer Support	Implementation of the Carers (Scotland) Act 2016	Support the Redevelopment of Monklands Hospital	Market Facilitation Plan	Child and Adolescent Mental Health Services (CAMHS)	Psychological Therapies	Forensic Medical Examinations		
What we will do We will review our current arrangements to ensure best value through a coordinated approach to community capacity and carer support.	What we will do We will implement in full the new duties placed on the partnership through the implementation of the new Act, working in partnership with local users and carers.	What we will do We will fully participate in the planning to support the redevelopment or replacement of Monklands Hospital, supporting a shift in the balance of care towards the community.	What we will do We will create a Market Facilitation Plan that identified the future demand for care and support in North Lanarkshire, to help shape the local health and social care market.	What we will do We will implement our action plan to ensure the CAMHS service is able to meet the national Referral to Treatment Target.	What we will do We will implement our action plan to ensure the Psychological Therapies service is able to meet the national Referral to Treatment Target.	What we will do We will coordinate a self-assessment and gap analysis for Lanarkshire against the new Standards for healthcare and forensic medical services and then create an action plan for delivery.	Universal HV Pathway Technical Solutions for Data Sharing Community Transport Family Nurse Partnership	

Supporting Pillars							
1	2	3	4	5	6	7	8
Joint Strategic Needs Assessment that tells us how the needs of the population are expected to change over the next ten years.	Prioritisation model that supports our work to identify which changes are likely to deliver the greatest benefits.	Financial plan that sets out our estimated budget for the next three years.	Workforce plan that sets out the current workforce challenges and the implications of implementing the changes we are looking to make for staff.	Performance plan that sets out the strategic performance goals for health and social care North Lanarkshire.	Engagement plan that sets out how we will engage with our stakeholders.	Technology strategy that will ensure we have the right integrated technology to deliver new models of care.	Care Academy We will lead opportunities for all ages in North Lanarkshire to have a career in care.

Appendix 1: Inspections of Services

Health & Social Care North Lanarkshire uses a variety of methods to ensure that directly provided and commissioned services perform satisfactorily and evidence continuous improvement.

A Service Improvement Process (SIP) is currently being rolled out across all purchased services which formalises the work of the Quality Assurance Officers. This is a whole system approach which commences pre contract and uses relevant information from key stakeholders, regulatory bodies and all relevant sources. The focus on improvement allows us to share and promote good practice as well as supporting each provider to identify and address any areas of concern.

Providers are responsible for advising the Quality Assurance section of all care inspectorate activity as this happens. This allows the Quality Assurance officer to seek further information and to track progress against any required action.

A quarterly performance report for Care Inspectorate activity is produced which analyses current and prior performance. This identifies any emerging themes and trends and allows for cross sector comparison.

Strong local relationships exist between the Quality Assurance Section and the Care Inspectorate; this helps ensure that the best support and advice is offered in a consistent manner.

Health and Social Care North Lanarkshire directly provides 30 registered services. These include:

- Community alarm service
- Support at home
- Fostering service
- Adoption service
- Integrated day services
- Care homes
- Children's houses

Inspections undertaken in 2017/18 are outlined below:

Independent Sector Care Homes	Date of Inspection	Quality Theme Care Grades (Out of 6)
Avondale Nursing Home	May 2017	Support – 5 Staffing – 5
Beechwood	May 2017	Support – 4 Environment – 5 Staffing – 4 Management & Leadership – 4
Blair House Residential Home	January 2018	Support – 5 Management & Leadership – 5
Carnbroe Care Centre	January 2018	Support – 4 Environment – 4 Staffing – 3 Management & Leadership – 4
Carrickstone House Nursing Home	December 2017	Support – 4 Management & Leadership – 4
Centenary House Care Home	November 2017	Support – 5 Staffing – 5
Craig En Goyne Care Home	November 2017	Support – 4 Management & Leadership – 4
Darroch Nursing Home	May 2017	Support – 5 Management & Leadership – 5
Deanston Care Home	July 2017	Support – 4 Environment – 4 Staffing – 4 Management & Leadership – 4

Lochside Manor	August 2017	Support – 3 Environment – 3 Staffing – 3 Management & Leadership – 3
Elaina Nursing Home	November 2017	Support – 5 Staffing – 5
Hatton Lea Nursing Home	February 2018	Support – 3 Environment – 4 Staffing – 3 Management & Leadership – 3
Hillend View (Eastercroft)	September 2017	Support – 4 Environment – 4 Staffing – 3 Management & Leadership – 4
Kirknowe Nursing Home	July 2017	Support – 4 Management & Leadership – 4
Millbrae Care Home	November 2017	Support – 4 Environment – 4 Staffing – 4 Management & Leadership – 4
Morningside Care Home	March 2018	Support – 5 Management & Leadership – 4
Netherton Court	February 2018	Support – 3 Staffing – 3
Parksprings Care Home	June 2017	Support – 3 Environment – 4 Staffing – 4 Management & Leadership – 4
	November 2016	Support – 3 Environment – 3 Staffing – 3 Management & Leadership – 3
Rannoch Lodge	April 2017	Support – 4 Environment – 4 Staffing – 5 Management & Leadership – 4
Rawyards House Care Home	July 2017	Support – 4 Environment – 4 Staffing – 4 Management & Leadership – 4
Rosehall Manor Care Home	November 2017	Support – 3 Environment – 4 Staffing – 4 Management & Leadership – 3
Rosepark Nursing Home	September 2017	Support – 4 Environment – 5
Skye View Care Centre	May 2017	Support – 5 Management & Leadership – 5
Summerlee House Care Home	February 2018	Staffing – 4
The Village	November 2017	Support – 4 Management & Leadership – 4
Thornhill House Residential Home	March 2018	Support – 4 Environment – 4 Staffing – 4 Management & Leadership – 4
Woodside Care Home	March 2018	Support – 4 Staffing – 5

Local Authority Care Home Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Monklands Home	March 2018	Support – 4 Staffing – 3 Management & Leadership – 4
Muirpark	March 2018	Environment – 4 Staffing – 3

Independent Sector Care at Home Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Allied	February 2018	Support – 4 Staffing – 3 Management & Leadership – 4
Aspire	February 2018	Support – 5 Management & Leadership – 4
Blackwood	April 2017	Support – 5 Staffing – 5
Carewatch	November 2017	Support – 2 Staffing – 3 Management & Leadership – 2
Constance	November 2017	Support – 5 Staffing – 5
Cosgrove	April 2018	Support – 5 Staffing – 5
Hazelhead	January 2018	Support – 5 Staffing – 5
HRM	January 2018	Support – 5 Management & Leadership – 5
Key	June 2017	Support – 5 Management & Leadership – 5
Loretto	April 2017	Support – 6 Management & Leadership – 5
Mears Care	October 2017	Support – 3 Management & Leadership – 3
SCRT	June 2017	Support – 2 Staffing – 2 Management & Leadership – 2
Richmond Fellowship	March 2018	Support – 5 Staffing – 4

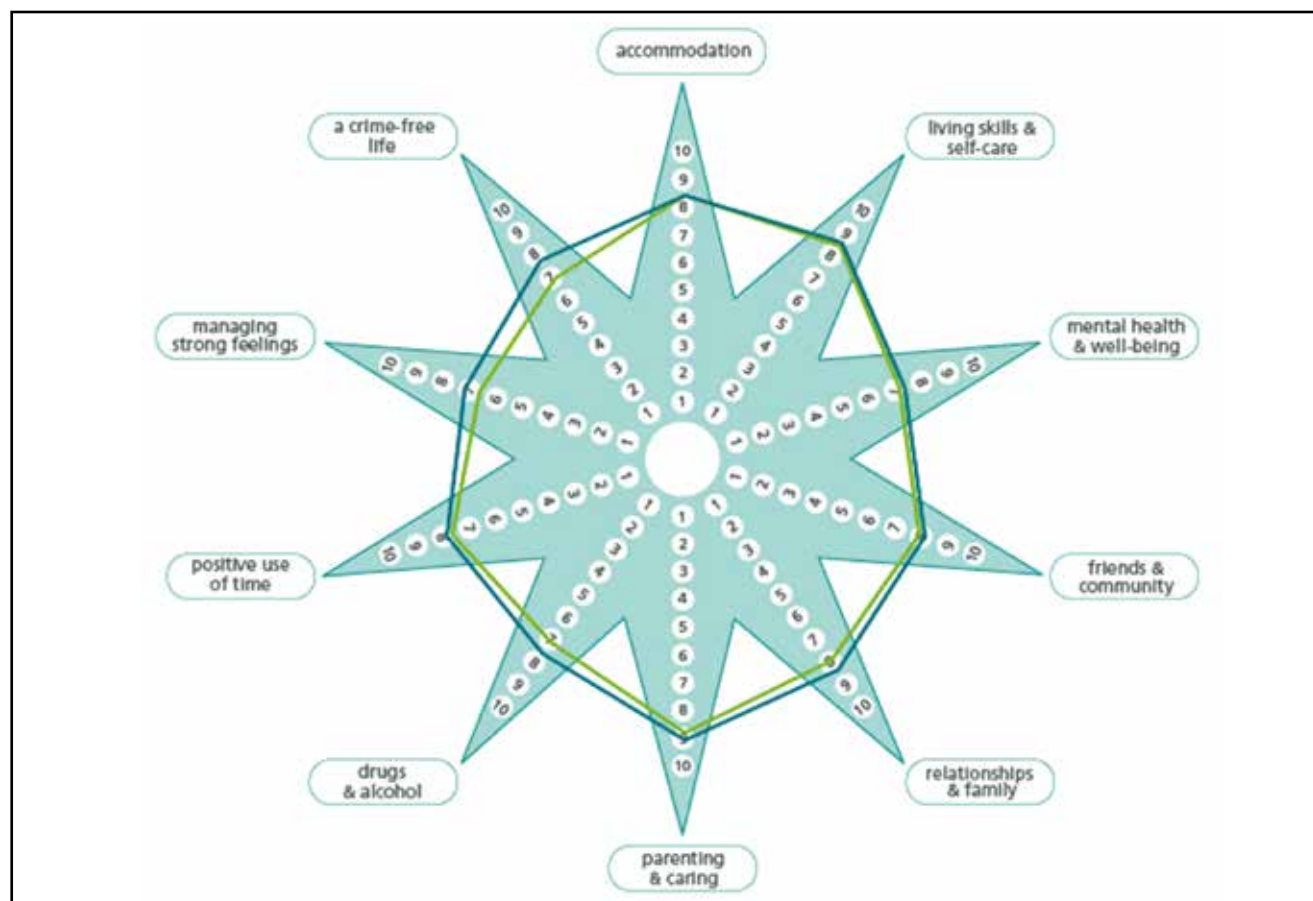
Local Authority Home Support Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Airdrie Home Support Service	March 2018	Support – 5 Management & Leadership – 5
Bellshill Home Support Service	June 2017	Support – 4 Staffing – 4 Management & Leadership – 4
Coatbridge Home Support Service	January 2018	Support – 4 Management & Leadership – 4
Cumbernauld Home Support Service	November 2017	Support – 3 Staffing – 4 Management & Leadership – 4
Motherwell Home Support Service	November 2017	Support – 3 Staffing – 2 Management & Leadership – 2
Community Alarm Service	December 2017	Support – 2 Staffing – 3 Management & Leadership – 2

Independent Sector Younger Adults Supported Living, Day & Women's Aid Housing Support Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Aspire	January 2017	Support – 5 Staffing – 5
Capability	December 2017	Support – 4 Staffing – 3
C-Change	March 2018	Support – 5 Staffing – 5
Cornerstone	March 2018	Support – 5 Staffing – 5
Enable	January 2017	Support – 5 Management & Leadership – 5
Enable (HSS)	March 2018	Support – 5 Management & Leadership – 5
Mears (Heatherpark)	November 2017	Support – 5 Management & Leadership – 5
Inclusion	February 2017	Support – 5 Management & Leadership – 5
LAMH	November 2017	Support – 5 Management & Leadership – 5
Lifeways	June 2017	Support – 3 Staffing – 3 Management & Leadership – 3
Loretto	February 2018	Support – 5 Management & Leadership – 5
Neighbourhood Networks	October 2017	Support – 6 Staffing – 6
Penumbra	June 2017	Support – 5 Management & Leadership – 4
Potential Living	July 2017	Support – 5 Management & Leadership – 5
Quarriers	January 2018	Support – 5 Staffing – 4 Management & Leadership – 3
Richmond Fellowship	March 2018	Support – 5 Staffing – 4
SOL	June 2017	Support – 5 Management & Leadership – 5
Turning Point	August 2017	Support – 5 Staffing – 5 Management & Leadership – 5

Local Authority Day Opportunities	Date of Inspection	Quality Theme Care Grades (Out of 6)
Coatbridge Locality Support Service (Disability)	March 2018	Support – 5 Management & Leadership – 5

Independent Sector Children's Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Barnardos Family Support Service	October 2017	Support – 4 Management & Leadership – 4
Barnardos Scottish Adoption Services	September 2017	Support – 4 Management & Leadership – 4
Partners in Play	March 2018	Support – 5 Management & Leadership – 5
Sense Family Support Service	January 2018	Support – 5 Staffing – 5
St Philip's School	December 2017	Support – 5 Environment – 4 Staffing – 4 Management & Leadership – 4
Stanmore House	September 2017	Support – 4 Environment – 4 Staffing – 3 Management & Leadership – 3

Local Authority Childrens Houses	Date of Inspection	Quality Theme Care Grades (Out of 6)
Buchanan Street Residential Childrens House	September 2017	Support – 5 Staffing – 5
Cambusnethan Residential Childrens House	April 2017	Support – 5 Staffing – 4
Fort Street Residential Childrens House	November 2017	Support – 6 Environment – 6
Main Street Residential Childrens House	November 2017	Support – 5 Environment – 5



Appendix 2: National Outcome Indicators

	Indicator	Title	North Lanarkshire	Scotland
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	91%	94%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	86%	84%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	78%	79%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72%	75%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	81%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	80%	87%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	86%	84%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	44%	41%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	86%	84%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA

Data Indicators	NI - 11	Premature mortality rate per 100,000 persons	541	441
	NI - 12	Emergency admission rate (per 100,000 population)	15,296	12,037
	NI - 13	Emergency bed day rate (per 100,000 population)	116,260	119,649
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	95	95
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	87%	87%
	NI - 16	Falls rate per 1,000 population aged 65+	21	21
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	79%	83%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	70%	62%
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	964	842
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20%	23%
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA

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