

Annual Report 2016-17





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Foreword

Our ambition for integrating health and social care in North Lanarkshire is to set in motion an approach that will over time deliver the national health and wellbeing outcomes, the outcomes for children and young people and the outcomes that underpin criminal justice services. Every year, we will publish a performance report that sets out the progress we have made over the last financial year to achieve our goals. This is our first report and it establishes the baseline from which we will measure ourselves over the coming years.

Over the past year we have mainly focused on developing a comprehensive governance, planning and delivery framework. We have done this in partnership with staff and independent contractors, the third and independent sectors, users of services and their carers, and our communities and their representatives through locality events and our strategic planning group. This has allowed us to identify our shared priorities and plan changes that will make a real difference to services in North Lanarkshire.

Throughout this process we have worked closely with NHS Lanarkshire and North Lanarkshire Council to ensure that our plans dovetail with "Achieving Excellence" and the Council's business plan. We have also made sure that we have linked with the Children's Services Partnership and the Criminal Justice Partnership in respect of planning for those services. This whole system planning is essential if we are to deliver our shared aims and goals for people in North Lanarkshire.

In particular, however, our thanks go to the thousands of dedicated staff who work across Lanarkshire in our health and social care services every day, alongside even greater numbers of carers within our communities. They have supported the development of the new integrated arrangements whilst delivering care and support across our communities' day in and day out. The improvements that we have made in this first year are due to their hard work and perseverance.

Councillor Paul Kelly
Chair
North Lanarkshire Integration Joint Board

Dr Avril Osborne
Vice Chair
North Lanarkshire Integration Joint Board



1 Introduction

Health and Social Care North Lanarkshire was formally established in April 2016, in line with the Public Bodies (Scotland) Act 2014, bringing together health and social work services with the aim of improving the health and wellbeing outcomes of the local population.

We published our Strategic Plan, *Safer, Healthier, Independent Lives 2016-26* in March 2016 which sets out a ten year vision for the delivery, aspirations and outcomes of health and social care services in North Lanarkshire. Our vision is that the people of North Lanarkshire will achieve their full potential through:

- Living safe, healthy and independent lives in their communities;
- Receiving the right information, support and care they need, efficiently and effectively, at the right time, in the right place and in the right way;
- Ensuring that North Lanarkshire is the best place in Scotland to grow up.

During 2016/17, we have spent considerable efforts in ensuring our structures and governance arrangements are in place to support governance and financial accountability.

The Performance, Scrutiny and Assurance sub-committee takes responsibility for a range of matters relating to service provision and performance reporting. It ensures the delivery of the highest possible quality of service to users by monitoring performance and considering audit inspection reports and oversees the development of this annual performance report. A key aspect of this subcommittee is to provide assurance that performance targets and standards are achieved and action is taken to address any performance issues which may arise.

The Finance and Audit Sub Committee has been established by the Integration Joint Board (IJB) to take responsibility for a range of matters relating to finance, internal audit and external audit.

It ensures financial and other controls are in place and operate effectively, including processes for audit and risk management and oversees the development of the annual integrated budget and financial statement. A key aspect of the Finance and Audit Committee is to provide assurance that there are adequate controls in place to mitigate key risks and to provide assurance that the IJB, including the scrutiny function, is operating effectively.

A strategic overview of performance is also maintained by the Integration Joint Board.

In March 2017, the IJB approved the Strategic Commissioning Plan, *Achieving Integration*, highlighting the priorities for action in 2017/18. This is supported by a range of workstreams outlining how the intentions of the Commissioning Plan will be delivered.

2 Our Progress During 2016/17

The Public Bodies (Scotland) Act 2014 set out a range of legislative actions for Integration Joint Boards and the Strategic Plan identified further actions for completion as part of the development of the Commissioning Plan. Strong progress has been made against these during 2016/17. We have:

- Established governance arrangements to allow the IJB to discharge its legislative duties
- Developed and agreed a Participation & Engagement Strategy 2017-2020
- Developed financial regulations
- Developed a Risk Management Strategy
- Agreed a Support, Care & Clinical Governance Framework for the partnership
- Developed locality profiles to better understand the needs of our local population
- Developed governance arrangements for public protection, ensuring the NL IJB fulfils its obligations
- Developed a housing contribution statement and contributed to the delivery of North Lanarkshire's Local Housing Strategy
- Developed a strategic commissioning plan
- Put in place refreshed Partnership Board structures to support the sharing of good practice for major care groups (Frailty & Long Term Conditions; and Addictions, Learning Disability & Mental Health)
- Agreed a Service User & Carer Engagement and Representation model

There remain some further actions to be progressed during 2017/18:

- Undertake Duties as set out in the Public Records Scotland Act
- Complete a Market Facilitation Plan
- Develop a workforce development and support plan
- Develop a technology strategy



3 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.

This report covers the period April 2016 to March 2017. It should be noted that, as a result of statutory timescales, the performance information for some national indicators is not yet available for 2016/17, 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 2016/17 performance information has been made available, this should be marked as provisional and will be revised by ISD in September 2017.

The Performance Report Regulations will require 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 2016/17 and for the purposes of this report we are only able to report data for 2016/17 and this report is therefore very much a baseline report for the partnership and future reports will build up towards five years of data with each passing year.

The performance data for 2016/17 is attached to this report as Appendix 2.



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 Indicators										
91% of adults are able to look after their health very well or quite well (2015/16)	86% of adults supported at home agreed that they are supported to live as independently as possible	78% of adults supported at home agreed that they had a say in how their help, care, or support was provided	72% of adults supported at home agreed that their health and social care services seemed to be well co-ordinated	78% of adults receiving any care or support rated it as excellent or good	80% of people had a positive experience of the care provided by their GP practice	86% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	44% of carers who feel supported to continue in their caring role	86% of adults supported at home who agreed they felt safe		

National Data Indicators									
Premature mortality rate = 541 (2015)	Emergency Admission Rate (per 100,000 population) = 15,296 (2016/17)	Emergency bed day rate (per 100,000 population) = 116,260 (2016/17)	Readmission to hospital within 28 days (per 1,000 population) = 95 (2016/17)	Proportion of last 6 months of life spent at home or in a community setting = 87 (2016/17)	Falls rate per 1,000 population aged 65+ = 21 (2016/17)	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections = 79% (2015/16)	Percentage of adults with intensive care needs receiving care at home = 70% (2015/16)	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) = 964 (2016/17)	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency = 20% (2016/17)

Notes:
 • All 2016/17 data are provisional and are subject to ISD revision in September 2017.
 • Performance data for National Indicators 10, 21, 22, and 23 are currently unavailable.

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

National Outcome Indicators

91% of adults are able to look after their health very well or quite well (Scotland 95%)

78% of adults receiving care or support rated it as excellent or good (Scotland 81%)

80% of people had a positive experience of the care provided by their GP practice (Scotland 87%)

Physical Activity

Health & Social NL have a range of physical activity programmes which make a significant contribution to the health and wellbeing of our communities and provide services directly to those living in areas of high social deprivation. A couple of examples are set out below:

Active Health

North Lanarkshire Leisure's Active Health Programme provides a range of supported activities to help individuals realise the benefits of becoming more physically active, including assisting those who are recovering from minor or serious illness. The programme is delivered in two main ways:

- General Programme – individuals access mainstream health & fitness programmes running within NL Leisure venues
- Specialist Health Classes – a community based support programme split into four types (Strength & Balance, Cardio I, Cardio II, Back Care) to accommodate different abilities.

All classes are led by fully qualified rehabilitation instructors. The evaluation of the specialist health classes shows that mental wellbeing significantly improves between the beginning and end. The largest improvements were in 'feeling good about myself,' 'feeling useful' and 'having energy to spare' and 61% of participants report that they feel better able to cope. Twice as many participants come from more deprived areas (SIMD 1&2) than less deprived.

Mental Health and Addictions Football Group

This is a football programme for Integrated Addiction Services with joint access for mental health services for 16 to 60 year olds in the Airdrie locality. It is an empowerment programme to encourage vulnerable individuals to build self esteem, confidence, positively impact their mental health and addiction issues and reduce isolation.

One participant said, 'For someone who has been a recluse for nearly 10 years, the football group has been vital in my recovery' whilst another felt it had 'helped me to meet new people, feel better, fitter and healthier.' In the past year, three of the group have started college and four have started work, things that the coaches felt would not have happened without the group.

Campaigns Strategy

The Integration Joint Board has agreed four prioritised campaigns to be delivered in 2017/18. These include:

- Self-management campaign to increase the uptake of self-management options in North Lanarkshire, including the Making Life Easier website
- Winter/Unscheduled Care campaign to reduce pressure on Monklands and Wishaw General Emergency Departments during the winter period by increasing the uptake of alternatives such as NHS Inform website, Community pharmacies and Lanarkshire Eye Network

- Career in Care/Care Academy campaign to increase the number of applications received for vacancies in caring professions in North Lanarkshire
- Palliative/End of life care campaign to increase the number of people in North Lanarkshire with Anticipatory Care Plans and Power of Attorney

It is intended that these would be large-scale campaigns, tailored to North Lanarkshire and capable of making a significant positive impact on the health, wellbeing and independence of people living in the area. Alongside this approach, existing communication activities will continue to positively promote HSCNL's plans and services to the public, staff and other stakeholders.

My Family and Alcohol

www.myfamilyandalcohol.org.uk

Local people in North Lanarkshire have helped to develop a new website designed to help anyone concerned about how alcohol may be affecting their family. My Family and Alcohol is an Alcohol Focus Scotland website which aims to reduce the impact of alcohol on health, families and communities. The new site provides information about alcohol, helps people to think about if and how alcohol might be affecting them or their family, and to find help and support if needed.

Healthy Schools

www.healthyschools.scot

A new website promoting healthy living for children in Lanarkshire was launched in 2016. Healthy Schools is an online resource for teachers and health practitioners who help support the health and wellbeing of nursery and primary-aged children in school and in the community. The site was developed by H&SCNL and South Lanarkshire Health and Social Care Partnership.

"The Suicide Prevention annual football tournament is in my diary every year. I support it because I have personal experience of suicide in my family. Playing in the tournament helps me to show my support for the local campaign and help save a life."

Tom, aged 25

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.

86% of adults supported at home agree that they are supported to live as independently as possible (Scotland 84%)

78% of adults supported at home agree that they had a say in how their help, care and support was provided (Scotland 79%)

72% of adults supported at home agree that their health and social care services seemed to be well co-ordinated (Scotland 75%)

Community Capacity Building & Carer Support

As a very successful partnership, with a long and successful history of collaboration, Health & Social Care North Lanarkshire (HSCNL), has commissioned Voluntary Action North Lanarkshire, to lead and support a major locality led programme of Community Capacity Building and Carer Support focused around prevention and anticipatory approaches. This was initiated through the Reshaping Care for Older People programme, however the programme is now in transition and is adapting to a new integrated world where its inputs, outputs and outcomes need to demonstrate positive impacts across all care groups, across all themes and across all age groups.

This process allowed us to build a powerful infrastructure through which the Community Capacity Building and Carers' Support is planned, implemented, governed and evaluated.

Community Capacity Building and Carer Support has its heart the following principles:

- Is based around a Personal Outcomes Focus
- Operates within a strategic plan taking a thematic approach to address needs of all care groups
- Is co-produced with communities along with public and independent sector partners led by localities (via the Locality Partnership Development Programme)

- Addresses Strategic Priorities across North Lanarkshire identified through Joint Strategic Needs Assessment
- Aims to focus 50% of all work on support for carers
- Is robustly governed and monitored and is regularly reviewed.

Over the year 2016/17, the programme is able to evidence 4562 reports of reduced isolation and loneliness (target 5310) and 5070 reports of improved independence and wellbeing (target 5520).

Significant progress has been made to meeting targets with 1214 reports of reduced isolation from carers; 1282 reports of being better able to manage or cope with the caring role and 1262 reporting enhanced wellbeing. This is alongside 417 direct referrals to carer support demonstrating a readiness of the Third Sector to support the Partnership in meeting their obligations under the Carers Act.

Additionally, ongoing capacity building work and strategic representation has been delivered through this structure to ensure that the Third Sector and Communities are empowered and enabled to provide low-level preventative supports thus enabling HSCNL to meet its commitment to investing in communities; to shifting the balance of care and to supporting North Lanarkshire's citizens to direct their own support and in doing so live healthier, safer, more independent lives.

Via the infrastructure investment, £110,809 in-kind investment has been secured as well as the generation of an additional £2,922,389 to supplement the Integrated Care Fund (ICF) investment.

Capacity building remains a key priority and there has been much work done around developing training and awareness sessions; building organisational capacity and leveraging additional funding as well aligning existing core work to meet the priorities of CCB&CS and by extension H&SCNL.

Disabled Go

National disability organisation, DisabledGo, have been working in North Lanarkshire since 2015 to provide an Accessibility Checker. Available at www.disabledgo.com it's free to use and has detailed information about the accessibility of all kinds of places across the area, including, parks, leisure centres, restaurants, tourist attractions, shops and more. There is lots of detail and the information covers things that people with visual impairments, hearing impairments, autism, dementia, learning disabilities and mental health issues have all said are important.

In August 2016, DisabledGo surveyors visited North Lanarkshire to update the access guide and work with local disabled people to ensure the access guide was accurate. Local disabled people were able to learn about the DisabledGo website, the questions surveyors ask and the surveying tool that the team uses. Attendees then put their new skills to use going out and about helping survey new places. Everyone involved in the day now knows how to survey Key Access Reviews and are a key resource in ensuring this valuable work continues.

#FoundFraser

www.nhslanarkshire.org.uk/news/news/Pages/FindFraser.aspx

Our mission is to create safe, healthy and independent lives for people in North Lanarkshire. A new animation shows how making use of mobile technology, including text message, is playing a major part in making that a reality. The animation's main character, Fraser, is so independent and active you'll now be able to find him across North Lanarkshire - so keep your eye out for a special poster. If you see it, take a picture of Fraser with your camera phone then post on Facebook or Twitter with the hashtag #FoundFraser. Fraser himself will come back with a special reply.

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

86% of adults supported at home agree that their services and support had an impact on improving or maintaining their quality of life
(Scotland 84%)

Participation & Engagement Strategy

In January 2017, the Integrated Joint Board agreed its Participation & Engagement Strategy 2017-2020. The strategy builds on strong foundations that have been laid in North Lanarkshire to facilitate third, independent sector, carer and user engagement. The strategy was coproduced with representatives of the third and independent sector, carers and people who use services through an engagement and participation working group.

We have set out a range of objectives to be prioritised through the strategy:

- Provide stakeholders with clear information and progress in achieving the national outcomes;
- Consult stakeholders regularly on the development of work around achieving the national outcomes;
- Meet the requirements of Part 1 and Part 3 of the Children and Young People (Scotland) Act 2014, ensuring children and young people are partners and in all aspects of children's services;
- Provide stakeholders with information on how to get involved;
- Ensure a diverse range of participation and engagement opportunities are in place to suit different needs and preferences;
- Develop ways of measuring how well we are involving community stakeholders in the planning, design and delivery of our services;
- Provide regular feedback on how stakeholder participation and engagement is shaping and influencing service development and delivery;
- Provide support for stakeholder representatives to ensure, they can participate meaningfully and confidently at meetings;
- Develop participation guidelines to ensure a common understanding and set of expectations for both stakeholders and health and social care staff,
- Support engagement planning and participation in localities, taking account of other engagement activity and local plans across the Community Planning Partnership.

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.

87% of last six months of life spent at home or in a community setting (Scotland 87%)

79% of care services graded good (4) or better in Care Inspectorate inspections (Scotland 83%)

70% of adults with intensive care needs receiving care at home (Scotland 62%)

Inspection of Services

Care Inspection Grades		
<p>Care homes</p> <p>60.4% gradings at level 4 (good) or above</p> <p>30.6% gradings at level 3 (adequate)</p> <p>3.6% gradings at level 2 (weak)</p> <p>5.4% gradings at level 1 (unsatisfactory)*</p>	<p>Care at home services</p> <p>88.5% gradings at level 4 or above</p> <p>11.5% gradings at level 3</p> <p>None is graded below level 3</p>	<p>Integrated Day Services</p> <p>100% gradings at level 4 (good) or above</p>
<p>Younger Adults Supported Living, Day & Women's Aid Housing Support Services</p> <p>82.6% gradings at level 4 (good) or above</p> <p>17.4% gradings at level 3</p>	<p>Independent Sector Children's Services</p> <p>90.9% gradings at level 4 or above</p> <p>9.1% gradings at level 3</p>	<p>Local Authority Children's Houses</p> <p>100% gradings at level 5 or above</p>

Further details can be found in Appendix 1

*2 of the gradings for level 1 were subsequently re-inspected and graded at Level 3

National Health and Wellbeing Outcome 5

Health and social care services contribute to reducing health inequalities

*Premature mortality rate is 541
per 100,000 persons
(Scotland 441)*

Inequalities, Prevention & Anticipatory Care Strategy

In May 2016, the IJB set out and agreed an Inequalities, Prevention & Anticipatory Care Strategy. The strategy builds upon the long-standing culture of joint integrated and partnership working, utilising our collective assets. The strategy outlines priorities for action and emphasises the need to work with individuals and communities and focus on assets within communities not on the deficits.

The strategy seeks to:

- Reduce inequality, break the cycle of deprivation and support our most vulnerable populations.
- Fully engage with the community and harness the assets in communities in order to improve health and create a high level of resilience across our communities.
- Develop population based approaches to promote both physical health and mental health and wellbeing of the whole population, across the life span and settings ensuring programmes are designed proportionate to need.

- Develop, promote and enable self help, utilise technology and reduce the communities' reliance upon services.
- Communicate effectively with communities and challenge existing perceptions regarding the use of services.
- Provide anticipatory care programmes to prevent future ill health and demand upon services.
- Contribute to development of the environment in North Lanarkshire that is conducive to, and promotes good health.
- Support its own staff to achieve good health.
- Utilise change methodology, where appropriate, and an outcomes framework to monitor impact.

The strategy is supported by an implementation outlining a range of actions to be implemented across the partnership and within localities. The strategy and action plan also aligns with the emerging North Lanarkshire Partnership Local Outcome Improvement Plan.

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

44% of carers feel supported to continue in their caring role (Scotland 41%)

Preparing for the Carers (Scotland) Act 2016

Carers are recognised as equal partners in the delivery of support and care within Health and Social Care North Lanarkshire, and we remain committed to ensuring that carers are supported to manage their caring responsibilities with confidence, while maintaining good health and having a life of their own outside their caring responsibilities.

North Lanarkshire's "A Strategy for Carers 2013-2018" sets out the aims for supporting unpaid carers, funding approaches, financial allocation arrangements and decision making processes. Work is underway in terms of developing the next strategy for carers for Health and Social Care North Lanarkshire to reflect the strategic and commissioning plans of the Integrated Joint Board in to align with the new Carers (Scotland) Act 2016.

In order to secure a flexible and responsive structure to meet the identified outcomes and provisions of the Carers Act a multi-agency group has been established including statutory partners, South Lanarkshire Health and Social Care Partnership, Lanarkshire Carers Centre, North Lanarkshire Carers Together and Voluntary Action North Lanarkshire to scope current provision and future needs and to inform future procurement design. This group will scope existing provision and supports to make sure that carer support is as effective and efficient and targeted on the appropriate areas by using existing resources to their best effect. The major work commissioned by this group is an independent review of carers' views; this work is being undertaken by an external facilitator from the Kinharvie Institute which has just concluded similar work within Young Carers.

National Health and Wellbeing Outcome 7

People using health and social care services are free from harm

86% of adults supported at home agreed they felt safe (Scotland 84%)

Adult Protection

During 2016, the Adult Protection Committee published its fourth biennial report (<http://www.northlanarkshire.gov.uk/adultprotection/CHttpHandler.ashx?id=20267&p=0>) which gives an overview of adult protection activity and performance. The report highlights the high number of referrals in North Lanarkshire and the high rate of referrals subject to investigation. Historically, there has been a very high rate of increase in referrals year on year - on average a 50% increase each year. Inevitably this has not been matched by a concomitant increase in resources and has created significant pressures within the key public agencies, particularly social work services. However, during 2015/16 and 2016/17 there has been decreases in referrals year on year.

The Committee continues to be committed to developing work with users and carers and has strongly valued the commitment of user and carer organisations to the work of the Committee. Over the period of the Report, the Committee has carried out a self evaluation review of its organisation and performance. This has led to the adoption of an Improvement Plan which represents a significant element of the Committee's workload going forward.

In addition the Committee has sought to extend its work to give a greater emphasis to evidencing outcomes and to this end has carried out a number of exercises over the period aimed at providing a more solid evidence base. This has included a Case File Review of adult protection cases; an Adult Support and Protection Mapping Exercise; a detailed review of adult protection referrals and of people subject to multiple and repeat referral, and an independent review of the experience of people who have been the subject of adult protection procedures and interventions.

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 & Care Academy

A key pillar of our Integrated Workforce Plan is the development and implementation of a Health and Social Care Academy. Research and workforce analysis tells us that there will be a dearth of skilled staff in the health and social care sector if we do not invest now in the workforce of the future. The workforce we currently use to deliver Health and Social Care services is diverse. The routes into Health and Social Care are currently many and varied. However, the system is starting to creak and given the future demographics we require to address the current workforce pressures.

The Health and Social Care Academy will develop and promote a range of entry routes into health and social care roles that offer valued, sustainable and satisfying jobs with many opportunities and progression pathways.

Health and Social Care North Lanarkshire, in partnership with NHS Lanarkshire, North Lanarkshire Council and Voluntary Action North Lanarkshire (VANL) will undertake detailed multi-professional workload and workforce planning. This approach will underpin the Health and Social Care Academy.

The identification of skills and competency gaps will be equally important in ensuring appropriate training and development is on-going to ensure the workforce are appropriately prepared and supported for the future.

A model of a successful multi-agency strategic partnership delivering a variety of blended learning opportunities in the senior phase of school learning which forms part of the normal course choice in schools has been developed by a multi-agency group comprising Queen Margaret University,

Edinburgh College, City of Edinburgh Council Social Care, East Lothian, Midlothian and Borders Councils. This blended learning opportunity takes place through; school, college, university or industry and is linked to a clear learning pathway into health and social care.

We are working to explore this model further and the feasibility of its introduction into Lanarkshire will be assessed as part of the development of the Health and Social Care Academy in North Lanarkshire. A multi-agency partnership group has been established to oversee the development of the Health and Social Care Academy with representation at a senior level from the Council, Integration Joint Board, Schools, Further Education and Higher Education, Skills Development Scotland, Scottish Funding Council, Carers Organisations and the Third Sector.

iMatter

A fresh approach to help monitor and improve staff experience was introduced to all Health & Social Care NL teams in April 2017. Staff were given the opportunity to complete the confidential iMatter survey which is completely anonymous, taking about 10 minutes, either electronically or on paper, and measures experience at a team level. Results, collated by an external company, provide staff with an opportunity to shape how their team works in subsequent team meetings. The response rate for the partnership stood at 77%, the highest of all Health & Social Care Partnerships in Scotland.

During 2017, teams throughout the partnership will develop their improvement plans in collaboration with improvement actions to be formed and delivered within the year.

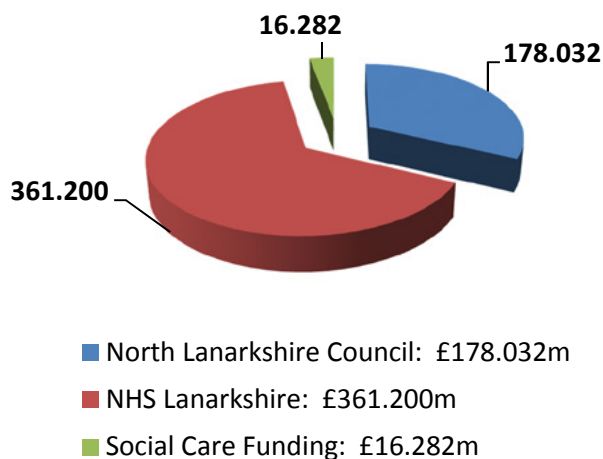
National Health and Wellbeing Outcome 9

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

The Integration Joint Board (IJB) has an ambitious strategic plan which seeks to transform the health and social care services under its remit. National Outcome 9 relates to 'Resources being used effectively and efficiently in the provision of health and social care services'. This section of the performance report includes an overview of the total amount of money spent in 2016/2017 analysed by the health and social care services to which the money was allocated.

The IJB has a responsibility under the Public Bodies (Joint Working) (Scotland) Act 2014 to set a balanced budget.

The resources available to the IJB for the purposes of delivering the Strategic Plan are comprised of the financial contributions from North Lanarkshire Council (NLC) and NHS Lanarkshire (NHSL). A total of £555.514 million was available during the financial year 2016/2017 to take forward the commissioning intentions of the North Lanarkshire health and social care partnership. The funding contributions were as follows:



Over recent financial years, a range of financial pressures on health and social care services have had to be addressed within reduced levels of public sector funding. These pressures include:

- an ageing population;
- an increase in the number of people who have more than one long-term condition;
- an increase in the number of people with complex needs;
- an increase in the number of people with dementia;
- increasing costs of medication;
- the increase in the minimum wage and the move to the Scottish Living Wage;
- an increase in national insurance contributions for employers; and
- an increase in superannuation costs and the effects of people automatically paying into a pension arrangement.

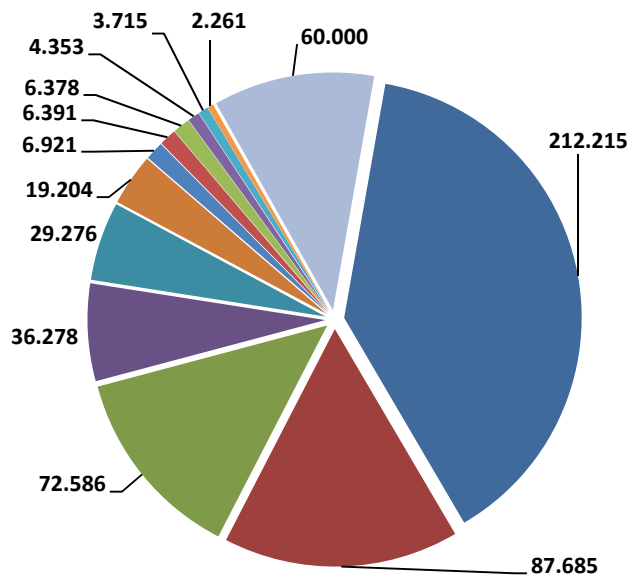
In order to facilitate transformational change, additional funding has been provided by the Scottish Government to support integration and reduce delayed discharges. In 2016/2017, the Scottish Government directed £250m from the national Health budget to Integration Authorities for Social Care. The North Lanarkshire IJB's share of this funding was £16.282m. £8.141m was allocated to a range of local authority health and social care service costs including the payment of the living wage for all social care workers. The balance of the funding was directed to support growth in social care spend including services for the elderly and young people with specialist needs, self-directed support and partnership priorities. The North Lanarkshire partnership also implemented the new charging thresholds for all non-residential services to address poverty.

Included within the funding available is a "set aside budget" totalling £60 million. This is a notional 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 IJB is facing a number of future challenges, risks and uncertainties. Ongoing demographic pressures, resulting in an increase in demand for services, and significant further savings are anticipated. Our partners and commissioned service providers are facing similar challenges. The implications of leaving the EU are also, at this stage, unknown.

The financial outturn for 2016/2017 is outlined in the graph below.

**North Lanarkshire Health and Social Care Partnership
Financial Outturn 2016/2017**



- Social Care and Housing Services (£212.215m)
- Family Health Services Budgets (£87.685m)
- Prescribing Budget (£72.586m)
- Hosted Services (£36.278m)
- Mental Health Services (£29.276m)
- Locality Services (£19.204m)
- Boundary Service Level Agreements (£6.921m)
- Area Wide Services (£6.391m)
- Justice Services (£6.378m)
- Medical, Nursing, Support and Other Services (£4.353m)
- Out of Area Services (£3.715m)
- Addiction Services (£2.261m)
- Set-Aside Budget (£60.000m)

The traditional models of service delivery need to be reviewed to ensure we remain a sustainable partnership which is able to meet the needs of the North Lanarkshire communities.

Delivery of the Scottish Government's six national measures is contingent on having an effective integrated workforce. An Integrated Workforce Plan is therefore being developed which sets out the anticipated workforce changes faced both nationally and locally and outlines the strategic actions needed to ensure the optimum skills mix is in place to deliver the Strategic Plan by 2020.

Strengthening locality teams is the key priority for the partnership in order to deliver the aims and ambitions of the strategic plan. A more detailed implementation plan will be produced and potential costs identified, although the initial stages of locality modelling are likely to be cost neutral. As the locality modelling approach develops, there should be recognisable benefits and a strategic fit with a number of the commissioning themes which the partnership is committed to.

Providing an integrated infrastructure for community based Allied Health Professions is essential to delivering care and support within the community. In principle this is cost neutral though there may be some facilities costs.

A new model for Home Support in North Lanarkshire is required to keep pace with rising demand and costs within the sector. Options for the future model of care and considerations about the development of a Care Academy are being explored.

Changing the community bed capacity is one of the major ways in which resources will be released to be re-invested within home based service provision. The facilities we have are also an essential part of how we will provide intensive rehabilitation and re-ablement and their use requires to be optimised. Feedback, however, is that this work needs to be expanded to take account of the independent sector care home capacity and specialist housing provision to provide a holistic picture of the facilities and the range of options that are available.

In respect of delayed discharge targets, more community based provision is needed. The aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. At a national level, work is being progressed to identify and resolve the challenges associated with this funding strategy.

In addition to the partnership's financial performance, this report must also assess whether best value has been achieved in terms of the planning and delivery of services. During 2016/2017, savings totalling £14.631 million were identified, of which £12.401 million (85%) were achieved.

It needs to be recognised that if the savings challenge continues at the same rate for the foreseeable future, it will be difficult to avoid a detrimental impact on front line service delivery. Specific budgets are also fixed, against which budget reductions cannot be applied. These include Justice Services, Mental Health Services and Family Health Services. This makes the savings challenge even more difficult.

A surplus of £7.462 million was reported at the end of the financial year of which £3.168 million was transferred to ring-fenced and ear-marked reserves for the following agreed service commitments:

- £0.363 million to continue to build capacity to deliver mental health services, develop the mental health workforce and increase access to Child and Adolescent Mental Health services and psychological therapy services.
- £0.403 million for the Alcohol and Drug Partnership.
- £0.600 million to alter the operational configuration of the location of mental health wards across the Monklands and Wishaw General Hospitals, which will allow an improvement in the quality and safety of patient services within these wards.
- £0.267 million to support the short term extension to 30 September 2017 of the current physical activity programmes.

- £0.249 million in respect of grant offers, to meet the cost of adaptations, which were made in 2016/2017 but were not accepted by 31 March 2017.
- £0.140 million to refresh the mobile smart phone devices which were issued to home support workers in 2013 to deliver their schedules electronically. The mobile devices are now over four years old and at the end of life with no warranty.
- £0.091 million to fund temporary posts within the Integrated Equipment and Adaptations Store for a period of 6 months up to September 2017 in order to continue to support accelerated discharges from hospital.
- £0.077 million to maintain 3.5 FTE Welfare Rights Officer posts and 1 FTE Admin Officer post up to September 2017.
- £0.100 million in respect of property related security costs.
- £0.016 million to contribute to the Veterans First Point Service in Lanarkshire which provides treatment and support for veterans of the armed services, reservists and their families.
- £0.246 million to accelerate the training of 8 WTE health visitors.
- £0.616 million in respect of a contingency to manage future volatility in prescribing costs. This amount relates to a windfall gain in prescribing in 2016/2017 which NHS Lanarkshire returned to the IJB for this specific intention.

The balance of £4.294 million was transferred to the general fund reserve to meet future cost pressures.

The amount of £0.789 million was transferred by the North Lanarkshire IJB to the South Lanarkshire IJB in respect of the Primary Care and Mental Health Transformation Fund. The South and North Lanarkshire health and social care partnerships and NHS Lanarkshire were successful in securing an investment of £4 million in 2016/2017 to take forward the aims of the Primary Care and Mental Health

Transformation Programme which includes:

- delivering as much care as possible at or close to home;
- ensuring that care is delivered by the individual or team with the most appropriate skills, helping individuals to plan their care;
- ensuring people are only admitted to hospital when they are in need of hospital treatment; and
- ensuring that when someone is admitted to hospital, their journey out of hospital is planned and straightforward.

The South Lanarkshire IJB is the lead for this fund for both the North and South partnerships. This transfer of £0.789 million was necessary to allow the South Lanarkshire IJB to carry forward the balance of the fund, in line with the hosted services arrangements. The funding of £0.789m however still remains the responsibility of the North Lanarkshire IJB and this transaction is an adjustment only for the purposes of the year-end accounts.

The financial outlook for 2017/2018 for public services continues to be challenging. Both NLC and NHSL face challenges balancing their respective budgets due to budget pressures exceeding the level of funding available. Notwithstanding these pressures, the North Lanarkshire IJB agreed an indicative financial plan on 15 March 2017 which included the following additional contributions totalling £17.970 million:

Partner	Additional 2017/2018 Contribution	£m
NHSL	Social Care Fund 2017/2018	6.970
NLC	Provision for the re-grading of home support workers	6.000
NLC	Support for the transition of vulnerable young adults with complex needs leaving school	1.000
NLC	Auto-enrolment funding and apprenticeship levy	1.000
NLC	One-off funding to support the growing needs of the elderly	3.000
Total Additional Funding		17.970

Contribution Analysis

In 2016 we commissioned an evaluation focused on our contributions towards achieving the nine national health and wellbeing outcomes. Contribution Analysis was used acknowledging the challenges in establishing cause and effect in a complex system and recognising the diversity of different influences on observed results and the interdependencies between initiatives/ services.

The evaluation concluded that of the initiatives/services evaluated, the following were able to demonstrate robust evidence of outcome achievement:

- Active Health
- Lanarkshire Community Food & Health Partnership
- Equipment & Adaptations Service
- Third Sector Community Capacity Building Programme
- Adult Weight Management
- Falls Prevention
- Financial Inclusion
- Stress Control
- Anticipatory Care Planning
- Intermediate Care & Medical Cover
- Psychological Interventions
- Telehealth
- Home Support / Reablement
- Hospital at Home
- Housing Support
- Making Life Easier
- First Steps
- Family Nurse Partnership
- Well Connected
- Osteoporosis Nursing

The following examples were cited as illustrating the range of evidence submitted:

- No of people with improved wellbeing (North Third Sector)
- No of people losing weight (Adult Weight Management)
- No of people maintained at home (Hospital@Home, Home Support / Reablement/ Intensive Support)
- Effective structures established to deliver appropriate care and support in the community (Community Staffing, Locality Modelling)
- No of people receiving services at home instead of in health/social care facilities (Telehealth, Equipment & Adaptations Service)
- No of on-line self-assessments (Making Life Easier)
- No of people avoiding hospital admission (Anticipatory Care Planning, Intermediate Care & Medical Cover)
- Proportion of people from SIMD 1 & 2 engaged with services (Active Health, Lanarkshire Community Food & Health Partnership)
- Income realised for carers (Financial Inclusion)
- No of people receiving intervention to decrease risk of falls (Falls Prevention)

The evaluation identified good evidence from various quantitative measures showing broad improvements in mental health and wellbeing, as well as specific components that maintain people's health status such as food intake, physical activity, weight loss and equipment/adaptations. Qualitative data illustrated detailed improvements for some people's health and wellbeing. The evaluation also pointed to strong evidence of maintaining independence, both at times of crisis/intensive need to avoid hospital admission, and by targeting people in receipt of intensive support to help reduce their reliance on this as their independence increases.

Case Studies

Many of our prevention/early intervention programmes were cited as having robust evidence in reducing inequalities. These programmes address some key areas of concern that are generally recognised as being more prevalent in disadvantaged communities such as obesity, mental health issues and poorer outcomes in early years.

Although there is more evidence for some of the nine outcomes, we will now be able to refine this first contribution story making it more robust. To do this we will:

- Hold early meetings with initiative/service sponsors to address any evidence gaps
- Generate new evidence for outcomes with a smaller quantity of robust evidence in this story
- Explore the causal pathways that link activities to observed results
- Consider expanding the range of HSCP core business to include other patient/client groups



Case Study 1 Coatbridge Locality Response

Mrs M was referred to the Coatbridge Locality Response team following a four week stay in hospital. Following a diagnosis of advanced gastric cancer, she was discharged home with a request for the District Nursing Service to carry out a routine visit.

When the District Nurse visited four days post discharge, she found Mrs M's mobility was poor she was unable to keep any prescribed medication in her system as she was vomiting continuously and her bed required to be changed frequently throughout the day, resulting in a shortage of bed linen. The family were not coping. The District Nurse had also observed that the couple were experiencing severe financial hardship.

A call was made to the Coatbridge Locality Response team. The following actions were taken within 3 hours of the call being made:

- A commode and bed linen was sourced and delivered
- District Nurse took urgent bloods
- McMillan Nurses were involved
- Intensive Home Support Services were put in place

Mrs M was supported to remain at home; a support plan was then developed to meet her needs and wishes. In addition to the support from District Nurses and Home Support Services there was a prompt referral to, and input from McMillan Nurses

Case Study 2 Intensive Home Support & District Nursing

Mrs A was an 86 year old lady who lived with her brother and relied on him heavily for her care needs. Mrs A had been affected by mobility issues for a number of years and received support from the longer term home support service twice per week.

Mrs A was admitted to hospital as a result of a general decline in her physical health and increased shortness of breath. She was diagnosed with an advanced bladder tumour and chose to receive end of life care at home. A referral was made to the short term intensive home support service.

Mrs A received four visits per day and two overnight visits per week from the service. Mrs A's brother wanted to spend all his time with her and was reluctant to have home support staff and nursing staff within their home and so cancelled the overnight visits and some of the day time visits. This was having an impact on the care given to Mrs A.

The Home Support Manager carried out a home visit and discussed the care of Mrs A with her brother. Mrs A's brother was given reassurance that the team were there to provide care to Mrs A but also to provide emotional support to him and to enhance the time he was able to spend with Mrs A. A discussion took place around what he expected from the service and it also transpired that the times which the Home Support Workers were attending were interfering with his sleep pattern as he was sleeping throughout the day

at particular times to allow him to be more alert during the night. The Home Support Manager was able to identify times which would meet the needs of Mrs A and also the needs of her brother.

The Home Support Manager discussed the case of Mrs A at the weekly multi-disciplinary team meeting with nursing staff and Senior Home Support Workers. District Nurses agreed to have a discussion with Mr A's brother to provide some clarity around what he could expect to happen and how Mrs A's condition would progress.

The Senior Home Support Workers on the team increased their presence within the home the week leading up to Mrs A's death to provide support to Mrs A's brother and to ensure she could be maintained at home.

Mrs A's brother was becoming anxious because Mrs A was not eating or drinking. Her brother was continuing to prepare food and drink for her and becoming distressed when she would not take this. Home Support Staff were able to use the book prepared by Macmillan Cancer Support "End of Life: a guide". Home Support workers went through this book with Mrs A's brother particularly sections relating to food and fluids. This provided him with a greater understanding of her sister's needs as she was reaching the end of her life.

The support provided by the short term intensive home support service and the district nursing team allowed Mrs A to die at home rather in hospital, in line with her wishes.

Case Study 3

JW was a 51 year old man who lived at home with his wife and two daughters. He was diagnosed with Motor Neurone disease at the age of 46.

A nurse supporting JW felt he and his family needed more support as a result of his significant deterioration. An individual budget was introduced to help JW and his family manage his support flexibly.

The assessing worker was struck by the changing roles: the couple spent all their time together and his wife carried out all his care needs but they appeared to have lost the 'couple' aspect of their lives.

JW's support was built up slowly at a pace that both could cope with. This enabled his wife to have some time on her own not worrying about him. As his condition deteriorated more of his budget was spent to support his needs.

JW had a bucket list and was supported by this family and his paid support to complete most of this before he passed away. He attended football matches, went on holiday to the north of Scotland, his wife was able to have a holiday with her daughters. JW died with dignity in his own home with his family with him. His wife felt the whole experience of an integrated approach to care and support along with an individual budget was positive for the whole family.

4 Children's Services

Over the course of 2016/17 we undertook a considerable amount of work in conjunction with the Children's Services Partnership to review the health and social work services provided for children and young people in North Lanarkshire. We have contributed to the development of the wider Children's Services Plan, a 3 year multi-agency plan published in July 2017.

As part of this work the Children's Services Partnership has identified emerging priorities where we will focus attention over the next 12 months. These will be continually reviewed in the context of our learning from the Realigning Children's Services programme.

- Prevention
- Neglect, domestic abuse and substance misuse
- Mental health
- Looked after children and young people

We will determine the new models of care that we are looking to implement over the coming years, and ensure they are fully aligned to the priorities set out by the Children's Services Partnership.



5 Criminal Justice

The North Lanarkshire Health & Social Care Partnership is a key partner within the wider North Lanarkshire Community Justice Partnership. We, along with the wider partnership are committed to planning and delivering community justice services in a way that meets the needs of individuals and local communities, to prevent and reduce the risk of further offending, which will make North Lanarkshire safer and improve the outcomes of service users.

During 2016/17 much work was undertaken to develop the North Lanarkshire Community Justice Outcome Improvement Plan (CJOIP) which was published in March 2017. We led a range of service user engagement activities in the development of the plan, and will contribute to the delivery of collaborations across the following areas:

- The NLCJP will conduct a review of Diversion from Prosecution within North Lanarkshire to understand current practice; criteria for inclusion, criminal behaviour, individual circumstances; systems for recommendation/referrals; links to statutory and third sector services; consider the role of partner organisations and their ability to influence and promote its use, and workforce training/development.
- The NLCJP will develop links across current systems to address domestic abuse including Multi Agency Risk Assessment Conferences (MARAC), Multi Agency Tasking and Co-ordinating (MATAC) and Disclosure Scheme for Domestic Abuse Scotland (DSDAS) to consider the role of community justice in early intervention and prevention, to intervene in the lives of perpetrators of domestic abuse and support victims. In addition, a pilot will be established to operate multi-agency partnership meetings for people attending the criminal justice social work 'Better Lives' perpetrators programme.
- The Challenging Patient Service (CPS) is a GP practice that is a single point of access for people who present particular risk or vulnerability that impacts their ability to use mainstream services. The CPS currently operates once per week in Blantyre and is delivered on a pan Lanarkshire basis. Issues have been highlighted in relation to restrictions around delivery and people not moving back into mainstream services, which has resulted in agreement for a review to be undertaken to determine how best people can be engaged, sustained and supported to access primary care treatment.
- Lanarkshire has been chosen as the host pilot site for Distress Brief Interventions, which provides a framework for improved inter-agency co-ordination, collaboration and co-operation. The shared goal of the programme is to provide a first level compassionate and effective response, followed by second level support, beginning within 24 hours, for a 14 day maximum period and where necessary, connecting with on-going community supports. We are committed to supporting the pilot and providing opportunities for how we support people experiencing distress.

"Community service has really helped me to move forward with my life"

Gillian



6 Localities

In North Lanarkshire we have six well established localities, based around the main townships of North Lanarkshire. These provide the basis for taking forward a locality approach to improving health and wellbeing

outcomes. During 2016/17 we undertook an extensive needs assessment for each of our six localities and the datazone areas within them and published locality profiles for each of our 6 localities.

Health & Social Care North Lanarkshire

safer healthier independent lives

Airdrie
Health and Social Care Locality Profile
September 2016

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Coatbridge
Health and Social Care Locality Profile
September 2016

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North
Health and Social Care Locality Profile
September 2016

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Bellshill
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Motherwell
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Wishaw
Health and Social Care Locality Profile
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2

These profiles provide an in-depth picture of the activity, demand and resources that are used by each locality. We have held engagement events with staff, independent contractors, the third and independent sectors, people who use services, carers and representatives from our community planning partners to support the development of these profiles. This work provides the baseline information that is required for each locality to develop its priorities and tailor their approach to meet the specific patterns of need in each locality.

We continue to hold locality events on a six monthly basis to engage with members of staff, local councillors, GPs and other independent contractors. We present the progress we are making and discuss the changes we intend to make. The feedback from these groups helps us to adapt supports and services to better meet the needs of our different communities.

During 2016/17 we used these events to consult with communities and stakeholders on both the draft NHS Lanarkshire healthcare strategy Achieving Excellence and the development of the North Lanarkshire Strategic Commissioning Plan. The events were attended by more than 300 people including health and social care staff, acute hospital staff, community planning partners, third sector representatives, Scottish Health Council, community forums, independent and service user/ carer organisations. Participants took part in tabletop discussions on the healthcare strategy consultation questions with a further tabletop discussion to inform the development of the strategic commissioning plan. The feedback gathered at these events has been invaluable in helping to shape the content of both documents. This includes the engagement work we led with the Strategic Planning Group, which considered the Strategic Commissioning Plan at its meeting in December 2016 and the range of commissioning intentions the IJB had requested for consideration.



NLC also approved a decision not to reduce the contribution in 2017/2018 to the IJB by £5.210 million, subject to the achievement of satisfactory milestones developed and established by the NLC Chief Executive.

The Scottish Ministers directed that NHS contributions to Integration Authorities for delegated health functions must be maintained at least at 2016/2017 cash levels. In simple terms, this means that budgets for allocation from NHS Boards to Integration Authorities for 2017/2018 must be at least equal to the recurrent budgeted allocations in 2016/2017. The allocation was also to include the total of the sum set aside for hospital services. Further information on additional funding for NHSL will be issued during the year. Over £50m, approximately 87%, of the new in-year health money is ring fenced for areas covered by the IJB. NHSL will seek to maximise its share and ensure the full benefit is passed to the IJB.

Consistent with most public sector organisations, the inflationary cost pressures for the IJB still exceed the indicative level of funding available to the IJB for in-scope services. 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 however a financial plan to close the funding gap in 2017/2018 was required, the implementation of which is being progressed.

The national landscape with regards to the planning and performance of health and social care services is complex and challenging. Achieving Excellence sets out the redesign and improvement of health care delivery across North Lanarkshire over the next ten years.

The twenty commissioning intentions which have been identified will be progressed

in 2017/2018 and 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.

During the first year of the IJB, an Integrated Service Review Board has been established to consider, develop and prioritise the commissioning of new models of support and care and explore integrated structures. This includes:

- Consideration of all areas of integrated service provision in a phased approach;
- Identifying service areas for future integration that have traditionally been NHS, Council or both;
- Exploring new combined training, accreditation, professional development, staff roles and career progression pathways;
- Identifying areas for investment and disinvestment;
- Identifying service synergies across the whole system including the interface with hospitals; and
- Identifying areas of financial efficiencies

The outcome of this review will inform commissioning from 2018/2019 onwards. All changes must be carefully implemented in order to continue to maintain the safe and effective delivery of health and social care services.

7. Our Next Steps for 2017/18 and Beyond

Our commissioning intentions for 2017/18 and beyond are set in the [Achieving Integration](#), approved by the North Lanarkshire Integration Joint Board in March 2017.

As a result of the significant engagement work we did with our stakeholders during 2016/17, we developed ten commissioning intentions for implementation in 2017/18 and beyond. These are:



- Expanding our multidisciplinary locality teams
- Strengthening rehabilitation teams within our communities
- Reconfiguring our home support service to provide more choice and control, particularly for older people
- Piloting jointly funded self-directed support packages
- Bed redesignation
- Implementing the universal health visiting pathway
- Expanding the provision of our family nurse partnership
- Developing campaigns and messaging for the public
- Delivering more organisational development for staff
- Developing technical solutions and data sharing mechanisms to improve care delivery

Over the course of the engagement process four more commissioning intentions were identified by stakeholders:

- Improving community transport
- Developing the contribution of housing, including enhancing the use of Telehealth and telecare services
- Enhancing our palliative care services
- Developing enhanced services for people who are currently cared for out of area so that we can provide services closer to home

We have identified six more areas of service development that we will implement in 2018/19:

- Community capacity building and carer support
- Carers (Scotland) Act 2016
- Supporting the redevelopment of Monklands Hospital
- Intentions derived from the Children's services Plan
- Intentions derived from the Criminal Justice Outcome Improvement Plan
- Intentions derived from the Alcohol & Drug Partnership

To support the commissioning work we are developing ten supporting plans and frameworks. These are:

- Joint Strategic Needs Assessment
- Prioritisation Model
- Resources Plan
- Workforce Plan
- Performance Plan
- Engagement Plan
- Market Facilitation Plan
- Technology Strategy
- Housing Contribution Statement
- Care Academy

This programme of work our progress against it will form the basis of our future annual reports, supplemented with the requisite performance and financial information.

Appendix 1: Inspections of Services

Health & Social Care North Lanarkshire use 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 systems 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 2016/17 are outlined below:

Independent Sector Care Homes	Date of Inspection	Quality Theme Care Grades (Out of 6)
Avondale Nursing Home / CS2003010548	June 2016	Support – 5 Staffing – 5
Beechwood / CS2004073443	May 2016	Support – 3 Environment – 4 Staffing – 4 Management & Leadership – 3
	November 2016	Support – 3 Environment – 4 Staffing – 4 Management & Leadership – 3
Blair House Residential Home / CS2004072717	February 2017	Staffing – 4
Carnbroe Care Centre / CS2007166415	June 2016	Support – 3 Environment – 3 Staffing – 3 Management & Leadership – 3
	February 2017	Support – 3 Environment – 3 Staffing – 3 Management & Leadership – 3

Carrickstone House Nursing Home / CS2003010568	October 2016	Support - 4 Environment - 4 Staffing - 5 Management & Leadership - 4
Centenary House Care Home	September 2016	Support - 4 Environment - 4 Staffing - 4 Management & Leadership - 4
Craig En Goyne Care Home	July 2016	Support - 4 Environment - 5 Staffing - 4 Management & Leadership - 3
	January 2017	Management & Leadership - 4
Darroch Nursing Home	July 2016	Support - 4 Environment - 4 Staffing - 5 Management & Leadership - 4
Deanston Care Home	August 2016	Support - 3 Environment - 3 Staffing - 3 Management & Leadership - 3
Drumpellier Lodge Care Home	September 2016	Support - 3 Staffing - 3 Management & Leadership - 3
	February 2017	Support - 1 Environment - 1 Staffing - 1 Management & Leadership - 1
Elaina Nursing Home	October 2016	Support - 5 Staffing - 5
Hatton Lea Nursing Home	August 2016	Support - 4 Environment - 4 Staffing - 4 Management & Leadership - 4
	November 2016	Support - 4 Environment - 4 Staffing - 4 Management & Leadership - 4
Highgate Care Home	March 2017	Support - 5 Management & leadership - 5
Hillend View (Eastercroft)	April 2016	Staffing - 3
	October 2017	Support - 3 Environment - 3 Staffing - 3 Management & Leadership - 4
Kirknowe Nursing Home	August 2016	Support - 4 Staffing - 5
Millbrae Care Home	December 2016	Support - 4 Environment - 4 Staffing - 4 Management & Leadership - 3
Morningside Care Home	November 2016	Support - 5 Staffing - 5
Netherton Court	May 2016	Support - 4 Environment - 4

Parksprings Care Home	May 2016	Support – 1 Environment – 2 Staffing – 2 Management & Leadership – 1
	November 2016	Support – 3 Environment – 3 Staffing – 3 Management & Leadership – 3
Rawyards House Care Home	August 2016	Support – 3 Environment – 2 Staffing – 2 Management & Leadership – 2
Rosehall Manor Care Home	January 2017	Support – 4 Staffing – 4
Rosepark Nursing Home	September 2016	Support – 5 Staffing – 5
Skye View Care Centre	June 2016	Support – 3 Environment – 4 Staffing – 4 Management & Leadership – 3
	January 2016	Support – 3 Environment – 4 Staffing – 4 Management & Leadership – 3
Summerlee House Care Home	October 2016	Support – 5 Management & Leadership – 5
The Village	November 2016	Support – 4 Environment – 4 Staffing – 4 Management & Leadership – 4
Thornhill House Residential Home	January 2017	Support – 4 Environment – 4 Staffing – 4 Management & Leadership – 3
Woodside Care Home	October 2016	Support – 4 Staffing – 5

Local Authority Care Home Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Monklands Home	September 2016	Support – 4 Environment – 4 Staffing – 4 Management & Leadership – 4

Independent Sector Care at Home Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Beild Housing – Flexicare (Glasgow)	April 2016	Support – 5 Staffing – 5 Management & Leadership – 4
Carewatch	December 2016	Support – 4 Staffing – 5
Hazelhead	September 2016	Support – 5
HRM	February 2017	Support – 4 Staffing – 4 Management & Leadership – 4
ILS Clyde Valley & Lanarkshire	June 2016	Support – 4 Management & Leadership – 5
Mears Care	October 2016	Support – 5

Local Authority Home Support Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Airdrie Home Support Service	December 2016	Support – 4 Staffing – 5
Bellshill Home Support Service	August 2016	Support – 3 Staffing – 4 Management & Leadership – 4
Coatbridge Home Support Service	January 2017	Support – 4 Staffing – 5
Cumbernauld Home Support Service	October 2016	Support – 3 Staffing – 4 Management & Leadership – 3
Motherwell Home Support Service	November 2016	Support – 4 Management & Leadership – 4
Community Alarm Service	January 2017	Support – 5 Staffing – 5

Local Authority Integrated Day Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Harry Walker IDS	October 2016	Support – 5 Management & Leadership – 4
Sir John Mann IDS	May 2016	Support – 5 Environment – 4 Staffing – 5 Management & Leadership – 5

Independent Sector Younger Adults Supported Living, Day & Women's Aid Housing Support Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Capability	October 2016	Support – 5
Cornerstone North Lanarkshire SLS	October 2016	Support – 6
Cornerstone – Shared Lives & Short Breaks Service	October 2016	Support – 6
Mears Heatherpark	November 2016	Support – 5
Key Community Supports	June 2016	Support – 4 Staffing – 4
LAMH	December 2016	Support – 5 Staffing – 5 Management & Leadership – 5
Lifeways	October 2016	Support – 4
Neighbourhood Networks	September 2016	Support – 6
Potential Living	July 2016	Support – 5 Staffing – 5 Management & Leadership – 5
Quarriers	September 2016	Support – 4 Staffing – 3 Management & Leadership – 3
SOL	June 2016	Support – 5 Staffing – 5
Turning Point – North Lanarkshire Support Service	May 2016	Support – 3 Staffing – 4 Management & Leadership – 4

Local Authority Day Opportunities	Date of Inspection	Quality Theme Care Grades (Out of 6)
Cumbernauld Locality Support Service (Disability)	June 2016	Support – 5 Staffing – 5

Independent Sector Children's Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Aberlour Child Care Trust	April 2016	Support – 4 Environment – 3 Staffing – 4 Management & Leadership – 4
Barnardos Family Support Service	December 2016	Support – 4 Management & Leadership – 3
Camphill School	May 2016	Support – 4 Staffing – 5
Care Visions Specialist Fostering	May 2016	Support – 4 Management & Leadership – 4
Curo Salus – Northview	December 2016	Support – 5 Management & Leadership – 5
Good Shepherd	September 2016	Support – 6 Management & Leadership – 6
Kibble Education Centre	August 2016	Support – 5 Environment – 5
Kibble Safe Centre	June 2016	Support – 6 Environment – 6
Nether Johnstone House	October 2016	Support – 4 Staffing – 4 Management & Leadership – 3
No 76	April 2016	Support – 5 Environment – 5 Staffing – 5 Management & Leadership – 5
Rossie School	August 2016	Support – 5 Staffing – 5
St Philips School	November 2016	Support – 5 Management & Leadership – 4
Sycamore Service Frankfield House	May 2016	Support – 5 Environment – 5
The Bungalow	January 2017	Support – 6 Management & Leadership – 6

Local Authority Childrens Houses	Date of Inspection	Quality Theme Care Grades (Out of 6)
Buchanan Street Residential Childrens House	November 2016	Support – 5 Staffing – 5
Cambusnethan Residential Childrens House	April 2016	Support – 5 Staffing – 5
Forrest Street Residential Childrens House	October 2016	Support – 6 Staffing – 6
Main Street Residential Childrens House	November 2016	Support – 5 Staffing – 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

