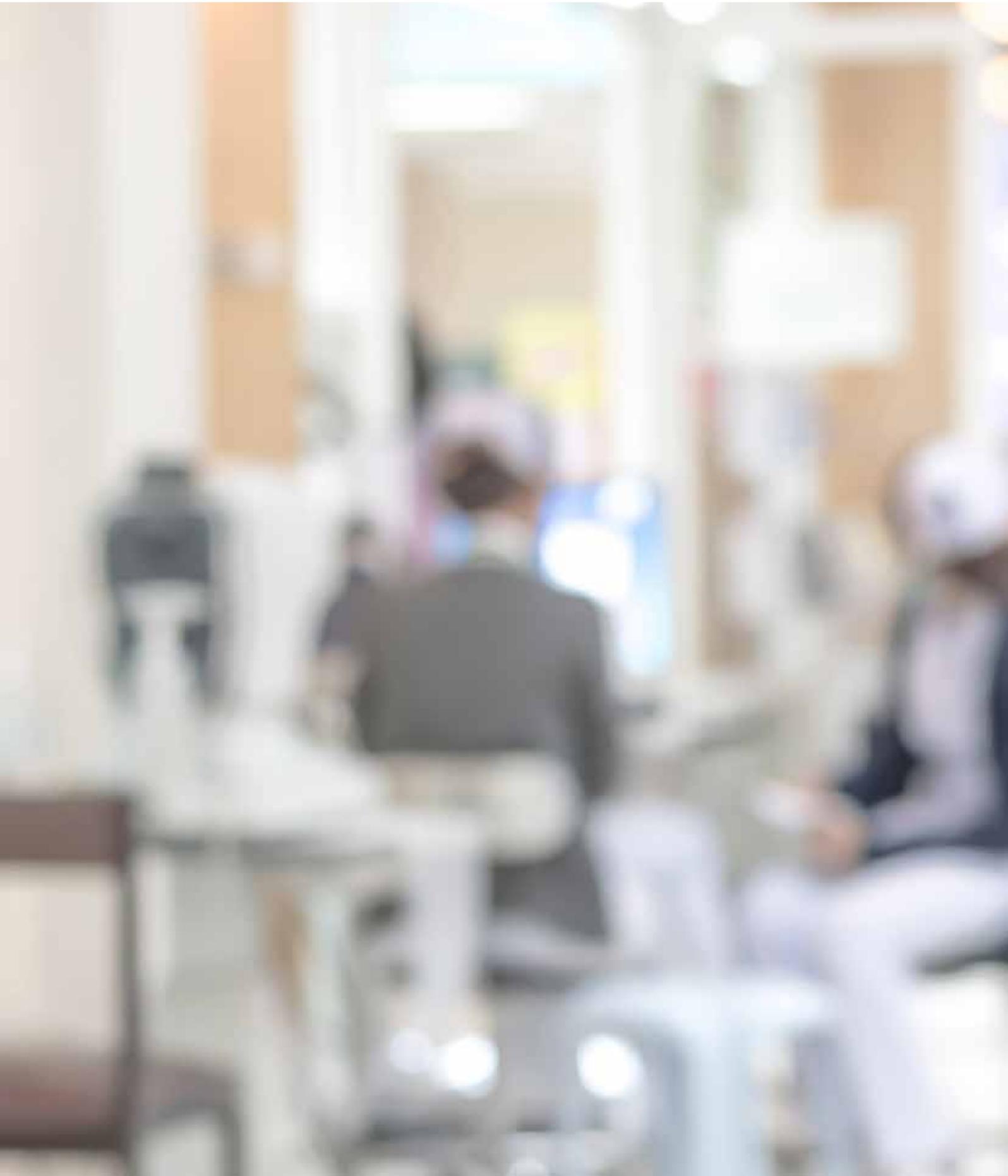


Annual Performance Report 2019/20





contents

1.	Introduction	5
2.	Measuring Progress Under Integration	6
3.	Our Progress Against the National Health & Wellbeing Outcomes	13
	National Outcome 1: people are able to look after and improve their own health and wellbeing and live in good health for longer	13
	National 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.....	14
	National Outcome 3: people who use health and social care services have positive experiences of those services, and have their dignity respected	17
	National 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.....	20
	National Outcome 5: health and social care services contribute to reducing health inequalities.....	25
	National Outcome 6: people who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.....	26
	National Outcome 7: people using health and social care services are safe from harm	28
	National 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.....	30
	National Outcome 9: resources are used effectively and efficiently in the provision of health and social care	31
4.	Looking Forward – Our Next Steps	40
	Appendices	
	• Appendix 1 – Summary of Performance Against Core Suite of Integration Indicators	42
	• Appendix 2 – Inspection of Services	43
	• Appendix 3 – Additional Funding & Budget Adjustment 2019/20	47
	• Appendix 4 – Actual Expenditure Profile 2016/17 to 2019/20 (£m)	48
	• Appendix 5 – Analysis of 2019/20 Expenditure	49
	• Appendix 6 – Annual Financial Statement 2020/21 – 2022/23	51



1 Introduction

Welcome to the fourth annual performance report for Health & Social Care North Lanarkshire.

The Integration Joint Board has responsibility for the planning and delivery of all community based adult health and social care services in North Lanarkshire. The IJB also has strategic planning responsibilities in respect of pan Lanarkshire services relating to mental health and children's health services.

In this report, we report the progress HSCNL has made against its commitments within its Strategic Commissioning Plan and against the 9 national health and wellbeing outcomes. We look back on the progress we have made during 2019/20, share some of our successes and reflect on some of our areas that have proved challenging.

Since the onset of the COVID-19 pandemic in March 2020, we have faced disruption to our services and have sought to support our staff, patients, service users, families and carers as effectively as possible within the restrictions we have faced. This has meant we have had to redesign and change some of the operating models for our services which will continue into 2020/21 and beyond.

Our new Strategic Commissioning Plan was formally adopted by the Integration Joint Board in March 2020, prior to the COVID-19 lockdown. The priorities and ambitions of the Plan remain valid and will continue to direct our improvement and transformation efforts over the next three years. The Programme of Work, which provides the detailed actions which support the overall plan, is subject to a very rapid review during 2020/21. This will ensure the actions within the programme remain as relevant as they can be, with a view to the evolving picture of COVID-19 mitigation, the challenges this places on our workforce, accommodation and our patients, service users and their carers and the continued pressure on partnership resources and finances.

It is also important to acknowledge the extraordinary efforts over the past few months of our staff and volunteers, who, through their dedication and hard work, have contributed massively to the overall pandemic response. It is also worth noting the efforts of our patients, service users and carer throughout the pandemic. While we have sought to minimise the disruption to services and supports throughout and continue to do so, our patients, service users, and carers have displayed a remarkable level of forbearance and understanding of the challenges we face.

The following report outlines our performance and key developments of 2019/20. The first section of the report looks at the performance information we are required to report, showing trend information and a comparison with the Scottish position. Unfortunately, due to issues of data completeness, we are unable to report a full effect position for 2019/20 for some indicators. The reason for this is outwith our control and is detailed within the relevant section of the report.

The remainder of the report takes each of the National Outcomes in turn and provides a range of developments and achievements from across 2019/20.

2 Measuring Performance Under Integration

Since 2016/17, Integration Authorities have been required by legislation to report on the Core Suite of Integration Indicators within their Annual Performance Reports. The indicators were developed in consultation with a wide range of stakeholders and are intended for consideration within the wider context of health and social care and to help identify areas for improvement to aid with strategic planning.

Indicator values are derived from national data sources to enable comparability between local areas and with Scotland. There are 23 indicators in total. The indicators reported comprise of nine indicators based on the Health and Care Experience Survey and ten other measures mainly using health activity, community and deaths information. The remaining four indicators cannot be reported as national data is not available or there is not yet a nationally agreed definition.

The national biennial Health & Care Experience Survey is used as a source for key indicators of residents' perceptions and experiences of local health and care services. The results from the 2019/20 survey have been delayed due to the COVID-19 pandemic, therefore results from the last survey are shown below with a comparison with Scotland. The results for 2019/20 will be published by Scottish Government later in 2020.



Scottish Health and Care Experience Survey						
Indicator	Title	NL 2015/16	NL 2017/18	Scotland 2017-18	HSCNL Trend from Previous Survey	Scotland Trend from Previous Survey
NI - 1	Percentage of adults able to look after their health very well or quite well	91.7%	90.3%	93%	↓	↓
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83.0%	75.4%	81%	↓	↓
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	75.4%	71.4%	76%	↓	↓
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	73.4%	69.7%	74%	↓	↓
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	77.7%	75.4%	80%	↓	↓
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	79.3%	75.5%	83%	↓	↓
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	83.8%	75.6%	80%	↓	↓
NI - 8	Total combined % carers who feel supported to continue in their caring role	41.2%	33.2%	37%	↓	↓
NI - 9	Percentage of adults supported at home who agreed they felt safe	83.7%	79.9%	83%	↓	↔

We are unable to publish full year data for 2019/20 for some of the National Indicators presented below and have followed guidance from Public Health Scotland by publishing calendar year data for 2019.

Use of 2019 calendar year data instead of 2019/20 financial year data for indicators 12, 13, 14, 15, 16 and 20

The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2019; this ensures that these indicators are based on the most complete and robust data currently available. It is not expected that these numbers will differ greatly to 2019/20 financial year figures, once available, and so should not affect any conclusions that have been drawn.

Scottish Health and Care Experience Survey (cont')								
Indicator	Title	2016	2017	2018	2019	Scotland 2019	HSCNL Trend	Scotland Trend
NI - 11	Premature mortality rate per 100,000 persons	522	482	517	515	426	↑	↓
		2016/17	2017/18	2018/19	2019/20	Scotland 2019	HSCNL Trend	Scotland Trend
NI - 12	Emergency admission rate (per 100,000 population)	15458	15662	15825	16519	12602	↑	↑
NI - 13	Emergency bed day rate (per 100,000 population)	126310	120803	115705	116683	117478	↑	↓
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	99	99	101	105	104	↑	↑
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88.5%	89.0%	89.1%	89.4%	88.6%	↑	↑
NI - 16	Falls rate per 1,000 population aged 65+	20.9	22.6	22.6	21.3	22.7	↓	↑
		2016/17	2017/18	2018/19	2019/20	Scotland 2019/20	HSCNL Trend	Scotland Trend
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.7%	79.1%	76.4%	83.3%	81.8%	↑	↓
		2016	2017	2018	2019	Scotland 2018	HSCNL Trend	Scotland Trend
NI - 18	Percentage of adults with intensive care needs receiving care at home	70.7%	72.2%	74.6%	NA	62.1%	↑	↑
		2016/17	2017/18	2018/19	2019/20	Scotland 2019/20	HSCNL Trend	Scotland Trend
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	961	1009	996	1137	793	↑	↔
		2016/17	2017/18	2018/19	2019	Scotland 2019	HSCNL Trend	Scotland Trend
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.2%	20.6%	20.3%	20.3%	23.2%	↔	↓

↑	Performance is better than previous reporting period
↓	Performance is worse than previous reporting period

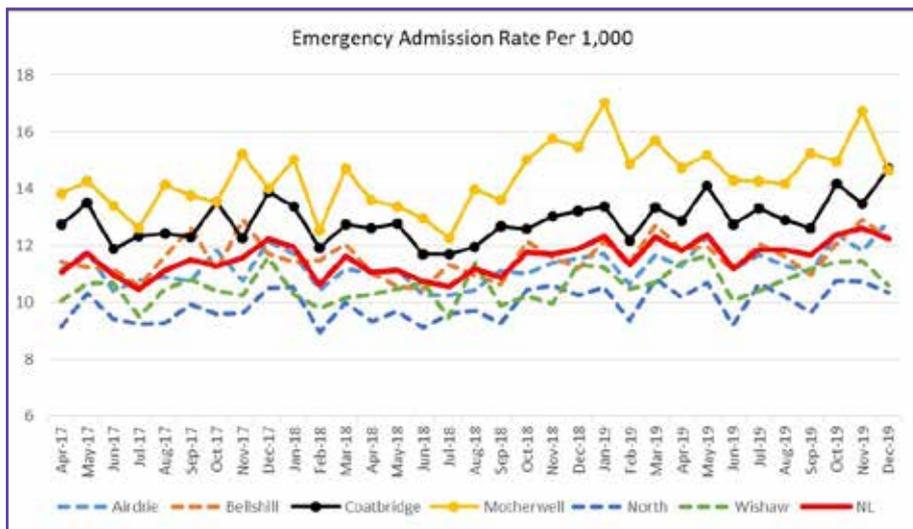
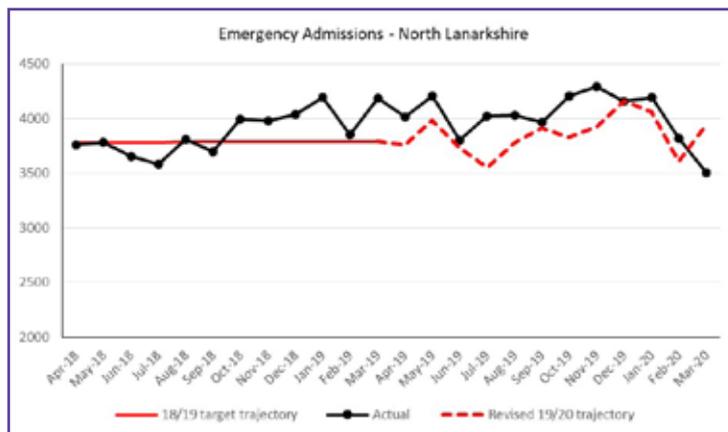
Ministerial Strategic Group for Health & Community Care – Understanding Performance Under Integration Indicators					
	Indicator	2017/18	2018/19	2019/20	Status
1	Number of emergency admissions	46251	46520	48216	
2	Number of unscheduled hospital bed days (Acute/Geriatric Long Stay/Mental Health)	329768	314445	320452 (2019)	
	Acute	245184	235684	247264 (2019)	
	Geriatric Long Stay	24613	21713	21680 (2019)	
	Mental Health	59971	57048	51508 (2019)	
5	Percentage of last 6 months of life spent at home or in a community setting	89.0%	89.1%	89.4%	
6	Balance of care: Proportion of 65+ population living at home (supported and unsupported)	96.6%	96.7%	NA	
	Indicator	2017/18	2018/19	2019/20	Status
3	Number of A&E attendances	122096	125621	124882	
4	Number of Delayed Discharge bed days (exc code 9s)	30862	29980	35329	

- Performance is better than previous reporting period
- Performance is worse than previous reporting period

Emergency Admissions

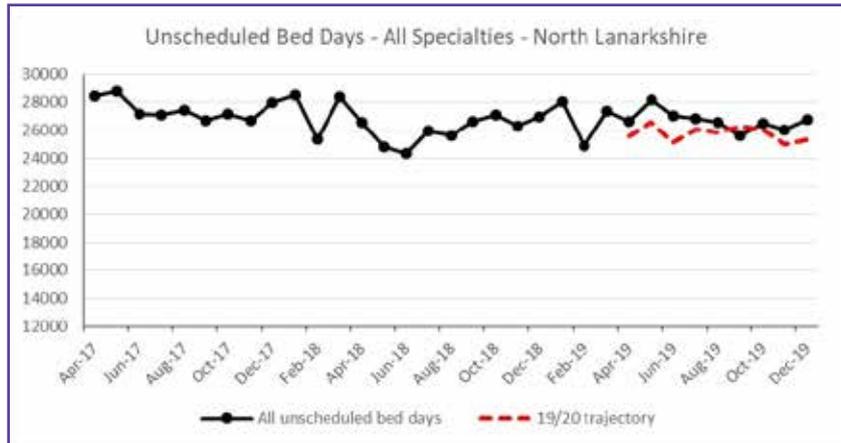
The objective for 2019/20, was to deliver a small reduction in the overall number emergency admissions of North Lanarkshire residents, against the historical backdrop of year-on-year increases. While this wasn't achieved to full year effect, our performance trajectory dipped below our target trajectory by March 2020, helped undoubtedly by the overall impact of the COVID-19 pandemic.

In North Lanarkshire, we have the third highest emergency admission rate in Scotland, which stands at approximately 30% higher than the Scottish average. Within North Lanarkshire, we know that some localities have a higher admission rate than others. The difference in admissions rates between residents of Motherwell locality and residents of North locality are significant. On average, the admission rate in Motherwell locality is over 40% higher than North locality.



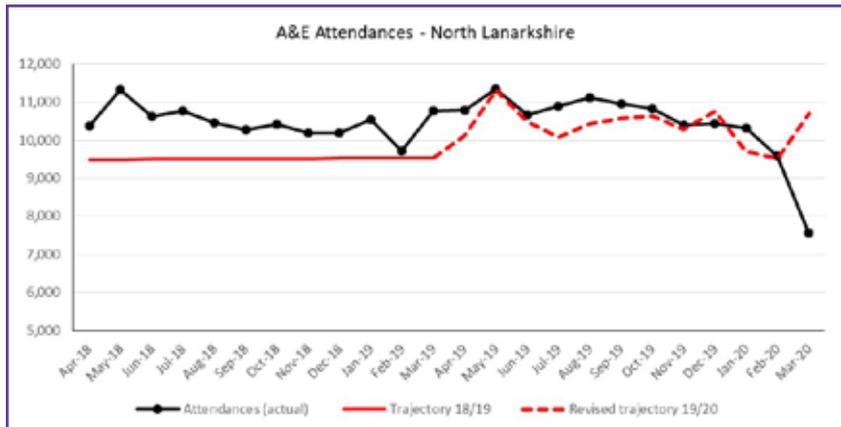
Unscheduled Bed Days

Due to issues with data completeness we are unable to report full financial year's data for 2019/20. For the calendar year 2019, it is evident that we achieved reductions in unscheduled bed days for mental health specialties and geriatric long stay beds, and this continues a long trend of overall reduction in bed days. However, in 2019 there was an increase in the number of unscheduled bed days in acute specialties. This will, in future be addressed by wider initiatives for unscheduled care detailed below.

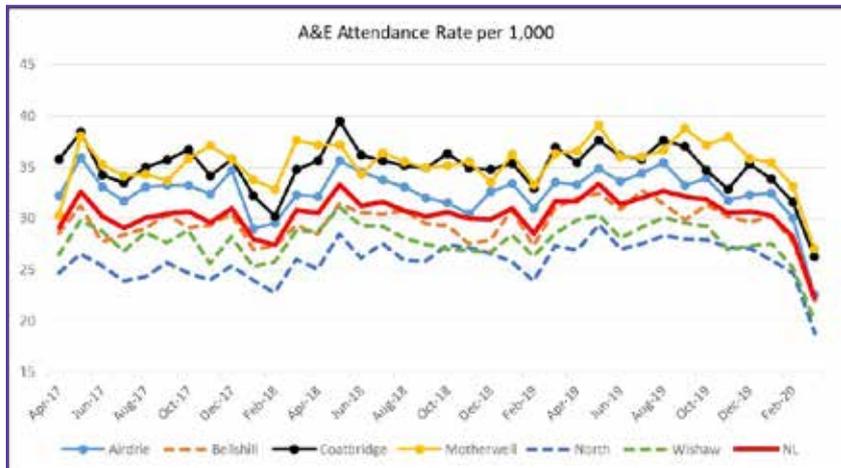


A&E Attendances

The anticipated trajectory for 2019/20 was to achieve a very small reduction in the overall number of A&E attendances, against a backdrop of gradual increases year-on-year. The overall target for the year was achieved, however, this was largely as a result of the significant reduction in attendances at Accident & Emergency departments during March 2020, at the onset of the Coronavirus pandemic. Our efforts to tackle unscheduled care are detailed below.

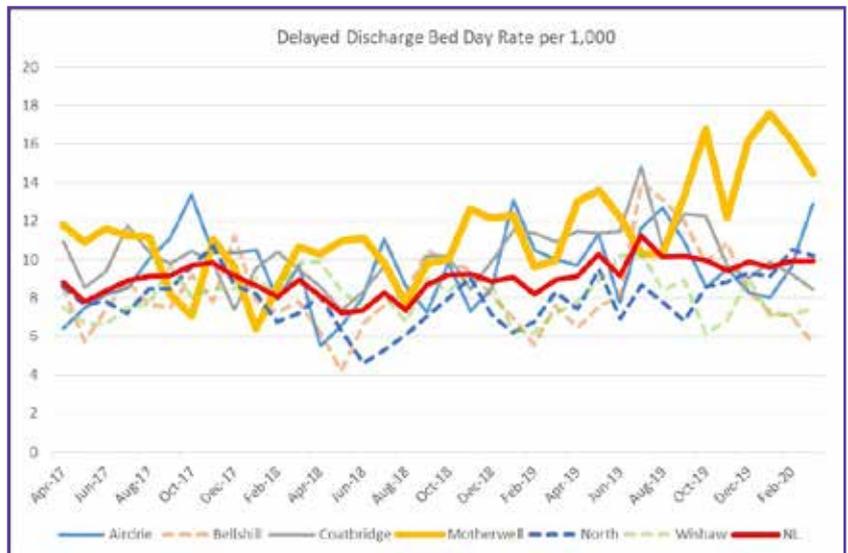
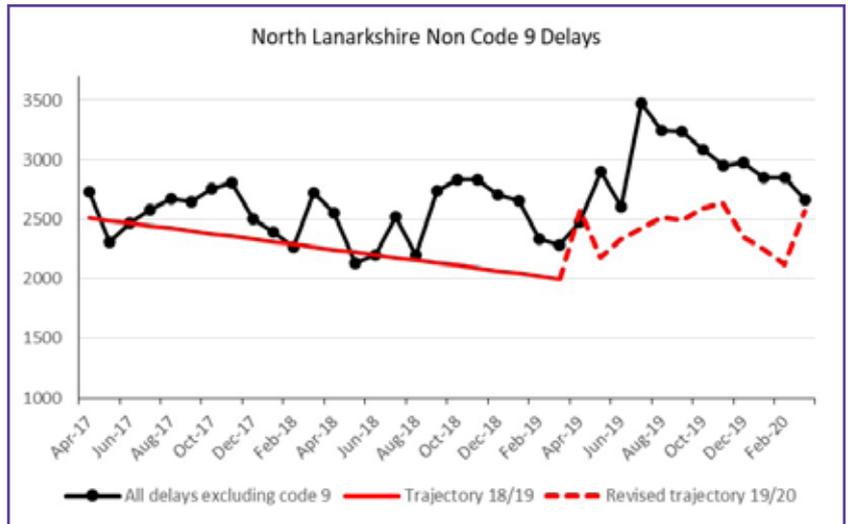


In North Lanarkshire, the attendance rate at A&E is higher than the Scottish average, and at locality level, there are three localities which, over time, have had attendance rates higher than the North Lanarkshire average – in Motherwell, Coatbridge and Airdrie.



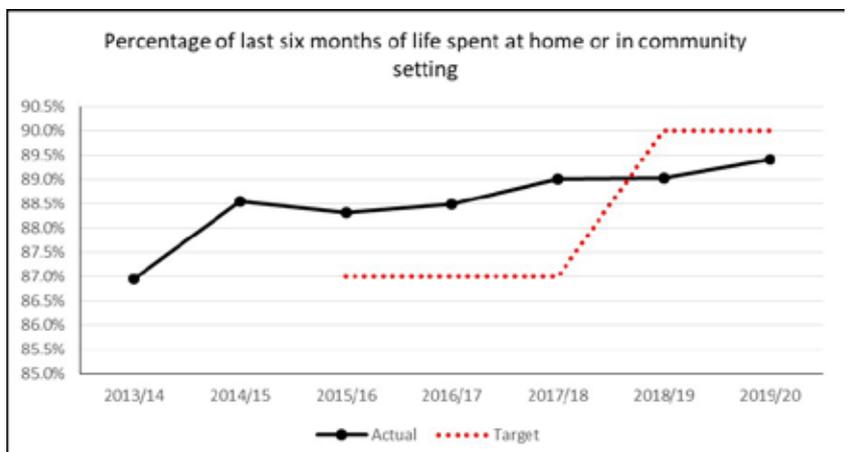
Delayed Discharges

It has been a challenging year in relation to delayed discharge performance with an overall increase in the number of occupied bed days (excluding code 9 delays) of over 17%. However, following a peak in July 2019, there was a gradual and continual decrease in the number of bed days for the rest of the year. There was also a reduction in bed days in March 2020 and into 2020/21 as a result of sustained efforts to support patients' discharge at the outset of the COVID-19 pandemic. Further work is ongoing in relation to Planned Date of Discharge which is detailed below.



End of Life Care

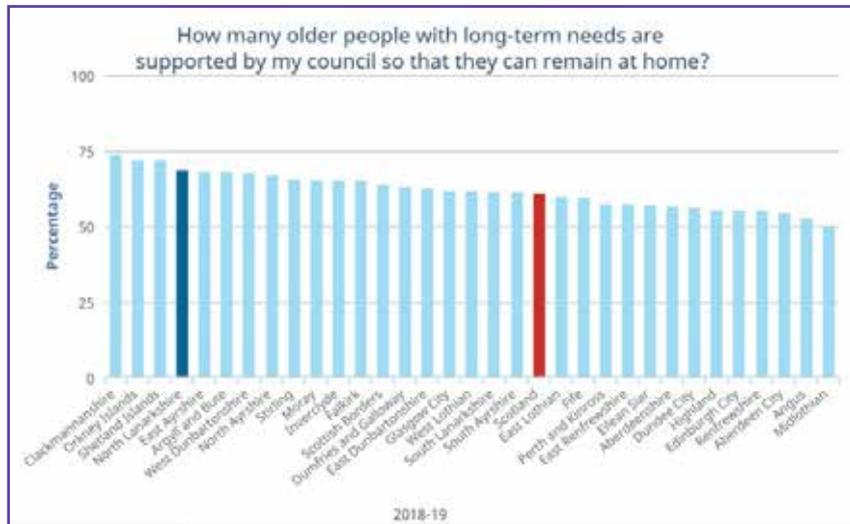
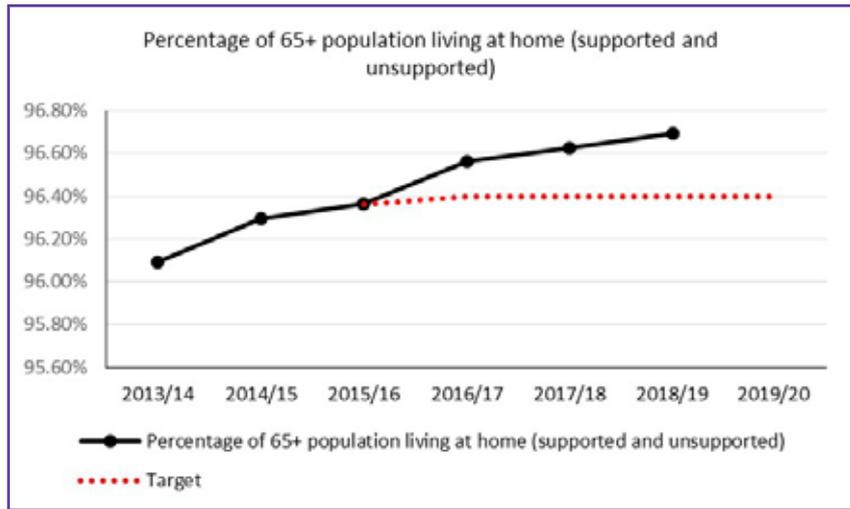
The percentage of the last six months of life spent at home or in community settings has gradually increased since 2015/16, and 2019/20 witnessed another very small increase. In North Lanarkshire, we are less than 1 percentage point below our target.



Balance of Care

Data for 2019/20 is currently unavailable for the percentage of those aged 65+ who are supported or unsupported at home. However, we know historically that in North Lanarkshire we support a high proportion of individuals with complex needs at home, compared with other authorities.

Using benchmarked data from the Local Government Benchmarking Framework for 2018/19, North Lanarkshire supports well around 69% of older people with long term needs at home, the second highest percentage of any mainland partnership and considerably higher than the Scottish average.



68.7%

North Lanarkshire



61.0%

Scotland

2018-19

3 Our Progress Against the National Health & Wellbeing Outcomes

NATIONAL HEALTH AND WELLBEING OUTCOME 1

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

Improving the health of the public

HSCNL seeks to improve the health and wellbeing of the population through the delivery of effective services, functioning as a key partner in the Community Planning Partnership and supporting the implementation of the Local Outcome Improvement Plan. This has involved supporting the development of new Community Boards in North Lanarkshire.

A draft Integrated Population Health Plan was developed during 2019/20 to bring together the broad range of the partnership strategies and action plans which are being delivered in Lanarkshire in response to the six national public health priorities. HSCNL is a key contributor to this plan. Consideration is now being given to both the direct and indirect impacts of COVID-19 on the future priorities for this plan.

Some key achievements across the public health priority areas for 2019/2020 include:

We have sought to address the impact of poverty and financial insecurity by developing pathways from health settings into specialist welfare advice. A referral pathway from Midwives, Health Visitors and Family Nurses to the North Lanarkshire Council welfare advice team has been developed and is in place in two localities in North Lanarkshire and will be rolled out to all of North Lanarkshire in 2020/21.

We have further developed the Lanarkshire Green Health Partnership to connect people with nature and maximise the use of health inducing green assets including development of gardening sessions at 5 community hospitals across Lanarkshire; integration of green health activities to existing referral pathways; raising awareness of the benefits of nature with over 600 health & social care professionals across Lanarkshire; and, infrastructure changes and resources developed to improve active travel.

We have raised awareness of the impact of trauma and adversity and developing trauma informed services. Over 2000 staff members/partners/community members have attended screenings of the Adverse Childhood Experiences Resilience documentary at over 60 venues across North and South Lanarkshire. A psychologically informed environments pilot is being delivered with multi-agency staff from NHS, housing and wider in order to better support those most vulnerable to have a positive experience of accessing services.

We have continued delivery and development of the Lanarkshire Weight Management Service. The service has continued to offer around 30 classes each week in community venues through a partnership with North Lanarkshire Culture and Leisure and South Lanarkshire Leisure and Culture through a partnership with NHSL. A key focus over the last year has been transitioning individual programmes to an integrated service model which covers all four tiers and across the life course and which meets the requirements of the Diabetes Prevention Framework. Key to this is the roll out of the Healthy School approach which is now used by 80% of primary schools in North Lanarkshire.

Addressing the needs of vulnerable groups through continued delivery of the Keep Well service remains a priority across Lanarkshire. Referrals from Addictions, Restorative Justice, carers and other partners resulted in the service undertaking 893 Health checks with over half of these clients requiring case management due to the complexity of issues identified. Outcome measures show that on average there is an 80% improvement in the person's well-being score on discharge from the service.

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

Discharge 2 Assess (D2A)

Discharge to Assess was rolled out across all Lanarkshire hospitals towards the end of 2018/19 in conjunction with Acute Services, NHS Lanarkshire and South Lanarkshire HSCP. Put simply, discharge to assess (D2A) is about supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. They can then be assessed for their longer-term needs in the right place. During 2019/20, approximately 250 individuals were discharged from hospital via D2A.

Through D2A we are working to improve our planning around how we discharge patients from our hospitals as well as the important conversations we have with patients and their families/carers. A key part of the D2A mode is that estimated dates of discharge are established as soon as practical. Teams will then start to plan discharge in advance of a clinical decision being made.

Early work on the programme has already led to a number of patients who meet a set criteria being told that "home first" is their expected outcome. As a result, if increased care needs are identified then further assessment will be carried out in the home before decisions are made about longer term care.

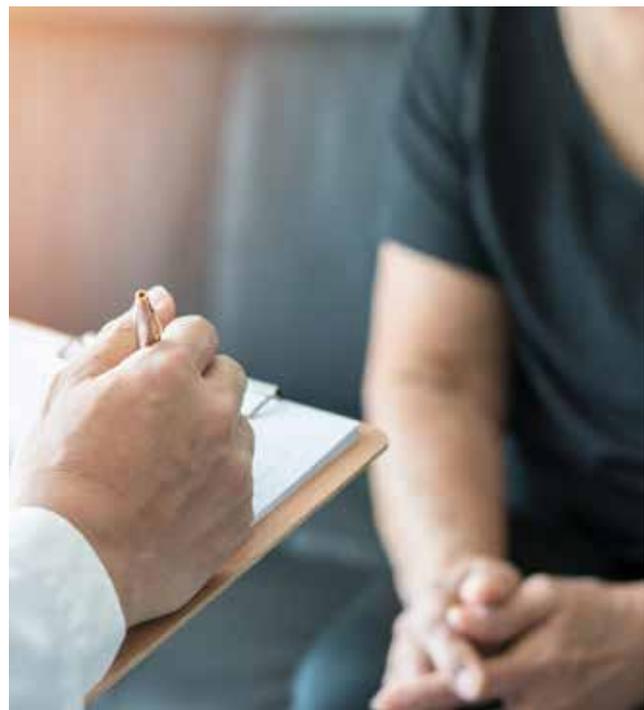
Rapid Rehousing Transition Plan

The North Lanarkshire Rapid Rehousing Transition Plan was approved in early 2019 and sets out how partners aim to prevent and tackle homelessness over the next five years. The key contributions from HSCNL to the overall Rapid Rehousing Transition Plan are as follows :

- Development of a care management model to support localities to coordinate care for homeless clients with the most complex needs (those offered a Housing First approach). This will initially be developed through the Health and Homelessness service with a dedicated Health and Homelessness lead professional and support worker aligned to each locality to

work closely with locality Housing and Health and Social Care colleagues. The configuration and management of this team will be further defined once the plan is approved. These posts will be temporary over 3 years and will provide leadership in service redesign within core services.

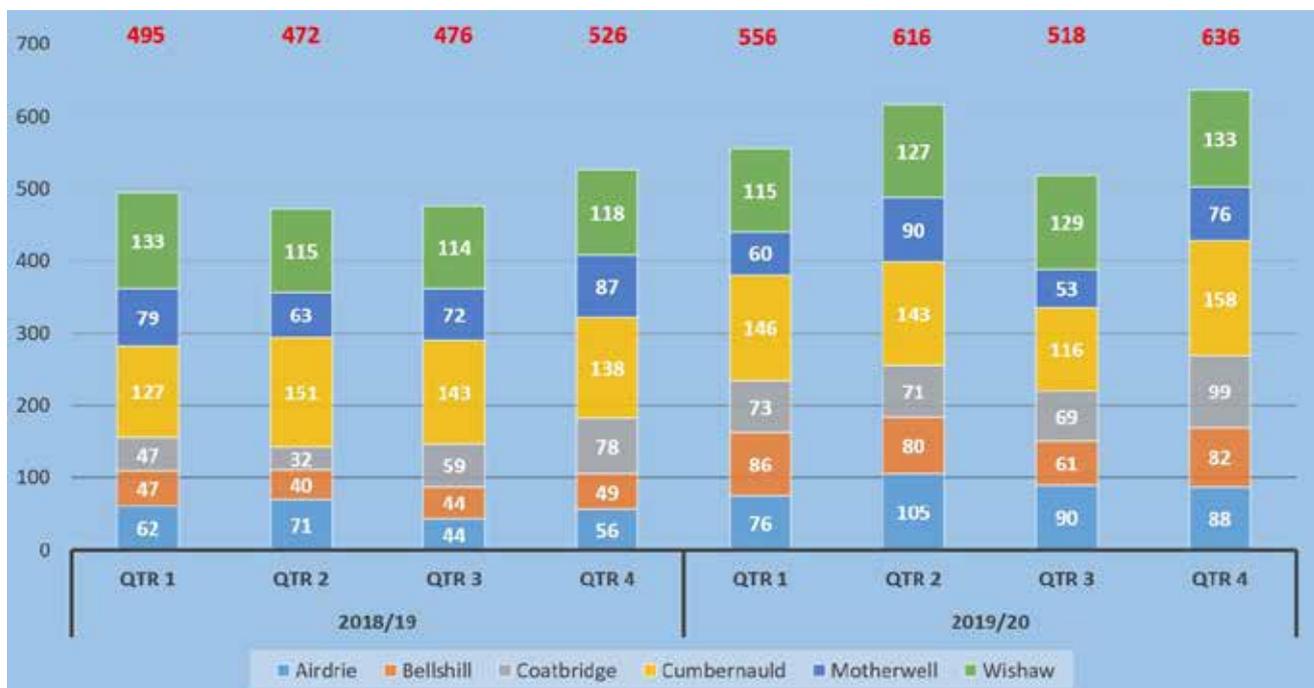
- Extension of the provision of Self Directed Support to those at risk of or experiencing homelessness who are eligible for packages of care. It is proposed to test this on a small scale in the first instance and scale up over time.
- Further development of the Community Prescribing Service Recovery Review Model to include health reviews for physically compromised alcohol dependent service users, extension of Drug Treatment and Testing Orders and improve delivery of services to people with multiple complex needs.
- Increase in Health Improvement capacity to lead and coordinate delivery on the preventative actions in the Health and Homelessness Action Plan



Home Support & Reablement

Our Home Support service has undergone significant redesign activity with the centralisation of various management and administration functions taking place throughout 2019/20. The performance of the service has not suffered and 2019/20 saw a continued uplift in demand for the service, both for mainstream support and the reablement service. Referrals received by the Home Support Service increased by over 10% in 2019/20, compared with the previous year, and referrals to the Reablement service increased by almost 12% in the same time period.

Similarly, the number of people completing the reablement process increased by 18% in 2019/20, reflecting the increasing efforts within our reablement teams to support individuals to regain as much independence as possible. In 2019/20, more than one in four service users who completed the reablement process required no further support from the home support service, and almost half required a reduced level of support. The chart bellows illustrates the consistent growth in the number of individuals completing the reablement process across all of our locality teams.



Integrated Rehabilitation Teams

Integrated Rehabilitation Teams were established in each of our six localities in 2018, and progress continued throughout 2019/20 as local teams integrated services, reduced duplication and ensured timely access to the right professional. Our rehabilitation teams play a key role in preventing unnecessary hospital admissions, reducing the length of hospital stays while supporting people to live safe, healthy, independent lives in their own communities.

In 2019/20, the 6 teams received over 16,000 referrals. Through combining their expertise to tailor and coordinate support to the individual needs, the team can identify any difficulties a person may

be experiencing in their as a result of an illness, disability or physical difficulty. They also provide rehabilitation in the community while identifying and providing any additional supports such as equipment, adaptations or home care.

A prioritisation and triage system is used by the team to identify the most appropriate professional to work with an individual and also identifies the timeframe for being seen. The team can then respond to efficiently and effectively, offering guidance and support at the right time, in the right place and in the right way.

Unscheduled Care

During 2019/20 and in the preceding period, there was a significant increase in unscheduled care demands across the health and care system. During the last year there has been an extensive whole system exercise to explore opportunities for improvement. As a result of this we have delivered additional capacity through Discharge 2 Assess and developed further actions in relation to:

- Reducing unplanned bed days for those in palliative care or end of life
- Developing the model of redirection at the front door

- Enhance processes and model of complex assessments
- Improved home support availability
- Improved flow in intermediate care facilities and off-site beds

We are also working with HSCNL are working with SL HSCP and acute services to develop a planned date of discharge approach across all three acute sites in Lanarkshire, overseen by a pan-Lanarkshire Project Board and individual Site Operational Groups. Work has commenced to roll out the methodology in University Hospital Wishaw and University Hospital Monklands.

Case study

Mr A is 83 year old man who lives with his wife at home. He was diagnosed with vascular parkinsonism which affects his mobility, speech and his personality due to mini strokes. He was allocated to the community care team in June 2019 due to increased carer stress. Shortly after allocation he was admitted into an acute hospital. There was an expressed concern from the hospital clinicians about him returning home, therefore a community care assessment was carried out and as result he was discharged home with support from the following:

- Integrated Rehabilitation team
- Placement at Integrated Day Services
- Rolling respite care
- Respite at home hours
- Home Support

His wife was referred to the carers centre and continues to get ongoing support there as well as benefiting from the respite whilst her husband is being supported to ensure his wider social and mental health needs are also being met by the variety of supports now in place. He continues to live at home with supports and long term care is not currently appropriate. Mr A has also had no further admissions to hospital.



NATIONAL HEALTH AND WELLBEING OUTCOME 3

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

Engagement and Participation

The Health and Social Care Partnership in North Lanarkshire has a role to support stakeholder involvement. Included in these structures are:

- Partnership for Change (PfC), the forum for service user and carer involvement in Health and Social Care NL.
- North Lanarkshire Carers Together support adult carers and have a campaigning, information and representative role in NL.
- The Public Partnership Forum, who represent community interests and link with IJB through Partnership for Change.
- Third Sector organisations and groups coordinated through Community Solutions structures, strategy and investment.
- The Independent Sector through funding to Scottish Care, who employ 2 staff members to develop engagement and participation in care homes and care at home services.

All these groups are represented and actively participate in the Strategic Commissioning Planning Group, contributing to review and forward planning for health and social care. Representatives also, alongside health and social care staff, participate in the Participation and Engagement Strategy Group, re-established as a recommendation from the review of service user and carer involvement in 2018/19.

Through this group work to develop stakeholder engagement in IJB governance structures and localities has progressed during 2019/20.

Working from the IJB, Participation and Engagement Strategy 2017-2020, guided by annual plan, the group have developed the framework to support stakeholder engagement and participation across health and social care in North Lanarkshire. This includes:

- Preparing and distributing Participation Guidelines that illustrate how we consider and apply the National Standards for Engagement

- Adapting Scottish Health Council materials to produce and distribute a Participation and Engagement Toolkit
- Securing resource, guidance and a procedures to support engagement activity in localities
- A final draft of a volunteer expenses policy to ensure those asked to represent stakeholder groups are reimbursed for out of pocket expense
- A final draft of a Volunteer Representative Induction Guidelines
- Agreed an engagement plan and tracker to maintain oversight of engagement and participation activities across health and social care
- Roll out the framework by engaging with relevant groups and forums

The progression of this work during 2020/21 includes:

- Refreshing the 2017-20 Participation and Engagement Strategy for the period 2020-23 and the annual action plan for the group
- Adding examples of best practice in online engagement approaches and activities to the Participation and Engagement Toolkit
- Further awareness raising of the participation and engagement framework and promotion of the resource available to support this
- Supporting engagement planning for the 41 programme plans stemming from the Strategic Commissioning Plan
- Approval and implementation of the Volunteer Expenses Policy and Volunteer Representative Induction Guidelines

Partnership for Change

Partnership for Change (PforC) is the forum for service user and carer involvement in the governance structures of H&SCNL. A part time development worker continues to support the work building on the achievements of the previous two years. Achievements are summarised below under each of the five work streams:

Engaging with a wider range of service users and carers

- 19 member organisations support their service users and carers to engage with the Integrated Joint Board and Health & Social Care North Lanarkshire.
- PforC is now a member organisation of the Community Solutions Governance Sub-Group.
- Continued to support the engagement of over 30 public representatives through the Monklands replacement project, following the Ministerial review.
- Continued support for the annual nominations process for service user representatives

Gaining understanding and knowledge through an independent comments system

Care Opinion is an independent web based service where people can share their experience of health and social care services, good or bad and health and social care services can respond..PforC campaigned to incorporate this opportunity to engage the wider public in providing feedback on services and supports in NL.

In 2019 H&SCNL took out a subscription to extend this service from NHS services only to health and social care services. PforC support the roll out Care Opinion to front line services across North Lanarkshire and continue to present relevant Care Opinion postings to relevant forums to illustrate issues of concern along with positive stories.

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

- Produced briefing notes for four IJB Board Meetings, and five Performance, Finance and Audit sub-committee meetings. These were

to support the service user and carer board members at both a pre-meeting and attendance at the full IJB Board meeting.

- Provided support for service user and carers representatives to attend a further:
- Six Addictions, Justice, Learning Disability and Mental Health Partnership Boards
- Six Frailty & Long-Term Conditions Partnership Boards.
- Two Strategic Commissioning Planning Group meetings.
- Supported service user and carer representatives to attend and participate in the NHS Lanarkshire Annual Review Public Session.
- Maintained links with the North Lanarkshire Public Partnership Forum (PPF), attending eight meetings and circulating IJB Briefing papers to keep them informed.
- Maintained links with the NHS Lanarkshire Public Reference Forum (PRF), attending 3 meetings.
- Supported service user and carer representatives to participate in the Monklands Replacement Project Site Scoring Event.

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

- Maintained a schedule of IJB meetings, Partnership Board meetings and all 12 Locality Planning Group meetings.
- Continued to recruit service user and staff supports from member organisations to participate in the 12 Locality Planning Groups within the six localities
- Organised a further four assimilation meetings in 2019/20, to connect the service user representatives on the IJB Board, the Partnership Boards and the Locality Planning Groups. A summary report is produced and distributed for each assimilation meeting.
- Supported service user and carer representatives to participate in the Scottish Governments "Health App" Design Workshop.

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

- Continued to highlight the transport challenges faced by service users and carers when accessing health and social care services. Involved in a new Community Solutions Transport group and involvement in the NHS Lanarkshire Car Parking Policy Group.
- Continued involvement in implementation of the new model of Home Support and First Point of Contact, which includes the community alarm service.
- On-going promotion of Self-Directed Support with NL Disability Forum and Alzheimer’s Scotland.
- Supported the transfer and implementation of the NL Shop Mobility service to align more closely with a model of reablement and access to services linked to the Community Solutions programme.
- Supported service users and carers to participate in the development of the Lanarkshire Mental Health Strategy.
- Participated in the Strategic Commissioning Planning Group Programme Board, to develop a new 3-year strategy.

Independent Sector

The independent sector supports service user and carer involvement and is represented on the Participation and Engagement Strategy Group.

During 2019-20

- Funding for the independent sector staff member was extended to a second role supporting care at home providers.
- Care Home Managers meetings have continued to take place each quarter for Bellshill/ Motherwell/Wishaw, Coatbridge and Airdrie. The North and Cumbernauld group will be restarted in 2020-21. These meetings provide the opportunity to network, share information and identify and discuss common issues.
- Care at Home Providers were invited to attend Quarterly Development Days.

- A re-launch of the Continence Bundle was planned for March 2020 but will now be carried forward to another date. The Continence Bundle is an improvement programme, outlining simple steps to further continence care and improve the journey and quality of life for care home residents. After two successful pilots which demonstrated improved outcomes and quality of life this programme will continue to be implemented in care homes pan Lanarkshire.
- Scottish Care have contributed funding to pilot the red bag initiative to improve the experience of people who are admitted to hospital from a care home. By providing relevant information and belongings in a 'red bag' the initiative seeks to improve the admission and discharge process. This will progress in 2020-21.

The Independent Sector lead has contributed to the work of the :

- Participation and Engagement Strategy and plans to disseminate Participation and Engagement Framework to Care Homes and Care at Home providers.
- Health & Social Care Academy which has developed a 5yr plan to further develop links with colleges and local schools encouraging local people that working in Health and Social Care is a good career choice.



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

Primary Care Improvement Plan

NHS Lanarkshire has welcomed more than 40 new community nurses to support the delivery of the Primary Care Improvement Plan (PCIP). Their roles will include delivering services across all communities in Lanarkshire. As part of the PCIP they will be involved in community treatment and care, urgent care, and the Vaccination Transformation Programme (VTP). The VTP is part of the PCIP which is implementing the new General Medical Services (GMS) contract, where some aspects of care and treatment currently carried out by GPs will be carried out by members of the wider primary care multidisciplinary team.

The infogram highlighted opposite illustrates some of the key developments within the Primary Care Improvement programme prior to the onset of the COVID-19 pandemic.



Primary Care Improvements before COVID-19 some headlines

Community Treatment & Care and Urgent Care in-hours



92% of patients who saw an Advanced Practitioner (Nurse or Physiotherapist) did not require GP input

Staff were helpful and listened to me, answering all my questions. I'd be happy to see them again

Patients had an average of one fewer GP appointment in the six months after seeing a GP Occupational Therapist

Most Lanarkshire practices surveyed did some **Care Navigation**/call triage, although many tailored the approach to different levels of demand



By navigating calls away from GPs, some practices were able to offer longer appointments

Before **Workflow Optimisation** training, many GPs dealt with excess paperwork



Afterwards **80% fewer documents** went to each GP in one practice (other staff dealt with them)

Pharmacotherapy



19th July 2020:
1,877 patients from 28 practices have had serial prescriptions

Patients were happy with serial prescribing, once they settled into the new system. Of 300 patients in a practice, only one had asked to change back



One practice described noticeably reduced prescription processing

Vaccination Transformation

Nurses felt welcomed and supported by the host practices



In 2019/20 the new managed service ran 893 'flu vaccination clinics
Nurses had no real-time access to patient notes to enter details



"Straightforward and quick"
"No waiting time"

Service vaccinated 45% of 65-74 year olds and 44% of 2-5s not at school (others in these groups vaccinated elsewhere)

Workforce, Recruitment & Retention



Feeling part of a team



Coping with the workload



Influences identified for joining or leaving a practice



Being listened to



Getting enjoyment from your work

GMS Digital



System needs identified for patients & staff



Provide & share information



Support to use new technology

Digital developments should be simple, timely, accessible & safe, provide continuity & avoid duplication



On-line booking, triage/care navigation, waiting room & self-management technologies



Remote access, greater understanding of future developments

Outcomes achieved i.e. we have some evidence for

Workforce:

Has the knowledge, skills & confidence for new roles
A little capacity was created
Some improvements in Recruitment & Retention

People using services:

Happy with new services

Primary Care system:

Better quality/safety of care
Improved health & wellbeing

Scottish Government says that in Year 3 of Primary Care Improvement, HSCPs should describe how evidence has informed decisions around service design

As we move forward, evaluation learning needs to be captured from all prioritised Year 3 Primary Care Improvements and visibly fed into scale-up and spread

Community Solutions

Community Solutions is Health and Social Care North Lanarkshire's Community and Voluntary Sector (CVS) delivery programme. Through the Community Solutions Strategy, Softening the Lines, the sector's contribution is co-ordinated, monitored and works towards a series of programme outcomes. The work is based on co-production (which includes co-commissioning at a community level) and giving people choice and control and connecting people to their communities.

All activities are reported on a regular and agreed basis through the governance structure which is made up of a North Lanarkshire wide consortium, the Governance sub group and the Senior Leadership Team.

'By having the overarching aims of preventing isolation and loneliness and addressing inequalities; by moving away from defining people by age or condition; by reconnecting people with their communities; and by looking at innovative approaches that support people to be more active and have a better diet, we can significantly improve the health and wellbeing of the population. This approach will also build more inclusive, cohesive and resilient communities thereby reducing future reliance on statutory agencies and services.'

Softening the Lines 2018-23

Programme delivery

Using nine thematic leads to guide best practice and 6 locality host organisations to ensure a truly community led approach, a devolved budget of £1.14 million is directly invested in organisations and community groups with countless others receiving support from other means. Investment ranges from micro-investment and matched funds to strategic investment in thematic areas of work of up to £75,000. In 2019-20 the Community Solutions Commissioning Plan was developed outlining each programme, the ambitions, the delivery mechanism and the financial investment.

The programme approach ensures that all activity links to programme outcomes and that best value is achieved. Additionally, the programme is able to use its budget to leverage a significant, although

variable, amount of additional funding and in-kind contributions. In 2019/20 a conservative estimate of additional income totalled almost £750 000. For 2020-21 the anticipated additional income is currently £600 000.

Focus during 2019-20

During 2018/19 there was a review of Community Solutions, which at the time, was known as Community Capacity and Carer Support. The programme had been running for six years and the Strategy since 2018. Initially engagement with stakeholders identified positive findings demonstrating that key outcomes has been achieved and key strengths were identified as:

- Strategic planning -a clear sense of direction and clear plans on how ambitions will be met
- Meeting outcomes -taking a personal outcomes approach and enabling people to live healthier more independent lives in their community maximising their individual and social capital
- Impact – individuals, communities and services
- Partnership working -achieving more together than would have been if working in isolation demonstrating the efficacy of the strategic approach

The following three key areas were identified as areas for improvement:

Communications and Branding - Rebranding as Community Solutions and promoting this across the community and work of the programme. Work is continuing on a CVS website for North Lanarkshire, Community Solutions will be included as a key section. Communications through HSCNL Communications Officer is a priority now that the officer is in post.

Use of Data - Community Solutions have employed a Research, Evaluation and Information Officer to guide the development of an improved Monitoring, Evaluation and Learning Framework for the Community Solutions Programme. This will strengthen the collection and use of data to measure progress, demonstrate impact, inform decision making and enhance learning for improvement in line with HSCNL's emerging priorities.

Funding Arrangements - A development plan focusing on longer term funding arrangements and realignment of existing partnership funding through the programme has been drafted and will be taken forward from December 2019 with key members of HSCNL Senior Leadership Team

Achievements

The Community Solutions Annual Report 2019-20 brings together the broad range of programme and activities as well as case studies and examples that demonstrate how outcomes have been met and the change or difference for individuals in North Lanarkshire.

Highlights include

- Awareness of what is available locally is a big issue for people living and working in North Lanarkshire. The Locator tool is an online resource and tool that brings together activities and services in North Lanarkshire. Visitors can search by category, geography or key words. In 2019-20 almost 9000 unique users viewed over 42 500 pages with the most popular searches relating to social groups and parent and toddler groups.
- The Community Transport scheme works with trained volunteer drivers supporting eligible people from across North Lanarkshire to attend health and social care appointments. In 19/20 there were 19 000 passenger journeys in all 6 localities. There have been over 15 000 minibus journeys and almost 3500 volunteer driver journeys.
- Engaging people in leisure, learning and support activities such as
 - o Sheila's Sheds in Cumbernauld and the North is for women who enjoy needlecraft and craftwork.
 - o Coatbridge Jelly Bean Club provides activities for local children.
 - o You are my Sunshine, in Motherwell, seeks to make mental health support more accessible, working with volunteers, linking with mental health support organisations and initiating groups for exercise, peer support, coffee and chat.
 - o In Wishaw, Shotts Bike Revival is part of a network of activities to encourage people to get involved with cycling.
- o A food hygiene, cooking skills and nutrition course in Bellshill was received very well with participants sharing and enjoying new dishes.
- o In Airdrie the Poverty Action Group have introduced Community Fridge. An initiative that helps reduce food waste enabling children and local people to connect to their communities and access nutritious good food

2020-21

With the outbreak of COVID-19 and the declaration of a global pandemic, Community Solutions, the funded organisations and partner organisations mobilised to become a key contributor to the co-ordinated North Lanarkshire response to help our communities remain safe and as physically and emotionally well as possible. Organisations changed their delivery quickly in response to need with the host organisations acting as anchor organisations in each locality. Examples of the response includes wellbeing support, telephone befriending and supporting those shielding.

Voluntary Action North Lanarkshire had oversight of the response which enabled monitoring and reporting of activity. During 2020-21 there will be time for reflection that will inform the future direction and development of the Community Solutions Programme.

In 2020-21 a review of the Community Solutions Strategy is planned. The co-production approach to this will ensure stakeholder involvement and seek to reflect the strengths, improvements, developments and leaning over the first 2 years of the strategy and the rapid response and changes in delivery during the COVID-19 pandemic.

Case Study - Miss D

Miss D is 24 years old and was raised by her grandparents from the age of one. Miss D was diagnosed with a learning disability and autism in April 2018, although her grandparents had struggled coping and understanding her behaviours from around age six. In early 2017, Miss D's grandfather passed away and due to the complexities of her condition this resulted in her remaining within her own bedroom for around 18 months with no social interaction apart from support from her grandmother.

In August 2018 a Self Directed Support (SDS) budget was agreed and both Miss D and her Gran had agreed on a support provider for her budget of c£20,000. Within a short period of this support being implemented Miss D was accessing the local community by going for lunch and visiting her local superstore with staff. This support has continued to develop as has Miss D's self-confidence and she is now going shopping to places like Braehead and Silverburn. She has also now been on day trips to Edinburgh and has been discussing with her Social Worker how she would love to spend a weekend away somewhere with a view to being able to possibly go on a holiday in the future for the first time in her life.

Miss D has now commenced a college course in an access subject involving performance arts, helping her develop a love of drama.

Case Study - Ms G

Ms G is a 47 year old who lives in her own home. Ms G had lived in the family home with her mother and father until her mother passed away and her father moved into residential care. Ms G had relied upon her father for most of her social contact. She had worked at a local lunch group but her family expressed concern when she stopped attending. Concerns emerged about Ms G's potential isolation, alcohol consumption and general wellbeing.

Ms G was referred to Motherwell Locality Support Service (Disability). Ms G shared that she would like to have paid work and as we knew she had skills and enjoyed her previous experience supporting a lunch group within a community centre, we were able to seek out two voluntary placements with lunch groups within residential settings, encouraging her to build on her skills within the kitchen and service industry. These placements have supported Ms G's communication which has supported her confidence and self-esteem. Locality Support staff supported Ms G to and from these work placements initially as she was unable to travel there independently and required to build her confidence in this area. As a result of the work carried out this support has reduced as Ms G has made excellent progress and is able to travel to and from her work placements independently.

As a next step, Ms G has been supported to meet staff from Remploy Scotland who will support Ms G to build her interview skills through writing CV's, interview preparation and presentation. Remploy will also support Ms G to carry out taster sessions in her route to prepare her for work.

In preparation for future employment, Locality Support staff have recently started Numeracy input through LEAD Scotland, to support her with her money skills; telling the time and learning to read bus time tables which will aid her skills in gaining employment.

NATIONAL HEALTH AND WELLBEING OUTCOME 5

Health and Social Care Services contribute to reducing health inequalities

Lanarkshire Mental Health Strategy 2019-24

We developed a Lanarkshire Mental Health & Wellbeing Strategy with our partners via a rigorous planning and engagement approach. During 2019/20 we took forward a number of key pieces of work reflecting our commitment to improving the mental health and wellbeing of the people who live and work in North Lanarkshire. Our vision for Lanarkshire is one where everyone has good mental wellbeing from before birth through to later life and where those experiencing mental health problems are supported can recover and have good mental wellbeing, free from stigma and discrimination. Our major strands of work during 2019/20 and into the future are:



Self-harm and suicide

A range of suicide prevention programmes have been taken forward including awareness raising campaigns targeting young men through local professional football clubs and local communities, development of a suicide prevention app, delivery of suicide prevention training and working with partners to target locations of concern.

Distress Brief Intervention

Lanarkshire is currently the host site for an innovative national programme to ensure a compassionate and effective response to people presenting to services in distress.

Stigma and discrimination

We continue to work with See Me (Scotland's Programme to tackle mental health stigma and discrimination) to take forward an ambitious three year programme of work aimed at reducing stigma and discrimination within four areas: education, health and social care.

NATIONAL HEALTH AND WELLBEING OUTCOME 6

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

Carers are key stakeholders and contribute significantly to achieving the ambitions of our Strategic Commissioning Plan. Representation of their experiences and views is core to the planning and delivery of services and supports for carers and those they care for.

During 2019-20 commissioning for carer support concluded. Lanarkshire Carers Centre and Action for Children Young Carers Project are contracted to provide direct services and supports for carers and undertake to co-author with carers, adult carer support plans and young carer statements. Funding for other organisations supporting carers is directed through the Community Solutions Programme.

North Lanarkshire Carers Together (NLCT) are contracted to provide the carer information service in North Lanarkshire, support representation of carers across health and social care and also have a campaigning role. They work in partnership with H&SCNL to identify carers, promote carers rights, provide relevant information and provide a network of support to empower carers to represent their own and other carer's issues to influence and contribute to policy development, service provision and evaluation locally and nationally.

An example where NLCT engaged carers in consultation and influenced services development in 2019-20 is a scoping exercise that included engagement events with carers and partners, to consider the development of an independent advocacy service for carers. The development of such a service is noted in the 2019-24 Strategy for Carers and will be progressed.

Some of the achievements for NLCT in 2019-20

- Recorded direct work with 1601 carers
- Distributed 6800 carer information packs through GPs, social work teams, hospitals and other community settings such as libraries and community centres
- Participated in 166 community events
- Delivered 80 carer aware training sessions

NLCT lead on the Carer Support Network that is part of the Community Solutions Programme. This network brings together key partners to offer a forum to share information, raise issues and discuss developments for carers and carer organisations across NL and to ensure carers' views are considered in policy and service developments.

Carers Strategy 2019-24

A new North Lanarkshire Carers Strategy to cover the period 2019 - 2024 has been developed in partnership with representatives from:

- Health and Social Care North Lanarkshire
- NHS Lanarkshire
- North Lanarkshire Council
- Adult and young Carers in North Lanarkshire
- Lanarkshire Carers Centre
- North Lanarkshire Carers Together
- North Lanarkshire Young Carers Service
- Voluntary Action North Lanarkshire

It sets out how we will promote Carers' health and well-being and support Adult Carers and Young Carers to continue caring whilst having a life of their own. It also demonstrates how we will build on work that has been done through previous strategies and how strong partnership working in North Lanarkshire will support Adult Carers and Young Carers.

The purpose of this new strategy is to set out how we will respond to new duties under the Carers (Scotland) Act 2016 and how we will support unpaid adult carers and young carers in North Lanarkshire over the next five years.

As part of the Strategy, we developed a new Vision: -

"To ensure, in partnership, that North Lanarkshire adult carers and young carers are supported, represented and enabled to build resilience, carry out their caring role and to live healthy, independent and fulfilled lives."

And also with a new set of values :-

We will:

- Value carers and recognise them as equal partners in care
- Ensure young carers are enabled to be children and young people first and foremost with access to the same opportunities as their non-caring peers and that they are relieved of any inappropriate caring roles to allow them to have a quality of life.
- Ensure services for carers are 'what we say they are'
- Ensure carers rights are embedded in the strategy and its delivery
- Conduct our business in a spirit of partnership with honesty, openness, transparency, respect and challenge, where required
- Have a shared purpose which includes consideration of legislation and resourcing

- Recognise our rights and responsibilities as individuals and as a group
- Recognise and support difference and unique offerings from all contributors.

The Carers Strategy Implementation Group (CSIG) has been in existence within North Lanarkshire for many years. It was created to oversee the development, production and review of the Strategy for Carers. The CSIG has a key role in bringing together partner organisations to oversee services for carers in North Lanarkshire. It recognises the complex nature of the carer environment and continues to strengthen the relationship with partners and other groups.

In light of the changes brought about by the Carers Act the Terms of Reference for the North Lanarkshire Carers Strategy Implementation Group have been reviewed. The new terms of reference propose that the CSIG will among other things:

- Support, monitor and report on the implementation of the strategy and act.
- Ensure that the strategy and its associated actions are included on the agenda and considered by all strategic partners and associated networks

The new strategy is supported by a comprehensive action plan which is subject to review and regular reporting to the IJB and its Performance, Scrutiny & Audit Committee.



NATIONAL HEALTH AND WELLBEING OUTCOME 7

People using health and social care services are safe from harm

Adult Support & Protection

North Lanarkshire Social Work Service undertakes a significant amount of work to ensure that adults who may be at risk of harm are supported to keep themselves safe. The purpose of the annual report is to share detail of the activity around this key area of work as well as share learning from audits and reviews. This ensures staff and services retain a focused approach to adult protection and are suitably trained and supported to confidently deliver positive outcomes for those who may be subject to harm.

Adult protection legislation places certain duties upon the Council to undertake inquiries and investigations if it receives information to suggest that an adult is at risk of harm. The 2007 Act defines an 'adult at risk' as a person (in Scotland) aged 16 years or over and who:

- is unable to safeguard their own wellbeing, property, rights and other interests;
- is at risk of harm; and;
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than an adult, who is not so affected.

This is commonly referred to as the three point criteria, with all three points requiring to be met for the adult to be considered an 'adult at risk'. As stated, the definition applies in regard to the wellbeing of the person, but also, to their rights, interests, possessions and property. Social Work Services has the lead role in investigating concerns but other "public bodies" named in the ASP Act such as Health and Police, along with other Council services, have a legal duty to report harm and co-operate with inquiries and investigations.

During the period 2019/20, North Lanarkshire Social Work Service received 2,230 ASP referrals and 3,027 "Adult Concern" reports from the police. The total number of referrals relating to the welfare and safety of adults across North Lanarkshire for 2019/20 was therefore 5,257. The adult concern reports from the police represent situations in which the police wish to share a concern but do not believe that the adult meets the three points of the adult protection criteria (as set out above).

Nevertheless, Social Work teams have a duty to carry out initial inquiries and progress all referrals to investigation if necessary. While there was a 2% increase in ASP referrals from all referral sources (from 2,184 to 2,230), police 'adult concern' reports demonstrated a 4% decrease (from 3,148 to 3,027). Despite this small decline in police concern reports, this work continues to have significant resource implications for social workers and administrative staff.

Social work continues to receive referrals from a range of agencies. While referrals from Police Scotland showed a 18% decrease from the same time last year (524 down to 431), they continue to be the main referring agency in North Lanarkshire making up 19% (431) of all the ASP referrals received in 2019 -20.

For the second year running, there were significant increases in the number of referrals received from both Health (up from 350 to 401; 15%) and Social Work (up from 364 to 411; 13%) professionals, increasing their overall percentage share of referrals to 18% each.

ASP referrals from Care Homes showed a 9% increase, (from 373 to 405). This means that 18% of the total number of ASP referrals come from this source.

Information from inquiries and investigations suggest that possible causes include the increasing complexity of people who are placed in care homes many of whom have significant levels of cognitive impairment and/or dementia and behaviour that requires intensive support. Monitoring and support via Social Work Quality Assurance arrangements and ASP Multi agency training continue to have a focus on this area.

This is also an area which is monitored as part of the wider care home assurance and oversight arrangements implemented during the current COVID 19 pandemic.

Adults with mental health issues were represented in 39% (849) of total ASP referrals received, being the main primary user group referred. Referrals for this group have however decreased by 7% since the same time last year (from 46% to 39%). It is of interest this decrease has occurred within the

context of: an increase in referrals for Distress Brief Intervention. While there are no specific data sets that can be used to provide correlation, this does however reinforce the importance of key service developments such as Distress Brief Intervention (DBI) and also social work investment in delivering ASP training for those organisations who deliver services at home to our most vulnerable service users.

There were 400 ASP investigations carried out in 2019-20 which marks a 21% reduction from last year (down from 508 to 399) meaning 18% of the total number of ASP referrals received progressed onto a full investigation. This percentage conversion rate has reduced by 5% since the same time last year (from 23% to 18%).

Qualified social workers continue to have a wider duty to protect individuals beyond merely investigating initial referrals of those who may be at risk of harm. In addition to making inquiries regarding the 5,257 initial referrals for adult protection and police concerns in 2019/20 social work staff carried out work relating to:

- 400 formal ASP investigations and 99 ASP initial case conferences;
- Acted as Delegated Officer responsibility for 216 Guardianship Orders where the Council acts as Guardian;
- Had the role of Supervising Officer responsibility for 750 private Guardianship Orders;
- Undertook Appropriate Adult duties for 108 individuals who were interviewed by Police Scotland and assessed as having a mental disorder.

The Scottish Government via the National Strategic Forum for Adult Support and Protection, have published a detailed three year plan covering Assurance, Governance, Data and Information, Policy and Guidance, Practice Improvement and Prevention. This plan confirms all adult protection partnerships in Scotland will be jointly inspected over the next two year period. While the review of social work Adult Protection Procedures and employee ASP learning and development will provide evidence of ongoing improvement activity here in North Lanarkshire, the Council continues to undertake a range of ASP quality assurance activities to support continuous improvement, for example:

- The production of regular performance management reports which review and analyse ASP activity. These reports are reviewed via the APC, and in partnership with other agencies and services;
- Weekly monitoring of referrals from care homes, reported to the Scottish Government;
- Strengthening AP governance arrangements with Social Work Adult Services;
- Case file auditing – an audit of all adult protection referrals submitted to one
- Social Work Locality for the period January to April 2019;
- Case file auditing – an audit of a sample of adult protection cases in each Locality and for Social Work managers to undertake a peer review of emerging findings;
- SWS, in partnership with the APC, is planning to undertake inter-agency file reading;
- Employee development sessions to raise awareness of internal AP quality assurance activities and the findings of same; and raise awareness of and improve practice through learning from external Significant Case Reviews and internal case reviews/reflective learning exercise.

The range of work noted above forms a large area of responsibility for the service and is a major area of work for staff in the six localities in social work activity in line with demographic pressures on service more generally. To support employee development and produce good outcomes for adults at risk of harm, enhanced professional Council Officer training and Investigative Interviewing training is offered regularly. Multi agency and a range of tailored ASP training continues to take place which raises employee awareness of harm and the impacts, and the importance of reporting at the earliest opportunity.

NATIONAL HEALTH AND WELLBEING OUTCOME 8

People who care 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



The Health and Social Care Academy was further developed during 2019/20, promoting a range of entry routes into health and social care roles that offer valued, sustainable and satisfying jobs with many opportunities and progression pathways. Membership of the Health and Social Care Academy include NHS Lanarkshire, North Lanarkshire Council, Third and Independent Sector, Further Education and Higher Education organisations.

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

It allows pupils to gain qualifications as well as work related learning experiences which will assist them in gaining employment and will assist in meeting the workforce requirements of this sector, particularly in the areas of health and social care, general nursing and allied health professions.

The Health and Social Care Academy curriculum is overseen by the Head Teacher of Coltness High School and supported by school staff, FE and HE staff, employers and other partners including Skills Development Scotland and the Prince's Trust.

The health and social care portal is a single entry point for those seeking a career in health and care allowing them to connect them to existing online resources. It also highlights further and higher education opportunities and volunteering opportunities within North Lanarkshire.

iMatter

During 2019, staff from across the HSCNL took part in the annual iMatter survey and action plan process. The Chief Officer proactively encouraged his own team, as well as all others across the partnership, to participate fully in iMatter and promoted the benefits of doing so. The overall response rate in 2019 improved to 73%, from 66% in 2018. There was a very small drop in overall employee engagement index score from 80 in 2018 to 79 in 2019.

The main areas for improvement identified through iMatter were to focus on the following:

- Improving visibility of senior management
- Empowering staff to become more involved in decisions which affect them

An action plan has been devised to address these areas for improvement, with some actions already delivered via the wider-ranging engagement activities which took place with locality teams and area-wide services during the latter half of 2019. These events were participatory in nature and attracted a wide range of staff from across our staff groups, all of whom were able to contribute to and engage in the development of our new Strategic Commissioning Plan. The Chief Officer has also developed, from January 2020, a monthly newsletter to all staff with a view to improving the consistency of message and communication across the diverse range of staff. This communication tool has proved an invaluable resource during the COVID-19 pandemic, ensuring staff are provided with regular and consistent information across the partnership.

NATIONAL HEALTH AND WELLBEING OUTCOME 9

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

Financial Year 2019/2020

Financial information is part of our performance management framework with regular reporting of financial performance to the IJB. National Health and Wellbeing Outcome 9 also requires resources to be used effectively and efficiently in the provision of health and social care services. The resources available to the IJB to deliver the delegated functions set out in the Integration Scheme and the Strategic Commissioning 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 2019 the IJB agreed a financial plan for 2019/2020 to ensure a balanced budget was achieved by 31 March 2020. The detail of this plan is available at IJB Financial Plan 2019/2020¹.

budget of £21m was transferred by the IJB to NLC in respect of the discretionary delegated functions.

- Income totalling £1m was received by NLC from another local authority following the resolution of an ordinary residence case.
- An underspend of £0.2m due to lower than anticipated demand for housing adaptations within Council houses was retained by the Housing Revenue Account.
- Additional social care and health care costs incurred in 2019/2020 in response to the Covid-19 pandemic were offset by underspends across other budgets. No additional Scottish Government Funding was therefore required to meet the additional Covid-19 pandemic costs incurred in 2019/2020.
- Funding contributions to the IJB increased by a net total of 14m during the year, details of which are included at appendix 1 along with other budget adjustments.

Partner Contributions 2019/2020

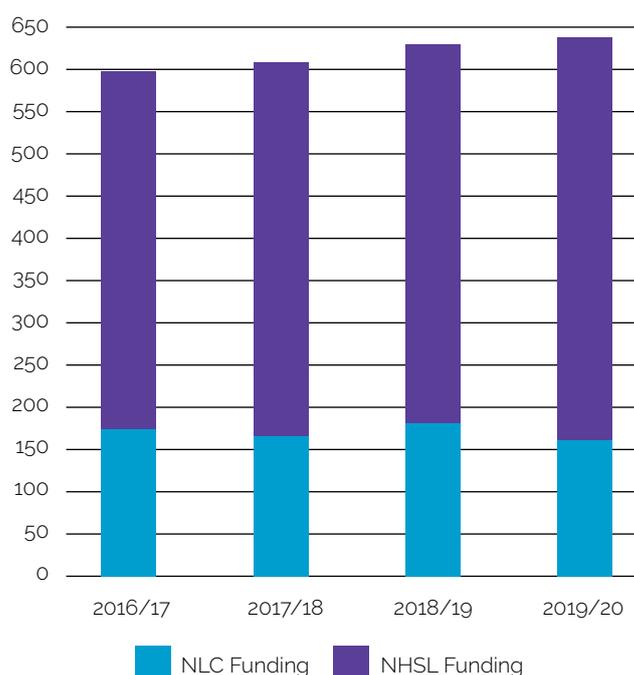
The total funding for the IJB in 2019/2020 was £639m (NHSL- £478m; NLC - £161m). The comparison of funding contributions from the partners between 2016/2017 and 2019/2020 is graphically illustrated in the table and chart as follows:

Actual Funding	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020
	£m	£m	£m	£m
NLC Funding	178.032	167.578	179.921	161.112
NHSL Funding	424.242	445.469	450.163	477.550
Total Funding	602.274	613.047	630.084	638.662
Annual Increase		10.773	17.037	8.578

The key highlights to note include the following:

- Both partners maintained the 2018/2019 partner funding contributions for the IJB in 2019/2020.
- Additional funding for NHSL was received and passed on to the IJB during the year.
- In line with the revised Integration Scheme, the

Actual Funding Profile 2016/2017 to 2019/2020 (£)



¹ <https://mars.northlanarkshire.gov.uk/egenda/images/att90491.pdf>

Partner Contributions 2019/2020

Included within the funding available is a "set aside budget" totalling £61m. 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.

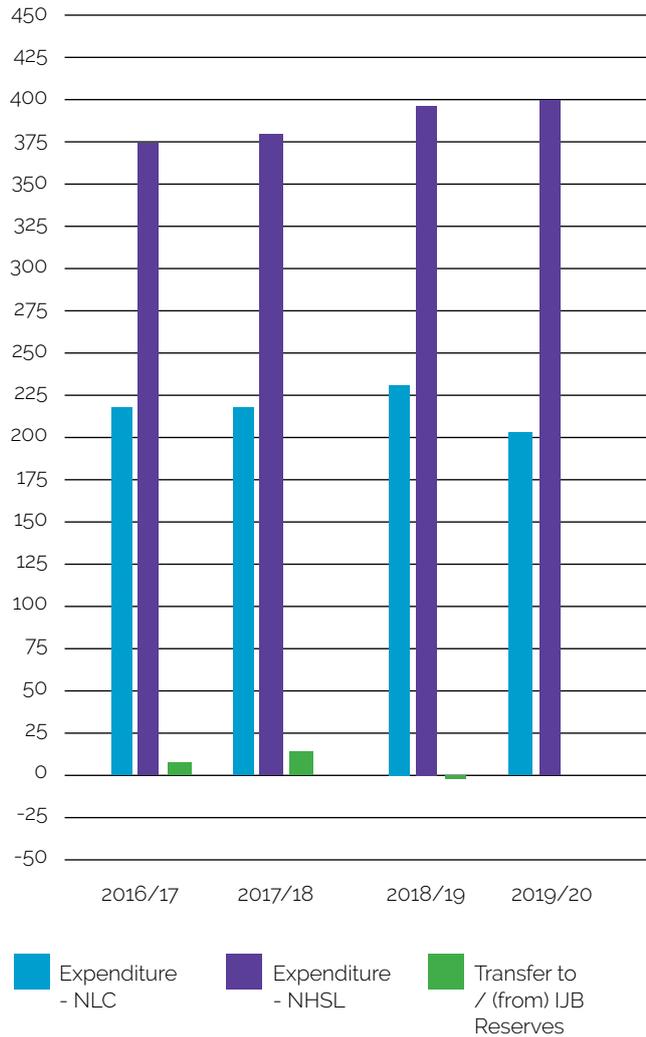
Partner Expenditure 2019/2020

The total expenditure for the IJB in 2019/2020 was £638m.

The comparison of actual expenditure between 2016/2017 and 2019/2020 is summarised in the table and graph below and further detailed at appendix 2.

Total Actual Expenditure	2016/2017	2017/2018	2018/2019	2019/2020
	£m	£m	£m	£m
Expenditure - NLC	218.621	218.173	234.697	212.044
Expenditure - NHSL	376.191	384.136	397.604	426.187
Transfer to/(from) IJB Reserves	7.462	10.738	(2.217)	0.431
Total Funding	602.274	613.047	630.084	638.662
Annual Increase		10.773	17.037	8.578

Actual Total Expenditure 2016/2017 to 2019/2020



Projected expenditure was originally expected to increase by £25m between 2018/2019 and 2019/2020 however the actual increase was only £5.9m (2018/2019 - £632.3m; 2019/2020 - £638.2m).

The main factor contributing to this was the transfer of Children, Families and Justice Services' budgets of £21m to Education and Families Services as a result of the change in the Integration Scheme.

The financial outturn for the year ended 31 March 2020 is a surplus of £0.431m. The significant variances across health and social care services are highlighted as follows:

- Employee costs total £217.611m across the partnership. This represents 34% of the total expenditure. There is an underspend of £3.4m across employee costs (NHSL - £2.9m underspend; NLC - £0.5m underspend). The phasing of the expenditure for the new service developments against the funding received in-year contributed to the NHSL employee cost underspend. The average vacancy factor was 5% (2018/2019: 5.1%). In order to ensure services continued to be provided safely, additional hours were worked through bankaid, overtime and excess part-time hours, the cost of which was included within the financial position reported.
- Earlier projections during 2019/2020 indicated a significant overspend across social care services due to demographic changes. The requirement for Social Care Services is difficult to predict and the level of demand can fluctuate particularly during the winter period. The cost pressures were addressed by management actions, favourable movements in-year and non-recurring funding solutions.
- There was an underspend of £0.9m in respect of prescribing costs which was achieved as a result of the action taken to effectively manage prescribing activity. Additional costs in response to the Covid-19 pandemic were managed within the budget available. There continues to be uncertainty about what the post-Brexit rules will be with the European Union. Although the prescribing budget was underspent this year, there is a risk that the EU withdrawal will adversely impact on future prescribing costs. Part of the 2019/2020 financial strategy included increasing the prescribing reserve by £0.9m to £3.8m, which represents 5% of the 2020/2021 prescribing budget of £68m. Prescribing costs will continue to be monitored and reliance will be placed on the programme of actions to manage prescribing activity.
- During 2019/2020, expenditure totalling £0.779m was incurred across Alcohol and Drug Partnership (ADP) activities and funded from the IJB earmarked reserve of £1.137m leaving a balance in reserves of £0.358m. As a result, the Programme for Government Local Improvement Funding (LIF) allocation of £1.092m for 2019/2020 was retained by the Scottish Government. The use of IJB reserves was to be prioritised in advance of any further request for funding from the Scottish Government however officers were assured that the overall commitment to fund specific policy initiatives would not be reduced. 2019/2020 funding of £1.092m has therefore been retained by the Scottish Government and will be available when the expenditure is incurred.
- An underspend of £0.208m is reported in respect of the housing services delegated to the IJB. This is due to lower than anticipated demand for housing adaptations within Council houses. In line with the accounting policy, this underspend will be retained within the Housing Revenue Account.
- There was an underspend of £0.5m across NHSL boundary service level agreements. This underspend is recurring and was therefore subsequently approved as a 2020/2021 saving.
- The underspends are offset by overspends in equipment and adaptations (£0.8m) and care home placements (£0.7m). These cost pressures contributed to the non-achievement of savings in 2019/2020 of £0.9m (19%). The total savings target was £4.7m, of which £3.8m (81%) was achieved. The slippage of £0.9m (19%) was managed by offsetting underspends.
- In previous years, the Family Nurse Partnership (FNP) was underspent by a total of £0.553m (North Lanarkshire IJB - £0.273m; South Lanarkshire IJB - £0.280m). During 2019/2020, the FNP was underspent by £0.063m (North Lanarkshire IJB - £0.053m; South Lanarkshire IJB - £0.010m). In total, £0.616m was returned to the Scottish Government in respect of unspent FNP funding (North Lanarkshire IJB - £0.326m; South Lanarkshire IJB - £0.290m). This is in line with the agreement in 2019/2020 that the IJBs would return unused allocations to the Scottish Government rather than keeping them in the IJB reserves. The Scottish Government has advised officers that the funding would be reissued if further expenditure is incurred.

- Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway. The set-aside budget is a notional budget which represents the consumption of hospital resources by North Lanarkshire residents. The methodology to cost these set-aside services is complex. Based on the 2017/2018 activity data at the 2019/2020 prices, the budget was restated to £61.229m. This reflected the 2.84% increase in the employer's superannuation costs and related funding across the set-aside services. In line with the accounting policy previously agreed, this updated budget is included in the IJB Annual Accounts 2019/2020 as an estimate of expenditure however it is recognised that this does not necessarily reflect the actual usage of hospital services by the IJB. This approach however has been endorsed as an acceptable approach pending further updates from Information Services Division. The NHSL Director of Finance, in consultation with the Chief Financial Officer, will continue to develop the monitoring arrangements for the Hospital Acute Services.
- The Lanarkshire Mental Health and Wellbeing Strategy was launched in 2019 setting in progress a range of service improvements for all age groups. The Stigma Free Lanarkshire programme aims to reduce mental health stigma and discrimination. Access to mental health services has also expanded in Accident and Emergency Departments, police custody suites and prisons as a result of the availability of Action 15 funding. Specialist mental health services are available to women during and immediately after pregnancy. Mental Health Services are a hosted service which is led by the North Lanarkshire IJB. There was a net underspend of £1.3m across all Mental Health Services in 2019/2020. There was also a net underspend of £0.3m across the other hosted services led by the North Lanarkshire IJB.
- Primary care services are a hosted service which is led by the South Lanarkshire IJB on behalf of both North and South Lanarkshire. At 31 March 2020, there was an underspend against the Primary Care Improvement Plan (PCIP) of £0.007m and a ring-fenced reserve has been established. The implementation of the PCIP is complex and a total of £7.125m has been spent across a range of work streams which have been established to take this forward. A

total of £5.262m has also been retained by the Scottish Government however officers have been assured that the overall commitment to fund specific policy initiatives will be maintained and not reduced. It is therefore expected that the retained PCIP funding will be available to the IJB when the expenditure is incurred. Notwithstanding the funding retained, future funding gaps totalling £6.250m are projected.

- In summary, the overall position at 31 March 2020 was a net underspend of £6.6m (NHSL - £5.7m; NLC - £0.9m). This surplus of £6.6m represents 1% of the total funding available of £638.662m.

Throughout the year, the financial monitoring reports provided updates on the management of the key financial risks. The main risk is that either or both partners may overspend. The additional costs associated with the Covid-19 pandemic, the uncertainty with the EU withdrawal, prescribing cost volatility, the cost of delayed discharge and the demand for home support services represent the most significant risks within the partnership's budget. These key financial risks are managed by both NHSL and NLC through their detailed budget management and probable outturn arrangements. Overall, the financial contributions of both partners have helped to address a number of significant cost pressures across health and social care services in 2019/2020.

As far as possible, the health and social care expenditure is also analysed by geographical area at appendix 3 and is summarised in the chart below. Further work will be progressed to develop more detailed locality financial monitoring reports.

2019/2020 Financial Outturn

The balance on the IJB reserves at 1 April 2019 was £15,983m. The net movement on reserves in 2019/2020 is summarised in the table below.

Movement on Reserves	NHSL	SLC	Total
Balance as at 1 April 2019	£9.823m	£6.160m	£15.983m
Year-end Surplus	£5.692m	£0.866m	£6.558m
Transfers From Reserves	(£3.850m)	(£2.277m)	(£6.127m)
Balance as at 31 March 2020	£11.665m	£4.749m	£16.414m

A surplus of £6.6m was reported at 31 March 2020 which represents 1% of the total funding available. It is critical to note that this underspend is non-recurring. A total of £6.127m was transferred from the IJB reserves during 2019/2020 to fund approved commitments. NHSL allocated additional funding of £0.560m for the Community WiFi Strategy. The implementation programme for this strategic priority is extending into 2020/2021 and 2021/2022. This funding allocation has therefore been included as a ring-fenced reserve. As highlighted above, funding totalling £1.418m was retained by the Scottish Government in 2019/2020 (ADP/LIF - £1.092m and FNP - £0.326m). On behalf of both IJBs, funding of £5.262m has also been retained by the Scottish Government in respect of the Primary Care Improvement Plan. Officers have been assured this funding will be made available when the expenditure is incurred.

2019/2020 Financial Outturn (Cont.)

The establishment of a minimum level of contingency reserves is recommended good practice to provide a contingency against demographic demand and service volatility. The contingency reserve, which has been built up since 2017 from unplanned surpluses, has increased by £3.631m from £0.053m in 2018/2019 to £3.684m in 2019/2020. Subject to IJB approval, it is expected the majority of the contingency reserve will be drawn down in 2020/2021 to fund planned commitments. Further details of the ring-fenced, ear-marked and general fund reserves totalling £16.414m is available at Note 11 of the Unaudited IJB Annual Accounts 2019/2020².

Best Value Assessment

The IJB has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between quality and cost. In making those arrangements and securing that balance, the IJB has a duty to have regard to economy, efficiency and effectiveness, equal opportunities requirements and to contribute to the achievement of sustainable development.

In order to provide an overall mechanism to review the best value arrangements for the IJB, a best value framework was developed. The outcome of the assessment, which was reported to the IJB (Performance, Finance and Audit) Committee on 5 November 2019, concluded that the IJB and each

partner were demonstrating best value and were securing economy, efficiency, effectiveness and equality in service provision.

The IJB Medium to Long Term Financial Plan was also developed in 2020 and underpins strong financial planning and management, the achievement of best value and the allocation of resources to support sustainable models of service delivery from a whole system perspective, ensuring our limited resources are targeted to achieve our outcomes. The savings proposals recommended to the IJB were also the best fit with the strategic commissioning intentions and the best value requirement to use resources more effectively.

Internal Audit Opinion 2019/2020

The Internal Audit opinion was provided by the NLC Audit and Risk Manager only as a result of the absence of the Chief Auditor of NHS Lanarkshire. The conclusion is that, overall, reasonable assurance can be placed upon the adequacy and effectiveness of the North Lanarkshire IJB's framework of governance, risk management and internal control for the year ended 31 March 2020. No issues or weaknesses were identified.

Financial Outlook for 2020/2021 and Beyond

The IJB and both partners continue to operate in an increasingly challenging environment.

In March 2019, the IJB approved the Strategic Commissioning Framework³ (SCF) for the period 2019 to 2022 and issued the IJB Directions⁴ to each of the partners to achieve safer, healthier, independent lives for the residents of North Lanarkshire.

2020/2021 is the fifth year of the Health and Social Care Partnership (HSCP). The Directions are in alignment with the 9 National Health and Wellbeing Outcomes and the 6 Health and Social Care Delivery Plan Priorities.

There was extensive consultation and engagement with a wide range of key stakeholders through the Strategic Commissioning Group and the localities. Locality plans have also been developed which localise the ambitions detailed in the SCF.

² <https://mars.northlanarkshire.gov.uk/egenda/public/kab190.pl?meet-16&cmte-IJB>

³ <https://mars.northlanarkshire.gov.uk/egenda/images/att90476.pdf>

⁴ <https://mars.northlanarkshire.gov.uk/egenda/images/att90479.pdf>

The IJB Financial Plan 2020/2021⁵ was approved on 24 March 2020. Cost pressures were projected to be £30.455m. Both NLC and NHSL confirmed the original partner contributions would be maintained. In addition to this, additional funding totalling £21.035m has been passed to the IJB by NHSL and NLC. The original plan to address the funding gap of £9.420m was as follows:

Savings	£3.780m
Community Alarm Income	£1.410m
Use of non-recurring reserves	£0.790m
Management Actions	£1.558m
Confirmation the timing of expected cost pressures can be delayed	£1.882m
Total	£9.420m

In respect of the savings proposals recommended to the IJB, these were the best fit with the strategic commissioning intentions and the best value requirement to use resources more effectively. The budgets released have been retained by the IJB and re-allocated to address the funding gap.

The IJB requires to be financially sustainable and to manage the key risks and uncertainties linked to health and social care services however funding is not keeping pace with increasing demand and increasing costs. Although the 2020/2021 IJB Financial Plan has been agreed, there are concerns about the funding for the current and future years.

- The level of funding available to the IJB is significantly influenced by the grant settlements from the Scottish Government for NHSL and NLC. The Scottish Government previously announced on 31st January 2019 that they are to bring forward a three year funding settlement from 2020/2021 to allow both partners and the IJB to set a budget for more than one year which would facilitate more integrated planning and budgeting and a more strategic approach to financial decision making. This however has not yet been possible and the financial settlement for 2020/2021 continues to be for one year only.
- 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, particularly across home support, care home placements and adaptations. The demographic profile up to 2039 indicates a significant increase in the age group 65 years of age and over. A budget recovery plan was implemented across

Social Care Services in 2019/2020 however part of the recovery plan was non-recurring. Social care services will continue to face demand pressures.

- Integrated Rehabilitation Teams have been developed across each of our six localities and pro-actively support the Discharge to Assess approach. Rehabilitation and reablement principles are at the heart of integrated service delivery across the whole system. During 2019/2020 however the number of delayed discharge bed days has been consistently higher than 2018/2019, the exception being March 2020 and the impact of the Covid-19 pandemic.
- Ensuring effective workforce planning is in place to address medium to longer term resource requirements, cost effectively, is a key priority. Consideration is therefore being given to the current level of vacancies, the age profile of staff, planned future retirements, training and recruitment initiatives and skills mix opportunities across the multi-disciplinary teams. The implications of leaving the EU, in particular on staffing levels, at this stage, also continue to be unknown.
- The prescribing budget represents 11% of the total expenditure across the partnership. Volatility and uncertainty around prescribing costs continue to represent a high-risk area within the NHSL element of the partnership's budget. Although costs may be partly offset by the inflation uplift, prescribing efficiency savings also need to be achieved in addition to favourable movements in volumes and prices in order to contain cost pressures within the funding allocated.
- The Lanarkshire Mental Health and Wellbeing Strategy is prioritised in the SCF. The partnership currently has an integrated model of mental health care which offers appropriate supports to individuals at the right time. Transformation of mental health in primary care is also a priority in the Primary Care Improvement Plan. In 2019/2020, the mental health funding was £2.099m. This will increase to £2.963m in 2020/2021.
- Additional Scottish Government funding of £1.092m was allocated for each of the three years 2018/2019 to 2020/2021 to implement the ADP Strategy. The funding is being invested to reduce the morbidity and mortality caused

⁵ <https://mars.northlanarkshire.gov.uk/egenda/images/attg3864.pdf>

by problem alcohol and drug use in North Lanarkshire and to meet the needs of individuals in a more joined up person centred way.

- The modernisation of Primary Care Services and the General Medical Services Contract are two of the most significant planning and policy developments aimed at changing how services are developed and transformed to meet different demands in the future. The development of the primary care service therefore continues to be a priority for Lanarkshire and is a hosted service led by the South Lanarkshire IJB. The total 2019/2020 Primary Care Investment Funding was £7.767m. The 2020/2021 allocation will increase to £13.687m.
- There is continued commitment to maintain a two site delivery model for the Urgent Care Out of Hours (OOH) Service from Airdrie Health Centre, Airdrie and Douglas Street Clinic, Hamilton. During the year, there has been insufficient staffing to support a two-site model at weekends. The Airdrie Health Centre has therefore had to close at weekends either fully or overnight. This has been due to insufficient GP and Nurse staffing to provide safe patient care over two sites. Unfilled shifts were averaging 20-25%. The optimal position is less than 5% unfilled shifts. There have been active recruitment campaigns for GPs, both sessional and salaried and the GP hourly pay rate was also increased to ensure Lanarkshire is competitive for OOH GPs when compared to the rest of the West of Scotland. Even with these actions, GP cover is not optimal. Out of the registered 120 GPs only 30, on average, currently opt in for shifts. Ongoing GP sustainability issues in the GP in hours service is also having an impact on GP availability. The OOH workforce planning group has been working on a plan to achieve a fully staffed two centre service delivery model for Lanarkshire at Airdrie and Hamilton. Further information on the action being taken to maintain the two site delivery model is available in the Out of Hours Workforce Update (Agenda Item 13 Pages 107 to 112)⁶. An underspend of £0.746m was reported across Out of Hours Services, which is a hosted service led by the South Lanarkshire IJB.
- The Carers (Scotland) Act 2016 aims to support carers' health and wellbeing and help make caring more sustainable with the provision of carer support services, information and advice, short breaks, consultation and engagement, training, practical support and assistance for adult and young carers.
- The Covid-19 pandemic presents a significant public health challenge and health and social care services have had to be adapted. Services which were non-essential or at increased risk during this period were stood down. The HSCP has been refocusing its resources on key activities that will support the community in responding to the prevailing Covid-19 situation. Key services were stepped up immediately including the establishment of a Community Assessment Centre to support the testing of potential Covid-19 patients and also the creation of a hub to support the distribution of Personal Protective Equipment (PPE). Working with acute colleagues to support patient flow and optimise access to critical functions, the measures that have been put in place are designed to support core functions and to ensure that services for the most vulnerable, such as Home Support, Community Nursing, Primary Care and Care Homes, are maintained. A number of key services are now being recommissioned.
- Service users, patients and carers have experienced significant disruption to their planned health and social care services and this is likely to continue. A key area of concern is maintaining sufficient staffing levels to maintain essential services. The Health and Social Care Service is delivered to vulnerable patient groups and service users who are at heightened risk should they become infected with Covid-19. The aggregated nature of these circumstances has resulted in staff being amongst the groups who are shielded or vulnerable and not able to attend their workplace. In addition to this, there are substantial cohorts of staff who are required to self-isolate for a period due to either themselves or a close family member being symptomatic. Whilst some staff groups are successfully working from home, those who deliver direct care such as Community Nurses, Home Support Staff or Nursing Care Staff often cannot. In these circumstances many are therefore unavailable for work.
- Social Care providers across Scotland have also raised concerns regarding their financial sustainability as a result of the Covid-19 pandemic. In order to support providers to remain sustainable through this period, a commitment has been given by the Scottish

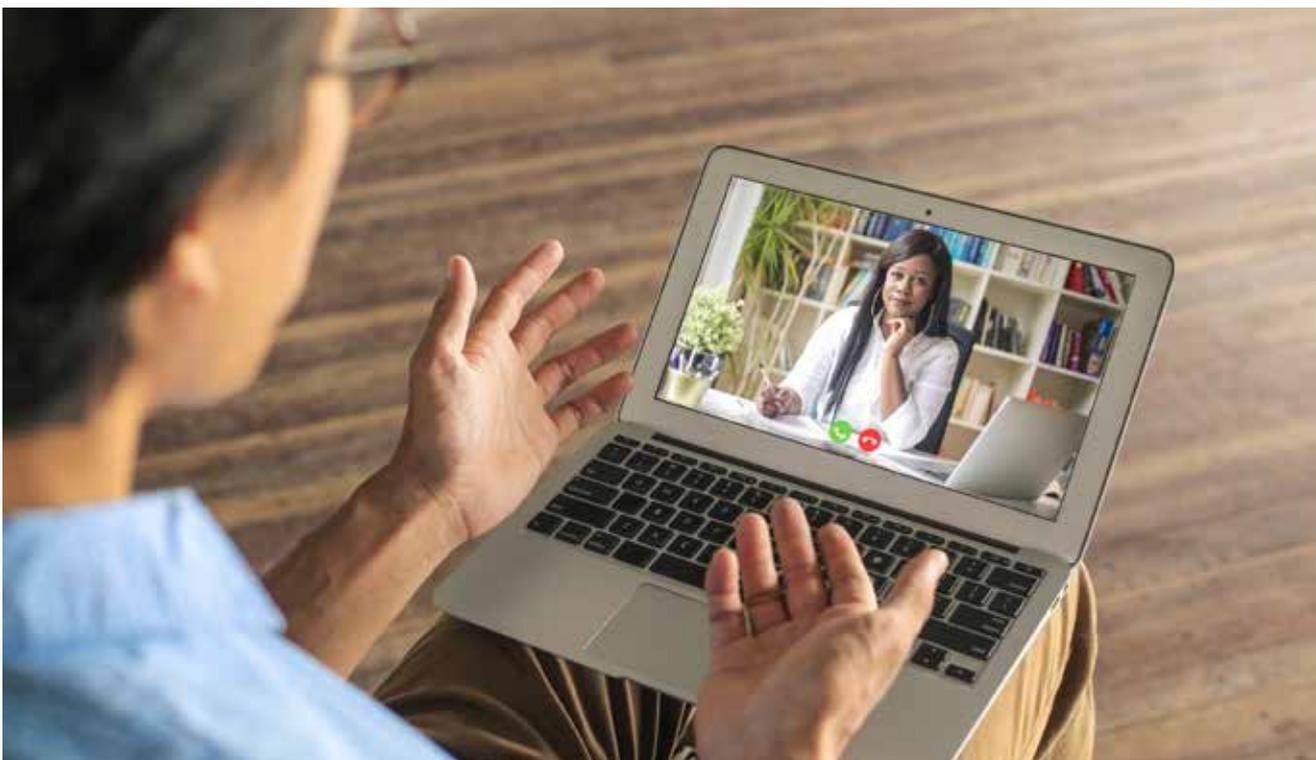
⁶ https://www.southlanarkshire.gov.uk/slhscp/downloads/file/214/south_lanarkshire_integrated_joint_board_meeting_papers_3_december_2019

Government to meet reasonable additional costs arising from areas such as staff sickness absence, the requirement to purchase increased levels of PPE and the impact of reduced occupancy in for example Care Homes where it is clinically unsafe to admit more people. Principles have been developed nationally to support the capture of reasonable costs for inclusion within HSCP Mobilisation Plans. The principles are currently being reviewed.

- The total financial cost of the Covid-19 pandemic is unknown. There is a high-risk the cost of health and social care services in 2020/2021 will exceed the budget available due to the demand for services and the impact of the Covid-19 pandemic. The financial impact of managing emerging demand, supporting social distancing requirements and providing appropriate protective equipment is significant. It is assumed that additional funding will be provided by the Scottish Government in 2020/2021 to meet the additional costs incurred across the HSCP in response to the Covid-19 pandemic. These costs are being reported to the Scottish Government through the Lanarkshire Mobilisation Plan. There is a risk that full funding may not be received and a balance of costs may require to be borne by the HSCP.
- In order to reflect the revision to the Integration Scheme, the discretionary Children, Families

and Justice Service budgets required to be transferred from the IJB to NLC. In recognition of the complexity of the disaggregation exercise and that operational service delivery required to be maintained during the transitional period, a plan to transfer the budget to NLC was implemented over an 18 month period from 1 April 2019. The first phase of the budget transfer from the IJB to NLC, which was implemented in 2019/2020, was based on transferring the "direct" Children, Families and Justice budgets totalling £19.2m. A further transfer of £1.8m was also processed. The total transfer in 2019/2020 was therefore £21m.

- The methodology adopted to implement this transfer and the progress achieved by 30 June 2020 is set out in the Revised Integration Scheme – Transfer of Functions⁷ report. In respect of cross-cutting services, further consideration will be given to the financial implications of the hosting arrangements which are being developed and the transfer of relevant budgets between the IJB and NLC as appropriate.
- The Monklands Replacement / Refurbishment Project is an exciting and positive vision for the University Hospital Monklands and the local and wider community it serves. This is a major investment in the Lanarkshire hospital estate.



⁷ <https://mars.northlanarkshire.gov.uk/egenda/images/att94095.pdf>

⁸ <https://mars.northlanarkshire.gov.uk/egenda/images/att93449.pdf>

Future Financial Sustainability

The IJB financial strategy must ensure sustainability for the current and future years whilst recognising the current significant challenges for both partners. Efficient, effective and affordable services fit for the future will need to be developed as part of the integration and transformational change activities.

On 15 May 2019, the Ministerial Strategic Group (MSG) for Health and Community Care self-evaluation was submitted to the Scottish Government. Of the 22 proposals under review, 1 (5%) was assessed as exemplary, 17 (77%) were established and 4 (18%) were partly established. The MSG intended to repeat the evaluation process at the end of the 12 month period set for delivery of all of the proposals. It is expected this review will be postponed.

In line with Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014, the review of the Integration Scheme was undertaken before the expiry of the five year relevant period. The outcome of this review along with the MSG self-evaluation, a structural review, themed workstreams and learning experienced to date were collated into an Improvement Action Plan, the most recent update being reported to the PFAC on 19 February 2020 (North Lanarkshire Integration Review and Self-Assessment⁸). Significant performance improvements had been made but it was recognised that there was a need to step up the pace of health and social care integration to

maximise the benefits for local residents. As part of the Council's internal audit programme, it was confirmed that good progress had been made to take forward the improvement actions.

The Medium to Long Term Financial Plan 2020/2021 to 2029/2030 was prepared in March 2020. The Annual Financial Statement for 2020/2021 to 2022/2023 is attached at appendix 4. This plan however was prepared before the impact of the emergency response to the Covid-19 pandemic was known. The operational and financial risks associated with the emergency response to the Covid-19 pandemic continue to be closely monitored by the IJB and both partners in line with their agreed emergency response arrangements.

Although the current pandemic is impacting on the IJB's ability to support full delivery of the SCF, it is however also providing opportunities to consider new ways of working which could influence delivery of the SCF over the longer term. One example is the expansion of the Telehealth and Telecare Services such as the use of Near Me technology. As part of the recovery plan to the Covid-19 pandemic, the IJB Financial Plan for 2020/2021 will be reviewed in consultation with both partners.

Our joint focus with all our partners and stakeholders will continue to be ensuring that all resources in scope are maximised and the health and social care system across North Lanarkshire is sustainable and operates efficiently and effectively.

4 Looking Forward - Our Next Steps

Strategic Commissioning Plan 2020-23

The Integration Joint Board approved its Strategic Commissioning Plan 2020-23 in March 2020. This followed an extensive engagement process with a wide range of staff and services users and carers which provided a range of opportunities to participate and shape the development of the three year commissioning plan.

A number of locality events took place alongside a number of other smaller events to facilitate discussion with targeted groups' e.g. hosted services, some area wide services, and an elected member session culminating in a Strategic Commissioning Group event in December 2019. A first draft of the plan was published and widely distributed for final public consultation on the content. Feedback was very positive and additional comments and suggestions have been incorporated into the final draft.

An online questionnaire was developed by the Strategic Commissioning Working group and this was launched in December 2019. Over a 1,000 responses were received and the feedback around what matters most to people in terms of supports and services has been incorporated into the commissioning plan.

The Strategic Commissioning Plan Working Group has coordinated the development of the plan which sets out the overall ambition for the IJB over the next three years alongside the Programme of Work required to realise these ambitions. The Programme of Work sets out in detail the key work programmes that will be undertaken over the three year period to meet the key ambitions set out in the Strategic Commissioning Plan. This includes details of the aims of each work programme, anticipated performance impact, key deliverables, routes through committee and financial implications.

The Programme of Work is available at <https://www.nhslanarkshire.scot.nhs.uk/download/2020-march-25-board-papers/?wpdmdl=9799&id=1585055838069>

The plan identifies three priorities that will guide our work over the next three years:

1. People should be in control of the care they receive and it should meet their needs
2. People are supported to maintain independence and manage their care needs
3. People are supported and helped to avoid preventable conditions

And these are supported by a set of Ambition Statements, key guiding principles of the work of our partnership:

- Do the right thing first time
- Provide a range of community services to support people to live well in connected communities
- Focus on what matters to people (outcomes)
- Be at the forefront of technical and sustainable solutions
- Promote prevention and early intervention
- Ensure North Lanarkshire is the best place to work, volunteer and care



The wider engagement activity undertaken in the development of the Strategic Commissioning Plan also allowed locality teams and other stakeholders to consider local circumstances and priorities in light of progress to date with integration of health and social care and also taking into account up-to-date locality profile information. The refined and updated profiles are publicly available for wider consumption:

Airdrie <https://www.northlanarkshire.gov.uk/CHttpHandler.ashx?id=23728&p=0>

Bellshill <https://www.northlanarkshire.gov.uk/CHttpHandler.ashx?id=23729&p=0>

Coatbridge <https://www.northlanarkshire.gov.uk/CHttpHandler.ashx?id=23730&p=0>

Motherwell <https://www.northlanarkshire.gov.uk/CHttpHandler.ashx?id=23731&p=0>

North <https://www.northlanarkshire.gov.uk/CHttpHandler.ashx?id=23732&p=0>

Wishaw <https://www.northlanarkshire.gov.uk/CHttpHandler.ashx?id=23733&p=0>

COVID-19

Since the outbreak of Coronavirus (COVID-19), the partnership has refocussed and reorganised its resources to focus on key areas of operation and clearly these efforts will continue well into 2020/21 and beyond. The key pieces of work outlined in our new Strategic Commissioning Plan for 2020-23 remain our priority but the operating models for our services have inevitably changed as a result of the pandemic and new ways of working will be developed with our staff, service users, carers and other stakeholders over the coming months.

Key themes emerging include:

- **Remote service delivery:** the use of telephone and Near Me (video) consultations to minimise footfall and enable face-to-face consultations for patients and service users who need it the most;
- **Culture change:** the willingness of staff to work in different ways and embrace technologies is balanced against the professional requirements of managing complex situations and making life changing decisions with and about people's lives.
- Structure changes and full implementation of revised management structures will further embed new ways of working creating organisational resilience across Education and Families and Adult Health and Social Care.
- Development of first point of contact, involving different conversations with people and their families, with a greater emphasis on enabling and empowering people to live full and active lives builds very much on the experiences of COVID-19 responses.
- The focus on home protects people from being exposed to potential risk from COVID-19 or lesser health challenges such as flu. Group based supports, particularly those involving older adults need to be reviewed, in conjunction with service users, carers, interest groups and providers, to strengthen models of support into the future.
- Face to face work. This needs to be increased in a safe way to ensure the focus on a rights-based approach to life decisions and interventions. There is a need to do this in a number of ways, including the use of office / hub facilities as noted below.
- Further integrated ways of working, involving partnerships with stakeholders needs to fully inform future delivery of services and supports.
- A new approach to managing risk. The learning from COVID-19 is that a new approach to managing risk and having different conversations with families has resulted in more targeted and appropriate services and support, whilst this cannot continue at pandemic levels, there is learning about avoiding over-support. The potential to manage resource spend requires new and confident assessment, which requires well supported, confident staff.
- Wider redesign and recovery agenda. This will have a significant impact on the way we work, in particular the review of accommodation, Pool Cars and IT requirements

Appendix 1

Summary of Performance against Core Suite of Integration Indicators

Indicator	Title	NL 2015/16	NL 2017/18	Scotland 2017-18
NI - 1	Percentage of adults able to look after their health very well or quite well	91.7%	90.3%	93%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83.0%	75.4%	81%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	75.4%	71.4%	76%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	73.4%	69.7%	74%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	77.7%	75.4%	80%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	79.3%	75.5%	83%
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	83.8%	75.6%	80%
NI - 8	Total combined % carers who feel supported to continue in their caring role	41.2%	33.2%	37%
NI - 9	Percentage of adults supported at home who agreed they felt safe	83.7%	79.9%	83%

Indicator	Title	2016	2017	2018	2019
NI - 11	Premature mortality rate per 100,000 persons	522	482	517	515
		2016/17	2017/18	2018/19	2019
NI - 12	Emergency admission rate (per 100,000 population)	15458	15662	15825	16519
NI - 13	Emergency bed day rate (per 100,000 population)	126310	120803	115705	116683
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	99	99	101	105
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88.5%	89.0%	89.1%	89.4%
NI - 16	Falls rate per 1,000 population aged 65+	20.9	22.6	22.6	21.3
		2016/17	2017/18	2018/19	2019/20
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.7%	79.1%	76.4%	83.3%
		2016	2017	2018	2019
NI - 18	Percentage of adults with intensive care needs receiving care at home	70.7%	72.2%	74.6%	NA
		2016/17	2017/18	2018/19	2019/20
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	961	1009	996	1137
		2016/17	2017/18	2018/19	2019
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.2%	20.6%	20.3%	20.3%

Appendix 2

Inspection of Services

The Care Inspectorate grading system is essentially an assessment and improvement approach to defining quality in social care services. The five key categories, Well-being, Care & Support, Setting, Staff and Leadership are used to evaluate quality by using a six point scale where 1 is unsatisfactory and 6 is excellent. Of the 72 services that were inspected throughout 2019-2020, 79% achieved grades of good/very good/excellent, whilst 19% were categorised as adequate, and 2% as weak.

People who use our services have the right to expect safe, effective and compassionate care, and the above grades reflect the high quality of the services that are commissioned and provided. Not surprisingly, when service provision attracts lower grades, and are judged to be inadequate, it is imperative that the service improves quickly for the benefit of people who use it and who work within it.

In such situations, the Care Inspectorate can decide to impose enforcement measures, which must be reported to the host local authority. Any actions should be graduated and proportionate to the risk posed, and designed to ensure a timely and coordinated response where it is judged that the standard of care is inadequate. Its purpose is not punitive, but to ensure that providers found to be providing inadequate care make significant developments, thus providing reassurances to those who use the service that their support will be improved.

The Quality Assurance team work closely with both Care Inspectorate and service provider when grades are low, and actions necessitated. Quality Assurance officers liaise with Scottish Care, Care Home Liaison team and other agencies to offer training and support to struggling services, and will instigate enhanced monitoring status. Embargos on new placements can also be triggered, and timeframes established, within which, providers must improve the quality of care provided.

To incentivize quality, when well performing care home services attract grades of five or more across two quality themes, one of which must be care and support, they automatically qualify for an Enhanced Quality Award (EQA) which provides a small financial supplement for each resident within the home. Presently, there are four establishments in North Lanarkshire Council that are in receipt of an EQA.

Quality Theme Care Grades (Out of 6)
1 - Unsatisfactory
2 - Weak
3 - Adequate
4 - Good
5 - Very Good
6 - Excellent

Independent Sector Homes	Date of Inspection	Quality Theme Care Grades [out of 6]		Change from last inspection
Beechwood Care Home	25/04/2019	Wellbeing - 5	Care & Support - 4	NA
Blair House Residential Home	22/10/2019	Wellbeing - 4	Care & Support - 4	↔↔
Carnbroe Care Centre	9/10/2019	Wellbeing - 4	Care & Support - 4	↔↔
Carrickstone House Nursing Home	30/10/2019	Wellbeing - 3	Care & Support - 3	↓
Centenary House Care Home	09/10/2019	Wellbeing - 4 Staff - 5 Care & Support - 4	Leadership - 4 Setting - 4	↑
Craig En Goyne Care Home	19/11/2019	Wellbeing - 3 Staff - 3 Care & Support - 3	Leadership - 3 Setting - 4	↓
Darroch Nursing Home	15/11/2019	Wellbeing - 5	Care & Support - 5	↑
Deanston Care Home	12/07/2019	Wellbeing - 4		NA
Elaina Nursing Home	13/11/2019	Wellbeing - 5	Care & Support - 4	↑

Hatton Lea Nursing Home	21/11/2019	Wellbeing - 4 Staff - 4 Care & Support - 4	Leadership - 4 Setting - 4	↑
Highgate Care Home	29/01/2020	Wellbeing - 3 Care & Support - 3	Leadership - 3	↔
Hillend View (Eastercroft)	28/09/2019	Wellbeing - 4 Staff - 4 Care & Support - 3	Leadership - 3 Setting - 4	↑
Kirknowe Nursing Home	03/10/2019	Wellbeing - 4 Staff - 5 Care & Support - 4	Leadership - 5 Setting - 4	↑
Lochside Manor Care Home	13/06/2019	Wellbeing - 4 Staff - 4 Care & Support - 3	Leadership - 3 Setting - 4	↑
Millbrae Care Home	20/12/2019	Wellbeing - 3 Staff - 3	Care & Support - 3 Setting - 3	↓
Morningside Care Home	09/05/2019	Wellbeing - 6 Staff - 5 Care & Support - 5	Leadership - 5 Setting - 5	↑
Netherton Court	04/07/2019	Wellbeing - 4 Staff - 4 Care & Support - 4	Leadership - 4 Setting - 4	↔
Parksprings Care Home	16/07/2019	Wellbeing - 4 Staff - 4 Care & Support - 4	Leadership - 4 Setting - 4	↑
Rannoch Lodge Care Home	14/05/2019	Wellbeing - 3 Staff - 4 Care & Support - 3	Leadership - 3 Setting - 3	↓
Raywards Care Home	18/04/2019	Wellbeing - 4 Care & Support - 4	Leadership - 4	↑
Rosehall Manor Care Home	09/05/2019	Wellbeing - 3 Staff - 4 Care & Support - 3	Leadership - 3 Setting - 4	↓
Rosepark Nursing Home	24/09/2019	Wellbeing - 5	Care & Support - 4	↔
Skye View Care Centre	21/05/2019	Wellbeing - 5	Care & Support - 5	NA
Summerlee House Care Home	12/11/2019	Wellbeing - 6	Care & Support - 4	↑
The Village	15/05/2019	Wellbeing - 4 Staff - 4 Care & Support - 4	Leadership - 4 Setting - 4	↑
Thornhill House Residential Home	06/09/2019	Wellbeing - 5	Care & Support - 4	↑
Woodside Care Home	29/05/2019	Wellbeing - 4 Staff - 4 Care & Support - 3	Leadership - 2 Setting - 5	↔

Local Authority Care Homes	Date of Inspection	Quality Theme Care Grades [out of 6]		Change from last inspection
Muirpark House Short Stay Care Service	09/12/2019	Wellbeing - 4 Staff - 5 Care & Support - 5	Leadership - 4 Setting - 4	↑

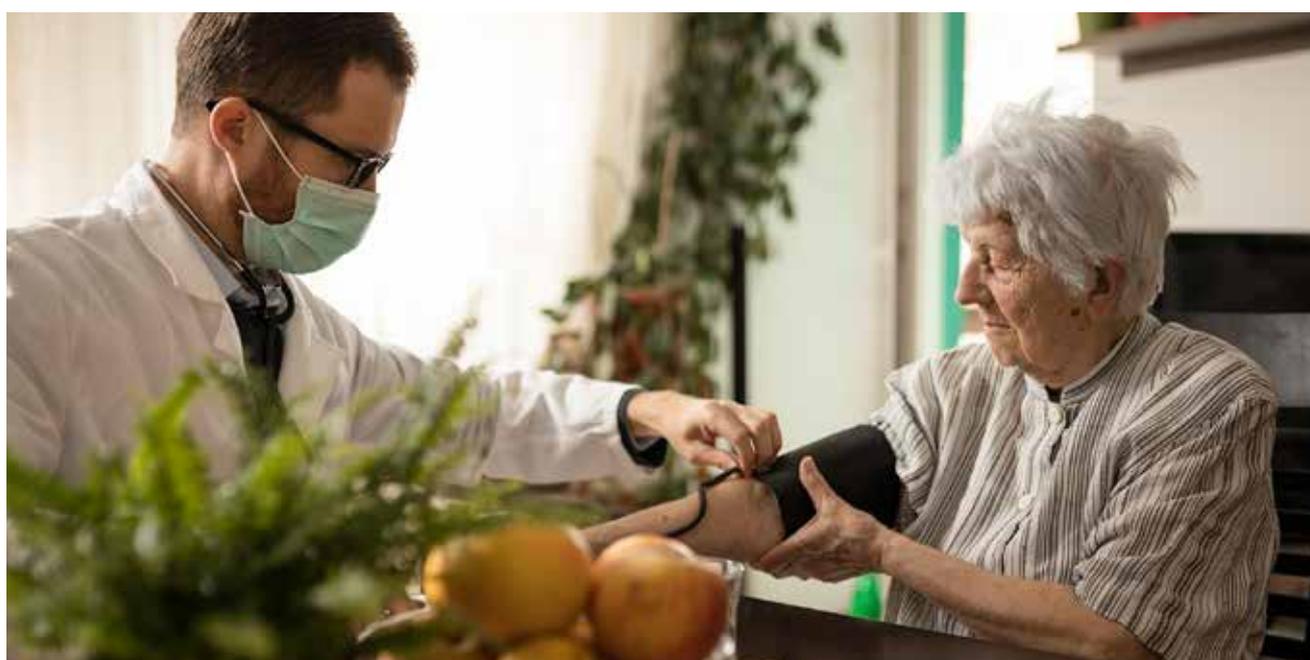
Independent Sector – Care at Home	Date of Inspection	Quality Theme Care Grades [out of 6]		Change from last inspection
Allied Health Care	26/11/2019	Care & Support - 3 Leadership - 3	Staff - 3	↓
Aspire Homecare	14/11/2019	Care & Support - 5	Leadership - 4	↓
Blackwood Homecare	13/08/2019	Care & Support - 4	Leadership - 4	↑
Carewatch NL Homecare	09/08/2019	Care & Support - 3 Leadership - 3	Staff - 3	↔

Constance Care	12/11/2019	Care & Support - 3 Leadership - 3	Staff - 4	↓
Cosgrove Homecare	12/07/2019	Care & Support - 5	Staff - 5	↔
Hazelhead	20/09/2019	Care & Support - 5	Leadership - 5	↔
Inclusion Homecare	20/12/2019	Care & Support - 4 Leadership - 4	Staff - 4	↑
Key SDS Care at Home	13/05/2019	Care & Support - 4	Leadership - 4	↔
Loretto Home Care	19/05/2019	Care & Support - 5	Leadership - 5	↔
Mears Care	13/11/2019	Care & Support - 3 Leadership - 4	Staff - 5	↔
SCRT Homecare	30/5/2019	Care & Support - 4 Leadership - 4	Staff - 4	↑
The Richmond Fellowship Homecare	15/01/2019	Care & Support - 5 Leadership - 5	Staff - 5	↔

Local Authority Home Support Services	Date of Inspection	Quality Theme Care Grades [out of 6]		Change from last inspection
Airdrie Home Support Service	10/03/2020	Care & Support - 4	Staff - 4	↔
Bellshill Home Support Service	09/08/2019	Care & Support - 3 Leadership - 3	Staff - 4	↔
Coatbridge Home Support Service	27/11/2019	Leadership - 5		↔
Cumbernauld Home Support Service	30/10/2019	Care & Support - 3 Leadership - 2	Staff - 4	↓
Motherwell Home Support Service	16/10/2019	Care & Support - 4 Leadership - 5	Staff - 5	↑
Wishaw and Shotts Home Support Service	10/12/2019	Care & Support - 3 Leadership - 4	Staff - 4	↑
Community Alarm Service	17/02/2020	Care & Support - 3 Leadership - 3	Staff - 3	↑

Independent Sector Younger Adults Supported Living	Date of Inspection	Quality Theme Care Grades [out of 6]		Change from last inspection
C-Change Scotland	17/01/2020	Care & Support - 5	Staff - 5	↔
Inclusion Glasgow	20/19/2019	Care & Support - 4 Staff - 5	Care & Support - 5	↑
Lifeways	28/05/2019	Care & Support - 3 Leadership - 3	Staff - 3	↑
Penumbra Lanarkshire Supported Living Service	19/12/2019	Care & Support - 5	Staff - 4	↔
Quarriers	30/10/2019	Care & Support - 5	Staff - 5	↔
SOL	10/07/2019	Care & Support - 5	Leadership - 5	↔

Mental Welfare Commission for Scotland		
Service / Unit	Date of visit	Recommendations
Brandon Ward, Udston Hospital	23 January 2020	<ol style="list-style-type: none"> 1. Managers should ensure staff detail patient progress and changes in care plan reviews 2. Medical staff should review the use of as required medication to ensure it is used appropriately to benefit patients and where appropriate this medication is changed to a regular prescription instead of as required use only
IPCU, University Hospital Wishaw	25 February 2020	<ol style="list-style-type: none"> 1. Managers should audit care plan reviews to ensure review entries are consistent and meaningful. 2. Managers should ensure a seclusion policy is put on place to reflect any restrictions to patient's freedom of movement. 3. Managers should review the issues of psychology and pharmacy input to the unit as best practice with a view to ensuring patients have access to the services when they are most unwell.
Glencairn Rehabilitation Unit, Coathill Hospital	17 September 2019	<ol style="list-style-type: none"> 1. Managers should ensure that all staff disciplines use the appropriate pages of the electronic record system to record notes from meetings regarding patient care and treatment.
Wards 19 and 20, University Hospital Hairmyres	11 September 2019	<ol style="list-style-type: none"> 1. Managers should ensure care plan reviews are urgently audited to ensure constancy and clarity around content, actions and progress. 2. Managers should progress the provision of activity co-ordinators to both wards.
Gigha Forensic Rehabilitation and Iona Low Secure Wards, Beckford Lodge	1 October 2019	<ol style="list-style-type: none"> 1. Managers should carry out an audit to ensure equal standards are met across the service for care planning and review writing. 2. Managers should ensure that MDT meeting notes are either held on the full MIDIS electronic record or a copy of the current MDT meeting record is kept in the paperlite file to ensure all patient records are kept together.
Wards 1 & 2 University Hospital Wishaw	22 August 2019	<ol style="list-style-type: none"> 1. Managers should ensure that SCNs in Ward 1 and Ward 2 collaborate on care plan writing and patient progress note keeping to ensure that records are kept that accurately reflect the patient's journey, and that this is equitable across both wards.
Ward 24 University Hospital Monklands	6 June 2019	None
Kylepark Cottage, Kirklands Hospital	11 April 2019	<ol style="list-style-type: none"> 1. Senior charge nurse should review all care plan reviews to ensure consistency and meaningful entries are given regarding patient progress. 2. Senior charge nurse and clinical director should keep the commission informed of the progress of the patients deemed to be delayed discharges.



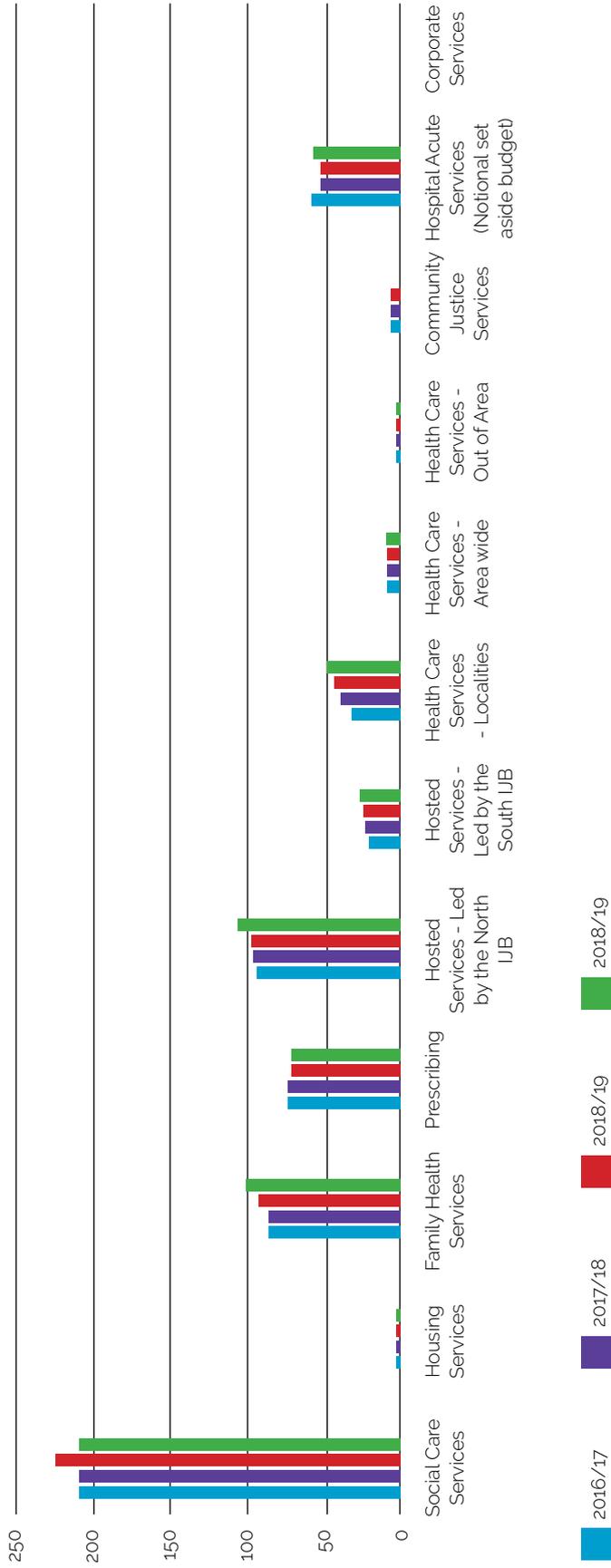
Appendix 3

Additional Funding and Budget Adjustments 2019/2020

	2019/20 £m
Opening Budget (Restated)	624,532
Removal of Non-recurring Funding 2018/19	(12,571)
Prescribing Tariff Adjustment 2018/19	(1,586)
Transfer of Discretionary Budgets to NLC 2019/20	(20,941)
Health and Social Care Savings 2019/20	(2,452)
Pay Award and Superannuation Funding 2019/20	15,156
Inflation Uplift 2019/20	3,585
Family Health Services	7,239
Uprating Free Personal Care Rates and Living Wage (Share of £108m)	6,513
Free Personal Care Services for individuals under 65 (Share of £30m)	1,885
Mental Health Services Funding	4,096
Income	2,209
Psychological Services Including Trainee Funding (Non-recurring)	2,071
Vaccines Funding (Non-recurring)	1,435
Notional set-aside budget increased for 2019/20 inflation uplift of 2.5% and adjusted for agreed budget transfers	1,425
Effective Prevention (Blood Borne Viruses) (Non-recurring)	1,383
Health Visitor Services	1,352
Family Nurse Partnership (Non-recurring)	1,016
Alcohol and Drug Partnership Funding	0,906
Carers (Scotland) Act 2016 (Share of £10m)	0,603
Strathcarron Hospice - Funding from Reserves	0,569
Community WiFi Funding	0,560
South Hosted Services (Diabetes Insulin Pups and Continuous Glucose Monitors)	0,456
Immunisation Drugs	0,336
Area-Wide Services	0,216
Child and Adolescent Mental Health Services (Improving Access Funding)	0,153
Primary Care Improvement Fund Adjustments	(1,042)
Other including Year-end Adjustments	(0,442)
Total Additional Funding In Year (Recurring and Non-Recurring)	14,130
Total Partner Contributions As At 31 March 2020	638,662

Appendix 4

Actual Expenditure Profile 2016/2017 to 2019/2020 (£m)



Appendix 5

North Lanarkshire IJB Analysis of 2019/2020 Expenditure

Health and Social Care services	Airdrie Locality £m	Bellshill Locality £m	Coatbridge Locality £m	Cumbernauld Locality £m	Motherwell Locality £m	Wishaw Locality £m	North Lanarkshire £m	Lanarkshire Wide £m	TOTAL	
									£m	%
Health care Services	5,387	4,559	4,529	6,982	4,290	5,399	11,814		42,960	7%
Social Care Services (Localities, Housing, Self Directed Support, Care Homes and Out-of-Hours)							211,869		211,869	33%
Area Wide Health Care							7,651		7,651	1%
Out of Area Health Care							4,245		4,245	1%
Medical and Nursing							3,681		3,681	1%
Addiction							4,195		4,195	1%
Corporate							0,205		0,205	0%
Family Health							101,599		101,599	16%
Prescribing							70,193		70,193	11%
Set-Aside Budget							61,229		61,229	10%
Hosted Services Led By South Lanarkshire IJB							24,237		24,237	4%
Hosted Services Led By North Lanarkshire IJB							54,145	52,022	106,167	17%
Total	5,387	4,559	4,529	6,982	4,290	5,399	555,063	52,022	638,231	100%
Percentage of Total	1%	1%	1%	1%	1%	1%	87%	8%	100%	

Appendix 6

Annual Financial Statement 2020/2021 to 2022/2023

NORTH LANARKSHIRE IJB	2020/2021 Total £m	2021/22 Total £m	2022/23 Total £m
SECTION A POTENTIAL COST INCREASES			
Employee Costs	8,358	8,626	8,754
Prescribing Costs	1,773	2,177	1,876
Policy Commitments and Demographic Growth	3,000	3,000	3,000
Inflation	3,951	4,049	4,170
Other Supplies	0.197	0.202	0.440
IT Developments and Other Cost Pressures	0.000	0.000	0.000
Total Section A	12,279	18,054	18,240
SECTION B POTENTIAL INCREASE IN FUNDING			
NHSL Inflation Uplift	7,548	7,774	8,007
NHSL Resource Transfer Inflation Uplift	0.665	0.685	0.706
Scottish Government Funding	5,694	6,500	6,500
Total Section B	13,907	14,959	15,213
SECTION C FUNDING GAP	(3,371)	(3,095)	(3,027)

