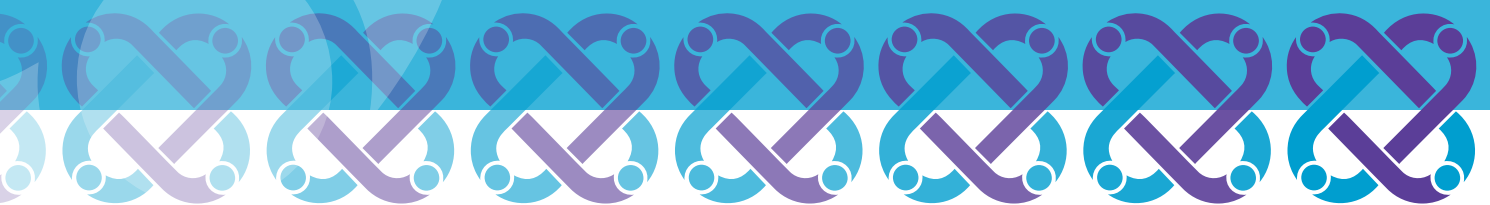


Annual Performance Report 2020/21





contents

1. Introduction	5
2. Covid-19 Response	6
3. Measuring Performance Under Integration	9
4. Our Progress Against the National Health & Wellbeing Outcomes	16
National Outcome 1 & 5	16
National Outcome 2 & 3	19
National Outcome 4	26
National Outcome 6	35
National Outcome 7	39
National Outcome 8	41
National Outcome 9	45
5. Looking Forward – Next Steps	53
Appendices	55
Appendix 1 – Summary of Performance Against Core Suite of Integration Indicators	55
Appendix 2 – HSCP Performance Dashboard	57
Appendix 3 – Actual Expenditure Profile	61
Appendix 4 – Analysis of 2020/2021 Expenditure	62
Appendix 5 – Inspection of Services	63
Glossary of Terms	64



1 Introduction

Welcome to Health & Social Care North Lanarkshire's (HSCNL) Annual Performance Report, which covers the period April 2020 to March 2021.

This year's report continues to measure performance against the nine National Health and Wellbeing Outcomes, National Core Integration Indicators, the Ministerial Strategic Group indicators and local performance measures. The Integration Joint Board receives regular progress reports and these reports, along with previous Annual Performance Reports can be found on our website <https://www.hscnorthlan.scot/>.

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 have continued into 2020/21 and will likely to continue into the foreseeable future.

Our Strategic Commissioning Plan was formally adopted by the Integration Joint Board in March 2020, prior to the initial COVID-19 lockdown. During the latter part of 2020/21, we reviewed the priorities and ambitions of the Plan and concluded that they remain valid and relevant in the context of the pandemic and beyond. The SCP priorities and ambitions continue to direct our improvement and transformation efforts and our Programme of Work, which provides the detailed actions which support the overall plan, remains as relevant as ever. It has been reviewed to ensure it continues to complement our efforts in COVID-19 mitigation, supporting our workforce, and working with our patients, service users and their carers and the continued pressure on partnership resources and finances.

It is vital that we acknowledge the extraordinary efforts of our staff and volunteers, who, through their dedication and hard work, have contributed massively to the overall pandemic response throughout 2020/21 and into 2021/22. It is also worth noting the efforts of our patients, service users and carers 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 2020/21. 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 2020/21 for some indicators. The reason for this is outwith our control and is detailed within the relevant section of the report. It is also difficult to draw direct comparisons to previous performance data due to the impact of the pandemic on individuals, communities and service delivery. We will continue to monitor performance trends over the course of 2021/22.

The remainder of the report takes each of the National Outcomes in turn and provides a range of developments and achievements from across 2020/21.

2 Covid-19 Response

The impact and legacy of COVID-19 and our combined efforts in responding to the pandemic are evident throughout much of this annual performance report. This section is intended to combine some of the main areas of response which the partnership led on in early 2020 and continue to deliver throughout 2021/22.

Care Homes

One of the greatest areas of focus has been around supporting the Care Home sector, covering key areas of work such as:

- Testing, outbreak management and ongoing surveillance
- Infection, prevention and control including PPE and cleaning requirements
- Education and training
- Supportive reviews and visits.
- Workforce requirements and supply of mutual aid

Across Lanarkshire, work began to strengthen the management and oversight of outbreaks in care homes in March 2020, enhancing the supports we had offered routinely up until then. This included:

- Social Work Quality Assurance Section – existing contact
- Care home Liaison Team Support – existing weekly contact
- HPT Management of outbreaks – daily contact during outbreaks
- Weekly conference calls with sector by HSCP, established March 2020
- Established early contact with Care Inspectorate
- Care home Assurance Group, established April 2020
- Bronze care home sub group, established April 2020
- Development of Care Home Strategy, April 2020
- Access to staff bank to enable sustainable rotas with supporting governance framework
- Enhanced PPE recommendations that sector move to table 4 on 1st May 2020
- Prioritised programme of testing for care homes commenced May 2020
- Workforce group established to support screening programme, established May 2020



Following communication from the Cabinet Secretary in May 2020 which outlined the additional requirements regarding accountability for provision of nursing leadership; professional oversight; implementation of infection prevention control measures; use of Personal Protective Equipment (PPE); and quality of care; we undertook significant work to map our current provision of support and ongoing workforce and resource requirements to deliver this new request:

- **Care Home Assurance Group** – initially established on 23rd April, the group was expanded to include Chief Social Work Officers, Chief Officers and the Medical Directors. The group has also undertaken a thematic analysis of Care Homes, identifying support needs around access to updated Health Protection Scotland guidance; management of outbreaks; standard infection prevention and control measures; and staff support around mental health and wellbeing.
- **Enhanced support from Social Work Quality Assurance** – including coordinated timetable of audits for each Care Home; supporting action plan development; coordinating links with colleagues in Care Home Liaison, Infection Prevention and Control, Care Inspectorate etc; and support for Homes to claim financial assistance where appropriate.
- **Care Home Liaison** – establishment increased to move to a seven day service and enhance contact with each home in Lanarkshire. The team have undertaken visits; managed daily data returns; acted as an escalation point for PPE issues; and participated in the prioritised engagement visits as required.
- **Health Protection Team** – To enhance the outbreak management and screening testing in Care Homes, additional staff were brought into the team.
- **Testing** – As well as the testing of all staff and residents in outbreak situations, there have also been spot testing arrangements in place as well as weekly testing of asymptomatic staff, supported by the Health Protection Team resource. Staff testing has two access routes, with homes assigned to either the Social Care Portal for the UK Government testing facilities or via the NHS Lanarkshire Occupational Health Service. For Care Home staff, both routes involve the same process of self-testing and training has been provided to support this.
- **Infection, Prevention and Control (IPC)** – In conjunction with Care Home Liaison, the IPC team provide advice and support covering virtual visits, attendance at Care Inspectorate unannounced inspections and providing support to Homes as required.
- **Senior Nursing Leadership** – a team has been developed under the leadership of a Deputy Chief Nurse to provide an immediate response during early stages of an outbreak similar to acute care setting where the focus is on early containment.

Personal Protective Equipment (PPE)

One of the biggest challenges during the early phases of the pandemic was the supply of PPE to frontline staff. The national PPE guidance has evolved over time, but overall the service has been able to maintain supplies to frontline staff in line with guidance.

Delayed Discharge/System Pressures/Home Support

At several points in the latter half of 2020/21, the system as a whole was under extensive pressure, with increasing numbers of complex presentations in both primary care and hospitals, with corresponding demand increases across community services.

Following the gradual roll out of the Planned Date of Discharge methodology across the two North acute hospital sites, the number of people whose discharge was delayed reduced markedly. However, those numbers have increased at various points of the year and continue to present the partnership with ongoing challenges.

A range of actions are underway to improve performance across all aspects of the system:

- A Home Support programme board is now underway, with a weekly delivery group overseeing 7 key workstreams:
 - o Workforce development/recruitment
 - o Developing the independent sector
 - o Modelling/managing demand
 - o Quality assurance
 - o Reablement and intensive services
 - o Staff health and wellbeing
 - o Assistive technology
- Lanarkshire has been chosen as a demonstrator site for the development of Home First teams,

supporting discharge to assess developments across both partnerships.

- The partnership is tied into national groups reviewing potential areas for improvement, including the Rapid Improvement Group for Care at Home services, as the challenges faced locally are replicated across Scotland.

Testing

Staff testing has continually evolved through national guidance over the period, with asymptomatic staff PCR testing commencing in long-stay and Covid wards, plus Care Homes. Since then, asymptomatic staff testing using Lateral Flow Devices has rolled out to all hospital, assessment centre, Care Home and patient facing community staff.

Assessment Centres

A Hub and two new Community Assessment Centres for COVID-19 cases were established at Airdrie Health Centre and Douglas Street Health Facility in Hamilton. Patients suffering symptoms at home initially made contact through NHS24 and through the initial triage were then signposted to the NHS Lanarkshire Covid Hub. Patients were clinically triaged via the Hub and if required asked to attend the local Assessment Centre.

The model re-directed patients away from the routine GP pathway and diverted a flow of patients from the front door of the hospital. The centres were staffed by volunteer GPs, Nurses and Allied Health Professionals and have been one of the success stories of the pandemic response.

Covid Vaccination

The Covid vaccination programme was initiated in late 2020 and delivery commenced at pace from December 2020. The efforts of all involved in the management and delivery of the vaccination programme have been exemplary and the programme continues well into the current year with the booster programme underway.

There has been a tremendous effort across the whole system (including third and independent sectors, communities and public partners) in building our response to the pandemic. The dedication, bravery and commitment of all of our frontline staff in supporting us to continue to deliver a strong service to our residents in North Lanarkshire.



3 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.

Scottish Health and Care Experience Survey							
Indicator	Title	NL 2015/16	NL 2017/18	NL 2019/20	Scotland 2019/20	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%	90.5%	92.9%	↑	↓
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83.0%	75.4%	77.6%	80.8%	↑	↓
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%	71.2%	75.4%	↓	↓
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%	70.2%	73.5%	↑	↓
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	77.7%	75.4%	77.8%	80.2%	↓	↑
NI - 6	Percentage of people with positive experience of care at their GP practice	79.3%	75.5%	68.3%	78.7%	↓	↓
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%	75.7%	80.0%	↑	↔↔
NI - 8	Percentage of carers who feel supported to continue in their caring role	41.2%	33.2%	32.6%	34.3%	↓	↓
NI - 9	Percentage of adults supported at home who agreed they felt safe	83.7%	79.9%	80.0%	82.8%	↑	↓

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

National Outcome Indicators – Benchmarking – 2019/20

	Scotland	North Lanarkshire	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	Inverclyde	West Dunbartonshire	Glasgow City
Percentage of adults able to look after their health very well or quite well	92.9%	90.5%	92%	94.3%	92.1%	91.8%	89.9%	90.7%	89.7%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	80.8%	77.6%	86.2%	80.6%	78.8%	84.2%	90.6%	79.7%	81.5%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	75.4%	71.2%	78.8%	70.2%	73%	74.5%	81.7%	82.9%	75.5%
Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	73.5%	70.2%	83.5%	79.7%	72.4%	76.2%	81.7%	76.5%	74.8%
Percentage of adults receiving any care or support who rate it as excellent or good	80.2%	77.8%	79.7%	86.3%	74.8%	77.2%	84.6%	82.8%	78.9%
Percentage of people with positive experience of care at their GP practice	78.7%	68.3%	70.3%	87.5%	79.4%	72.9%	77.6%	80.6%	83.1%
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	80%	75.7%	87.1%	85.8%	76.6%	79.3%	82.8%	82.1%	79.2%
Percentage of carers who feel supported to continue in their caring role	34.3%	32.6%	35.8%	39.4%	34.6%	30.7%	38.9%	36.8%	35.8%
Percentage of adults supported at home who agree they felt safe	82.8%	80%	88.7%	85.0%	81.7%	85.2%	89.9%	78.9%	81.6%

The table above provides a comparison across the National Outcome Indicators (sourced from the 2019/20 Health and Care Experience Survey), within North Lanarkshire's 'Family Group' of comparators. Our comparative position is fairly positive on areas such as people being able to look after their own health. However, for the most part, the figures highlight areas that we can improve on across a range of areas - supporting people to live as independently as possible, health and social care services being well co-ordinated, improving or maintaining quality of life, people having a positive experience of care at their GP practice and carers feeling supported to continue in their caring role.

Use of 2020 calendar year data instead of 2020/21 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 records. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Partnerships, the most recent reporting period available is calendar year 2020; this ensures that these indicators are based on the most complete and robust data currently available. Please note that figures presented will not take into account the full impact of COVID-19 during 2020/21.

Indicator	Title	NL 2016	NL 2017	NL 2018	NL 2019	NL 2020	Scotland 2019	HSCNL Trend	Scotland Trend
NI - 11	Premature mortality rate per 100,000 persons	522	482	517	515	518	457	↑	↑

Indicator	Title	NL 2016/17	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020	Scotland 2020	HSCNL Trend	Scotland Trend
NI - 12	Emergency admission rate (per 100,000 population)	15,458	15,663	15,824	16,280	14,176	11,111	↑	↑
NI - 13	Emergency bed day rate (per 100,000 population)	125,947	120,882	116,294	118,370	103,194	102,961	↓	↓
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	99	99	101	106	117	115	↑	↑
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88.5%	89.0%	88.9%	89.0%	89.9%	89.9%	↑	↑
NI - 16	Falls rate per 1,000 population aged 65+	20.9	22.6	22.6	21.3	19.2	21.7	↓	↓
		NL 2016/17	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	Scotland 2020/21		
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.7%	79.1%	76.4%	83.3%	80.7%	82.5%	↓	↑
		NL 2016	NL 2017	NL 2018	NL 2019	NL 2020	Scotland 2020		
NI - 18	Percentage of adults with intensive care needs receiving care at home	70.7%	72.2%	74.6%	74.4%	75.1%	62.9%	↑	↓
		NL 2016/17	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	Scotland 2020/21		
NI - 19	Number of days people spend in hospital when they are ready to be discharge (per 1,000 population)	961	1,009	996	1,109	789	488	↓	↓
		NL 2016/17	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020	Scotland 2020		
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.2%	20.7%	21.1%	21.6%	18.9%	21.2%	↓	↑

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

National Integration Indicators – Benchmarking – 2020

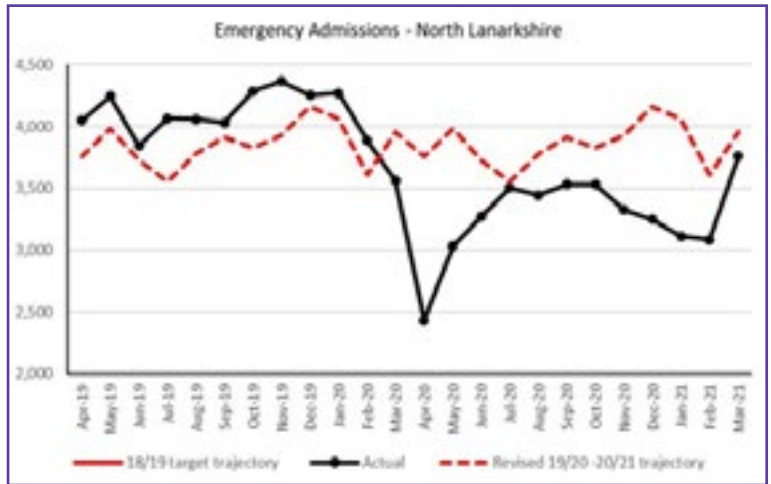
	Scotland	North Lanarkshire	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	Inverclyde	West Dunbartonshire	Glasgow City
Premature mortality rate per 100,000	457	581 (2020)	512	408	604	516	571	608	678
Emergency admission rate per 100,000	11,111	14,176 (2020)	13,758	13,339	11,823	14,057	12,492	12,613	11,234
Emergency bed day rate for adults per 100,000	102,961	103,194 (2020)	106,956	105,099	97,449	135,075	135,039	121,300	116,788
Emergency readmission to hospital within 28 days of discharge (per 1,000 discharges)	115	117 (2020)	125	99	146	114	89	102	109
Proportion of last 6 months of life spent at home or in the community	89.9%	89.9% (2020)	90.8%	89.9%	91.2%	89.3%	89.0%	90.7%	89.6%
Falls rate per population aged 65+	21.7	19.2 (2020)	18.4	29	30.7	18.3	21.7	19.7	25.3
Proportion of care services graded 'Good' (4) / better in Care Inspectorate Inspections	82.5%	80.7% (2020/21)	85.2%	83.3%	79.9%	88.1%	86.9%	93.2%	89.9%
Percentage of adults with intensive care needs receiving care at home	62.9%	75.1% (2020/21)	71.1%	63.4%	59.5%	72.6%	66.9%	70.3%	57.2%
Number of days people aged 75+ spend in hospital when ready to be discharged, per 1,000 population	488	789 (2020/21)	200	764	324	386	149	904	633
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21.2%	18.9% (2020)	24.4%	16.1%	20.4%	26.4%	21.9%	21.4%	22.4%

The table above provides a comparison across the National Integration Indicators, within North Lanarkshire's 'Family Group' of comparators. Our comparative position is fairly positive on areas such as emergency bed day rate (reflecting the lower average length of stay in hospital, proportion of people spending the last six months of their life in a community setting, falls rate, the proportion of people with intensive needs supported at home and the percentage of health and care resource spent on emergency care. However, the figures also highlight areas that we can improve on across a range of areas - unplanned admissions, readmissions rate, the proportion of care services graded 4 (Good) or better and the occupied bed day rate for those whose discharge from hospital is delayed.

Measuring Performance Under Integration (MPUI)

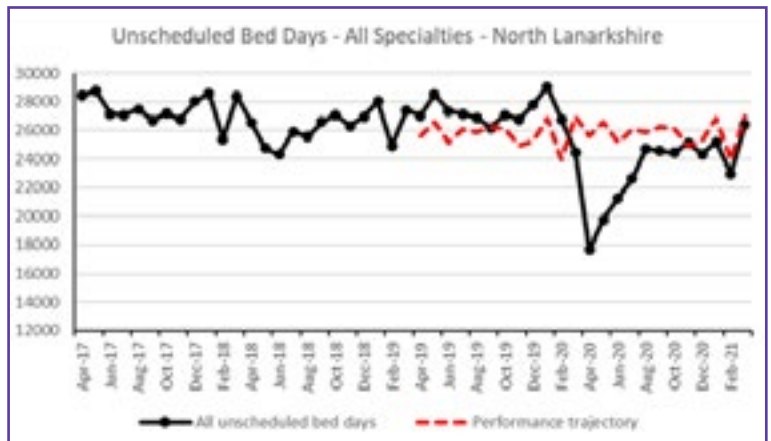
Emergency Admissions

Based on agreed trajectories, our objective for 2020/21 was to achieve a reduction in the number of emergency admissions from 48,908 in 2019/20 to 46,241 in 2020/21, a reduction of just over 5%. The actual position for 2020/21 was 39,262 emergency admissions which represents a reduction of 19.7% from 2019/20. The impact of the first Covid-19 lockdown is obvious in April – June 2020. The number of admissions remained fairly stable and dropped again in the late months of 2020/early months of 2021. The number of admissions increased again as restrictions were loosened and have remained at challenging levels since.



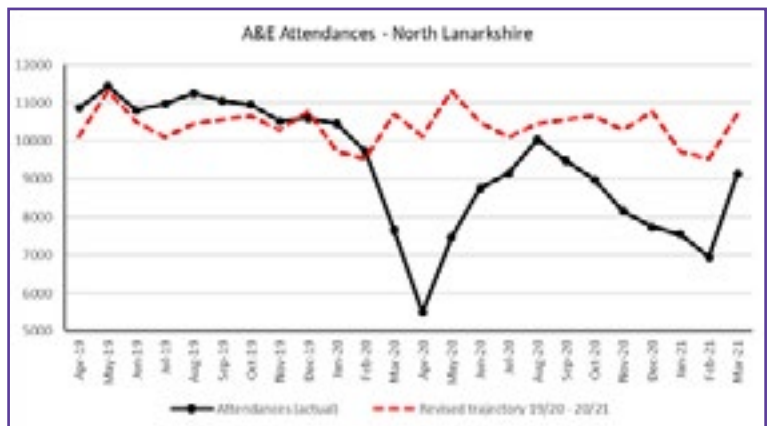
Unscheduled Bed Days

Based on agreed trajectories, our objective for 2020/21 was to achieve a reduction in the number of unscheduled bed days across all specialties from 325,051 in 2019/20 to 309,703 in 2020/21, a reduction of just over 4%. The actual position for 2020/21 was 279,170 bed days which represents a reduction of 14.1% from 2019/20. The impact of the first Covid-19 lockdown is fairly obvious from the chart below and the challenge is to ensure the number of unscheduled bed days remains below pre-pandemic levels.



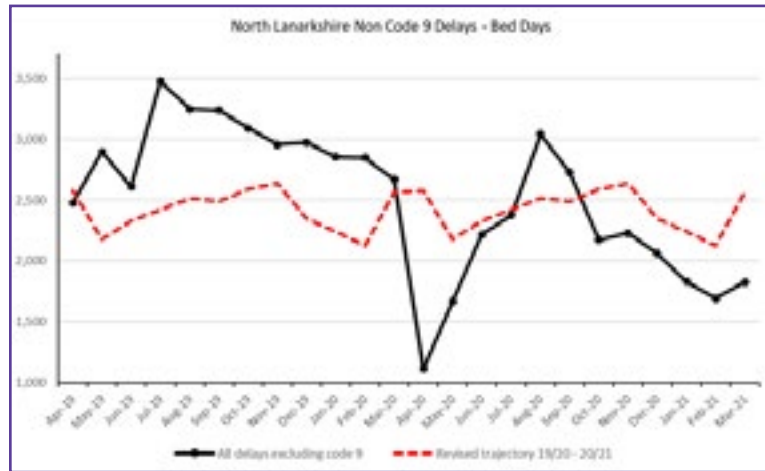
A&E Attendances

Based on agreed trajectories, our objective for 2020/21 was to achieve a reduction in the number of A&E attendances from 126,233 in 2019/20 to 124,579 in 2020/21, a reduction of just over 1%. The actual position for 2020/21 was 98,871 A&E attendances which represents a reduction of 21.6% from 2019/20.



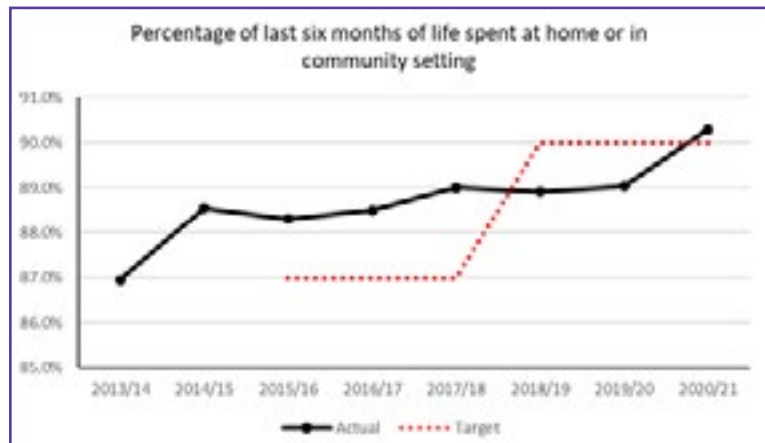
Delayed Discharge

Based on agreed trajectories, our objective for 2020/21 was to achieve a reduction in the number of occupied bed days due to non code 9 delays, from 35,329 in 2019/20 to 29,020 in 2020/21. The actual position for 2020/21 was 24,948 occupied bed days which represents a reduction of 29% from 2019/20. It is evident from the graph below that the first lockdown in late March 2020 had a significant impact on delays. However, what is also evident is that the number of bed days in North Lanarkshire was in a steady decline already, with a clear downward pattern from July 2019. While the number of delays and associated bed days rose again towards the end of summer 2020, our significant efforts in the embedding of Planned Date of Discharge and other improvement initiatives brought the delays and bed days down again by the end of 2020/21.



End of Life Care

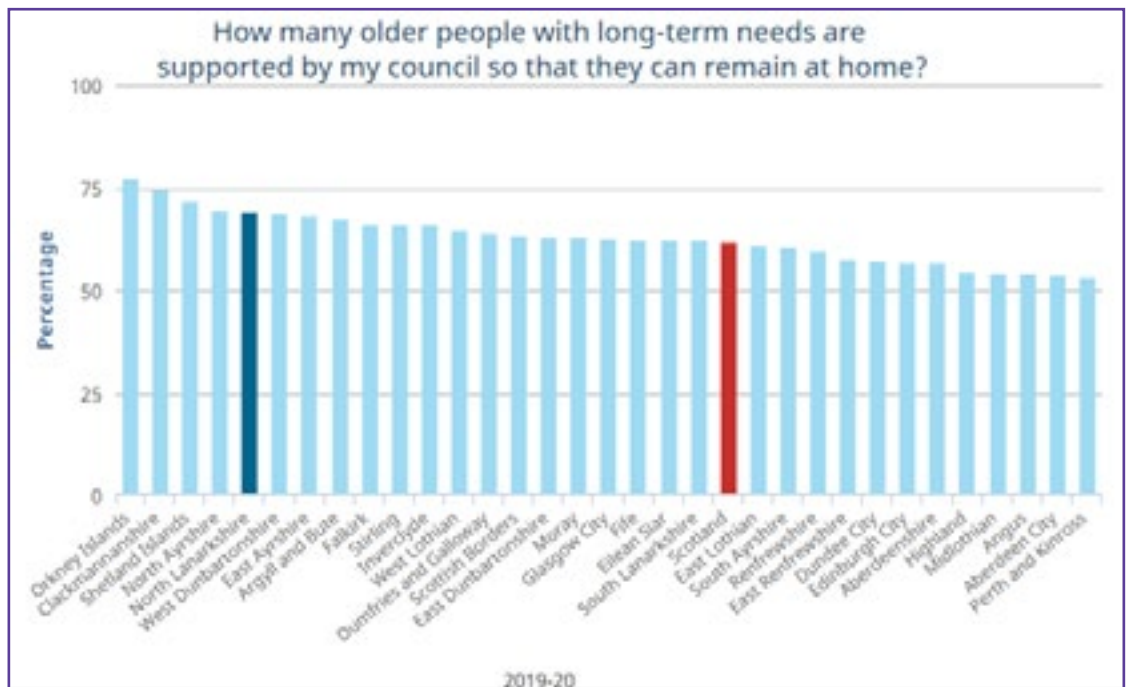
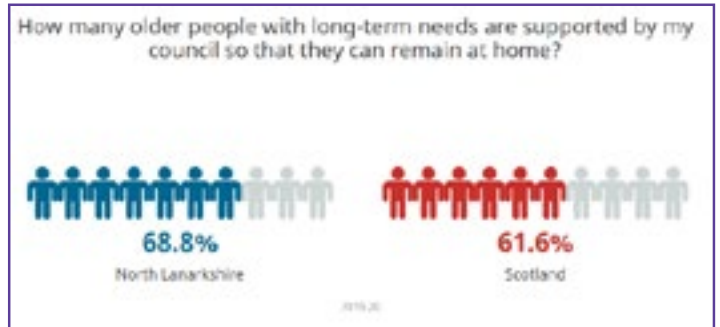
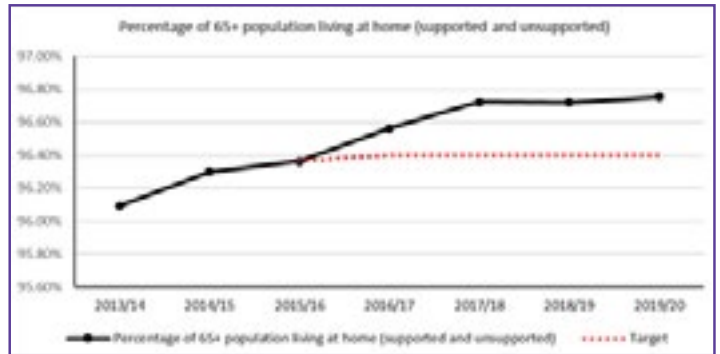
The percentage of the last six months of life spent at home or in community settings has gradually increased since 2015/16, and 2020/21 witnessed another small increase.



Balance of Care

The percentage of people aged 65+ who live at home in North Lanarkshire remains high, and the position for 2019/20 remained similar to the previous two years.

Using benchmarked data from the Local Benchmarking Framework for 2019/20, approximately 69% of older people with long term needs are supported at home. This compares well with the Scottish average and other similar Health & Social Care Partnerships. North Lanarkshire has the third highest percentage of all mainland council areas in Scotland.



Performance Dashboard

The Health & Social Care Partnership also has in place a corporate performance dashboard which is monitored and reported on a quarterly basis and is attached as Appendix 2. This comprises a range of performance metrics and Key Performance Indicators that are used to give the Strategic Leadership Team and Integration Joint Board an assurance of progress against key performance targets.

4 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

NATIONAL HEALTH AND WELLBEING OUTCOME 5

Health and Social Care Services contribute to reducing health inequalities

Prevention and Early Intervention

The HSCP delivers a broad range of prevention and early intervention programmes with a focus on reducing inequalities.

Lanarkshire Green Health Partnership

The Lanarkshire Green Health Partnership (LGHP) has continued to build on previous developments and recently published its Year 3 report. National funding has now ceased and the programme support has been embedded into the Lanarkshire Weight Management Service (LWMS) which secures ongoing commitment to this agenda. Lanarkshire is the first NHS Board in Scotland to mainstream the funding and the LGHP continues to grow in collaboration with partners.

The LGHP has adapted and responded to Covid restrictions in a number of ways. Some recent achievements include:

- A total of £323,000 in active travel capital investment was secured from national funding sources. The improvements to signage, pathways and walkways benefited the North Lanarkshire hospital and community sites as well as the local community, for example by improving the route from University Hospital Wishaw to Wishaw train station.
- A local bike amnesty resulted in the team collecting 70 bikes which were upcycled by North Lanarkshire's Restorative Justice Team, and then distributed to the local community by GBT Shotts. This partnership project was recognised by Scottish Parliament.



- Accessing NHS endowment funding for a 2 year period for the community hospital growing programme delivered by Clydesdale Community Initiative (CCI) with the Chief Medical Officer specifically mentioning LGHP's Community Growing Initiative, and its role in recovery from the pandemic, in his annual report. CCI adapted to the Covid restrictions and continued to innovatively support the 6 hospital growing sites across Lanarkshire, including Airbles Road and Coathill hospital, around food growing (e.g. online tutorials).
- Expanding the volunteering development officer capacity by negotiating with partners to contribute to the creation of an additional post which has resulted in a full time postholder focusing on green health volunteering in North Lanarkshire. Additionally a new assistant post has been created to support the Get Walking Lanarkshire programme which will focus on creating and promoting opportunities for walking in areas of deprivation.

Diabetes Framework

Recognising the poorer outcomes experienced by people with diabetes who contract Covid, work has continued on the integration of the range of Diabetes Framework interventions with the broader weight management support as part of the ongoing development of an integrated model to ensure ease of patient movement and equity of access & provision across all elements of the LWMS. Delivery of digital diabetes interventions continued during Covid restrictions and these now run alongside inperson 1-1 and group support options. New specialist (tier 3) weight management groups will be launched in Leisure facilities this Autumn which will move Diabetes Specialist and Weight Management Specialist Dietician-led weight management into the community, thereby increasing accessibility.

Healthy Schools

The Child Healthy Weight team have continued to expand the Healthy Schools approach across all primary and secondary schools within North Lanarkshire, recently launching the 3rd, 4th and Senior Phase levels resource that supports secondary schools staff to effectively delivery Personal Social Education within and beyond the classroom (www.healthyschools.scot). NLC Education & Families Service has committed to supporting all schools to utilise the framework and strive for 100% usage by the end of the academic year.

Breastfeeding

Working in partnership with colleagues from NLC, NHS Lanarkshire, Scottish Government policy team, and Scottish Government Advocacy and Culture Change lead for Scotland, plans are at an advanced stage regarding the development of a Breastfeeding Friendly Scotland local authority accreditation framework. This would see North Lanarkshire Council become the first accredited breastfeeding friendly local authority in the country and would form part of the approach to culture change required to see an increase in breastfeeding rates within North Lanarkshire.

Lanarkshire Tobacco Control Strategy

Work has continued to implement the Lanarkshire Tobacco Control Strategy 2018– 2023. The response to the pandemic resulted in the service delivery model for Quit Your Way being significantly altered as a result of staff redeployment and Covid restrictions. Despite this the service fully expects to have exceeded the nationally set target for 2020-21 (figures to be verified and reported by Public Health Scotland later this year) and positive trends continue into 2021-22. Learning from this experience will inform future service developments. This year also saw the beginning of a positive smoke-free role models commission, which is a partnership between NHS Lanarkshire Tobacco Control Team and Community Solutions/VANL.



High Resource Users

The High Resource User project was established within HSCNL to provide an intensive and proactive care management approach to individuals who experience high Emergency Department (ED) presentations. Evidence suggests that individuals who frequently present at ED are typically considered to be psychologically and socially vulnerable in addition to experiencing health difficulties. The aim is to firstly improve the health and wellbeing outcomes of the individuals and secondly to reduce the frequency of presentations at ED by collaborating with locality services to embed a model that supports a multi-agency, case management approach that will improve existing service efficiency and effectiveness to provide person-centred holistic care. The project has now been extended following on from the initial success within the Motherwell and Wishaw localities. Results from this phase saw an overall reduction of 36% in ED presentations at University Hospital Wishaw for the 26 individuals identified to participate. The individuals also reported an improvement in their health and wellbeing with one stating "knowing the support is there has helped me to stop using drugs and alcohol, I don't feel I need to go to hospital".

Now based within Coatbridge locality, the project has identified 30 individuals who present most frequently at ED within University Hospital Monklands and have begun to invite them to participate in the project.

Bowel Screening

Evidence shows that early identification of cancer leads to more positive outcomes however North Lanarkshire has one of the lowest uptakes of bowel cancer screening in Scotland. This is particularly prevalent in SIMD 1 and 2 areas and men are less likely than women to participate in the programme. To address these inequalities, NL is one of two HSCPs testing a proof of concept to utilise data, artificial intelligence and predictive analytics to personalise invitations and follow ups. The work in NL will focus on community touchpoints where those less likely to participate in the bowel screening programme can be encouraged to participate and reminded of the benefits of early detection and treatment.



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

NATIONAL HEALTH AND WELLBEING OUTCOME 3

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

Community Solutions

Community Solutions is a pioneering, community led, health and social care investment programme operating across North Lanarkshire focused on building communities where people can have full, independent lives. The programme, which has been in place since 2013, is a partnership between the Health and Social Care Partnership in North Lanarkshire (HSCNL), Voluntary Action North Lanarkshire (VANL), the local third sector interface; and the vibrant Community and Voluntary Sector (CVS) of North Lanarkshire.

Community Solutions aims to improve people's quality of life and wellbeing by taking action which:

- strengthens social connection and support;
- helps to reduce isolation and loneliness;
- promotes equality and human rights and reduces inequalities.

The programme of work is an effective and active example of co-production: a true partnership between people, communities and services. There are two approaches to its work:

- **The Locality Approach:** where local communities and organisations work together to create and deliver on plans to build local capacity supported by a microfund;
- **The Thematic Approach:** North Lanarkshire-wide projects focusing on specific and identified needs, for example community transport; carers, and hospital discharge support.

These approaches are further enhanced currently via four networks focussed on key topics:

- Children, Young People & Families Network
- Home Visiting and Befriending Network
- Self-Directed Support Network
- Carers Support Network

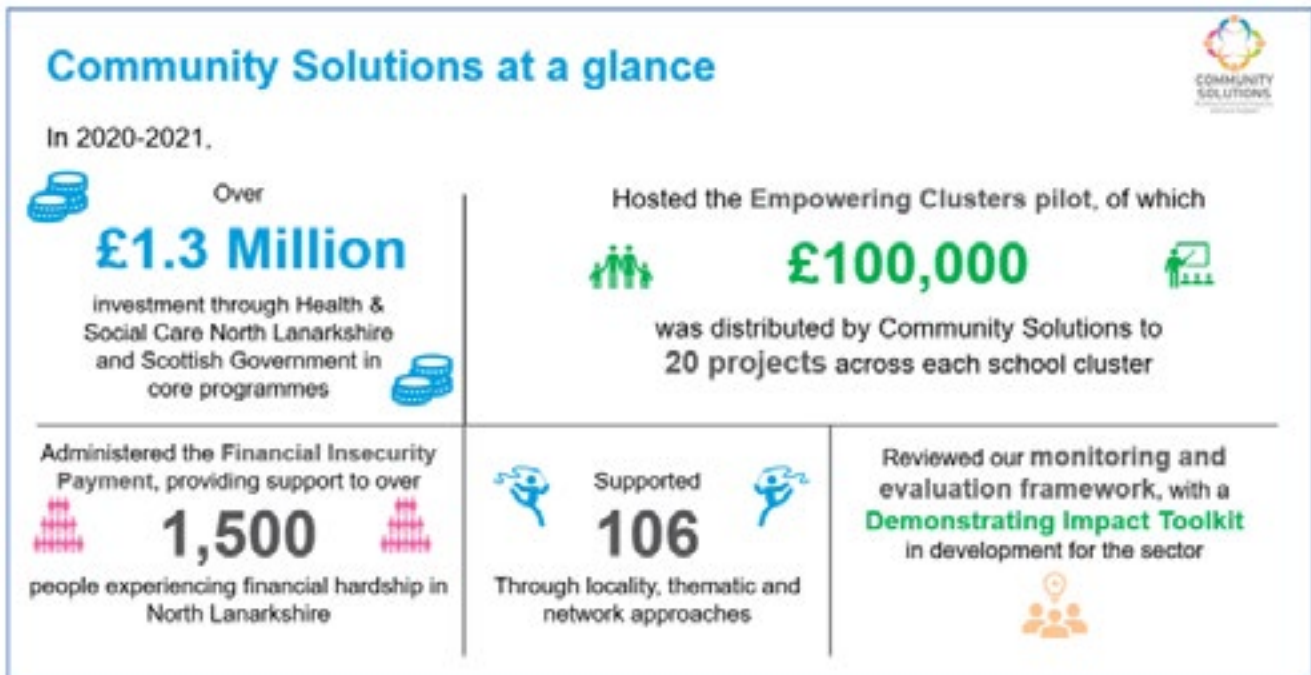


The Health and Social Care Integrated Joint Board in North Lanarkshire recently approved an annual recurring budget of £1.14m, further emphasising the strong commitment to investment in the CVS via the Community Solutions programme and approach. A 2019 Improvement Service review highlighted the strengths of the programme as being: focus on personal outcomes approach; engagement and participation; and effective use of resources.

The community and voluntary sector as a whole including groups and organisations funded through the Community Solutions programme were a

fundamental and vital part of the response to support vulnerable people, children, families and fellow citizens. The practical impact of the flexible, swift and creative contribution of the community and voluntary sector and the recognition of this impact at local and national levels is one of the "silver linings" of the pandemic. Into April 2020, all 30 Community Solutions funded projects worked with VANL, without reservation or limitation, to implement adaptations to their agreed services as

North Lanarkshire realised the effect of COVID 19 restrictions. Locality host organisations became key community conduits working between statutory partners, VANL and existing and new community organisations to ensure necessary supports were put in place. Locality hosts and thematic project teams went from primarily face to face support and services to the new and unfamiliar online world, continuing to reach out to potentially lonely, isolated and excluded people.



This approach continued over much of 2020 through second and third lockdowns into 2021. Funded organisations were tenacious and determined in their aim to not only continue to support people known to them but also welcome new requests for assistance. The emerging issues being reported across North Lanarkshire by funded projects were identified as:

- [Digital exclusion;](#)
- [Concerns about mental health;](#)
- [Financial exclusion and poverty;](#)
- [Isolation and loneliness.](#)

All while, along with statutory services teams and colleagues, projects were experiencing the same challenges as everyone else trying to operate in the midst of the pandemic: shielding staff and volunteers, staff and volunteers succumbing to COVID 19, remote working, furlough, online working, dealing with ever changing circumstances and crises, keeping up to speed with regulations

and restrictions whilst still trying to keep an eye on the future. Additionally, although recognition of the pivotal role of the community and voluntary sector throughout the pandemic resulted in significant but specific and short term investment via government and other funders, some groups and organisations have experienced funding challenges. For example, income generation from service e.g. cafes, Shopmobility, has been completely decimated. In a year like no other, all funded projects have gone above and beyond (and more!) to ensure that the Community Solutions ambitions continue to be met.

Progress with key priorities 20-21

Inevitably the pandemic has had an impact on progress with key priorities over the year 20-21. In reality, the overriding priority became supporting people and communities practically, emotionally and psychologically through pandemic and multiple lockdowns.

However, it is important to retain a record of the identified priorities and progress or otherwise, which is outlined below.

Priority	Progress
Mobilise Covid 19 response	All funding agreements adapted to support pandemic response. Projects continued to support people and communities throughout 20-21
Progress longer term investment arrangements in the programme & produce a service level agreement	Full year funding 20-21 was approved in March 2021, IJB approved the confirmation of annual recurring funding agreement for the Community Solutions programme Work on the service level agreement is carried forward to 21-22
Secure further additional investment in the Community Solutions Programme	Three additional projects have been implemented using the Community Solutions structure and approach.
Facilitate further development of social prescribing approaches in NL	Social prescribing study was published in July 2020 Draft improvement project workplan produced Funding to support improvement beign sought Work is carried forward to 21-22
Implement the recommendations of the review of the monitoring, evaluation and learning (MEL) framework	Short life working group convened Intern recruited to support the project All planning, evaluation and learning documentation comprehensively reviews and rolled out Demonstrating Impact toolkit development is carried forward to 21-22. This toolkit will support funded projects and the wider community and voluntary sector to demonstrate effectiveness, improve sustainability and share learning
Refresh of the Community Solutions strategy and commissioning plan	This work is carried forward to 21-22
Improved visibility and recognition of Community Solutions programme	Dedicated Community Solutions web pages on the CVS/VANL website Social media presence on Twitter and Facebook Ebulletins Successful application for a spotlight session at the NHS Scotland event 2021

Key priorities for 21-22

The key priorities for 21-22 are:

- **Covid 19 recovery**

Supporting communities to recover, remobilise and adapt to the "new normal" as the pandemic continues will be a key focus for the programme;

- **Update Community Solutions Strategy and Commissioning Plan 2022-24**

Work was carried forward from 20-21.

Reviewing the strategic commissioning plan in light of the impact of Covid 19 is positive step to ensure that the programme remains flexible and responsive to current and emerging needs.

The commissioning plan will be reviewed and informed by stakeholders and partners.

- Implementation of new Community Solutions commissioning plan
- Most currently funded will have benefitted from 3 years of investment from April 2019 to March 2022. The reviewed and refreshed commissioning plan will provide a basis to invite proposals for the next funding period.
- Seek further additional investment in community-led solutions through the Community Solutions structure and approach

In 20-21 there were opportunities to utilise the strong and well established Community Solutions structure to support two additional pieces of work. There will be a continued focus on realigning HSCNL investment in the community and voluntary sector through Community Solutions programme. In addition, opportunities for collective funding or investment applications to support early intervention and prevention work will be explored.

- **Implementation of revised Community Solutions Planning, Evaluation and Learning framework**
This work commenced in 20-21. There will be a continued focus on the implementation of the framework and support to projects to help them demonstrate how activities are making a difference for participants, build capacity and sustainability.

- **Facilitating cross-sector development, agreement and implementation of a Social Prescribing improvement plan for NL** which raises awareness of and increases investment in the community and voluntary sector as an enabler and provider of community based early intervention, prevention and recovery supports.



First Point of Contact

One of the most important ambitions of the Health and Social care Partnership is to ensure that when people make contact with health or social work services that the response is quick and effective, with a focus on helping people to help themselves first. The emphasis should be getting things right first time and focusing on what people feel is most important to them. The development of FPOC incorporating good conversations across the Health and Social Care Partnership (HSCP) will support getting it right first time, a key ambition

in the Strategic Commissioning Plan 2020-2023. The FPOC work is overseen by a Steering Group involving key stakeholders which meets regularly, overviews actions and agrees activity. A more recently formed Project Group supports the operational activity of the 3-conversation innovation site. Partners4change are supporting an innovation site in Motherwell locality to test the 3- conversation approach across adult services including Access Social Work, hospital social work, GP link workers and the third sector.



The development FPOC incorporating good conversations gives us an opportunity to improve and develop our provision of front facing contact, streamlining responses and increasing consistency. In addition, there is greater scope to take a

preventative approach which has a stronger focus on personal outcomes which in turn will give a smoother journey for the person, reduce potential duplication and/or delays and be a better fit with the recommendations in the realistic medicine framework.

It is important to note that FPOC is the FIRST point of contact, not a SINGLE point of contact. The consistency developed through the innovation site will inform work across an increasing range of entry points to Health and Social Care Services.

People currently seek contact with services through on-line access, on the phone or in person. The development of front facing facility in each locality will remain an important factor in ensuring that those most disadvantaged within our communities are able to access essential services and supports locally, particularly those who are digitally excluded.

Digital developments are essential to the development of FPOC. Making Life Easier is a self assessment platform supporting direct access to bespoke information, advice as well as to some equipment to support independence. The ongoing procurement of a new case management system will improve recording analysis and reflection, recording good conversations leading to outcomes that are facilitated.

The strategy builds on strong foundations that have been established in North Lanarkshire to facilitate the involvement and engagement of people who use services, carers, the community and voluntary sector, and the independent sector. We are committed to building on local knowledge and experience to ensure services are tailored to community needs and make the most of the considerable community assets that exist in towns and villages across the area. We want people to live safer, healthier, independent lives through the right information, local support networks and services, anticipating need before it arises.

Throughout 2020/21 the Stakeholder Engagement and Participation Working Group has further progressed stakeholder engagement in IJB governance structures and localities. Working with the IJB, the Engagement and Participation Strategy 2017-2020, and guided by the annual plan, the group have developed a framework to support stakeholder engagement and participation across health and social care in North Lanarkshire

Engagement & Participation

During 2020/21, the Integration Joint Board approved its Engagement and Participation Strategy, Framework and Principles 2021-2024. Health and Social Care North Lanarkshire (HSCNL) has a firm commitment to ensuring ongoing meaningful involvement with the communities it serves. The refreshed engagement and participation strategy sets out how we will achieve this. This will ensure we have the right systems and supports in place to enable effective engagement between stakeholders and HSCNL over the next three years.



Action Plan 2021

The Action Plan has been designed to set out a clear direction of travel where HSCNL can support effective engagement and participation while also looking at ways to build on existing best practice.

- Review, gather, update and share good practice for the Engagement and Participation Framework 2021-24 includes:
 - o Supporting Engagement and Participation
 - o Key Stakeholder Network Meetings
 - o Engagement and Participation Mechanisms
 - o Locality Engagement Fund
 - o Engagement Tracker
 - o Evaluation Participation Guidelines and Toolkit
 - o Volunteer Induction Guidelines
 - o Volunteers Expenses Guidelines
- Support the 41 programmes in the Strategic Commission Plan / Programmes of Work to develop Engagement and Participation plans and collate progress
- To maintain a stakeholder meeting schedule of key network meetings. These will be updated on a regular basis and be available to stakeholders
- Publish the engagement and participation tracker on an annual basis to identify the engagement activity, and any gaps that has taken place during the previous year

- Support and resource the Locality Planning Groups to plan and deliver their engagement and participation activities with stakeholders and communities
- Provide six engagement and participation awareness raising sessions targeted at specific stakeholder groups annually throughout the life of the strategy i.e. Independent sector.

Plans to transform our services will not succeed without the full engagement, participation and support of service users, carers, and the community and voluntary and independent sectors. It is essential these valued representatives continue to be full partners in the new arrangements. This includes their contribution to the strategic direction and oversight of integrated services led by the Integrated Joint Board (IJB) and also in locality planning and delivery.

It is important to understand that engagement with stakeholders should not be limited to services and service developments. The first national outcome is about improving health and wellbeing and enabling people to live longer in good health in their own communities. This requires an ongoing shift in mind set and culture going forward with in partnership with local people and partners. This strategy is designed to play an important role in supporting this.

Advocacy Plan

The Health and Social Care Partnership in North Lanarkshire recognises the crucial role advocacy services play in supporting people to have their voices heard and their rights and interests protected. The pan-Lanarkshire Advocacy Plan 2020 – 2025 was approved in early 2021. The creation of the pan-Lanarkshire Advocacy Plan is predicated upon the duties imposed upon all local authorities and health boards to collaborate and to publish an advocacy plan which sets out how independent advocacy will be made available to those that would benefit from advocacy services. The new advocacy plan [2020-25] sets out current availability of advocacy services, and an ambition statement in relation to future priorities and development should funding become available.

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

Getting it Right for Every Person, a Mental Health and Wellbeing Strategy for Lanarkshire

Getting it Right for Every Person, a Mental Health and Wellbeing Strategy for Lanarkshire was launched in October 2019 to provide a shared vision and drive significant shifts in culture (how we see and treat mental health and physical health), focussing on earlier intervention and prevention as well as the redesign and reconfiguration of services and development of new services.

There are 4 main work streams within the Programme:

- [Good Mental Health for All](#)
- [Improving Access to Mental Health Support and Services](#)
- [Children and Young People Mental Health & Wellbeing – fully integrated in the North Lanarkshire and South Lanarkshire Children's Services Plans](#)
- [Specialist Mental Health Services](#)

The Mental Health and Wellbeing Strategy Board and the majority of project groups were stood down in March 2020. Notwithstanding this, during the majority of the pandemic Mental Health, Learning Disability and Addiction services have continued. Routine reviews were paused during the first lockdown with urgent and high risk situations being prioritised. Due to a quick uptake of remote consultation methods, namely phone and Near Me, the service moved back to seeing all referrals during the initial remobilisation phase, although requesting that people been seen remotely where this was possible.

During the second lockdown, when services came under pressure as restrictions were eased and infection rates and hospital admission rose over the course of the Summer, our learning from the first lockdown enabled most routine work to continue, with greater use of remote consultation, only pausing this when specific services experienced

high rates of staff illness.

The delivery of the Strategy has continued to progress. Over the course of 2021, we have been looking forward, endeavouring to take advantage of the opportunities and experiences of working in different ways rather than necessarily, by default, return services to the way were delivered pre-COVID. All workstreams have reviewed their delivery plans to ensure that they:

- [Take account of the impact of Covid-19;](#)
- [Build on our recovery plans and the new ways of working that have developed over the course of the pandemic; whilst](#)
- [Retaining a focus on the vision and objectives set out in the Mental Health and Wellbeing Strategy;](#)

We have also mapped the Implementation Plan for the Lanarkshire Strategy onto the actions contained within the Coronavirus (COVID 19): Mental Health Transition and Recovery Plan, published by Scottish Government in October 2020, to ensure that it is consistent with current government priorities for mental health and wellbeing. We are currently concluding this work with the aim of bringing a refreshed implementation plan to the Mental Health and Wellbeing Strategy Board in November 2021 and subsequently to the respective Partnership Boards in North and South Lanarkshire and North Lanarkshire IJB for sign-off.



Workstreams

Good Mental Health for All

A pan-Lanarkshire Good Mental Health for All Delivery Group has been established and action plans developed for both North and South Lanarkshire. These are being revisited to ensure we work across all agencies to address the mental health and wellbeing needs of the whole population as we emerge from the pandemic.

A Performance Framework, in the form of 6 Dashboards is being developed. Each Dashboard will form the basis of a Contribution Analysis Report in each of the key areas:

1. Infants, children and young people
2. Later life
3. Environments and Communities
4. Employment
5. Reducing the prevalence of suicide, self-harm, distress and common mental health problems
6. Improving the quality of life of those experiencing mental health problems

The majority of the GMHFA Delivery Plans sit with other Governance groups and programmes of work. The Dashboard and Contribution Analysis approach aims to provide a snapshot of collective impact and avoid unnecessary duplication of reporting.

In addition, 5 Short Life Working Groups are being established to define priority crosscutting actions in line with Covid-19 Recovery which will report back to the GMHFA Executive Group. The identified cross cutting themes are:

1. Social Prescribing
2. Training and Capacity Building
3. Addressing the Physical Health Needs of People with Severe and Enduring Mental Health
4. Our Respective Leadership Roles in Challenging Mental Health Stigma and Discrimination
5. Good Mental Health for All Given Strategic Priority (across policies, procedures and communications)

Recent progress includes:

- Well Connected (social prescribing) and Suicide Prevention apps launched
- Briefing paper produced which draws all the mental health awareness and related training within an established knowledge and skills framework. Template for locality scoping

exercise produced.

- Training in Challenging Mental Health Stigma and Discrimination developed and compared for overlaps with NLC Training.
- Co-ordinated comms approach for future campaigns and awareness days.
- GMHFA Communication and Engagement paper/plan developed and presented to the Mental Health & Wellbeing Strategy Communication and Engagement Reference Group with a focus on: CORPORATE communications, STAKEHOLDER communications and PUBLIC communications.

Next tasks to be completed:

- Recruitment Drive for Stigma Free Lanarkshire Champions
- Stigma Free Lanarkshire Champions Workshop with middle managers
- Develop and implement Training and Capacity Building Information Sessions (for managers, HR and OD Leads)
- Consult with service users on locality scoping exercise, identify a pilot locality and pilot scoping questions, including info on BAME and minority communities
- Complete Performance report completed on GMHFA Strand 5, 'Preventing Distress, SelfHarm, Suicide and Common Mental Health Problems.'

Key Issues:

- Stigma Free Lanarkshire Team on temporary funding. If recurring funding cannot be found, risk that aims of Lanarkshire Mental Health Strategy will not be met.
- Increasing demand on mental health supports, services and voluntary sector assets due to COVID 19, including risk of increasing common mental health problems and suicide
- Many of the GMHFA actions lie across the CPP and have governance and reporting structure elsewhere. There is a risk of changing priorities and relationships undermining delivery of actions and coherency of actions within GMHFA.
- Public may be slow to engage with preventive, upstream approaches as they see the solution in traditional models of mental health service delivery, post-Covid.

Improving Access to Mental Health Support and Services (IAMHSS)

IAMHSS has been concentrating on specific areas to ensure the right resource is available at the right time for patients within Primary Care, Emergency Departments, Custody Suites and Prisoner Healthcare. This workstream is also responsible for developing and implementing proposals for the use of funding for mental health posts made available through Action 15 of the Scottish Government's Mental Health Strategy.

Primary Care Mental Health & Wellbeing Teams

The Primary Care Mental Health and Wellbeing Service (PCMHWS) model for Lanarkshire has been developed with 61 GP practices now able to access the service. It is anticipated that all 101 GP Practices will have access to the Primary Care Mental Health and Wellbeing Service by 2022, with a continued phased approach to roll-out in the remainder of 2021, and into 2022. Over 40 additional clinical posts will be recruited in this time frame, which will include 3rd Sector Mental Health & Wellbeing Workers.

Since March 2018, 12,000 referrals have been managed by the service with less than 3% of patients seen requiring onward referral to secondary care mental health services. The Service provides clinical triage and assessment, and both clinical and non-clinical brief interventions and/or support(s) to people experiencing mild to moderate mental health problems of a short-term nature accessed via their GP practice. Feedback from key stakeholders thus far has been very positive.

The SAMH GP Link Worker project commission was due to end 31st March 2021, however was extended until September 2021 to help smooth the transition to the pan Lanarkshire PCMHWS Service.

Emergency Departments

Additional nursing support has also been put in place within the three Emergency Departments across Lanarkshire to carry out mental health assessments for patients presenting within the department and ensure they are given access to the right support and services to meet their needs.

An unscheduled care sub-group established to look at the professional interface and strengthen pathways between Psychiatric Liaison Nurses (PLNs) and Mental Health specialities. This will

ensure more defined and robust processes linked to the patient journey and experience of accessing services within localities.

The Flow Navigation Centre (FNC) is now fully established in hours and offers an alternative route for a mental health assessment than ED triage.

Direct links with PLNS for Community Police Triage (CPT) and Scottish Ambulance Service (SAS) triage is fully established for both in hours via FNC and Out of Hours (OOH) at Douglas Street. The OOH service at Douglas Street has expanded and is now fully embedded with a SOP in situ for patients to be triaged and assessed via telephone, virtual platform, or face-to-face appointment. Mental Health ANP's now form part of OOH unscheduled care service based at Douglas Street, and have developed good links with primary care services to support overall senior decision making.

Regular communication with senior staff within ED departments, police and SAS links are established and progressing well. Established links with NHS24 and work ongoing in relation to understanding the infrastructure between pathways and systems.

A robust governance framework that spans across mental health unscheduled care service has been established.

Consistent weekly data is being reported across all work streams regarding FNC, OOH and source of referrals. The data being collated to reflect all ED assessments and missed opportunities where assessment could have taken place out with ED.

An annual report is being compiled to identify benefits and challenges in the delivery of unscheduled care and to provide data to determine further areas for service improvement. Staff recruitment process has been successful and should be fully complete against funded posts by end of December 2021.

Patient stories are being obtained to reflect experience of accessing unscheduled care services.

Annual CPT data have been reviewed with positive progress evident. CPT is being to include British transport police.

Lanarkshire Custody Suites

Two Advanced Nurse Practitioners ANPs recruited through Action 15 funding in place and providing a valuable mental health assessment resource to support people who present with mental health needs when detained for any period of time. Feedback has been positive.

Prisoner Healthcare

A staffing model for the mental health within Shotts Prison has been developed to ensure the level of care for prisoners reflects the services offered to the rest of the population.

Psychological Therapies Service posts and the Health Improvement Practitioner post have been recruited to, though there remain challenges around filling some of the other posts. The staffing model has been amended to address this with agreement that the Band 7 ANP post will be replaced by a Band 5 plus a Band 3.

All clinical documents reviewed by team and agreed. Policies and protocols have been developed and incorporated into Standard Operating Procedures. Advocacy services now actively involved.

The main risks relate to difficulties in recruiting staff and a lack of fit for purpose accommodation to enable new multi-disciplinary team within HMP Shotts.

Digital Solutions

Digital solutions are being explored to help provide services in new ways that make them more accessible and enhance patients' experience.

The Digital Safety Plan project was short-listed for the Holyrood Connect Awards.

Near Me is being well-used with CAMHS, Psychology, and Psychiatry the top 3 users of the system.

Work is underway and progressing very successfully to move Mental Health staff from Midis over to Morse, in a phased approach.

Digital champions have been identified and regular meetings are in place which are very well attended with good practice being shared.

Connecting Scotland project: We have been successful in securing 30 chromebooks/iPads and Mifi for patients/carers living in South Lanarkshire.

Children and Young People's Mental Health and Wellbeing

The national Children and Young People's Mental Health & Wellbeing Programme Board has provided a CAMHS service specification and a framework for community mental health and wellbeing supports and services for children and young people from 5-24 years.

CAMHS

A significant change to the current CAMHS model is required to meet the national service specification. Plans have been submitted to the Scottish Government outlining how we will implement this. This specification focusses CAMHS on the needs of children and families affected by the more complex mental health problems, moving early intervention support to the Schools Counselling Model, Schools Nursing and the Community Wellbeing Framework.

Phase 1 of the review of AMHS is focusing on implementation of the Choices and Partnership Approach (CAPA) model with deployment of nursing workforce into CAMHS in addition to the establishment of the team with responsibility for delivering the Neurodevelopmental Pathway across Lanarkshire.

Phase 2 will focus on requirement to implement national recommendations in relation to eating disorders and extension of all CAMHS services to age 18. Progress to date:

- Udston Hospital has been confirmed as the site for development of CAMHS South Lanarkshire base. Planning group established. Timelines to be agreed.
- Small scale refurbishment improvement works continue across Coathill and Airbles Road accommodation.
- A series of workshops have taken place, supported by the Mental Health Directorate at SG to scope the Lanarkshire CAMHS Modernisation Strategy. The outputs from these fed into a Strategic Leadership Team session on 25th October.
- Working groups have been established and are progressing actions (e-health programme group, SCI Gateway 90% complete, MORSE group being established and other e-health tasks identified i.e. Trak build).

- Digital solutions:
 - o Appointment Text reminder service – operational/live/complete
 - o Clinical information sharing on Clinical portal – operational/live/complete
 - o Introduce GP electronic referral system – 90% complete – testing to be progressed (October 2021)
 - o Introduce digital case record (MORSE implementation project, project manager to be identified by ehealth alongside Business Analyst and CAMHS service individuals to progress.
- An Engagement Officer resource has been secured to support the Modernisation Strategy. Work is ongoing to design logo and establish focus groups consisting of children and young people who have been or are currently receiving care from CAMHS. These will influence the redesign of service and design of CAMHS accommodation including the new centre at Udston.

Next steps:

- Ongoing recruitment to posts funded by RRF resources.
- Establish CAMHS Modernisation Strategy Board to oversee implementation of National Specifications for CAMHS and the Neurodevelopmental Pathway in addition to the delivery of the improvement required by the SG Mental Health Transition and Recovery Plan.
- Digital:
 - o Trakcare review/appointment letters to be set up/automated
 - o Visit to NHS Grampian for oversight of use of systems in line with CAPA model.

Key Issues:

- Recruitment remains a challenge in a highly competitive market with a number of recognised national skill shortages.
- Resources from support services e.g. eHealth/communications etc required to progress tasks. Recovery and Renewal Fund monies will be used to support as appropriate.

Community Mental Health and Wellbeing

Delivering improvements for children and young people's mental health and wellbeing is embedded in the North and South Lanarkshire Children's Services Plans and associated workstreams, led by the children's services partnership boards. Since the launch of the Lanarkshire Strategy, the focus has been on continuing to deliver priorities through already existing structures and workstreams with a focus on prevention/early intervention and promoting positive mental health and resilience.

Both North and South Lanarkshire's Children's Services Plans for 2021-2023 have now been published. In South Lanarkshire there is a revised governance structure including a Mental Health and Wellbeing Subgroup of the Getting it Right for South Lanarkshire's Children Strategy Group. This ensures a robust 'tie in' with the Lanarkshire Strategy and strengthens links across Children's Services partners in MHWB activity. North Lanarkshire will continue to have a dedicated workstream led by the Children and Young People's Mental Health, Wellbeing and Resilience Steering Group.

Funding from the National Children and Young People's Mental Health and Wellbeing Programme has been agreed for the delivery of community mental health and wellbeing supports and services for children and young people. This will allow the provision of bespoke services that are right for each local authority and direct support for children and young people. The Scottish Government is clear that funding is to be used for new or enhanced services. Gap analysis, benchmarking and co-production of services is underway with a project officer recruited by both local authorities.

Key developments in North Lanarkshire:

- The Mental Health, Wellbeing and Resilience Steering Group has reviewed performance data and evaluation reports from the test areas supported in Q4 2020/21 and agreed to continue the learning in 2021/22.
- A supports and services mapping exercise is underway and will help to identify gaps in provision and areas to be enhanced. This will inform allocation of remaining funding. Intelligence gathered to date has highlighted gaps in provision for 18-24 year olds. A meeting is arranged with CAMHS colleagues to consider what support can be offered to families on waiting lists.

- The evaluation reports for 2020/21Q4 funding were submitted to SG in July.
- NLC Education & Families Mental Health, Wellbeing and Resilience Delivery Plan
- The Strengths and Difficulties Questionnaire has been re-run across primary, secondary and ASN establishments. Results were analysed over the summer and early themes are emerging although further detailed analysis is required. This learning will inform planning.

Next steps:

- Work with children's services partners, children, young people and families to map assets, supports and services and scope pathways across all agencies and tiers of intervention to ensure a clear, shared understanding of the current landscape, and that best use is made of all the available funding.
- Meet with school clusters who will receive funding in 21/22 to discuss their identified needs, link with community and voluntary sector organisations and work with CYP and families to co-design supports to meet their needs. Ensure all work takes a traumainformed approach.
- Review results of SDQ survey along with key themes for accessing counselling in schools and other local intelligence to inform delivery plan.
- Consultation and involvement of children, young people and their families in service design.

Barriers to progress

- Ongoing pressures on staff capacity resulting from pandemic.
- The range of mental health and wellbeing supports and interventions for children and young people are welcomed but it is challenging to gain a full picture of current provision in order to identify priorities in gaps and ensure strategic planning.

Specialist Services

Older Adult Inpatient Provision

Before the pandemic IJB approval was given to commence an engagement exercise with service users, next of kin, and care home with a view to consolidating contracted hospitalbased complex clinical care beds onto a single site. The aim being to support new opportunities for multi-disciplinary team-based working and a range of services provided that will benefit the patients. Owing to the COVID-related risks associated with care home transfers, this proposal was put on hold.

IJB approval was given to recommence this work. A plan will be developed for staged engagement with families, providers, and other stakeholders and a new timeline agreed for retraction from Cumbernauld and establishment of enhanced service at Hatton Lea.

Review of Adult Rehabilitation and Recovery

The objectives of this workstream are to:

- Develop a single referral process and electronic referral form and agree the process for assessment of referrals
- Review discharge planning processes; establish a notional timeframe for discharge planning on admission; identify barriers to discharge; and establish a process to ensure that potential/ actual delayed discharges are escalated.
- Cleland: complete process mapping of current processes and collate data on admissions & discharges over last 5 years
- Review the current Community Rehabilitation Team model.

Progress achieved:

- Mapping of Glencairn referral and assessment processes completed
- Referral documentation reviewed, clarifying that referrals can be made for people not in hospital and not asking people who are not specialist to make specialist decisions

Next tasks to be completed:

- Review Operational Policy and referral criteria
- Review the current Community Rehab Team model
- Develop options for new model of community rehabilitation
- Collate data on Cleland admissions & discharges

South Lanarkshire Integrated Community Mental Health Teams Progress achieved:

- Interim centralised operational management structure agreed.
- CMHT Service Manager in post.
- The Clinical & Professional governance structure has been accepted by MH&LD CG group & South Support, Care & Clinical Governance group.
- Implementation plan re-baselined.
- Principles agreed for disaggregating hosted services and transfer funding to South Lanarkshire.

- Transfer approved by North Lanarkshire and South Lanarkshire IJBs.

Next steps:

- Transfer of funding and nursing staff to South Lanarkshire HSCP.

Perinatal and Infant Mental Health

A successful funding bid was made (in Sept 2020) to the National Perinatal and Infant Mental Health Programme for the development of a whole-system model for perinatal mental health care that enables women, their partners and families to be supported in their own communities; the establishment of a multi-disciplinary Community Perinatal Mental Health Service; and the establishment of a designated multi-disciplinary NHS maternity and neonatal psychological intervention service.

Separate funding has also been granted to enable the development of shared strategic goals and agreed pathways for indicated high risk infants and their parents who are not currently accessing clinical services; the development of a model of infant mental health provision; and the establishment of a designated multi-disciplinary and multi-agency Infant Mental Health Service.

PMH, IMH and MNPI Service Development Groups established and reporting into the PIMH Steering group. Workplans developed for all. Engagement with lived experience activities planned out and underway.

NHSL Perinatal Mental Health Service:

Progress:

- Recruitment progressing for the expanded team
- Education and training models rolled out
- Clinical Quality Group set up
- Clinical pathways in development and linking with Infant Mental Health and Maternity and Neonatal Psychological Interventions Services
- PMH development group established.
- Engagement with those with lived experience
 - o Two members of the PMH Development Group have lived experience.
 - o Feedback from stakeholders is incorporated into discussion at the PMH Development Group.
 - o Focus groups held and feedback given to the group.

- o Plans to develop a NHSL Perinatal webpage for information/sign-posting and other social media platforms for a communication campaign.

Next Steps:

- Further recruitment of outstanding posts
- Action plan for workforce roles, reporting and measurement arrangements
- Continue to develop engagement activities

NHSL Infant Mental Health Service:

Progress:

- Recruitment progressing to the new service
- NHSL IMH Service 'Health Visitor IMH Consultation and Advice Line' Pilot due to move from pilot to rollout in September. Initial evaluation feedback very positive.
- Training:
 - o Bespoke 3rd sector remote foundation level IMH training design & pilot delivered. Feedback very positive. Agreement for rolling programme of delivery aiming at three times per year.
 - o Three times yearly, 10-week multi-agency Introduction to Infant Mental Health Training in place.
 - o Rolling programme of Infant Observation Skills training/IMH consultation to South Lanarkshire Social Work Parenting Assessment Team for infants removed at birth & fostered, delivered by CAMHS CAYP team. Next delivery being planned for North Lanarkshire.
 - o Children's Panel lead rep for North Lanarkshire expressed interest in IMH training for existing panel members and trainee panel members. Aiming to develop similar for South Lanarkshire panel members.
 - o Planning for CAYP team delivery of designated fostering attachment group programme for foster carers of infants. Adaptation of current programme specifically targeting infants and carers
 - o Development of professions-specific LearnPro Module: 'Infant Mental Health: When to be Concerned' near completion (phase 1); phase 2 translating into learnpro format awaiting recruitment of new member of NHSL learning development team to undertake formatting into LearnPro. Target Completion date deferred due to January 2022

- IMH Observational Indicator Set completed, submitted and endorsed by North Lanarkshire Children's Services Group and due to be submitted for endorsement by South Lanarkshire children's services group.
- Liaison with Comms to create a webpage for Infant Mental Health and articles for the service launch in September.

Engagement with those with lived experience:

- Service user and foster carer involvement/ membership in NHSL Infant Mental Health Service Development Group.
- Lived Experience Questionnaire has been finalised and disseminated – results collated
- Membership on development groups
- Focus groups set up during September to look at three pieces of work – service leaflet, webpage content and patient journey

NHSL Maternity and Neonatal Psychological Interventions Service:

Progress:

- Recruitment progressing to the new service
- Governance structures agreed
- Operational planning underway with project planning in draft stage. Remit of service to be finalised with planned graduated roll out of Neonatal arm of service and bereavement/loss pathway. Service structures are being developed with priority for governance (clinical note-keeping, risk protocols etc).
- Development session held on 21/9/21 to map out priorities for service, and to agree a time frame for launch.
- Patient leaflets are being developed for neonatal and maternity, and will seek review from Experts by experience.
- Information session for new community midwives to be delivered in October.

Next Steps:

- Graduated launch will take place once governance structures are confirmed.
- Referral pathways and information to be finalised – with accompanying leaflets and referral form. Feedback from referrers will be sought and processes reviewed to assess if improvements can be made.
- Work plan for MNPI to be updated regularly.

Forensic Mental Health

Forensic Mental Health Services did not stand down during the pandemic. Community Team and 2 wards continued to function with the Scottish Government framework with limited face-to-face contact. Two significant reports have been published recently:

Independent Review into the Delivery of Forensic Mental Health Services

- 67 recommendations – some will have a fairly big impact if implemented, whilst others are 'housekeeping'.
- Awaiting the Scottish Government's response to the report's recommendations

Pathways for Women Through Forensic Mental Health Services (The Forensic Network)

- Options appraisal produced recommendations for high, medium and low secure provision

Next steps:

- Review report recommendations and put together plan for implementing those where we can move things on in Lanarkshire
- Custody healthcare contract up for renewal in 2022

Tier 3 Eating Disorder Specialist Service (TESS)

- NHS Lanarkshire has been allocated £545,796 over financial year 2021/22 from the Scottish Government's Mental Health Recovery & Renewal Fund in response to the National Review of Eating Disorder Services' recommendations. Recommendation 1 Covid-19 Response, outlined providing emergency funding to NHS Boards to support services to meet the urgent needs of eating disorder patients and services as a direct result of an increase in the number and severity of eating disorder presentations related to the Covid-19 pandemic.
- A short life eating disorder working group has been established.
- A meeting has also been held with CAMHS and it has been agreed that two sub short life working groups will be established for CAMHS and Adult services.
- Initial ideas for use of the emergency funding have been proposed and work has begun liaising with different stakeholders within the NHSL ED pathway – the proposal will be submitted for discussion at SLT in October 2021.

Psychotherapy

There are currently 2 separate psychotherapy services based in North and South Lanarkshire. The objective for this workstream is to establish a single Lanarkshire-wide Psychotherapy Service to ensure consistency in:

- Structure and roles/responsibilities
- Service delivery
- Treatment interventions offered pan-Lanarkshire

Communication and Engagement

During the development of the Lanarkshire MHWB Strategy, a Communications and Engagement group was established with membership from service users, carers, and community and voluntary sector organisations to act as a reference point and influence and inform all aspects of GIRFEP. The Communications and Engagement Reference Group reconvened in December 2020.

The Lanarkshire Mental Health and Wellbeing Programme is now in the implementation phase and the Communication and Engagement Reference Group has reviewed the Communication and Engagement Strategy to ensure that:

- communication is coordinated across all partner organisations and that all messages are transparent and consistent
- there is ongoing meaningful involvement with the communities impacted by poor mental health and wellbeing, particularly those with lived experience
- the right systems and supports are in place to enable effective engagement and participation between all stakeholders involved in strategy implementation

The aim is to adopt a co-design and co-production approach, enabling those with lived experience, carers and direct representatives, NHS Board staff, HSCP's, community and voluntary sector organisations to become equal partners throughout the whole process, at all stages, with opportunities to share ideas and views which will be collected and acted on.

To date, Communication and Engagement Plans have been presented to the group by Project Leads from Perinatal and Infant Mental Health and Good Mental Health for All in July and Specialist Services in September. These were welcomed with a number of questions asked including how communication and engagement outcomes would be measured and how workstreams might incorporate service user feedback. It was noted that the reports were useful in highlighting emerging issues and could be used to escalate responses.

Evaluating Impact

Achievement Framework

An outcomes-focused Achievement Framework has been agreed for our Mental Health and Wellbeing Strategy, that will link the contributions made by projects and workstreams to the achievement of short and long term outcomes and benefits and identify measures to evaluate impact and report on performance.

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

Carer Support

Significant new rights, improving support and recognition for unpaid carers came into force with the launch of the Carers (Scotland) Act 2016. This legislation placed a requirement on each local authority and relevant health board to prepare a local carers strategy. The provisions of the Act commenced on 1 April 2018. Key aspects of the Act for Local Authorities, NHS and Health and Social Care Partnerships include:

- Provision of Adult Carer Support Plans (ACSP) or
- Young Carer Statement (YCS) for any carer/ young carer who requests one,
- Production of a Short Break Services Statement and to
- Involvement of carers in hospital discharge arrangements

Unpaid carers of all ages play a vital role in the lives of the people they care for and the Council is committed to supporting carers to ensure they can continue to provide that care for as long as they wish.

In March 2019, services were commissioned to undertake the following functions:

- Direct support for adult carers: Lanarkshire Carers
- Carers campaigning, information and representation services: North Lanarkshire Carers Together
- Young Carers Support Services: Action for Children Young Carers Service
- Community Solutions Programme: Voluntary Action North Lanarkshire

Commissioned services have remained focused and committed throughout the Covid-19 pandemic, ensuring carers continue to be supported. All carer organisations have continued to provide a range of services over the period, by adapting their provision to comply with Public Health Guidance.

The Carer Strategy Implementation Group have also continued to meet throughout the pandemic.

Group membership comprise of representatives from carer, voluntary and statutory organisations alongside carer representation. The group receive and discuss reports on the range of services that are offered to carers of all ages across the council.

Lanarkshire Carers

Lanarkshire Carers implemented a fully operational remote and digital service delivery model from March 2020 and continue to do so. The service provides regular updates to carers via their website, social media and e-Bulletins to ensure carers are well informed of the services available to meet their support needs. The service provides outgoing wellbeing contact calls, which are now maintained by a pool of volunteers, provides practical and emotional support and links carers to locality community responses.

Lanarkshire Carers continued to be in close contact with statutory and other voluntary sector partners, updating their Covid-19 response, their amended service delivery model and increased capacity for partnership working. The service also adapted their messaging and referral pathways to reflect the changing support needs of carers, and placed emphasis on emergency planning, anticipatory care plans and personal protective equipment. The service continued to provide support and assistance with completions of Adult Carer Support Plans via skype, zoom, teams and telephone.

Lanarkshire Carers also secured additional funds [the highest award in Scotland] to help carers source short breaks. Short breaks within the Covid-19 context included the supply of garden furniture and equipment, technology to support participation and maintain contact, and items that supported children. The Short Breaks Bureau has been described as a 'high performing' partner by Shared Care Scotland and the response to Covid-19 commended for the way in which existing funds were allocated and significant new funds acquired.

With the help of funding from the National Lottery Community Fund, the service invested in a new digital Carers Card. The card provides enhanced

opportunities for carers and help to increase awareness of the card with local and national providers.

Digital training opportunities for carers were developed during the pandemic. When the Carer Training Programme for August – December was published, it attracted over 160 registrations within 24 hours of the programme being posted on the service social media platforms. Training offered included: Living Life to the Full, Mindfulness, Coping with Guilt and Grief, Scottish Mental Health First Aid, Steps of Caring, Moving Forward from Caring and Yoga.

Carers Week 2020 took place with online activities replacing the usual sessions and seminars. 18 different carer training or activity sessions based around health and wellbeing were offered amongst many other activities.

A dedicated BAME Carers Week which included activities in Urdu, Punjabi, Polish and Arabic also took place. Interpreters were provided and the BAME Carers Support Service helped carers to access and utilise the technology required in order to participate.

Campaigning/Representation – North Lanarkshire Carers Together

The service decided to offer “blended” work patterns to staff, and also to retain a member of the management team within the office to ensure that all calls and queries were responded to immediately. Social distancing measures and risk assessments were undertaken to mitigate risk of contagion. The staff team have found blended work to be of benefit.

The numbers of carers increased significantly over the first few months of lockdown due to the implementation of a carer member contact plan. The development of the contact plan enabled the service staff to touch base with identified members, find out how they were coping with their caring role and with the pandemic, and also ensured that carers had access to reliable information to help them make decisions and seek appropriate supports. The contact plan allowed service staff to find out more about specific carer issues and signpost to services that could lend support during the pandemic. 350 outward referrals were made to other agencies and statutory partners since March 2020. The main issues raised included:

- Reduction in care services (some by choice)
- No access to PPE
- Parent Carers – challenges of home schooling, no respite, managing difficult situations, loss of earning, increased household costs, and fluctuating mental health issues
- Carers caring for a someone (usually a parent) living out with the family home
- Concerns for those carers with family members in care homes
- Disruption and/or cessation of key medical services i.e. dentistry, eye clinics, and planned surgical procedures.
- Concerns regarding the lifting of restrictions
- Financial issues

Carers Week – June 2020. The service celebrated by delivering a range of information sessions to all interested parties via Teams and Zoom.

The service social media footprint has increased, and they now have over 700 twitter followers. The service however continues to communicate by more traditional means such as through the use of newsletters.

Group work continues via zoom and teams, and the service continues to support and to facilitate the Carer Support Network and the Carer’s Forum, again via the use of digital means.

Carer Awareness training has recently resumed via an interactive, webinar based platform



Children's Services - Action for Children – Young Carers Project

At the beginning of the pandemic, staff offered young carers weekly telephone, email and text support, dependent of course on the communication support preferences of the young person. Also, staff kept in regular contact with parents to offer support and assistance to access any financial supports on their behalf.

The service offered virtual zoom support groups to young people, rather than face to face group work. The sessions have been designed by staff and have allowed the young people to have some time online with their peers and staff. The groups have consisted of the following:

- General themed groups - music quiz, bingo, scavenger hunt, scary stories, themed quizzes
- Cooker Groups – the service worked with the Lanarkshire Community Food and Health Partnership to deliver online virtual cookery groups. Young people report that they have thoroughly enjoyed these sessions and have been able to learn new skills, cook alongside their family and have some time to participate in an activity. The sessions have been a great success.
- Columba 1400 (seven sessions) Columba1400, delivered a leadership course, which promotes and supports young people's confidence, team building skills and resilience. It provides the young people with an opportunity to discover their own morals, values and the qualities that they possess to support them in being a leader

Facebook page was established which has been a great resource in supporting communication with young carers and their families. Staff have also provided 'door to door' support in order to speak with young carers and their families, whilst maintaining social distancing measures. Families have commented that this has been 'really nice', and they feel it has helped them to speak to someone throughout these challenging times.

Action for Children instigated a fund raising initiative called 'Boycott your Bed' through which £850 was raised. This was a fantastic fundraiser where the young people and staff chose another place to sleep overnight. Staff participated in games and activities with the young people and watched a film before settling in their chosen place for the night. Also, staff participated in some yoga and activities with the young people the next morning.

The feedback from this event was brilliant – the young people commented that they really enjoyed themselves and had a 'good laugh'.

The service continued to offer 1-1 support when necessary, particularly with young carers who have been struggling with the emotional impact of caring and of the pandemic. Staff have been very careful in these situations and each interaction was risk assessed.

Community Solutions Programme – Voluntary Action North Lanarkshire

All of the undernoted projects are part of the Community Solutions Programme, managed by VANL on behalf of the Health and Social Care partnership. All have adapted quickly, flexibly and creatively to continue to support carers throughout these challenging times. Outputs and outcomes have been renegotiated to reflect upon the changing environment. The following precis of service delivery demonstrates the value that the various projects deliver.

RASCALS – Cumbernauld - The service maintains contact with parents/families for wellbeing checks and updates. Service changes developed in line with government legislation and through consultation with families. Some families reluctant to accept support in their home at this unprecedented time, but alternative methods of supported has been provided, enabling parents/carers with time to spend with other siblings, do daily shopping, collect medication, exercise their dogs to name but a few activities.

Digital investment just prior to Covid-19. All of our frontline personal assistants now have access to online systems including our rota management system and Microsoft Teams. Digital investment prior to Covid 19 allowed the service to continue safe service delivery and enabled staff to keep connected and safe throughout the pandemic.

Parkinson's NL - During the service has been using social media to stay in touch and share information on services within the local community that carers are able to access for any additional help. The service sent 32 Carers a pamper giftset for them to use at home to provide relaxation as an alternative to pamper sessions. Respite workers are making weekly telephone calls and have visited clients outside their homes and following social distancing guidelines. This enables carers a little bit of time to sit outside and have a conversation or give them half an hour or so to have a break.



The Haven - The Haven's new Wellbeing Support Services (introduced in response to the covid-19 crisis and related lockdown restrictions) has enabled the continued delivery of emotional wellbeing support sessions to the people who use their services, and to bereaved family members (with an extended reach to those in the shielding/high risk categories). Support provided has enabled people to self-manage their existing caring role and caring responsibilities and/or illness and also, to navigate the impact and challenges of covid-19 on their lives in a continually changing and uncertain environment. The skills and expertise of the Haven Nurses has been pivotal in the delivery of services. Their additional skills and focus on responding to loss, grief and bereavement and their ability to help very vulnerable individuals/families navigate the sometimes difficult pathways to wider community and Health and Social care support has proved invaluable for their clients and families.

Watch us Grow – Cumbernauld – all families, staff and volunteers the services works with were asked to join a WhatsApp group project, and The Sunflower stories project then initiated. Materials needed to grow sunflowers were delivered, giving the opportunity to have a socially distanced face to face meeting with everyone, and to check out well-being and need for other supports.

For all of the participants, this created a much needed routine during long groundhog days, checking on the sunflower, watering it and trying to figure out why it wasn't growing as well as others. The discussion that this activity generated supported carers to communicate with each other, re-establish lost connections and forge new friendships with others.

Carers Strategy Implementation Group

This meeting has been reestablished and continues to meet quarterly. The terms of reference were refreshed with reviewed membership agreed. The focus remain on actively engaging carers groups and provides an opportunity for commissioned services to update on service activity, share plans and ideas. The group have been working on the Carers Strategy executive summary and intend to have this finalized and published soon.

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

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

NATIONAL HEALTH AND WELLBEING OUTCOME 7

People using health and social care services are safe from harm

Adult Support & Protection

The Scottish Government published a detailed three year plan covering Assurance, Governance, Data and Information, Policy and Guidance, Practice Improvement and Prevention. Based on this plan, we have been ensuring our arrangements and processes are in place and look forward to working with our inspection partners.

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, we have continued 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.



Suicide Prevention

Within North Lanarkshire a multi-agency suicide prevention partnership was set up in 2018 to implement the national and local strategies via a range of activities. The Suicide Prevention Partnership group is a multi-agency group which aims to promote the national and local suicide prevention strategies via a range of activities including awareness raising and training across services and local communities. This group includes representation from NHS, Education and Justice, Police Scotland, CAMHS, NL Leisure, VANL and the Independent Sector. The local action plan is delivered by the Suicide Prevention Partnership Group the aims are detailed below.

- I. Reducing the risk of suicide in high risk groups.
- II. Tailoring approaches to improve mental and physical health in specific groups.
- III. Reducing access to means of suicide, including identified Locations of Concern.
- IV. Learning from investigations and reviews into unexpected deaths.
- V. Providing better information and support to those bereaved or affected by suicide.
- VI. Supporting research, data collection and monitoring.
- VII. Building community capacity to help reduce the stigma and taboo associated with suicide.

Recent work given the prevalence and risk within the population has included developing and delivering the Lanarkshire App – The Suicide

Prevention Lanarkshire App is available for download and gives practical advice on how to start difficult conversations around suicide.

Let's TALK, the mental health and wellbeing of our residents has been a primary concern over the last year when various levels of lockdown have been in place. Isolation, financial hardship, grief, and physical suffering are hard for the most resilient of us to bear, but for some they can have devastating consequences.

Highlighting where to access support resources for people who are feeling suicidal has been more important than ever for Suicide Prevention North Lanarkshire. This, along with raising awareness of suicide prevention to family and friends who may be worried about someone they know having suicidal thoughts, have been the backbone to our campaign. A simple, yet effective campaign with two different creative routes aimed at two different audiences has been executed over the crucial times of Christmas/New Year and early Spring: young people and those aged 35-55.

Other promotional campaigns have included:

- Grass roots youth shirt sponsor.
- Targeted online promotion through Facebook, Snapchat, and Instagram.
- Media promotion, local and national.
- Pin badge conversation piece.
- Local sporting partnerships including, the four professional football clubs, Dalziel Rugby Club and the virtual Run and Cycle event.



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

Staff Health & Wellbeing

At the outset of the Pandemic, work started on supporting the health and wellbeing of frontline staff, building on the experiences of healthcare workers internationally, particularly China and Italy. Psychological Services, Occupational Health Spiritual Care and Wellbeing, designed a tiered Staff Support model which anticipated the complex spectrum of staff needs that would arise in Lanarkshire.

The Health and Social Care North Lanarkshire Health and Wellbeing Working Group (HSCNL HWG) has since been established to coordinate the current activities and plan ahead to ensure a sustainable model of support is in place across all frontline services, including those in the third and independent sectors.

Development of a Whole System Approach to Health and Wellbeing

At the start of the pandemic, the model enabled access to appropriate support for staff, from practical to psycho-social, from physical recovery to spiritual care, and from nutritional sustenance to information services. While the initial scope was NHS staff, as the crisis developed this was quickly extended to all staff across Health and Social Care in Lanarkshire, including Care Home staff. Where there continues to be increasing pressure and demands on staff delivering health and social care there is a significant risk that this stress has a negative impact on staff, resulting in reduced resilience, compassion fatigue, presenteeism, burnout and subsequent increased sickness absence. Before the pandemic, clear offerings of good, evidence-based support were in place to promote staff wellbeing (e.g. Healthy Working Lives; mindfulness; Schwartz rounds; staff choir; counselling; Values Based Reflective Practice sessions; and the peer support network.)

Since mid-April more than 170 HSCNL staff members have been offered/received support either on a 1-1 basis or in a group setting. Staff have

come from a number of different localities and community based teams. Referrals have generally been via manager's/team leaders or SCN's with some being self-referrals. The number of staff members receiving support would have been higher had there not been cancellations due to organisational pressures.

NHSL Staff Health and Wellbeing Strategy Group

This group was established to identify the needs of staff in terms of their health and wellbeing and to develop a strategy and action plan to co-ordinate and deliver on the required programmes of support.

- An initial assessment of the 'organisational temperature' for NHSL was undertaken by the Wellbeing Measures short-life working group (SLWG) using metrics such as attrition rates, sickness absence, number of vacancies. The resulting report acknowledged that this was a snapshot in time and we need to consider the wider wellbeing measures and requires further work.
- Members of the Strategy Group attended a 'developing your mental health strategy' session with the mental health charity, MIND. Prior to this, MIND had assessed the needs of NHSL and produced the six standards of the 'Mental Health at Work Commitment', particular to NHSL. These will be adopted in to the planned strategy and help to support the strategic action plan building on the recommendations

The demands that the pandemic put on the workforce needed a co-ordinated model of staff support, one that would provide the appropriate support at the right time for colleagues with clear routes of communication and escalation to access appropriate and effective specialist interventions when required. The tiered staff support model enabled a new collaboration across the services and ensured various mechanisms to seek support via email, phone, social media and face to face. The support provided for individuals, groups, teams, departments and, following significant events, could be offered to whole sites.

Some initiatives are included to illustrate the range and variety of actions:

- Helplines setup for info and support on issues ranging from PPE to Bereavement.
 - Staff Care and Rest Centres in acute sites and assessment centres were setup by 70+ redeployed colleagues trained in peer support, providing refreshments, self-help information and staff to provide Psychological First Aid. Escalation routes were established for those requiring more intensive support.
 - Staff wellbeing rooms were setup by psychological first aiders in community and mental health/learning disability and forensic in-patient settings, health centres and community hubs.
 - eLearning package by NLC colleagues to support further rollout into partnership teams.
 - Bereavement care training for managers
 - Free Well Connected App
 - Staff Choir were a hit with their online version of 'Lean on Me'.
 - Medical Education Wellbeing Leads to focus on provision of staff support to FY1/FY2 and Specialist Trainees.
 - Practice Education Facilitator team focus on the development of wellbeing supports for Student Nurses.
 - Staff wellbeing sub-groups have been established to address the specific needs of particular staff groups – including the Care Home Workforce and PSSD.
 - Health Improvement, with support from Get Outdoors Lanarkshire, Cycling Scotland and Cycling UK, have facilitated a number of local community and social enterprise groups offering free servicing, discounted repairs and free bike loans to Health and Social Care staff. Also available are the NHSL bike loan scheme and the Wheels for Heroes programme, which in conjunction with Brompton Bike Hire, Getting Better Together and Sustrans, is a low-cost hire scheme of a folding bicycle. This is open to all NHS Lanarkshire staff and free for the first three months.
 - Health Improvement secured investment of £210,000 (Sustrans, Spaces for People) to enhance provision for Active Travel at our acute sites. Spaces for People aims to support infrastructure development in Scotland to make it safer for people who choose to walk, cycle or wheel for essential trips and exercise during the pandemic. Work is now complete at University Hospitals Hairmyres, Monklands and Wishaw and NHSL Headquarters, Kirklands. Sustrans and Cycling Scotland funding has also secured the provision of secure bike shelters at these sites.
 - The Health Promoting Health Service (HPHS), Holistic Needs Assessment Tool, was adapted to include health and wellbeing information for staff and titled Health and Wellbeing Tool. This is available via the NHSL Clinical Guidelines app and information is available through the HPHS webpage on the NHSL website and HPHS NHSL Firsport site.
 - The Lanarkshire Weight Management Service (LWMS) with support from Healthy Working Lives and Endowment Funds, have secured weekly online yoga sessions for all staff across Health and Social Care.
 - Establishment of a dedicated Psychological Services Staff Support Team (PSSST) to offer members of the health and social care (regardless of employer) access to a high intensity psychological service. The scope of this service is not limited to the direct effects of Covid-19.
 - PSSST also offer bespoke team supports to promote recovery and assist in building capacity for wellbeing support within the workforce. This work focuses on proactive approaches to mental health promotion within working lives, identifying the need for and accessing wellbeing and mental health supports – all within a trauma informed framework aiming to promote natural recovery of the workforce.
 - Identification and cascade of good quality signposting information for the workforce catering for a range of learning and support needs, including highlighting national options to address barriers staff may face accessing local supports. In a five-month period NHSL recorded more than 36,000+ staff support interventions ranging from basic normalisation and offers of water/snacks to intensive 1:1 support. The NHSL staff support model was also used by other boards.
 - Staff access to other pre-existing and new supports are currently being collated, including referrals to SALUS, Time for Talking, PSSST.
- The principles of the tiered model of staff support implemented locally was recommended by the British Psychological Society (2020) during the

active phase of the pandemic. Given the multiple waves, these supports continue to be the focus on what is required for many. However, moving towards recovery, the pressures on the workforce and their wellbeing needs are changing. As such, significant work is progressing aiming to provide a broad range of sustainable wellbeing supports and that will become embedded within working lives. Additionally, a number of options have already been made available for staff requiring assistance to recover from the challenges they have faced which exceed the remit of Tier 3 Psychological First Aid based services – including Lanarkshire's new PSSST, the Workforce Specialist Service and links with SHAPE Recovery. PSSST are also collaborating with SALUS to consider active approaches to identifying staff who are experiencing symptoms of trauma and promoting access to specialist assessment and intervention.

Health & Social Care North Lanarkshire Health & Wellbeing Group

There has been work underway since Summer 2020 to develop the Staff Health and Wellbeing Strategy and Groups to provide a mechanism to bring designated leaders, colleagues, and partners together on a regular and planned basis:

- To support the co-ordination of resources and initiatives that support the Staff Health and Wellbeing agenda
- To support through input and collaboration to the development of NHSL Staff Health and Wellbeing Strategy and the NLC Employee Engagement and Mental Health and Wellbeing Strategy.
- To collaborate with frontline staff and managers, supporting early identification of required support and reporting on any emerging themes or trends
- To provide a mechanism for co-ordinated support for all staff
- Suicide prevention training has been delivered to a range of managers within the partnership, including the care home sector

Lanarkshire Mind Matters is NHS Lanarkshire's Psychological Services website which offers a host of wellbeing and mental health self-help information and has self-referral options to new online therapeutic options including Calm Distress and various Silver Cloud modules. A new section of this website is in development specific to staff mental health options,

including self-referral so the new PSSST service and signposting to out of area national supports (National Wellbeing Hub and Staff Helpline, the Workforce Specialist Service and SHAPE recovery).

Trauma Informed practice (TiP) is interlinked with HWB and the following is being progressed:

1. A Pan Lanarkshire steering group established to coordinate and agree supports and training of Trauma informed Practice (TiP) and embed in to everyday practice
2. Trauma Champions identified for NLHSCP
3. NLC have established a Core Group to take forward plans around Trauma informed Practice (TiP) with representatives from across services/partners.
4. To inform our work there have been 'trauma walkthroughs' conducted in some teams following training provided from Claire Stark, NHS psychology – we are currently reviewing this activity - so we have a clear baseline understanding and can use the outputs to inform our plans how to improve practice within the team/service.
5. Our TOD team as part of the pan Lanarkshire group have in parallel started an exercise to map all linked training and resources at informed, skilled, expert and enhanced level – this includes making direct use of the NTPP learning resources and mapping learning that incorporates TiP. This work is being done across Lanarkshire to enable us to enhance capacity and capability around TiP – leveraging resources and expertise.

NLC Work Well NL 2020 and 2021/22 Plans

The Council's Work Well NL web-based support for staff offers a range of resources to staff, such as webinars, short video's and resilience exercises through a new resilience section on the Work Well NL "Think Well "site which is accessible to remote working staff. With the impact of the pandemic, it has been key to promote self-care and offer practical tools that staff could use as supports and communication to inform employees where to access them has been used regularly in partnership with the Education psychology team we offered Mindfulness Webinars and self-guided resources and signposted staff to the National Wellbeing hub 'Promis' to access additional support.

The 'think well' area of "Work Well NL" offers employees advice, information and further signposting:

- Talk about it – encouraging employees to talk about how they are feeling and signposting to other organisations including employee counselling;
- Key tools – Helpful supports including links to national supports;
- Exploring your stress – Tools to help with stress;
- Help in the workplace – Encouraging employees to create their own wellbeing at work plan and providing supports for both employees and managers

In addition to this there is a bespoke section for care sector workers linking to local and national support as well as other helpful signposts.

Moving forward plans are in place to continue with targeted activity both to meet the requirements of the strategy and to align with the Council's maintenance of the Gold healthy working lives award as shown below:

- Q4 January to March - A focus on healthy living and mindfulness, no smoking day and reminder of financial wellbeing supports and advice
- Q1 April to June – Virtual run/cycle event, Credit Unions, Mental Health Awareness Week on 'Nature and the environment' as well as

Learning at Work week that will continue to offer the very popular webinars on Mindfulness and emphasise the importance that lifelong learning has on good mental health

- Q2 July to September - Active health focus, Know your blood pressure, Mental health day and Stress awareness
- Q3 October to December – World Mental Health day, financial wellbeing, festive holiday wellbeing and Healthy Working Lives needs assessment

Also within Work Well there are a number of other separate topic areas which can help support employees and their mental health, these are move well, shop well, financially well and socially well.

Five mindfulness sessions for Health & social care staff were held with Martin Stepek of Ten for Zen.

- Using Mindfulness to manage change and uncertainty (2 sessions)
- Building Resilience with Mindfulness
- Using Mindfulness to Manage Stress Anxiety and Worry (2 sessions)

All sessions ran March – May 2021 and participants were provided with resources to continue mindfulness practice after the workshops. There were 99 attendees across the sessions and feedback comments were very positive.



NATIONAL HEALTH AND WELLBEING OUTCOME 9

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

Financial Year 2020/2021

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, particularly in response to the Covid-19 pandemic. Notwithstanding these pressures, within the financial envelope available to each partner and following a process of consultation, in March 2020 the IJB agreed a financial plan for 2020/2021 to ensure a balanced budget was achieved by 31 March 2021. The detail of this plan is available at [IJB Financial Plan 2020/2021](#)¹.

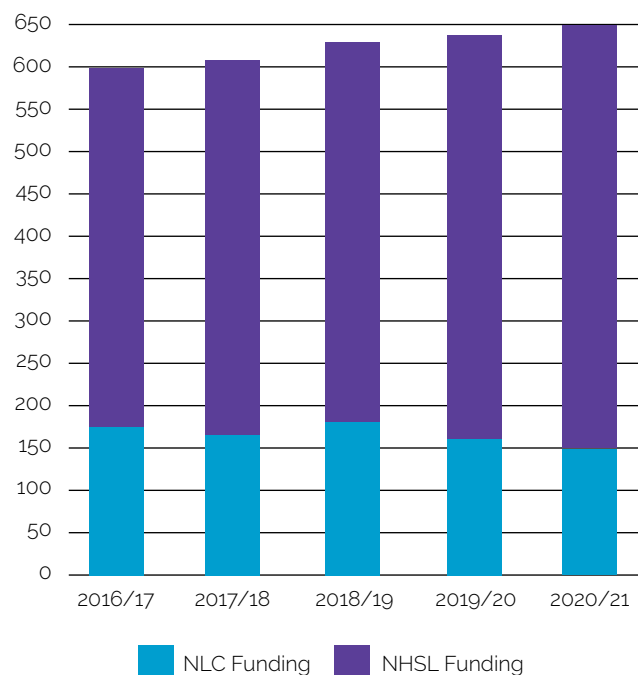
Partner Contributions 2020/2021

The total funding for the IJB in 2020/2021 was £693m (NHSL- £542m; NLC - £151m). The comparison of funding contributions from the partners between 2016/2017 and 2020/2021 is graphically illustrated in the table and chart as follows:

Actual Funding	2016/ 2017 £m	2017/ 2018 £m	2018/ 2019 £m	2019/ 2020 £m	2020/ 2021 £m
NLC Funding	178.032	167.578	179.921	161.112	150.938
NHSL Funding	424.242	445.469	450.163	477.550	542.167
Total Funding	602.274	613.047	630.084	638.662	693.105
Annual Increase		10.773	17.037	8.578	54.443

Actual Funding Profile

2016/2017 to 2020/2021 (£)



The key highlights to note include the following:

- Both partners maintained the 2019/2020 partner funding contributions for the IJB in 2020/2021.
- Demographic growth, inflationary cost pressures and national priorities were originally projected to increase costs by £30.5m in 2020/2021 (NHSL - £14.6m; NLC - £15.9m).
- Additional funding invested in the Health and Social Care Partnership (HSCP) totalled £21m (NHSL- £11.9m; NLC - £9.1m). The NLC partner increased the partner contribution by a further £2m. The NHSL partner increased the partner contribution by a further £8.2m for the inflation uplift of 3% on the health services delegated to the IJB. Additional Scottish Government funding of £10.8m was received to implement the agreed national priorities.
- The funding gap was therefore £9.4m. In order to address this, base budget adjustments for NHSL of £0.2m and savings totalling £3.7m (NHSL - £0.4m; NLC - £3.3m) were approved. The

¹ <https://mars.northlanarkshire.gov.uk/egenda/images/att93864.pdf>

savings proposals recommended to the IJB were the best fit with the strategic commissioning intentions and the best value requirement to use resources more effectively. Budgets released from base budget adjustments and savings were retained by the IJB and re-allocated to address inflationary cost increases and demographic growth.

- Additional income totalling £1.4m was anticipated by the NLC partner following the implementation of a charge for the community alarm service. Reliance was being placed on non-recurring reserves totalling £0.8m (NHSL - £0.6m; NLC - £0.2m) and management actions (NLC - £1.6m). The balance of cost pressures remaining was £1.9m. Further work was to be undertaken to confirm if the expected cost pressure could be delayed.
- Additional Scottish Government Funding was received to meet the additional Covid-19 pandemic costs incurred in 2020/2021.
- Additional funding for NHSL was also issued during the year, the detail of which is included in the financial monitoring reports presented to the IJB and IJB (Performance, Finance and Audit) Committee.
- In line with the revised Integration Scheme, the budget of £21m was transferred by the IJB to NLC in 2019/2020 in respect of the discretionary delegated functions. The balance of the budget of £15.6m was transferred in 2020/2021.

Included within the funding available is a "set aside budget" totalling £63m. 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.

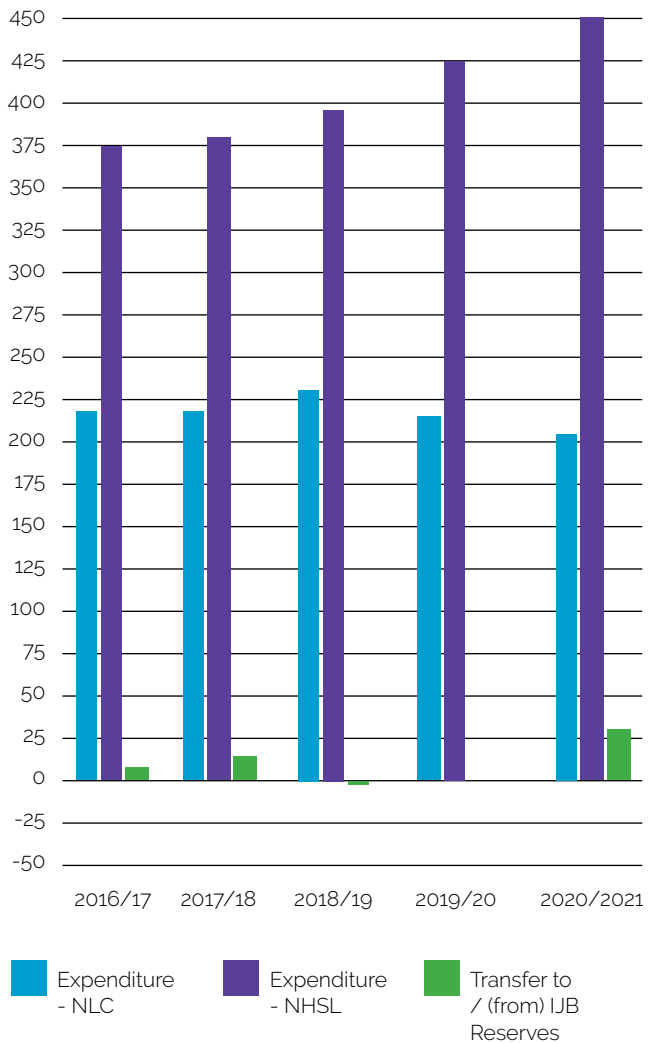
Partner Expenditure 2020/2021

The total expenditure for the IJB in 2020/2021 was £656m.

The comparison of actual expenditure between 2016/2017 and 2020/2021 is summarised in the table and graph below and further detailed at appendix 3.

Total Actual Expenditure	2016/2017 £m	2017/2018 £m	2018/2019 £m	2019/2020 £m	2020/2021 £m
Expenditure - NLC	218.621	218.173	234.697	212.044	205.709
Expenditure - NHSL	376.191	384.136	397.604	426.187	450.693
Transfer to/ (from) IJB Reserves	7.462	10.738	(2.217)	0.431	36.703
Total Funding	602.274	613.047	630.084	638.662	693.105
Annual Increase		10.773	17.037	8.578	54.443

Actual Total Expenditure 2016/2017 to 2020/2021



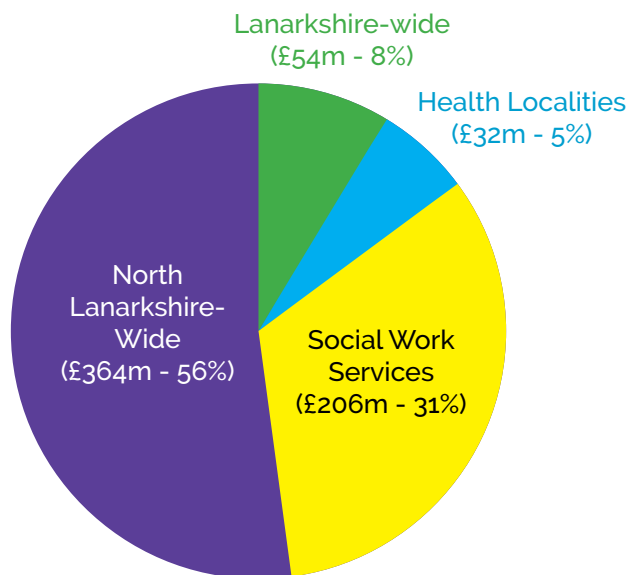
The following significant variances across health and social care services are highlighted:

- Covid-19 funding totalling £23.607m was received from the Scottish Government in 2020/2021 of which £21.342m was incurred in 2020/2021 and £2.265m has been transferred to a ring-fenced reserve to meet ongoing Covid-19 costs in 2021/2022.
- Additional funding of £12.385m was received between January 2021 and March 2021, the planned commitments in respect of which will be incurred in 2021/2022. This includes ADP (£0.964m), Mental Health Action 15 (£2.106m), Integrated Authority Support (£6.076m), Community Living Fund (£1.298m) and Adult Social Care Winter Plan Funding (1.941m).
- An underspend of £2.500m in respect of prescribing services.
- A net underspend of £4.421m in respect of Mental Health and Learning Disability Services which includes Mental Health Action 15 Funding which has been transferred to a ring-fenced reserve.
- A net underspend of £1.297m in respect of Addiction Services which includes Alcohol and Drug Partnership Funding which has been transferred to a ring-fenced reserve.
- A net underspend of £2.436m on the core budgets within Health Care Services.
- An underspend of £12.375m on the core budgets within Social Care Services.
- An underspend of £0.689m due to lower than anticipated demand for housing adaptations within Council houses which was retained within the Housing Revenue Account (HRA) by the NLC partner.

- The total savings target in 2020/2021 was £5.3m. The emergency response to the Covid-19 pandemic was the priority during 2020/2021. As a result, the value of the savings target achieved was £2.5m (47%). The underachievement of savings totalling £2.8m (53%) was addressed by the additional Scottish Government funding received to address the impact of the Covid-19 pandemic.

As far as possible, the health and social care expenditure is also analysed by geographical area at appendix 4 and is summarised in the chart below. Further work will be progressed to develop more detailed locality financial monitoring reports.

2020/2021 Expenditure Analysis



2020/2021 Financial Outturn

A financial surplus totalling £37.6m was reported at 31 March 2021 (NHSL - £25.3m; NLC - £12.3m). This is mainly due to the additional funding received from the Scottish Government to address Covid-19 expenditure and to take forward national and local priorities and also the essential and necessary changes across HSCP service delivery which released core funding. The total underspend represents approximately 5% of the total financial envelope available of £693m. It is critical to note that this underspend is non-recurring.

The balance on the IJB reserves at 1 April 2020 was £16.414m. The net movement on reserves in 2020/2021 is summarised in the table below.

Movement on Reserves	NHSL	NLC	Total
Balance as at 1 April 2020	£11.665m	£4.749m	£16.414m
Year-end Surplus	£25.305m	£12.375m	£37.680m
Transfers From Reserves	(£0.570m)	(£0.406m)	(£0.976m)
Balance as at 31 March 2021	£36.400m	£16.718m	£53.118m

A total of £0.9m was transferred from the IJB reserves during 2020/2021 to fund approved commitments (NHSL - £0.5m; NLC - £0.4m).

The surplus on the provision of services and total comprehensive income and expenditure in 2020/2021 was therefore £36.7m. £18.4m (50%) was transferred to ring-fenced reserves and £18.3m (50%) was transferred to risk based and earmarked reserves. The self-directed support service reserve of £3.2m was no longer required and was transferred to contribute to the establishment of the social care services reserve totalling £3.9m.

The balance on the IJB reserves at 31 March 2021 is £53.1m (Ring-fenced - £20.7m; Earmarked - £28.7m and Contingency - £3.7m). 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 represents 0.6% of the total IJB financial envelope.

Further details of the ring-fenced, ear-marked and general fund reserves totalling £53.1m is available at Note 11 of the [Unaudited IJB Annual Accounts 2020/2021](#)².

Strategic Risk Assessment

The IJB Risk Management Strategy complements the existing risk management processes within each partner. All three risk registers are reviewed regularly by the management team.

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 2020/2021.

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 has been developed. The IJB and each partner continue to demonstrate best value and are securing economy, efficiency, effectiveness and equality in service provision.

Internal Audit Opinion 2020/2021

The Joint Internal Audit opinion was provided by the NLC Audit and Risk Manager and 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 Health and Social Care IJB's framework of governance, risk management and internal control for the year ended 31 March 2021. No issues or weaknesses were identified.

² <https://mars.northlanarkshire.gov.uk/egenda/images/att96484.pdf>

Emergency Response to the Covid-19 Pandemic

Covid-19 has affected each and every member of our society and a robust response was implemented. Staff, partners and communities continue to work in partnership to ensure we respond effectively to this ongoing public health crisis, protect lives and keep people safe. In the face of this unprecedented challenge, partnership working continues to be critical to respond effectively to this national health and social care crisis. Available resources have, to date, been refocussed on the critical areas affected by the Covid-19 pandemic. Whilst these priorities are also continuing into 2021/2022, every effort is being made to progress the Response, Recovery and Remobilisation Plans.

Remobilising the full range of HSCP services is challenging and maintaining innovation and learning from the pandemic will be essential. Covid-19 has led to a substantial backlog of patients waiting for treatment. NHS Boards are prioritising those in most urgent need. NHS leaders are working collaboratively, in partnership with Local Authorities and across public services, to respond to the ongoing challenges caused by the Covid-19 pandemic and to remobilise services.

The focus of the work is now increasingly towards planning for recovery taking account of ongoing guidance and restrictions particularly in relation to vulnerable service users and carers. The recovery progress is also going to have to consider the availability of resources going forward given that service delivery has become more complex, more expensive and financial resources and funding priorities are most likely going to need to be reconsidered in future financial years.

Emergency Response to the Covid-19 Pandemic (Cont.)

Although the current operational and financial challenges will inevitably drive the pace of change, improving outcomes for individuals will continue to underpin the IJB's strategic commissioning intentions and the ongoing re-design and integration of health and social care services. We will do this by ensuring that we continue to adhere to sound governance arrangements and by exploring alternative pathways to divert people into more appropriate forms of support. Much of this will require a coordinated and consistent communications message to the public, together

with concerted action planning with colleagues in acute services and also the third sector, independent providers and carers across the partnership.

Support for all health and social care professionals, particularly those working in community settings, will be fundamental to managing service delivery while Covid-19 remains a risk. Maintaining the positive developments which have been rapidly stepped up in response to the crisis will be a priority during the recovery process. Ensuring health and social care resources are directed to best effect and achieving financial sustainability will be key to achieving this.

As a result of the Covid-19 pandemic, there is a high degree of uncertainty in respect of additional costs particularly as we approach the winter period. The immediate challenge is in respect of staff recruitment and staff turnover for both partners and external health and social care providers. The additional health and social care costs which are being incurred in response to the Covid-19 pandemic are being reported to the Scottish Government through the 2021/2022 Lanarkshire Remobilisation Plan. A conservative approach continues to be adopted in respect of estimating the total projected cost between April 2021 and March 2022 of responding to the Covid-19 pandemic and the recovery and remobilisation of health and social care services. The 2021/2022 Lanarkshire Remobilisation Plan was updated on 29 October 2021 and resubmitted to the Scottish Government. Based on updated financial planning assumptions, the total projected additional Covid-19 costs for 2021/2022 are currently estimated to be £16.9m (NHSL - £4.0m; NLC - £12.9m). The Scottish Government have advised that the next Lanarkshire Mobilisation Plan funding allocation will be confirmed in February 2022 after the submission of the quarter 3 return on 31 January 2021.

Financial Outlook for 2021/2022 and Beyond

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

Extensive consultation and engagement with a wide range of key stakeholders was undertaken to develop the [Strategic Commissioning Plan 2020-2023](#)³. Locality plans have also been developed which localise the ambitions detailed in the Strategic Commissioning Plan.

2021/2022 is the sixth year of the HSCP. The [IJB Directions](#)⁴ which were issued to each of the partners to achieve safer, healthier, independent lives for the residents of North Lanarkshire are in alignment with the 9 National Health and Wellbeing Outcomes and the 6 Health and Social Care Delivery Plan Priorities.

The [IJB Financial Plan 2021/2022](#)⁵ was approved on 23 March 2021. Cost pressures were projected to be £24.5m. Additional expenditure will also be incurred in respect of the Covid-19 pandemic (£14.2m), Scottish Government national priorities (£6.8m) and planned future commitments including contingencies (£9.5m). The total increase in expenditure is expected to be £55m.

Both partners increased their contributions to the IJB (NLC - £4.3m; NHSL - £10.4, of which £2.8m is non-recurring). The Scottish Government has allocated funding totalling £3.9m for national priorities. Funding received in 2020/2021 totalling £33.9m is being realigned to address 2021/2022 cost pressures. The 2021/2022 funding gap was therefore £2.4m. To address this, budgets released from the planned savings of £1.7m (NLC - £1.5m; NHSL - £0.2m) were reallocated to cost pressures. Reliance is also being placed on reserves totalling £0.8m.

In respect of demographic growth and demand for services, research indicates that expenditure on healthcare would require to increase in real terms by an average of 3.3% per annum over the next 15 years to 2033 in order to maintain NHS provision at current levels. Social care funding would also require to increase by 3.9% per annum to meet the needs of the population living longer and an increasing number of younger adults living with disabilities. These projections do not take into account the impact of the Covid-19 pandemic including long-Covid, the financial cost of which continues to be uncertain but is expected to be significant.

It is important to note that some of the funding solutions in 2020/2021 were non-recurring and some cost pressures are expected to recur again in 2021/2022. The impact of the savings not achieved in full in 2020/2021 (£2.8m) will be taken into consideration during the review of the 2021/2022 Financial Plan.

The Scottish Government have agreed in principle to continue to provide additional funding for IJBs to meet the additional costs of the response to the Covid-19 pandemic. It is not yet known however whether the level of funding to be provided will be sufficient to meet all costs incurred. In 2021/2022 and beyond, the main financial risk is that NHSL and/or NLC may overspend. The IJB reserves funding will mitigate part of this risk in 2021/2022.

The impact of Covid-19 on health and social care services and the economy as a whole is unprecedented in recent times and has increased the risk of an overspend. Governance arrangements continue to be in place for the approval and monitoring of costs and regular updates are provided to the Scottish Government. Resilience is required within our health and social care system for the foreseeable future in response to the Covid-19 pandemic.

In the absence of sufficient funding from the Scottish Government and/or the partners, reliance will require to be placed on the Integration Scheme and the IJB Financial Regulations which set out the options for addressing overspends.

The NLC and NHSL governance arrangements were reviewed and adapted as appropriate to support the response, recovery and redesign of services following the pandemic. The response, redesign and recovery of services is continuing. The aim of this next stage is to provide good corporate governance and oversight; seek out innovative solutions aligned to redesign for effectiveness and efficiencies; provide a safe working environment for essential services; and engage openly and constructively with all key stakeholders throughout the recovery planning.

The IJB considers the innovative approaches and service alterations put in place out of necessity may present opportunities as we seek to re-start services within the new context in which health and social care services now need to be delivered. In doing so the IJB will continue to follow appropriate governance structures and consider equalities and human rights requirements to ensure that from the

³ <https://mars.northlanarkshire.gov.uk/egenda/images/att93862.pdf>

⁴ <https://mars.northlanarkshire.gov.uk/egenda/images/att95940.pdf>

⁵ <https://mars.northlanarkshire.gov.uk/egenda/images/att95939.pdf>

current crisis emerges a more efficient and effective health and social care system that delivers on the priorities set out in the Strategic Commissioning Plan. The HSCP will actively seek to understand the impact of the measures implemented during the emergency response to the Covid-19 pandemic and also the remobilisation and recovery activity in order to agree which changes can be retained or adapted to improve services whilst still continuing to be person-centred and meet individual outcomes. A review will also be undertaken to identify key learning points and to share good practice.

The Independent Review of Adult Social Care was published in February 2021 and makes observations about the challenges faced by Integration Authorities, some of which remain unaddressed by the integration of health and social care services. These are founded based on service user experience and reference the challenges with needs assessment, care planning and rationing of care to those in only the greatest need which have been necessary to deal with the rapid increase in demographic related demand and limited funding available. The review also highlights the priority that needs to be given to preventative and anticipatory care supports before responding at a crisis point. The [Independent Review of Adult Social Care Services](#) ⁶ makes 53 recommendations across 9 areas.

The IJB is actively engaged with partners at a local and national level to understand the recommendations of the report and the potential future impact on the governance framework within which the IJB operates in the planning and delivery of health and social care. This report builds on the national review undertaken by the Ministerial Strategic Group for Health and Community Care in February 2019, which contained 25 proposals, 22 of which were relevant to all IJBs. Prior to this, Audit Scotland published the results of the second of three national performance audits on health and social care integration in November 2018 which contained nine recommendations on the integration of health and social care services.

The Director of Finance of NHS Lanarkshire continued to make progress with the exercise to update the notional set-aside budget. This notional budget, which represents the consumption of hospital resources by North Lanarkshire residents, is estimated to be £63m. Similar to the previous year, the notional budget was included as the estimated expenditure for the 2020/2021 annual accounts. It

is recognised that this will not necessarily reflect the actual usage of these hospital services by the IJB in 2020/2021 however it has been endorsed as an acceptable approach pending further updates from the Information Services Division within NHS National Services Scotland. This critical judgement in respect of the complex accounting treatment of the hospital acute services (set-aside) follows the advice issued by the Scottish Government. A whole system approach continues to be adopted by the partners to support the use of set-aside resources.

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.

The current Covid-19 pandemic continues to impact on the IJB's ability to support full delivery of the Strategic Commissioning Plan. The NHS in Scotland will remain on an emergency footing until 31 March 2022. It is understood that collectively we continue to face significant demand across services and that current pressures are likely to further intensify over the winter period. It is however also providing opportunities to consider new ways of working which could influence service delivery over the longer term. One example is the implementation of the Discharge Without Delay and Home First pathway.

The IJB Medium to Long Term Financial Plan was prepared in March 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. 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.

As part of the recovery plan to the Covid-19 pandemic, the IJB Medium to Long Term Financial Plan is being reviewed in consultation with both partners to reflect the operational and financial challenges and will be reported to the IJB

⁶ <https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/02/independent-review-adult-social-care-scotland/documents/independent-review-adult-care-scotland/independent-review-adult-care-scotland/govscot%3Adocument/independent-review-adult-care-scotland.pdf?forceDownload=true> <https://mars.northlanarkshire.gov.uk/egenda/images/att95940.pdf>

(Performance, Finance and Audit) Committee in February 2022.

On 5 October 2021, the Scottish Government announced a range of measures to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems. This announcement was supported by new investment funding of more than £300m nationally. The winter planning preparations are predicated on the following four key principles:

- Maximising capacity through investment in new staffing, resources, facilities and services.
- Ensuring staff wellbeing and supporting them to continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
- Ensuring system flow through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
- Improving outcomes through our collective investment in people, capacity and systems to deliver the right care in the right setting.

The Scottish Government's intention is that collectively these principles are designed to ensure the action taken now has a lasting and sustainable impact. In addition to building resilience in our health and social care systems to see us through this winter period, this recurring investment will also build on the approach to recovery and renewal set out in the NHS Recovery Plan and also our continued efforts to improve social care support. Further specific information on allocations to be made to individual areas will be provided to NHS Directors of Finance and IJB Chief Finance Officers. Further discussions on Local Authority distribution mechanisms are also taking place urgently.

In recognition of the range of pressures employers and staff are managing, and in order to maximise capacity, support staff wellbeing and progress other Ministerial priorities, the Scottish Government also highlighted that some on-going programmes of work may require to be temporarily rescheduled or suspended over the winter period. The Scottish Government do however remain committed to completing these programmes.

The additional recurring costs across health and social care services as a result of the Covid-19 pandemic and demographic growth will continue to be highlighted to the Scottish Government. Notwithstanding the national allocation of £300m which is welcomed, there continue to be concerns raised nationally that sufficient additional recurring funding has not been confirmed for the IJB or partners from 1 April 2022 at this stage.

The IJB Chief Financial Officer will therefore continue to consult with both partners about the options available to address all 2022/2023 recurring and non-recurring health and social care cost pressures. Cost reduction options will be explored however this is not expected to release sufficient funding to meet the total increase in all health and social care cost pressures going forward. Reliance will therefore require to be placed on non-recurring funding and reserves. The discussions with the Scottish Government and both partners are therefore vital if sufficient recurring funding is to be secured to maintain key services. Our joint focus with all our partners and stakeholders will continue to be ensuring that all resources in scope are maximised, health and social care services are remobilised and a whole system approach across North Lanarkshire is adopted which is sustainable and operates efficiently and effectively.



5 Looking Forward - Our Next Steps

Our next steps as a partnership are inevitably shaped by the challenges of the ongoing impact and legacy of Covid-19 and its wider implications. Our Programme of Work for 2021/22 is a complex programme of major transformational change involving most of the services delivered by the Partnership. Implementation will be challenging as the Partnership continues to meet people's current care needs and plan future services while managing the current extraordinary pressures on existing services as a result of demographic growth, the Covid-19 pandemic and the financial challenges.

Engagement and participation continues to be a priority with time taken to ensure staff within the Partnership, key partners and a wide range of stakeholders including people with lived experience, carers, third and independent sector organisations have had the opportunity to contribute to the refresh of the Programme of Work. The whole system approach to strategic and operational priorities, associated performance and forward programme of assurance and governance arrangements will continue to mature and develop.

1. Do the right thing first time
2. Provide a range of community services and supports to people to live well in connected communities
3. Focus on what matters to people
4. Be at the forefront of technical and sustainable solutions
5. Promote prevention and early intervention
6. Ensure North Lanarkshire is the best place to work, volunteer and care

Our Strategic Commissioning Plan 2020 - 23 outlines 6 key ambitions, describing these in more detail in 27 ambition statements, with a supporting 41 Programmes of Work.



A whole system approach to delivery of the SCP's Programme of Work has been adopted to equip leaders and managers to work with interconnections and co-dependencies, as well as give clarity and structure to wider partners and stakeholders. The Partnership is committed to making the best use of the resources delegated to it. Public expectation is that health and social care services will meet changing and increasingly complex needs, a picture that has been compounded by growing waiting lists resulting from increased demand and reduced service capacity to deliver as we emerge from the pandemic.

In 2021/22 a Change Fund has been established to enable services to manage the current extraordinary pressures whilst establishing new models of service that build in the innovation that the pandemic has generated. In deploying the Change Fund we will:

- Prioritise prevention and early intervention, targeting spending on helping people to live healthier and safer lives and maintaining their independence at home or in the community. This will mean less spending is required on hospital or specialist care later on.
- Empower individuals and communities, involving them in service design and delivery. This should result in services that match what people need and want.
- Improve efficiency by adopting a whole system approach to improve and deliver services.

Our strategic focus will be to deliver the major change programmes already underway and the wider improvement work which flows from them. These include:

- Implementation of the refreshed Lanarkshire Mental Health & Wellbeing Strategy, building on our recovery plans and the National Mental Health Transition and Recovery Plan.
- The CAMHS Improvement Programme, including the implementation of the Child and Adolescent Mental Health Service specification, the expansion of community CAMHS from age 18 up to 25, and work to improve waiting times.
- The Home Support Programme, designed to delivery a more resilient model of service aligned with community nursing, the independent sector and third sector partners.
- First Point of Contact implementation – ensuring people receive the right support, from the right person, at the right time.
- Continue to further integrate our service delivery in relation to addictions and adult mental health services, and in the areas of palliative and end of life care.



Appendix 1

Summary of Performance against Core Suite of Integration Indicators

Indicator	Title	NL 2015/16	NL 2017/18	NL 2019/20
NI - 1	Percentage of adults able to look after their health very well or quite well	91.7%	90.3%	90.5%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83.0%	75.4%	77.6%
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%	71.2%
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%	70.2%
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	77.7%	75.4%	77.8%
NI - 6	Percentage of people with positive experience of care at their GP practice	79.3%	75.5%	68.3%
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%	75.7%
NI - 8	Percentage of carers who feel supported to continue in their caring role	41.2%	33.2%	32.6%
NI - 9	Percentage of adults supported at home who agreed they felt safe	83.7%	79.9%	80.0%

Indicator	Title	NL 2016	NL 2017	NL 2018	NL 2019	Scotland 2019	HSCNL Trend	Scotland Trend
NI - 11	Premature mortality rate per 100,000 persons	522	482	517	515	426	↓	↓

Indicator	Title	NL 2016/17	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020	Scotland 2020	HSCNL Trend	Scotland Trend
NI - 12	Emergence admission rate (per 100,000 population)	15,458	15,662	15,825	16,279	14,168	11,100	↓	↓
NI - 13	Emergency bed day rate (per 100,000 population)	125,380	119,816	116,142	118,066	102,394	101,852	↓	↓
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	99	99	101	106	117	114	↑	↑
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88.5%	89.0%	88.9%	89.0%	89.9%	89.9%	↑	↑
NI - 16	Falls rate per 1,000 population aged 65+	20.9	22.6	22.6	21.3	19.2	21.7	↓	↓
		NL 2016/17	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	Scotland 2020/21	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%	80.7%	82.5%	↓	↑

Indicator	Title	NL 2016/17	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020	Scotland 2020	HSCNL Trend	Scotland Trend
NI - 12	Emergence admission rate (per 100,000 population)	15,458	15,662	15,825	16,279	14,168	11,100	↓	↓
NI - 13	Emergency bed day rate (per 100,000 population)	125,380	119,816	116,142	118,066	102,394	101,852	↓	↓
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	99	99	101	106	117	114	↑	↑
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88.5%	89.0%	88.9%	89.0%	89.9%	89.9%	↑	↑
NI - 16	Falls rate per 1,000 population aged 65+	20.9	22.6	22.6	21.3	19.2	21.7	↓	↓
		NL 2016/17	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	Scotland 2020/21	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%	80.7%	82.5%	↓	↑
		NL 2015	NL 2016	NL 2017	NL 2018	NL 2019	Scotland 2019	HSCNL Trend	Scotland Trend
NI - 18	Percentage of adults with intensive care needs receiving care at home	70.1%	70.7%	72.2%	74.6%	74.4%	63.1%	↓	↑
		NL 2016/17	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	Scotland 2020/21	HSCNL Trend	Scotland Trend
NI - 19	Number of days people spend in hospital when they are ready to be discharge (per 1,000 population)	961	1,009	996	1,109	789	488	↓	↓
		NL 2016/17	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020	Scotland 2020	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%	21.0%	21.6%	18.8%	21.0%	↓	↑

Appendix 2

HSCP Performance Dashboard

Outcome (National Health & Wellbeing)	KPI	Target 2020/21	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2020/21 Performance
1. People are able to look after and improve their own health and wellbeing and live in good health longer	Alcohol Brief Interventions North	2039	381	940	1689	2597	
	Alcohol Brief Interventions NHSL	5499	615	1730	3054	4492	
	Cervical Screening	80%	76.6%	76.0%	75.5%	75.1%	
	Immunisations – %s of 2 year olds	95%	96.9%	96.5%	96.4%	96.2%	
	Immunisations – %s of 5 year olds	95%	95.4%	95.3%	95.1%	95.3%	
	Addictions – Completed Waits	90%*	99.7%	98.9%	99.5%	99.1%	
	Addictions – Ongoing Waits	90%*	98.0%	98.0%	100.0%	99.5%	
	Addictions – Ongoing Waits NHSL	90%*	96.7%	98.9%	100.0%	98.9%	
	27 - 30 month Child Health Surveillance - No Concerns	85%	84.9%	80.1%	83.5%	82.3%	
	Percentage of people who have completed 6-8 week review	90%	85.0%	77.4%	76.1%	86.5%	
2. People, including those with disabilities and 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	Delayed discharge bed days - standard delays	29,020	4,996	8,145	6,461	5,346	
	A&E Attendances - NL Residents	124579	21,740	28,625	24,859	23,647	
	Emergency Admissions - NL Residents	46,241	8,728	10,476	10,107	9,951	
	Unscheduled Bed Days - all specialties, NL Residents	309703	58,737	71,925	73,949	74,559	
	Inpatient Activity – Readmissions 7 days	8	10.8	7.9	5.13	6.17	
	Percentage of patients waiting less than 12 months to begin PDS (waiting less than 12 months/total number waiting)	65%	60.9%	70.1%	69.7%	68.5%	
	'Mental Health - bed occupancy rate		66.1%	71.3%	66.3%	62.4%	
	Assistive Technology - Number Of People With Technology (0-17 yrs)	1,452	42	44	44	43	
	Assistive Technology - Number Of People With Technology (18-64yrs)		616	620	626	629	
	Assistive Technology - Number Of People With Technology (65+)		868	886	893	884	
	Reablement - Number Of People Completing Reablement Process	2000 (500 per quarter)	369	690	1012	1201	
	Reablement - % Of New or Increased Home Support Packages Which Are Reablement	70%	73.5%	77.8%	68.1%	74.6%	
	Reablement - % Of People With No or Reduced Home Support Service Required At End Of Process	70%	67.2%	66.7%	74.5%	64.0%	
	Balance Of Care - % Of People (Age 65+)	45%	44.8%	44.7%	47.1%	48.9%	
	IEAS - % Deliveries Achieved Within 7 Working Days Quarterly	80%	65.1%	77.7%	83.2%	80.0%	
	End of Life Care (Core 6) - Percentage of last six months of life spent at home or in community setting	90%	90.3%				

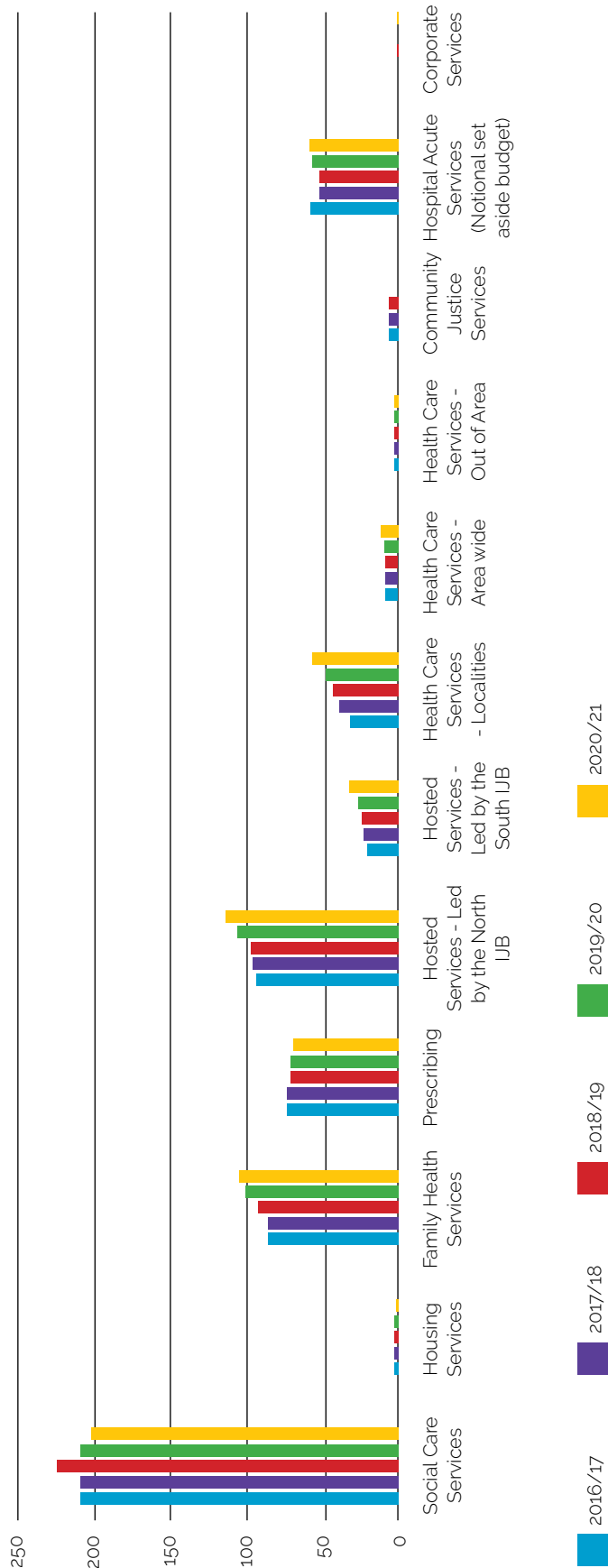
Outcome (National Health & Wellbeing)	KPI	Target 2020/21	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2020/21 Performance
3. People who use health and social care services have positive experiences of those services, and have their dignity respected	18 Week RTT Performance – CAMHS NHSL (NORTH HOSTED)	90%	48.3%	62.1%	70.0%	64.3%	
	CAMHS - Median adjusted wait	<12 weeks	11 weeks	2 weeks	4 weeks	4 weeks	
	CAMHS - new patients seen per WTE	>4.1	2.26	2.23	2.02	2.27	
	18 Week RTT Performance – Psychology (NHSL) (NORTH HOSTED)	90%	76.1%	63.4%	73.7%	74.8%	
	Consultant Outpatient WT - Adult Mental Health - 12wks (NHSL) (NORTH HOSTED)	90%*	39.5%	75.3%	90.6%	91.5%	
	Consultant Outpatient WT - Older Adult Psychiatry - 12wks (NHSL) (NORTH HOSTED)	90%*	40.9%	64.4%	67.1%	76.1%	
	Consultant Outpatient WT - Learning Disability - 12wks (NHSL) (NORTH HOSTED)	90%*	44.4%	100.0%	100.0%	100.0%	
	Medical Paediatrics WT - 12 wks (NHSL) (NORTH HOSTED)	90%*	71.4%	85.3%	97.7%	98.0%	
	Admission to MH Wards: Proportion NHSL Patients	>=95%	98.6%	97.2%	97.9%	99.4%	
	MSK Podiatry - 12wks (NORTH HOSTED)	90%*	16.1%	32.5%	66.4%	89.9%	
	Podiatry - 12wks (NORTH HOSTED)	90%*	15.9%	31.3%	29.6%	34.2%	
	Podiatry - domiciliary visits - 12wks (NORTH HOSTED)	90%*	27.5%	38.3%	30.6%	45.7%	
	SLT - Paediatrics - 12wks (NORTH HOSTED)	90%*	6.0%	16.7%	22.1%	27.4%	
	SLT - Adult - 12wks (NORTH HOSTED)	90%*	50.3%	75.8%	95.6%	98.2%	
	Dietetics - 12wks (NORTH HOSTED)	90%*	55.4%	57.8%	62.0%	63.0%	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Care Home Placements At End Of Quarter - Per 1000 Popn 65+	24	21.6	22.0	21.2	20.8	
	Care Home Placements At End Of Quarter - Per 1000 Popn 75+	50	44.4	44.7	43.2	42.3	
	Care Home - Average Length of Stay	865	984.7	720.0	903.0	907	
	Number Of People With Self Directed Support	1,000	1096	1098	1100	1099	
	Number Of People With A Direct Payment	240	252	259	285	293	
5. Health and social care services contribute to reducing health inequalities	Sustain and embed successful smoking quits, at 12 weeks post quit, in 40% of SIMD areas. (AOP) (NORTH HOSTED)	902	203	457 (cumulative)	664 (cumulative)	NA	

Outcome (National Health & Wellbeing)	KPI	Target 2020/21	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2020/21 Performance
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact on their caring role on their own health and wellbeing	Community Alarm Service Users 75 Years And Over Per 1000 Population	Under Review	254.7	223.5	198.9	191.1	
7. People who use health and social care services are safe from harm	Manual Handling Awareness Training	90%	93.5%	Data not available	91.3%	91.2%	
	PAMOVA Training	90%	92.9%	Data not available	92.1%	92.5%	
	Adult Basic Life Support Training	90%	92.3%	Data not available	84.4%	79.7%	
	Paediatric Basic Life Support Training	90%	84.2%	Data not available	82.5%	83.9%	
	Fire Safety Training	90%	92.0%	Data not available	90.3%	91.5%	
	Hand Hygiene Training	90%	87.7%	Data not available	84.8%	85.1%	
	Safe information Handling Training	90%	91.2%	Data not available	91.8%	87.9%	
	Child Protection Awareness Training	90%	92.8%	Data not available	89.3%	93.9%	
	Health and Safety Awareness Training	90%	93.2%	Data not available	95.2%	94.3%	
	Occupational Health Service Awareness Training	90%	94.6%	Data not available	95.2%	93.5%	
	Adult Support and Protection Awareness Training	90%	92.3%	Data not available	88.2%	93.6%	
	% Of Adult Protection Referrals Passed To Care Team For Investigation		15.2%	16.4%	17.6%	14.1%	
	% Of Adult Protection Investigations Going To Initial Case Conference		19.4%	24.4%	32.4%	31.6%	
	Adult Protection - % Of Referrals With Decision Within 5 Days	60%	71.3%	73.3%	76.7%	74.0%	
	% of Adult Protection Referrals Which Did Not Go On To Investigation Or Other Service		59.3%	59.3%	67.5%	68.2%	
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	TURAS compliance (NHSL, North)	>80%	66%	68%	61%	63%	

Outcome (National Health & Wellbeing)	KPI	Target 2020/21	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2020/21 Performance
9. Resources are used effectively and efficiently in the provision of health and social care services	Breakeven Position - YTD Variance Including Prescribing (NHSL)	>=0	0.408m Overspend 1347m Underspend exc COVID	773k	2.483M	25.304m	
	Breakeven Position - YTD Variance Excluding Prescribing (NHSL)	>=0	0.408m Overspend 1347m Underspend exc COVID	773k	2.483M	22.804m	
	Breakeven Position - Projected Outturn (NLC)	>=0	6.985m overspend 1.227m underspend exc covif	8.122m overspend 1.382m underspend exc covid	£9.694m underspend	£9.694m underspend	
	Sickness Absence (NHSL, North)		4.53%	5.93%	5.86%	5.18%	
	Sickness Absence (NLC) - days lost per person	11.32	2.82	4.23	7.08	10.16	

Appendix 3

Actual Expenditure Profile 2016/2017 to 2020/2021 (£m)



Appendix 4

North Lanarkshire IJB Analysis of 2020/2021 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	5,425	4,812	4,972	7,309	4,384	5,585	18,191	50,678	8%	
Social Care Services (Localities, Housing, Self Directed Support, Care Homes and Out-of-Hours)							205,527	205,527	31%	
Area Wide Health Care							8,648	8,648	1%	
Out of Area Health Care							4,480	4,480	1%	
Medical and Nursing							3,303	3,303	1%	
Addiction							4,595	4,595	1%	
Corporate							0,212	0,212	0%	
Family Health							105,773	105,773	16%	
Prescribing							69,088	69,088	11%	
Set-Aside Budget							63,066	63,066	10%	
Hosted Services Led By South Lanarkshire IJB							30,660	30,660	5%	
Hosted Services Led By North Lanarkshire IJB							56,291	54,083	17%	
Total	5,425	4,812	4,972	7,309	4,384	5,585	559,833	656,402	100%	
Percentage of Total	1%	1%	1%	1%	1%	1%	87%	8%	100%	

Appendix 5

Inspection Activity

The Care Inspectorate suspended its normal inspection programme in March 2020 in response to Scottish Government national restrictions on movement put in place to help suppress the spread of Covid-19. The Care Inspectorate maintained close contact with services across the country, providing advice and guidance to help providers continue to deliver services through a time of unprecedented challenge.

The Care Inspectorate's programme of inspection was revised during autumn and winter of 2020 and recommenced in the latter part of 2020/21. As much activity as possible was carried out remotely, using digital and other means.

During 2020/21, the partnership hosted weekly

conference call/virtual session with care home managers as a means of providing reassurance and sharing information. Colleagues from Care Home Liaison (CHL), Infection Prevention & Control (IPC), Public Health (PH), Care Inspectorate (CI) and Scottish Care (SC) all regularly participated in these calls.

Daily huddle were also in place to escalate concerns and emerging issues.

Similar arrangements were in place for care at home providers.

Inspection activity has resumed in 2021/22 and fuller details of inspection findings, recommendations and improvement actions will be included within the 2021/22 Annual Performance Report.

Inspection Findings

Independent Sector Homes	Date of Inspection	Quality Theme	Date of Inspection	Quality Theme
Carnbroe Care Centre	09/03/21	Care & Support - 3	9/10/2019	Wellbeing - 4 Care & Support - 4
Carrickstone House Nursing Home	31/07/20	Care & Support - 4	30/10/2019	Wellbeing - 3 Care & Support - 3
Hatton Lea Nursing Home	16/11/20	Care & Support - 4	21/11/2019	Wellbeing - 4 Leadership - 4 Staff - 4 Setting - 4 Care & Support - 4
Rannoch Lodge Care Home	18/11/20	Wellbeing - NA Leadership - 4 Staff - NA Setting - 2 Care & Support - 3	14/05/2019	Wellbeing - 3 Leadership - 3 Staff - 4 Setting - 3 Care & Support - 3
Rosehall Manor Care Home	25/11/20	Care & Support - 4	09/05/2019	Wellbeing - 3 Leadership - 3 Staff - 4 Setting - 4 Care & Support - 3

Quality Theme Care Grades (Out of 6)

1 - Unsatisfactory and 2-Weak

3 - Adequate and 4-Good

5 - Very Good and 6-Excellent

*Additional details on other providers' inspections to follow

Glossary of Terms

A&E Attendance	An A&E attendance is when a patient attends an Accident & Emergency department.
ADP	The Alcohol and Drug Partnership (ADP) is responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery based on an assessment of local needs.
Adult Protection Committee	The Adult Protection Committee is a multi-agency committee which monitors and reviews what is happening locally to safeguard adults. It is made up of senior staff from many of the agencies involved in protecting adults who may be at risk.
Adult Support & Protection (ASP)	Adult Support and Protection relates to the protection of adults at risk of harm and the measures and duties within the Adult Support and Protection (Scotland) Act 2007.
CAMHS	The NHS Lanarkshire Child & Adolescent Mental Health Service (CAMHS) is a specialist service for infants, children and young people.
Delayed Discharge	A delayed discharge occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed.
Emergency Admission	An emergency admission is one where a patient is admitted to hospital urgently and unexpectedly (ie the admission is unplanned).
First Point of Contact (FPOC)	First Point of Contact (FPOC) is an approach which aims to support people in our communities to receive the right support, from the right person, at the right time.
Good Mental Health For ALL (GMHFA)	Good Mental Health for All sets out a vision for Scotland and a rationale for why it is important for local strategic partnerships to continue to focus on improving mental health, equitably, across the population.
Health & Care Experience Survey	<p>The Health and Care Experience Survey is a national survey which asks about people's experiences of accessing and using their GP practice and Out of Hours services</p> <ul style="list-style-type: none"> • aspects of care and support provided by local authorities and other organisations • caring responsibilities and related support
Integration Authority	Integration Authorities are responsible for planning, designing and commissioning health and social care services in an integrated way from a single budget in order to take a joined up approach, more easily shifting resources to best meet need.
Integration Joint Board (IJB)	Health Boards and Local Authorities delegate a significant number of functions and resource to the Integration Joint Board, which is responsible for the planning of integrated arrangements and onward service delivery.
Measuring Performance Under Integration (MPUI)	A small set of indicators was developed as a way of measuring performance of Health & Social Care Partnerships.
Mental Health Action 15	Mental Health Action 15 is an action from the Scottish Government's Mental Health Strategy and relates to the investment in additional workforce across A&Es, GP practices, police station custody suites and prisons.
Ministerial Strategic Group for Health and Community Care (MSG)	a key strategic decision taking group in relation to transformational change in health and community care in Scotland. The group is chaired by the Cabinet Secretary for Health and Sport and the COSLA Spokesperson for Health and Social Care.

National Core Integration Indicators	A core suite of indicators that Integration Authorities use to measure progress towards the National Health and Wellbeing Outcomes.
National Health & Wellbeing Outcomes	There are nine national health and wellbeing outcomes which apply to integrated health and social care. Health Boards, Local Authorities and Integration Authorities work together to ensure that these outcomes are meaningful to people in their area.
Personal Protective Equipment (PPE)	Personal Protective Equipment is protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection.
PSSST	Lanarkshire's Psychological Services Staff Support Team
SHAPE Recovery	SHAPE is a programme of support for front line health and care workers which can help reduce rates of post-traumatic stress disorder (PTSD) and depression.
Social Work Scotland (SWS)	Social Work Scotland is the professional body for social work and social care leaders.
SALUS	Salus is a provider of Occupational Health and other services to NHS Lanarkshire.
Trauma informed Practice (TIP)	Trauma-informed practice is designed to raise awareness among all staff about the wide impact of trauma and to prevent the re-traumatisation of patients and services users in service settings that are meant to support and assist healing
Unscheduled Bed Day	A bed-day is a day during which a person stays overnight in a hospital. An unscheduled bed day is where the patient's admission was unplanned.
VANL	Voluntary Action North Lanarkshire is a charitable organisation which provides support to community and voluntary organisations across the whole of North Lanarkshire.

