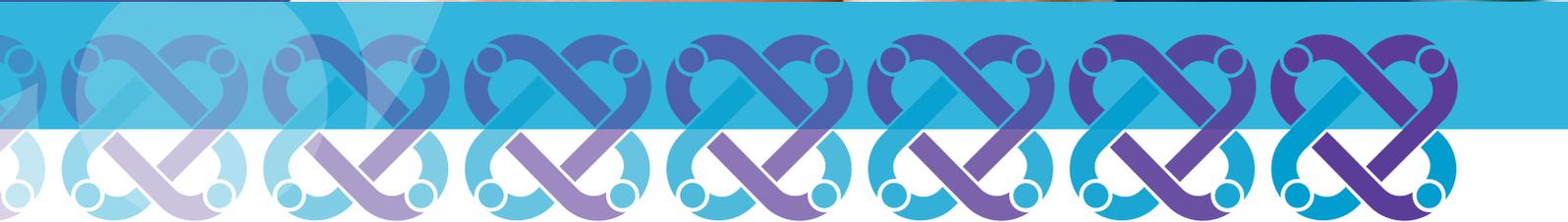


Annual Report 2018-19





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Foreword

Welcome to the Health & Social Care North Lanarkshire Annual Report for 2018/19.

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

In this report you will note the findings of the review of our integration arrangements in North Lanarkshire, which we undertook during 2018/19. This review acknowledges and seeks to build on the key strengths of our partnership working and also seeks to address the challenges we face in integrating our services and functions in a way that delivers the best possible outcomes for our communities. The Health & Social Care Partnership will focus much of its efforts in 2019/20 and beyond to implement a set of recommendations from this review, all with the intention of ensuring we deliver the best possible services and supports to the people of North Lanarkshire.

In the meantime, we would like to draw your attention to the key developments and achievements of 2018/19 set out in this report and pay tribute to the continued commitment and hard work of staff members from across the partnership and the significant contribution of individuals, carers and family members who our staff work with across our services.



Councillor Paul Kelly
Chair
North Lanarkshire
Integration Joint Board



Dr Avril Osborne
Vice Chair
North Lanarkshire
Integration Joint Board



1 Introduction

During 2018, it was agreed by North Lanarkshire Council and NHS Lanarkshire to initiate a review of the integration arrangements in North Lanarkshire with the purpose of identifying whether any changes are necessary or desirable.

Given the changes proposed in the 'We Aspire' report, where the Council set out its new vision for the future direction of the council, the partnership agreed it presented an opportune moment to expedite the review, building on the learning to date and agreeing the best direction of travel moving forwards.

At the same time Audit Scotland's Best Value Assurance Report positively reflected some of the performance improvements that have taken place through integration to date and the joint plans in place to undertake this review. The report highlighted the willingness of the Council and wider partners to undertake self-evaluation programmes and service reviews and reminds of the importance to ensure such exercises result in clear actions, which this report is cognisant of.

In April 2019, the Cabinet Secretary approved the updated North Lanarkshire Integration Scheme to reflect the move of Children & Families and Justice Social Work Services to the new Education and Families service in North Lanarkshire Council.

During late 2018 and early 2019, officers from across the partnership and within each of the two partners bodies worked together to review the integration arrangements across the partnership, looking at our arrangements for strategic planning, performance management, HR, finance, information technology, governance and operational management. The review builds upon the long history of partnership working which has taken place within North Lanarkshire, with examples of integrated teams and planning structures pre-dating the Public Bodies (Joint Working) (Scotland) Act 2014.

The findings of the review and the self evaluation of our integration arrangements build on the strong collaboration between the five local partners of the Local Authorities, Health Board and IJBs, focused on developments across the whole-system. The review report agreed between NHS Lanarkshire and North Lanarkshire Council reaffirms the commitment of the two partner bodies to the delivery of integrated health and social care services to improve the outcomes of the local population.

During 2019/20 we will implement a range of improvement actions that have been agreed as part of the review of integration and the self evaluation exercise.

The remainder of this annual report is very much focused on the developments within Health and Social Care North Lanarkshire that have had an impact on our staff, patients, carers, individuals and their families during 2018/19.

2 Our Progress During 2018/19

In March 2018, the Integration Joint Board approved the Strategic Commissioning Plan, 'Achieving Integration', which set out the commissioning intentions for 2018/19 and the supporting pillars of the commissioning framework. The table below sets out each of our commissioning intentions and provides a summary of progress achieved throughout the year.

Intention	What we said we would do	What we did
1 Implementing the Integrated Service Review Board Report	We will create multi-disciplinary teams in each locality and for pan-North Lanarkshire services, in line with the Integrated Service Review Board Report.	<p>The review reported to the NHS Lanarkshire and North Lanarkshire Council management teams in late May/ early June 2019. The review consists of three main elements: themed workstreams, self assessment exercise and structural review. The seven themed workstreams were:</p> <ul style="list-style-type: none"> • Finance • IT / Digitalisation • Strategic Planning • Governance • HR and Workforce Planning • Performance • Operations <p>The workstreams were tasked with documenting existing systems and regulations; benefits, risks and challenges associated with current practice; research alternative delivery models in place across Scotland; and identify potential solutions to challenges found.</p> <p>Two Audit Scotland reports informed a national self assessment tool which required all partnerships to report back to the Scottish Government in May 2019. The findings from the self evaluation highlight areas of exceptional achievement, work well embedded and areas of work requiring further actions. Through the operational workstream of the review a significant engagement exercise was undertaken across all locality and service areas, in conjunction with trade unions. The final report offers recommendations around future locality and area-wide/hosted services structures.</p>
2. Bed Modelling	We will implement the findings of the Intermediate Care Review, ensuring a greater focus on reablement and rehabilitation in off-site beds and greater links with locality teams.	<p>An implementation group has been formed to roll out the actions of the intermediate care review approved by the IJB in June 2018. A large element of the new model is predicated on the roll out of the new models of Home Support, Rehabilitation and Discharge to Assess. Good progress has been made with the closure of the Monklands House facility.</p> <p>Rehabilitation Teams rolled out to all 6 localities in October 2018. 2 Discharge to Assess Coordinators have been appointed as a test of change to facilitate quick discharge.</p>

Intention	What we said we would do	What we did
3. Primary Care	We will publish and implement our Primary Care Improvement Plan to create additional multi-disciplinary teams in GP practices and communities	<p>Two key groups have been created to continue to the development of transformational change in primary care. Representatives from the Strategic Leadership Team from an area wide and locality perspective populate the Community Treatment & Care and Urgent Care In Hours (CTC UC) Planning and Modelling Group and the CTC UC Operational Group which we are in the process of setting up. The groups are responsible for planning the clinical model for the delivery of the Community Treatment & Care (including APS) and Urgent Care and aligning this to NHS Lanarkshire's 'Achieving Excellence' and the North and South Strategic Commissioning Plans.</p> <p>A steering group continues to monitor the implementation Plan set out in Action 15: Transforming Mental Health Services in Lanarkshire.</p> <p>The CTC UC meeting structures will operationalize the clinical model, ensuring adherence to the overarching Primary Care Improvement Plan (PCIP). A programme plan against Action 15 was submitted to Scottish Government in July 2018 and work is ongoing in relation to:</p> <ul style="list-style-type: none"> • Custody Suite service enhancement • Prison service enhancement • Locality mental health & wellbeing staff • Specialist mental health services including CAMHS, perinatal service, community pharmacy
4. Mental Health Strategy actions	We will continue to integrate the Community Mental Health teams into localities, roll out Distress Brief Interventions and build on the work of Stigma Free Lanarkshire	<p>Development of the Lanarkshire Mental Health & Wellbeing Strategy started in September 2018 with the rigorous planning and engagement approach has been approved by the Integrated Joint Board, North Lanarkshire in midOctober 2018.</p> <p>Creation of a Mental Health Strategy Group and developing the Governance and Infrastructure for the strategy development has been important because of the system wide nature of the strategy and the number and range of stakeholders to be included. A key early outcome has been to develop a first draft strategy document which outlines what is in scope of the strategy and begins to describe; where we are now, where we intend to be, what activity we will undertake to get there and set out what success will look like over the period of the strategy 2019-2024.</p> <p>Between now and the end of June 2019 the programme team will work with all leads and key stakeholders to ensure that infrastructure and membership is representative of key organisations such as Health and Social Care, Education, Social Work, Scottish Ambulance Service, NHS24, Voluntary organisations/3rd sector to commence implementation of the strategy in the summer of 2019.</p> <p>The development of a Lanarkshire mental health strategy is a significant piece of work requiring input from a wide range of stakeholders. The strategy will be developed in stages and will not be fully complete until the end of 2019 and will require approval of the Integration Joint Board.</p>

Intention	What we said we would do	What we did
<p>5. North H&SCP Contribution to the Children's Services Plan</p>	<p>We will implement a range of improvement actions through the Realigning Children's Services and Permanence and Care programmes</p>	<p>The North Lanarkshire Children's Services Plan was published in 2017, covering the period April 2017 – March 2020. The governance structures of the Children's Services Partnership have been reviewed. Further consideration is also being given to the impact of the removal of children and families social work from the integration scheme and the formation of the Education and Families Service.</p> <p>Four task groups have been established to drive forward work in the identified priority areas of Prevention, Mental Health Wellbeing and Resilience, Looked After Children and Neglect, Domestic Abuse and Substance Misuse, the latter also reporting to the Child Protection Committee. Key strands of work currently being progressed by these groups include reviewing the Corporate Parenting Strategy and our framework and delivery for wider parenting support. Since our plan was developed there has clearly been an increased national focus on the mental health, wellbeing and resilience of children and young people and our local task group will connect to the development of both the wider Lanarkshire Mental Health Strategy and the delivery plan of the Children and Young People's Mental</p> <p>Health Taskforce.</p> <p>Key achievements over the past year include:</p> <ul style="list-style-type: none"> • The updating of the Children and Young People's Pathway for Planning and Support • The conclusion of a Partnership Agreement establishing ongoing principles for engagement with children and young people under the brand of # NLC Ask Me • The engagement of 12 teams in the Lanarkshire Improvement Practicum, part of the wider Children and Young People's Improvement collaborative. <p>The Children's Services Partnership has also continued to participate in a number of other improvement programmes including:</p> <ul style="list-style-type: none"> • Realigning children's Services • Psychology of Parenting Programme • Scottish Attainment Challenge • Permanence and Care Excellence (PACE) • Transforming Pathways/Edges of Care <p>The Children's Service Plan and Partnership continues to set a clear direction for Children's Services in North Lanarkshire as the key vehicle for multiagency planning and improvement activity. As such and to ensure continuity and coherence of planning for children's services through the forthcoming period of structural change it will be vital that the Health and Social Care Partnership fully engage with and support the CSP in developing further commissioning intentions for children's services.</p>

Intention	What we said we would do	What we did
6. North H&SCP Contribution to the Community Justice Plan	We will establish a Learning Hub to assist clients with literacy and numeracy issues and pilot the delivery of Structure Deferred Sentences for 16-21 year olds in the Justice System.	<p>The Community Justice Partnership is in the process of finalising its first annual report which will be published in September 2019. The success of the focus on employment opportunities, employability skills, literacy and numeracy skills through Restorative Justice and the Women's Service has achieved important outcomes for people evidenced through the use of the Outcome Star.</p> <p>Work is ongoing to promote the Structured Deferred Sentencing Pilot Programme. This project targets young people under 21 convicted of a serious offence or who are considered frequent offenders with a view to intensive engagement to address causal factors. To date only a small number of young people have been identified as suitable but has been successful for those participating. All stakeholders (Sheriffs, young people social workers) recognised the value of this work through which evaluated positively by Community Justice Scotland.</p> <p>HSCNL remains a key partner within the CJP. Another significant developments over the last twelve months has included the reconfiguration and enhancement of the DTTO service, jointly delivered by locality justice and the Addiction Recovery Team. The changes to the service are now well embedded resulting in increased uptake of service and positive feedback from staff, people who use the service and the Sheriff. Additional monies from the ADP have been secured to enhance the social work service within DTTO.</p>
7. Inequalities, Prevention and Anticipatory Care	We will include key health improvement questions in the generic assessment for all staff and continue to develop and promote Making Life Easier and community supports.	<p>The IPAC steering group has been meeting bi-monthly to progress work across the following commissioning intentions:</p> <ol style="list-style-type: none"> 1. Further developing the Making Life Easier (MLE) website 2. Mitigating impact of Adverse Childhood Experiences 3. Implementing a test of change to reduce DNA's 4. Increasing uptake of Anticipatory Care Plans 5. Rolling out the Healthy Schools Approach to all primary schools 6. Testing a health hub in Houldsworth Centre 7. Embedding Routine enquiry in Generic assessments 8. Rolling out of Tobacco swim time programme <p>Projects plans with key milestones have been developed for each intention and progress has been made for each however all are at different stages and delivery will continue into 2019/20 across all 8 intentions.</p> <p>Notable achievements to date include:</p> <ul style="list-style-type: none"> • MLE - over 3000 sessions per month (target of 1500 users per month). • Healthy schools - 63% of North primary schools using the approach at 31 January 2019 which has exceeded the year-end target of 60%. • Houldsworth advice and information hub has been launched and performance will be analysed. • Healthy schools - 58% of North primary schools using the approach (target of 55% by Sept 2019).

Intention	What we said we would do	What we did
9. North H&SCP Contribution to the Local Outcome Improvement Plan	We will identify and support those at risk of homelessness or experiencing homelessness, including support to uptake preventative screening programmes.	<p>The Plan for North Lanarkshire offers a refresh of the five local priorities for key partners, incorporating the previous LOIP action plans. The focus of the HSCP contribution to the Plan for 2019 has been on taking forward actions within the Health and Homelessness action plan. This work is on track and includes the following:</p> <ul style="list-style-type: none"> • A programme to increase uptake of screening by those experiencing homelessness. This has been funded through a successful bid to the Scottish Government Screening Inequalities Fund. • A partnership initiative with the third sector to embed a psychologically informed environment (PIE) and trauma informed approaches within key health service. • Testing a case management model in Motherwell and Wishaw localities for those individuals who are identified as using health and social care services disproportionately. • A health needs assessment for children and young people affected by homelessness is currently being led by Public Health and will report in 2019. The findings of this needs assessment will inform future commissioning intentions for this vulnerable group. • HSCP staff are also contributing to the other areas of the Plan including the development of a Tackling Poverty Framework for North Lanarkshire and the development of an overarching Performance Management Framework which will continue be presented to NLP Board.
10. Review of Community Capacity Building and Carer Support	We will review our arrangements for supporting a range of third and independent sector and carer organisations, focusing on early intervention and prevention.	<p>The Improvement Service supported a review of the governance around the Community Capacity Building and Carer Support structure in North Lanarkshire. The review robustly scrutinise the work of the CCB&CS activity to assurance the IJB of the effectiveness of this work.</p> <p>The review highlighted that:</p> <ul style="list-style-type: none"> • the CCB&CS programme outcomes link to all 9 of the national outcomes, with achieving outcomes as the highest area of performance • by working together, the CCB&CS has delivered improvements which would not have been delivered by individual organisations • the CCB&CS strategy demonstrates an understanding of local needs and opportunities
11. Implementation of the Carers (Scotland) Act 2016	We will ensure effective implementation of the Carers (Scotland) Act 2016.	<p>Extensive work has taken place to ensure the effective implementation of the Carers Act, supported by the Carers Strategy Implementation Group, including developments around direct support, short breaks, adult carer support plans and young carer statements.</p> <p>An open procurement exercise has been concluded which establishes services to support carers in North Lanarkshire.</p> <p>Further work is required around section 28 of the Act, which supports carers in respect of hospital discharge. Due to the geography of Lanarkshire and the three acute sites, a whole system approach is required to ensure a consistent and equitable provision across the area. Actions agreed through the Strategic Leadership Team agreed progressing with commissioned services and revised representation through the governance and engagement groups</p>
12. Supporting the redevelopment of Monklands Hospital	In partnership with NHS Lanarkshire, we will plan and develop a model of community and emergency services and supports that will complement the design of the new hospital.	The Health and Social Care Partnership has been heavily involved in the current consultation around the new Monklands Hospital, supporting a range of public engagement events. Detailed planning work has been undertaken around the Care of the Elderly workstream and the partnership continues to actively participate in a range of working groups supporting the delivery of the business case.
13. Complete Market Facilitation Plan	We will publish a plan identifying future demand for care and support in North Lanarkshire, helping to inform the third and independent sectors on the future shape of the local health and social care market.	A full Market Facilitation Plan which was created in conjunction with Scottish Care was incorporated into a Strategic Commissioning framework agreed by the IJB in March 2019

Intention	What we said we would do	What we did
14. Universal HV Pathway	The Universal Health Visitor Pathway is an evidence based approach for when a health visitor should make contact with families to best support them and their children. During 2017/18, the partnership successfully rolled out the new 12-15 month assessment and the next stage of development in 2018/19 will be the roll out of the 4-5yr pre-school review.	A HV Implementation Group is now well established and we have implemented an additional two assessments from the Universal Health Visiting Pathway to the assessments children currently receive in Lanarkshire. This group is now focusing on the outcomes and quality of these assessments prior to implementation of the remaining two contacts. A workforce review is currently underway to ensure that we have the capacity and skill mix to meet requirements. In 2019 the focus will be on implementation of the remaining two contacts within the Universal Pathway. <ul style="list-style-type: none"> • Antenatal home visit - latest start date January 2020 • 8 months - delivered based on need. Latest date for full implementation January 2020
15. Technical solutions for data sharing	In 2018/19, an 'IT federation' programme will be undertaken between NHS Lanarkshire and North and South Lanarkshire Councils to create a common platform in Lanarkshire. This development will enable more data sharing and make future links between systems to be made.	Strong progress has been made in the creation of a federated IT trust across NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council. A Project Board is in place and an action plan signed off for the next 3 years of delivery. By December 2018, there will be: <ul style="list-style-type: none"> • Skype connections between partners • Global address list sharing • Basic connectivity across partner sites for a limited group of users (senior managers) • Exercise to finalise future security requirements In 2019, the focus will then turn to allowing all eligible staff to access partner networks and in 2020, systems will be in place to allow targeted access to partner applications such as clinical record systems.
16. Community Transport	A one year pilot started in June 2017 to create a SPT Transport Hub, which manages all external transport requests within health services. The pilot has already shown benefits in supporting patients to access services and has reduced the demand for private taxis. There has also been a focus on supporting patient transport between the acute sites in Lanarkshire as part of the 'centres of excellence' model. The pilot will finish in June 2018 and an evaluation will then identify the next steps.	A SPT transport hub has been created, which manages all external transport requests with the aim of streaming requests to the most appropriate mode. This has already seen benefits in supporting patients to access services and has reduced the demand for private taxis. One of the main areas for focus has been supporting patient transport between the acute sites, supporting the model of centres of excellence. Service user representation has been identified for North Lanarkshire to support the work of the group.
17. Family Nurse Partnership	The Family Nurse Partnership is a government sponsored programme that focuses on young people and vulnerable first time mothers from our most deprived communities. In 2017/18, additional government funding was agreed to allow us to offer this service to all of those who need it. Staff recruitment started in September 2017 and work will continue in 2018/19 to bring the service up to full capacity. A service review will take place in September 2018 to monitor progress.	FNP remains part of National Policy and an expansion plan is supported by Scottish government to ensure that all entitled clients have access by end of 2018 alongside a rigorous improvement programme to March 2019. <p>Under a strict SLA, expansion of FNP team was undertaken in late 2017 with staff commencing in March 2018. Two discreet FNP teams are now operating in North Lanarkshire; team B and Team C.</p> <p>Team B's caseload immediately prior to Team C's recruitment was between 22-25 clients per nurse. Team C is in the recruiting phase and their growing caseloads are predicted to be at capacity by February 2019, which coincides with the start of the graduation phase of Team B clients and will offer ongoing capacity.</p> <p>Fidelity and dosage of the programme continues to be monitored closely by Scottish Government</p>

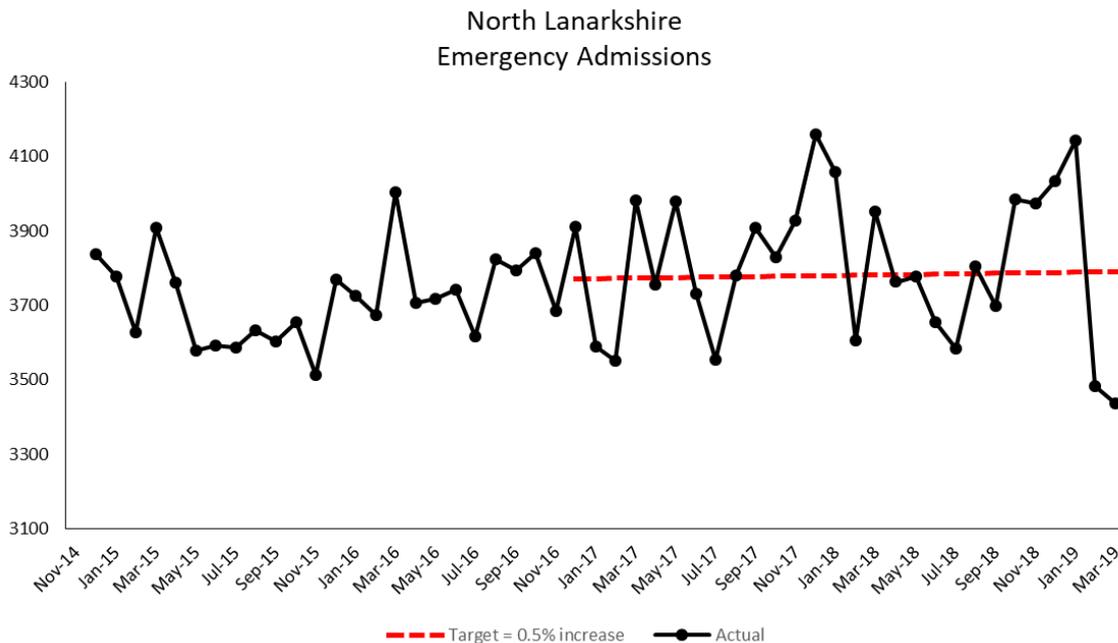
3 Ministerial Strategic Group for Health & Community Care: Understanding Progress Under Integration

In 2017, the Scottish Government, in conjunction with integration authorities, introduced the Measuring Performance Under Integration performance framework, as a means of providing a consistent approach to understanding the impact of integration on the health and social care system across a small number of indicators. These indicators focused on:

1. Emergency admissions
2. Unscheduled bed days
3. A&E Attendances
4. Delayed Discharge
5. End of Life Care
6. Balance of Care

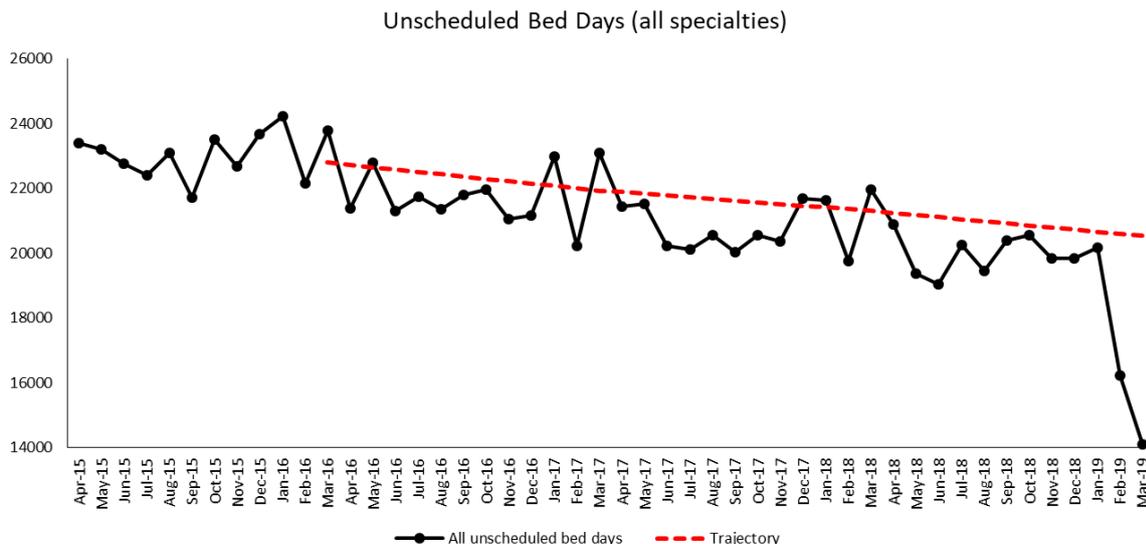
As a partnership we set out improvement objectives under each of these topics, with anticipated trajectories and results set out for achievement by March 2019. The section below sets out an assessment of our performance against these improvement objectives and the refreshed aims and objectives we have set ourselves for 2019/20.

Emergency Admissions



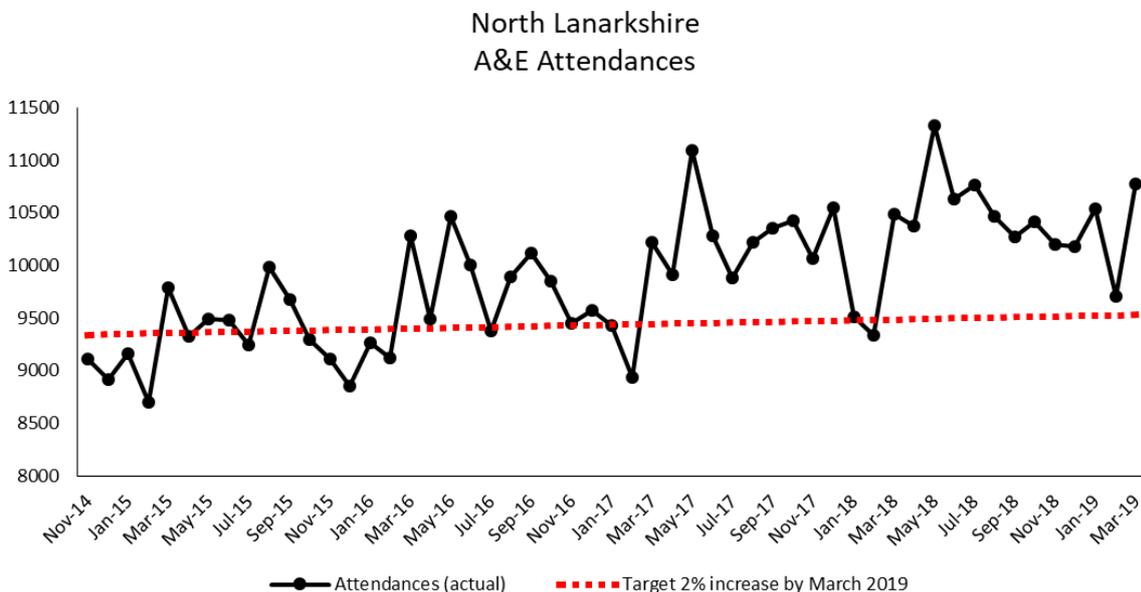
We monitor the number of emergency admissions on a monthly basis as part of this framework, as illustrated above. The total number of emergency admissions for 2018/19 was 45,339, which was 0.2% below our annual target for 2018/19.

Unscheduled Bed Days



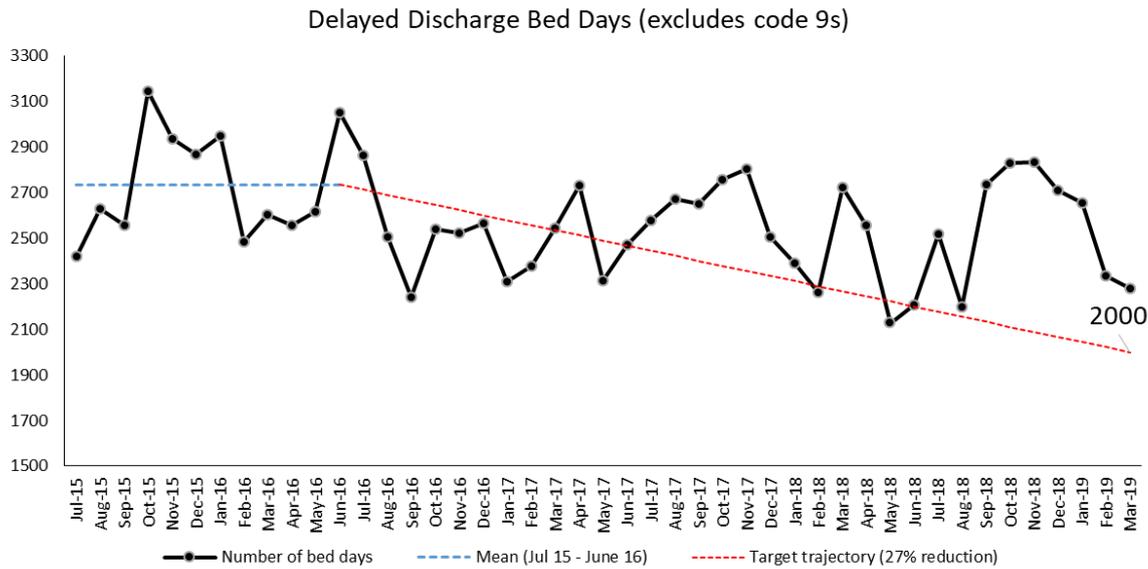
We set out ourselves an overall improvement objective of reducing the number of unscheduled bed days by 10% by March 2019, using 2015/16 as our baseline year. It is evident from the chart above that we have been able to deliver consistent reductions in the number of unscheduled bed days over the period 2016/17 – 2018/19. Please note that more recent data points in this dataset are subject to incompleteness and are likely to change as this dataset is updated.

Accident & Emergency Attendances



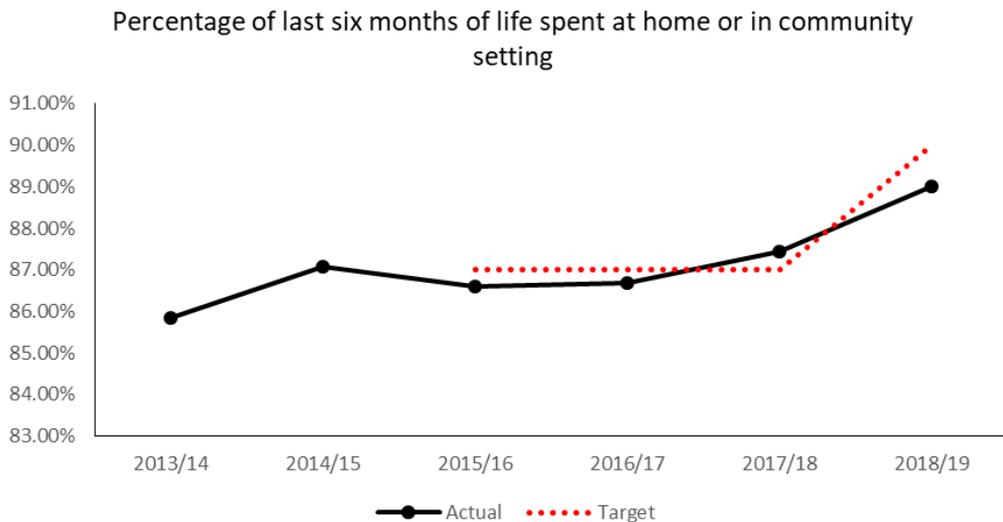
The number of A&E attendances has been gradually increasing for a number of years and the partnership set itself an objective of trying to reduce the rate of increase in attendances by March 2019. This has proved a challenging objective to achieve over the past year with attendances continuing to rise. However, the partnership is working with colleagues in Acute Services to progress a range of actions designed to offset the increasing pressures on unscheduled care.

Occupied Bed Days Due to Delayed Discharge



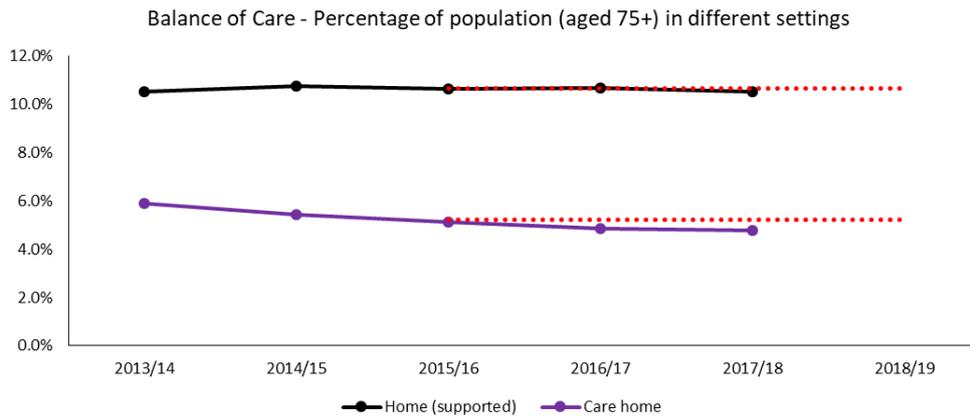
Our progress in delivering our improvement objective for reducing the number of occupied bed days due to delayed discharge has been steady with increased pressure noticeable over the winter period. The rising number of individuals with increasingly complex needs requiring assessment has had the most significant impact on the increased number of bed days over the winter period. The partnership continues to support key initiatives such as Discharge to Assess, with the aim of reducing the overall number of bed days.

End of Life Care



We continue to focus on supporting as many people who are approaching the end of their life to remain in their own home or within a community setting. Our objective for 2018/19 was to achieve 90% of the last 6 months of life to be spent at home or in a community setting, which we missed by 1 percentage point. However, the graph above illustrates that we are continuing an upward trend in the proportion of the last 6 months of life spent at home or in a community setting, reflecting the efforts of our staff in providing intensive end of life support to individuals and their families.

Balance of Care



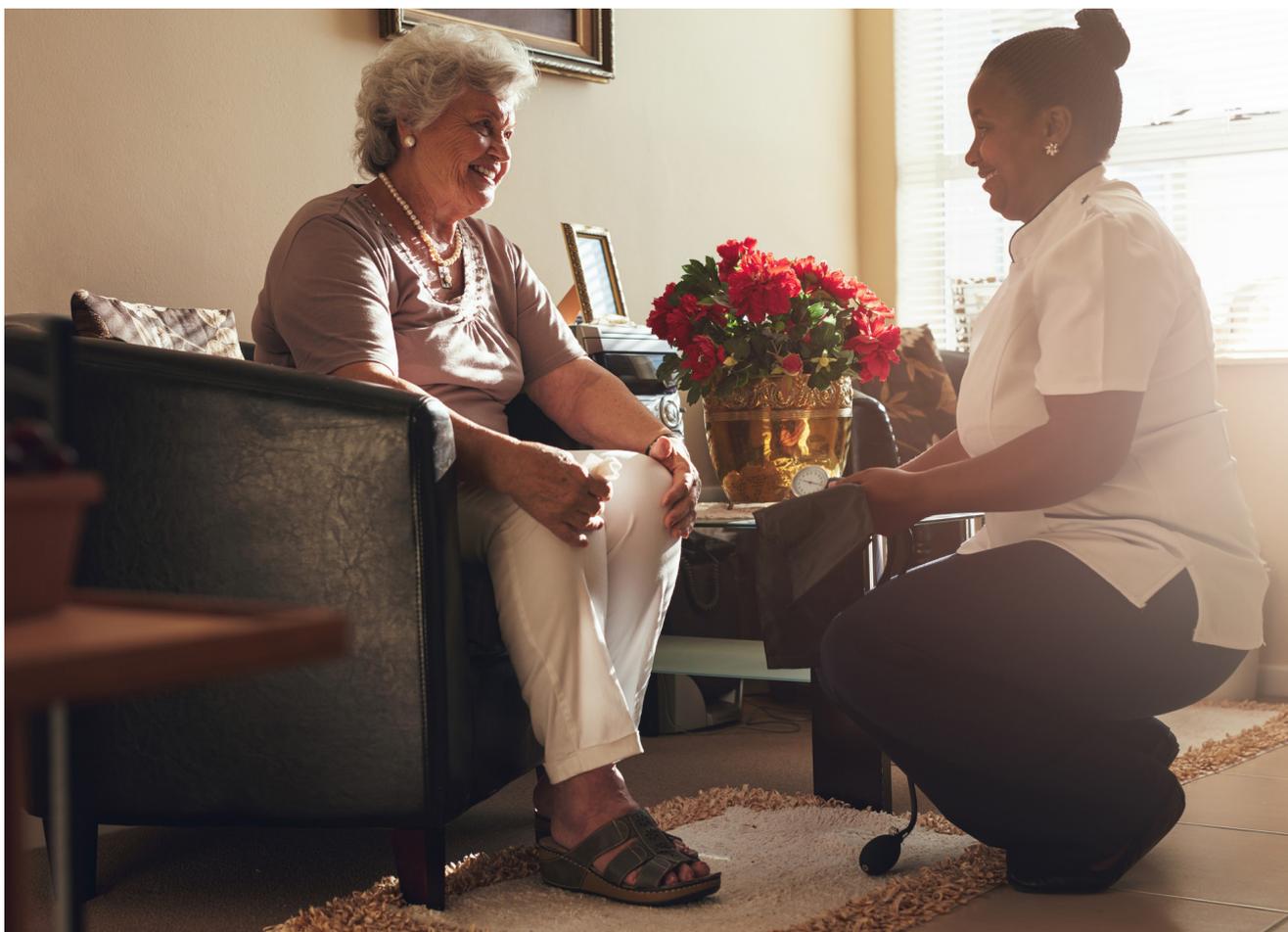
Our intention is to maintain the percentage older people supported at home and in a care home setting. We have yet to confirm our position for 2018/19, but the graph above illustrates the steady position we've been able to maintain since 2013/14.

4. Delivering Outcomes

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

We are obliged under the Public Bodies (Scotland) Act 2014 to publish this Performance Report no later than four

months after the end of that reporting year. This report covers the period April 2018 to March 2019, and is therefore to be published no later than the end of July 2019. It should be noted that, as a result of these statutory timescales, full year data for 2018/19 for indicators 11, 12, 13, 14, 16, 18 and 20 are not yet available for publication. Following advice received from Information Services Division (ISD) of NHS National Services Scotland, we were asked to publish calendar year data up to and including 2018.



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

National Outcome Indicators								
90% of adults are able to look after their health very well or quite well (2017/18)	75% of adults supported at home agreed that they are supported to live as independently as possible (2017/18)	71% of adults supported at home agreed that they had a say in how their help, care, or support was provided (2017/18)	70% of adults supported at home agreed that their health and social care services seemed to be well co-ordinated (2017/18)	75% of adults receiving any care or support rated it as excellent or good (2017/18)	76% of people had a positive experience of the care provided by their GP practice (2017/18)	76% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (2017/18)	33% of carers who feel supported to continue in their caring role (2017/18)	80% of adults supported at home who agreed they felt safe (2017/18)

	National Data Indicator	2016	2017	2018	Compared with last year	Compared with Scottish Average
NI - 11	Premature mortality rate per 100,000 persons	522	482	N/A		
NI - 12	Emergency admission rate (per 100,000 population)	15,511	15,564	15,599	↓	↓
NI - 13	Emergency bed day rate (per 100,000 population)	128,047	121,332	112,114	↑	↑
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	100	99	99	↔	↑
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	87%	87%	88%	↑	↔
NI - 16	Falls rate per 1,000 population aged 65+	21.3	22.1	22.7	↓	↓
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83% (2016/17)	79% (2017/18)	76% (2018/19)	↓	↓
NI - 18	Percentage of adults with intensive care needs receiving care at home	71%	72%	n/a	-	↑
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (aged 75+)	1003	982	992	↓	↓
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	22%	21%	↑	↑
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA

↑	Performance levels are higher
↓	Performance levels are lower
↔	Performance levels are the same

The next section of this report takes each of the national outcomes in turn, and presents some of the key achievements and developments from the last year.

National Health and Wellbeing Outcome 1

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

Making Life Easier (MLE)

Making Life Easier (MLE) is a self-assessment platform which provides a consistent approach of advice, signposting and support to individuals living in North Lanarkshire. This unique, easy to use and accessible resource means that early intervention and prevention is a reality for the people of North Lanarkshire. MLE provides personalised responses to individuals following their completion of a self-assessment. It provides a gateway to advice in the form of hints and tips, signposting to local services and when required equipment provision.

At a time when demand for health, social work and social care services are growing, public expectations are rising and financial resources are reducing, the current models of service delivery are not sustainable. It is

therefore crucial that we move to models such as MLE where individuals are guided to use their natural assets where possible and that they are empowered to self-manage and are given the tools to improve their own health and well-being when appropriate to do so. This will result in services having more capacity to respond to those that need them.

Work is underway to develop an integrated professional user interface. This interface will support staff and their confidence to enable them to deliver consistent, effective responses to individuals referred into services. It will underpin a paradigm shift for staff; to a culture where individuals are encouraged to self- manage where possible and are empowered to do so. This will also equip and support our localities with this shift in service delivery.

Aim	Primary Drivers	Secondary Drivers	Change Ideas
600 people using the system every quarter to receive help, advice, signposting and support	People receiving support at the right time, supported by the right person in the right place. Not having to come to statutory service unless necessary	Single point of access into service	Service user feedback to improve system
A single point of contact into service for the individuals living in North Lanarkshire	Empowering people to self manage and giving them the tools to do it	Rehab / Re-ablement approaches	Data analysis to inform improvement
A system which will reduce inequalities in our communities providing targeted health and wellbeing advice and signposting	Improvement of health and wellbeing	East of access to services when assessment, care and support is required	Locality performance flash reports
		Consistent responses from clinical reasoning around decision making	Steering group development
		Professional advice, guidance and support easily accessible	Build health links
		Integrated/Partnership staff engagement and ownership and cultural shift to early intervention and prevention	Introduction of new staff platform
		Decisions more co-ordinated and streamlined	
		Change to existing understanding regarding natural aging	
		Cultural shift to where people manage their own lives and conditions	
Culture shift with all staff to see the value of self management			
Person centred and holistic			

There are currently numerous potential access points into Health and Social Care North Lanarkshire. Often these are confusing and extremely difficult for the people requiring guidance or support from our services to navigate. Whether people are making contact through phone, computer or face to face it is recommended that MLE is used as the main First Point of Contact.

Collectively H&SCNL hold a huge range of information and potential responses. All of which might be right for an individual's needs, but efficiently facilitating the right engagement can prove either easy or very complex depending on where the person enters the system and what initial response they get. Sometimes multiple entries into the system can offer individuals conflicting and often confusing guidance. MLE as a first point of contact would ensure that people would receive a consistent response.

Resource is required to provide ongoing analysis of the system. This analysis of feedback, platform usage and content will ensure that the system is as efficient as possible and that it is meeting strategic objectives.

- Survey will be provided digitally to all users of platform to gain clearer evidence regarding outcomes achieved from MLE platform.

- Life curve which is embedded into MLE platform should provide us with data regarding any improvements to people's aging decline as a result of using the system.
- Telephone surveys to gain stories and feedback from users of services.

For the system to be as holistic as possible further collaborative work with health services is essential to incorporate health improvement across a wide variety of areas e.g. continence, back pain. The system requires to be developed further with rehabilitation pathways and the development of tools to allow individuals to self-rehab where appropriate.

In order that individuals and staff know and use MLE communication and training are essential. There are currently champions across the service and there is a rolling program across employees within the partnership. However, this needs to be further developed to ensure that all staff have a fundamental knowledge of the platform and what it can offer. In addition, in order to promote early intervention and prevention and to get to a wider group of people earlier there needs to be an increased presence in community settings and work needs to be undertaken with the voluntary and independent sectors.

National Health and Wellbeing Outcome 2

People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Community Capacity Building & Carer Support

Community Capacity Building and Carer Support (CCB&CS) is Health and Social Care North Lanarkshire's Third Sector delivery branch. Through the CCB&CS Strategy the Third Sector's contribution is co-ordinated, robustly monitored and works to the regional logic model based on a series of programme outcomes. The CCB&CS work is based on co-production (which includes co-commissioning at a community level); giving people choice and control and connecting people to their communities.

Using nine thematic leads to guide best practice and 6 locality host organisations to ensure a truly community led approach, a devolved budget of £1.14 million is directly invested in organisations and community groups with countless others receiving support from other means. Investment ranges from micro-investment and matched funds to strategic investment in thematics of up to £75,000. Our programme approach ensures that all activity links to programme outcomes and that best value is achieved. Additionally, the programme is able to use its budget to leverage a significant although variable amount of additional funding and in-kind contributions. In 2018/2019 a conservative estimate of in-kind of contributions totalled £62,775 with £485,000 additional income leveraged (appendix 6).

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

CCB&CS REVIEW

The Programme has been running for six years and a review of CCB&CS was a commissioning intention of the 2018/2019 Joint Strategic Commissioning Plan and as such SLT commissioned the Improvement Service to lead on this review.

This review was the first of its kind to review a Third Sector Strategy and was to consider how stakeholders felt that the CCB&CS had been performing in terms of the following areas which are derived from good practice concerning what makes for effective, outcome-focused partnership working. The areas reviewed were therefore:

- Community Engagement and Participation
- Strategic Planning
- Focus on Outcomes
- Leadership and Relationships
- Governance
- Use of Resources
- Performance Management
- Reporting Impact

After some initial scoping in December 2018, a Checklist was agreed and electronically distributed to key CCB&CS stakeholders which included SLT and Third Sector partners. The findings from the Checklist were analysed by the Improvement Service which formed the basis for a Consensus Session and Improvement Planning Session which was led by the Improvement Service on 22nd February 2019.

The Improvement Service described the findings of the Checklist as very positive with the highest scoring three statements (noted below) demonstrating that outcomes are being achieved and endorsing the efficacy of

the strategic, partnership approach:

- The CCB&CS programme outcomes link to the 9 national outcomes. Focus on Outcomes /Rated 1/43 (100%)
- By working together, the CCB&CS has delivered improvements which would not have been delivered by individual organisations. Impact/Rated 1/43 (100%)
- The CCB&CS strategy demonstrates an understanding of local needs and opportunities. Strategic Planning/Rated 1/43 (100%)

During the facilitated session, participants were asked to consider the findings, reflect upon the strengths and look to develop an Improvement Plan. Overall the review process has highlighted a number of strengths in terms of the areas covered in the Checklist, with the Improvement Plan focusing on how CCB&CS can further enhance its performance.

Four improvement areas and associated action plans were agreed. These are:

- **The CCB&CS should improve the use of localised data in identifying key challenge and particular needs for localities.** This includes refreshing how data is currently used and working with HSCNL to work with CCB&CS to better enable the Third Sector to inform data to build a more a holistic picture of community including using CCB&CS' feedback from stakeholders and local knowledge.
- **Consider how the process of funding the CCB&CS can be improved to support more effective strategic planning to meet the outcomes of the strategy.** This includes looking at longer term funding; ensuring that prevention and early intervention and prevention remain a priority; and working to the strategic plan which aims to realign existing Third Sector Investment through CCB&CS to get better value and better outcomes as per 5.1.1 above.

- **Identify more innovative and accessible ways to share information including performance governance and key messages** including in branding CCB&CS better.
- **Explore how CCB&CS can better market and celebrate their achievements across North Lanarkshire** including developing a clear comms strategy (linked to 5.4.3) and investing in a dedicated communications officer.

Home Support – Reablement

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

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

The new model of Home Support is a key element of the future integrated model in North Lanarkshire. Implementation of the new model will improve the outcomes that the service is able to deliver to people, improve system performance, meet requirements as they relate to relevant acts, policies and guidance and reduce projected increases in cost.

The roll out of the SDS approach for those requiring ongoing paid support will create a more person centred approach in North Lanarkshire, where younger adults and families of children with a significant disability are already supported with an individual budget. As the uptake of older adult SDS

increases, the balance of support and care that will be provided through the in-house or other providers, will determine the level of recruitment of staff required in either sector. This is now being rolled out in a systematic basis from the beginning of April.

We continued to develop our reablement service in North Lanarkshire during 2018/19, with additional capacity created across all localities as they each moved to the establishment of three reablement teams. In 2018/19, 1,941 individuals were supported through the reablement process in North Lanarkshire, the highest annual number of people our service has supported. Across the year, on average 71.5% of people who completed the reablement process required no further support or a reduced level of support.

As capacity has increased, the service is able to offer reablement support to more new service users or current service users whose current circumstances have changed. Since the start of the financial year, the percentage of new service users or those with an increased package of care who have gone through the reablement process has increased from 53.8% to 67% by the end of the year.

Home Support – Intensive Teams

As part of the changing nature of home support, each registered service within the six localities of North Lanarkshire have set up an intensive support team as a part of the locality service. The eventual aim is to have two intensive support teams in each locality or possibly a second shared team between two localities dependent on demand.

In conjunction with the establishment of reablement teams, the intensive support team, working in partnership with health colleagues, offer support and care for those with complex, frequently changing needs and end of life care. This team also augments existing support packages, (for

up to two weeks), for people who require more intensive support for a short period of time. Overnight teams are also an important element to the overall home support provision including the intensive support teams. These teams are locally based and provide specific interventions during the night, such as turning a person in bed, or checking on someone with dementia who may be prone to being unsettled during the night.

Integrated Rehabilitation Teams

In September 2017, the partnership introduced a demonstration site in the Motherwell locality bringing together therapists from the acute sector, community and local authority in an integrated community team using a unique joint system of triage and prioritisation. The demonstration site ensured service users received timely access to the appropriate service and practitioner and reduced overlap and duplication of provision, while placing rehabilitation and reablement principles at the heart of social service and care delivery.

The Motherwell demonstrator project has realised the potential to achieve these ambitions, beginning with one small integrated therapy team that has now evolved over a 20 month period to Integrated Rehabilitation Teams in all six HSCNL localities. The overarching aim is to develop and strengthen rehabilitation services within HSCNL by shifting 25% of capacity. This redirection of resource will allow service users to be seen by the right person, at the right time in the right place and will allow for greater focus on early intervention and prevention strategies. Achievement of this aim should help balance the increasing demands required with an ageing, frailer and more expectant population.

The roll out across all 6 Localities was accomplished due to a tremendous team effort from multi-disciplinary colleagues: Human Resources, Finance, IT, Trade Unions,

Admin Team and Senior Management.

The work in Motherwell has shown significant service benefits, particularly around shorter waiting times and increased coordination of activity, in line with our aspirations for creating a single service from the point of view of the service user which we anticipate over the next few months and years the other localities service users and staff will also benefit from this way of working.

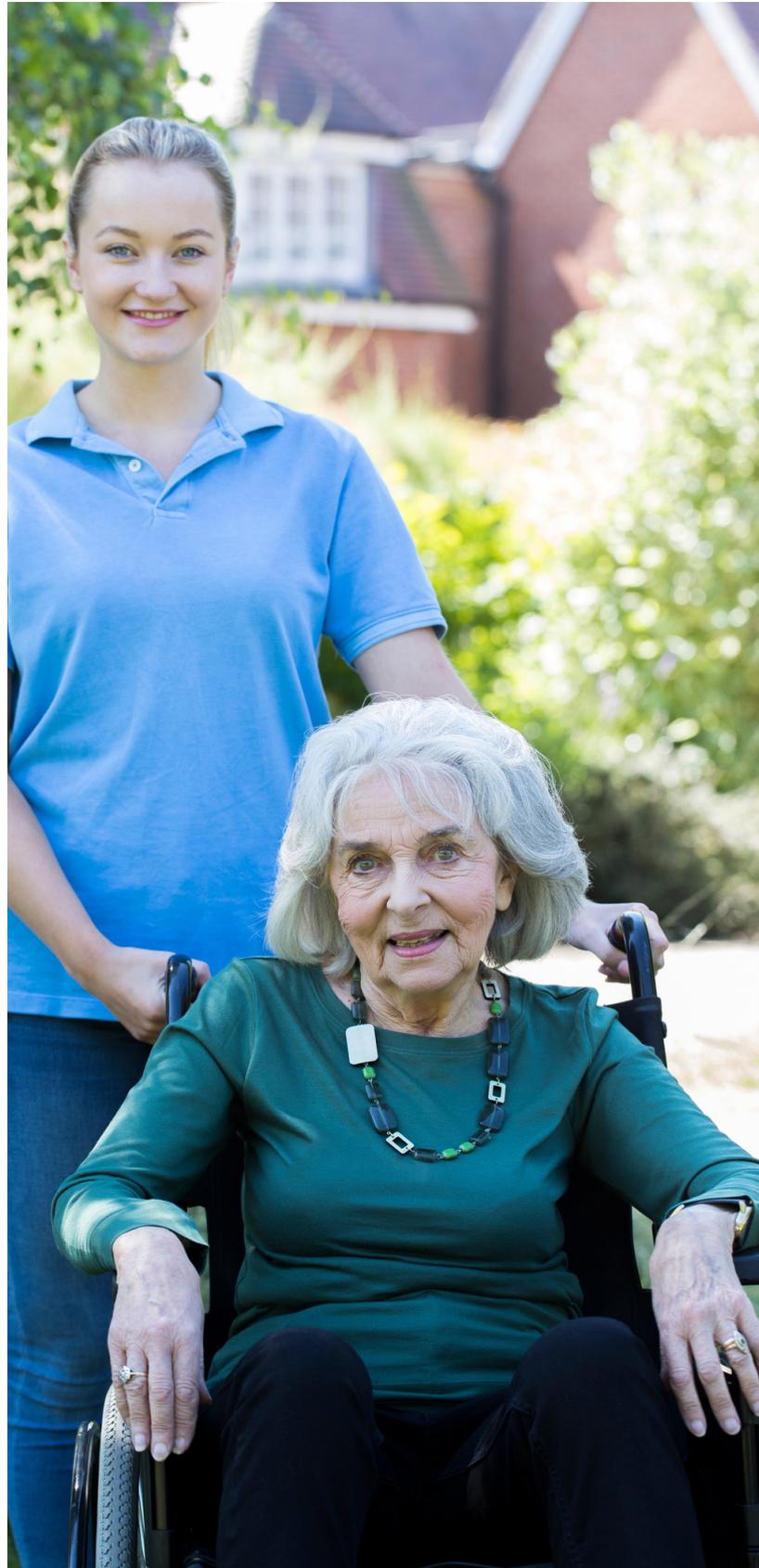
The integrated rehabilitation team received a commendation as part of the 2019 Management Journal Awards, in the Care & Health Integration category.

Discharge to Assess

During the latter half of 2018/19, the Health & Social Care Partnerships for both North and South Lanarkshire, in conjunction with the Acute Services division of NHS Lanarkshire introduced Discharge to Assess, as a means of expediting patients discharge from hospital. Discharge to Assess Co-ordinators, based in each of the acute hospitals identify individual who could benefit from the pathway

Significant progress has been achieved in the short life of the pathway with over 100 people supported through the discharge to assess process. Work continues to improve the pathway, working with staff across the whole system and continuing to work with patients and their families to ensure their needs are met.

We will continue to monitor progress to determine the impact on our delayed discharge and unscheduled bed days performance.



National Health and Wellbeing Outcome 3

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

Distress Brief Interventions

The Distress Brief Intervention (DBI) programme emerged through direct engagement with citizens who have experienced distress, front-line service providers and literature review, which highlighted inconsistency in the compassion experienced, poor connectivity and a significant gap in support for those who present in distress or present with multiple contributing factors, but do not fit into or meet the criteria for the traditional clinical model of support.

The programme is building ***connected compassionate support***, through a large and far reaching national and regional distress collaboration between health and social care, emergency services (Primary Care, Police Scotland, Scottish Ambulance Service and Emergency Departments) and third sector, putting citizens at the centre,

The DBI 'ask once get help fast' approach has two levels. DBI level 1 is provided by trained front-line staff and involves a compassionate response, signposting and offer of referral, seamlessly with confidence and clarity to a DBI level 2 service. Level 2 is provided by commissioned and trained third sector staff who contact the person within 24-hours of referral and provide compassionate community-based problem solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days.

A clear vision: ***connected compassionate support***, has nurtured the strongest spirit of collaboration. The demedicalisation of distress and the focus on people as citizens has been empowering and inclusive. A focus on compassion defined as "a sensitivity to distress together with the commitment, courage and wisdom to do something about it", underpins a shared commitment to collective action.

Self-assessed confidence, skills and knowledge has been built through training led by University of Glasgow, which has seen over 1,200 staff trained across all four key frontline DBI level 1 service pathways (Emergency Departments, Primary Care, Police Scotland and Scottish Ambulance Service).

Over 2,500 people have received compassionate support at level 1 and been referred for DBI level 2 supports so far.

Controlled and incremental implementation throughout, via improvement science, has enabled trusting and respectful relationships and partnerships to build both nationally and regionally, supporting learning and continuous improvement through a DBI central team, national DBI Programme Board and DBI Implementation Boards in the four partnership sites. The learning will be shared with other areas of Scotland, including:

- Building effective partnership through memorandum of understanding
- Effective information sharing approved at the highest level
- The collaborative infrastructure, tools (such as referral forms, information leaflets, Standard Operating Procedures, Distress Management Plans) and systems (such as secure electronic referral and data capture), in support of the effective delivery of DBI have been tested and implemented through robust information governance requirements, giving staff the tools, confidence and trust to 'do the right things, right'. Frontline services support each other through supported decision making.
- Training for front-line staff and level 2 staff
- Data collection framework

Service User & Carer Engagement

Engagement and Participation

Work to develop stakeholder engagement in IJB governance structures has progressed during 2018 and 19. Actions during the former part of the year were reflective, assessing the work to date and gathering stakeholder views. During the latter part of the year, an action plan was prepared to agree shared priorities and identify how these will be taken forward during 2019-20.

Who has been involved?

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

- Partnership for Change, the forum for service user and carer involvement in Health and Social Care NL.
- North Lanarkshire Carers Together support adult carers and have a campaigning, information and representative role in NL.
- The Public Partnership Forum, who represent community interests and link with IJB through Partnership for Change.
- Third Sector organisations and groups coordinated through Community Capacity and Carer Support structures, strategy and investment.
- The Independent Sector through funding to Scottish Care, who employ a staff member to develop engagement and participation in this area.

What has been achieved?

- Ongoing representation of services users, carers, third sector and independent sector representation across the governance structures of H&SC NL. This includes Integrated Joint Board, Partnership Boards and the Locality Planning Groups.

- Support for service user representatives through the developing Service User and Carer Forum hosted by Partnership for Change.
- Part 1 of a review of stakeholder engagement was completed. This focussed on service user, carer and community involvement and included focus groups, a report, consultation and recommendations that were taken forward during the latter part of 2018-19. One of the recommendations from the review was to refresh the Participation and Engagement Strategy Group. Meetings from November established terms of reference, membership, a framework for engagement and participation and an action plan. Approval will be sought on the action plan to progress work during 2019-20.
- Quarterly Assimilation Meetings bringing service user and carer representatives together to support their role and provide additional opportunities for participation in the governance structures.
- Representation of services user, carer and community interests in Monklands Replacement Refurbishment Programme.
- Initial work on the new Strategy for Carers 2019-2024.
- Preparation for a review of the Carers Strategy Implementation Group during 2019-20.
- Implementation of new duties under the Carers (Scotland) Act 2016.
- The contracts and funding for carer services and supports was reviewed and tendered. A contract of 3 Lots was awarded from March 2019; Direct Support for Adult Carers, Young Carers Support Services and Adult Carers Campaigning, Information and Representation Services.
- Community Capacity Building and Carer Support are linked to stakeholder engagement and, although they report

separately and in more detail, key achievements include the five year Community Capacity Building and Carer Support Strategy and a review of the governance structures which was undertaken by the Improvement Service. The approach included a self evaluation and produced improvement actions to take forward.

Service User and Carers Engagement

Partnership for Change has been delivering across five work streams.

1. Engaging with a wider range of service users and carers

- Partnership for Change have increased their membership from 11 to 17 organisations. The organisations represent a wide range of disabilities, local geographical services and supports and minority and excluded groups.

2. Gaining understanding and knowledge through an independent comments system

- Partnership for Change continue to support the extension of Care Opinion from NHS Lanarkshire into H&SC NL. Progressing the interest is the role of H&SC and an implementation plan for the period 2020-21 is developing.

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

- Production of briefing notes for IJB Board Meetings to support representatives at pre meetings and full IJB Board meetings.
- Support for service user and carers representatives to attend

- Addictions, Learning Disability and Mental Health Partnership Boards
- Frailty & Long-Term Conditions Partnership Boards.
- Strategic Commissioning Planning Group meetings.
- Quarterly Assimilation Meetings bringing service user and carer representatives together to support their role and provide additional opportunities for participation in the governance structures.
- Representation of services user, carer and community interests in Monklands Replacement Refurbishment Programme.
- Established links with the North Lanarkshire Public Partnership Forum (PPF) and NHS Lanarkshire Public Reference Forum (PRF).
- Consultation and response on the IJBs amended Integration Scheme.
- Active participation in the Lanarkshire Mental Health Strategy consultations including representation on the Mental Health Strategy Communication and Engagement Subgroup.
- Engagement of service users and carers in the review and redesign of NL Community Alarm Service.

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

- Established and maintained a schedule of IJB meetings, Partnership Board meetings and all 12 Locality Planning Group meetings.
- Continued recruitment of service user and staff supports from member organisations to participate in the 12 Locality Planning Groups within the 6 localities.
- Further developed a distribution network across member organisations to forward information about developments, events and invitations.

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

- Identified three priorities to work on to develop more detailed co-produced solutions: Transport, Community Alarms and Self Directed Support.
- Transport and access to services. The model for future engagement is established and there will be opportunities for dialogue on areas for development such as car parking.
- The review of the Community Alarm Service has continued to engagement and involve service users and carers.
- There was a successful funding application from CCB&CS to Support in the Right Direction. North Lanarkshire Disability Forum and Equal Say Advocacy will be delivering on the outcomes identified.
- Working with Self Directed Support Scotland to engage service users in North Lanarkshire in a survey on their experiences of accessing Self Directed Support- "My Support My Choice". The results of the survey will be available locally to inform continuous improvement.

North Lanarkshire Carers Together

As well as being members of Partnership for Change, North Lanarkshire Carers Together are fully engaged in Community Capacity and Carer support and have a specific role to involve carers in the LPG structures.

Six carers, who had participated in training during the previous year, engaged with Locality Planning groups and a co-ordinated support programme is in place. Alongside service user representatives experiences on LPGs, and in line with recommendations from the Engagement and Participation Strategy Group action plan, these experiences will inform future development and support in this area.



National Health and Wellbeing Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Care Home Continence Improvement Project

During 2017/18, the Care Home Continence Improvement project set out to improve approaches to continence care across two care homes in North and South Lanarkshire, Summerlee House in Coatbridge and David Walker Gardens in Rutherglen. The initiative allowed care home staff to improve the quality of care through better recording of processes and introducing small changes including medication reviews and reducing caffeine intake.

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

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

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



Our intention is to support as many individuals to live independently in their own homes for as long as possible. For some individuals, however, their needs can only be met through 24 hour care and admission to a

care home. The following case study looks at the work involved in supporting an individual and their family as their needs become increasingly complex.

Case Study

The need to move into a care home environment is mainly perceived as a negative transition in the life of an older adult. However, it is important to focus on the positive aspects of this transition on the social, physical and psychological well-being of those in need of 24 hour care. In order to discuss how this can actually be a positive experience, the case study below illustrates how the quality of life of an individual can be enhanced through positive experiences within a care home environment.

Miss X is 81 years old and was assessed as requiring 24 hour care to meet her increasing needs. This was due to increased frailty and her advanced cognitive decline due to the diagnosis of dementia. Miss X would regularly decline personal care, medication prompts and it was difficult to ensure an adequate fluid and nutritional intake. Miss X would not agree to move into a care home environment and although her daughter had Guardianship in place, Miss X would not leave her home.

The social work team and community mental health team worked in collaboration during this difficult period. Miss X was seen by both the psychiatrist and psychiatric nurse who stated that there was not appropriate mental health legislation which would facilitate a move into a care home environment. This was further compounded by the fact that Miss X had mobility issues and resided in a second floor flat. Consideration was given to sedation, however this raised an ethical dilemma regarding the appropriateness of this type of intervention.

Miss X would regularly spend extended periods in her bed adversely affecting her mobility which caused unsteadiness and an increase in falls. She would refuse home care support displaying periods of distressed behaviours when staff entered her home.

These behaviours were also directed towards her daughter, who was no longer able to have a positive relationship with her mother which caused her a great deal of distress. Her daughter had to reduce her visits and when in the home ensure that her mother was not aware that she was there. These behaviours manifested in her shouting and hitting out at others and refusing assistance with all aspects of tasks of daily living. This resulted in Miss X not always receiving the necessary medication and high levels of self-neglect due to a lack of personal care.

After a fall, she was assessed by ambulance crew who advised that she had not sustained an injury requiring an acute hospital admission, however they were concerned in relation to her personal care and level of confusion. After discussing this with her daughter on the telephone they were able to transfer Miss X to a care home as this had been previously arranged.

In discussion with Miss X's daughter, she advised that the change in her mother's presentation was unbelievable. Miss X was now interacting with others in the care home. She was mobilising regularly in the care home environment and spending less periods in her bed. She was now fresh and clean and enjoying a nutritious diet. Miss X was benefitting from reminiscing with her peers and staff, sharing her experiences which promotes a sense of achievement and fulfilment. Her daughter also advised that Miss X is no longer displaying distressed behaviours and they have now returned to a positive mother daughter relationship.

The family's experience demonstrates the importance of a care home being a positive transition for an individual. It also shows that good quality care homes for people with dementia can provide a vital service for those who move into them and their families.

Dementia Post Diagnostic Support

Enhancing dementia -post diagnostic support through the use of technology

Every person with a diagnosis of dementia in Scotland is offered post diagnostic support as stated within the Scottish Government Dementia Strategy. It is estimated that over 10,000 people in Lanarkshire have dementia and meeting the demand of providing post diagnostic support to all those newly diagnosed has proven to be extremely challenging. In order to provide this valued approach to everyone with a diagnosis of dementia timeously, NHS Lanarkshire has embraced the use of technology.

The Clinical Knowledge Publisher was the chosen platform for building a resource for assisting with post diagnostic support. Using technology to complement the existing service is unique and is not provided anywhere else in Scotland. This software is ideal due to its availability and usability. The intention of this online dementia post diagnostic support resource is to provide education, support and sign posting for individuals with dementia, families, carers and healthcare workers.

Following a diagnosis of dementia individuals are given clear guidance on how to navigate this resource in order to provide immediate access to information. This recourse can be used independently, however it is also available through North and South Lanarkshire library services where additional support can be provided.

This resource was launched in March 2019 and was tested earlier in the year by individuals with dementia and /or their carers who had volunteered to participate. The completion of an anonymous survey followed this test period and proved to be very positive.

Ongoing feedback will be gathered from the site via a survey which can be found on the landing page. Success of this tool will also be measured by the number of individuals accessing it.

The Identified areas of measurable benefit for individuals with dementia, their family/carers, old age psychiatry, other health and social care and 3rd sector providers are:

- Enhances current PDS offered without increasing workload.
- Reduces the need for staff contact.
- Accessible information when required.
- Ensures patients' access validated information.
- Improves staff knowledge of dementia PDS and services within Lanarkshire.
- Continuity of information being provided.
- When dementia symptoms change, involved others can access advice; therefore potential reduction in required GP or CMHT support.

National Health and Wellbeing Outcome 5

Health and social care services contribute to reducing health inequalities

Rapid Rehousing Transition Plan

Health & Social Care NL are a key participant and contributor to the Community Planning Partnership's Local Outcome Improvement Plan, which has the express commitment to tackling inequalities in North Lanarkshire. Members of the Health and Homelessness Steering Group have been working closely with North Lanarkshire Council Housing colleagues over the last few months to develop the Health and Social Care contribution to the plan. These actions will build on the work that has already been taken forward through the North Lanarkshire Health and Homelessness Action Plan.

In addition to the work already outlined in the Health and Homelessness Action plan the HSCP has also contributed to the development and implementation of the North Lanarkshire Rapid Rehousing Transition Plan.

- Development of a care management model to support localities to coordinate care for homeless clients with the most complex needs (those offered a Housing First approach). This will initially be developed through the Health and Homelessness service with a dedicated Health and Homelessness lead professional and support worker aligned to each locality to work closely with locality Housing and Health and Social Care colleagues. The configuration and management of this team will be further defined once the plan is approved.
- Extension of the provision of Self Directed Support to those at risk of or experiencing homelessness who are eligible for packages of care. It is proposed to test this on a small scale in the first instance and scale up over time.
- Further development of the Community Prescribing Service Recovery Review Model to include health reviews for physically compromised alcohol dependent service users, extension of Drug Treatment and Testing Orders and improve delivery of services to people with multiple complex needs.
- Increase in Health Improvement capacity to lead and coordinate delivery on the preventative actions in the Health and Homelessness Action Plan

National Health and Wellbeing Outcome 6

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

Carers Act

Carers are recognised as equal partners in the delivery of support and care and

North Lanarkshire has developed and benefitted from a long term relationship with the people who care for the most vulnerable individuals in North Lanarkshire and the organisations who support them.

The Carers (Scotland) Act 2016 came into effect on 1 April 2018 and introduced new statutory requirements for planning and arranging support for unpaid adult carers and unpaid young carers. The Act is designed to support carers' health and wellbeing within each Health and Social Care Partnership area. Requirements include:

- A duty to provide support to carers, based on their assessed needs in line with a locally developed eligibility criteria;
- Ensure that adult carers and young carers will be at the centre of decision making on how services are designed, delivered and evaluated
- Development of a specific Adult Carer Support Plan (ACSP) and Young
- Carer Statement (YCS) to identify carers' needs and personal outcomes including a break from caring; and
- A requirement to have an information and advice service for carers on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights

A multi-agency review was undertaken to scope and redesign support including independent assessment of carers' views, and consultation with third sector organisations, resulting in revised service structures and service specifications. Health & Social Care North Lanarkshire instructed North Lanarkshire Council to establish contracts to meet its requirements in respect of supports and resources for unpaid carers in response to the Carers (Scotland) Act 2016.

The requirements were divided into:

- Direct Support for Adult Carers (awarded to Lanarkshire Carers Centre Ltd)
- Young Carer Support Services (awarded to Action for Children Services Ltd)
- Adult Carers Campaigning, Information and Representation Services (North Lanarkshire Carers Together)

Through these contracts we are working with providers experienced in providing high quality, innovative and responsive support to carers. Providers work with carers and key stakeholders including local and national organisations to ensure that the design and delivery of supports are complementary, maximise all existing resources and ensure there is collective learning and promotion of good practices.



The services are enhancing and sustaining the quality of life of carers by delivering on a set of key principles:

- Dignity –carers will be treated with dignity at all times.
- Privacy - carers will be free from unnecessary intrusion and have the right to confidentiality at all times.
- Choice - carers will, as far as possible, make informed choices, while recognising the rights of other people to do the same and be informed of choices.
- Safety - carers will feel safe and secure and be free from exploitation and abuse.
- Equality and Diversity - carers will be valued for their ethnic background, language, culture and faith, be treated equally and receive a Service which is free from bullying, harassment and discrimination and be able to complain effectively without fear of victimisation.
- Realising Potential - carers will be encouraged to achieve all he or she can and make full use of resources that are available from the service.

National Health and Wellbeing Outcome 7

People using health and social care services are free from harm

Adult Protection

In October 2018, North Lanarkshire's Adult Protection Committee published its fifth biennial report covering the period April 2016 to March 2018. The Committee continues to focus on discharging its key responsibilities as outlined in legislation and guidance, including:

- Ensuring staff training
- Raising public awareness
- Maintaining an oversight of adult protection activity
- Engaging with communities of interest including service users and carers and providers

Of these raising public awareness and extending public understanding of issues of adult protection remains an area of particular challenge. The Committee has also maintained a particular focus on three areas:

- Adult protection in registered care establishments
- Improving awareness of adult protection within Care at Home Services
- Disability Hate Crime

North Lanarkshire continues to have a high level of referrals and a high rate of referrals subject to investigation. Historically, there has been a very high rate of increase in referrals year on year - on average a 50% increase each year. Inevitably this has not been matched by a concomitant increase in resources and has created significant pressures within the key public agencies, particularly social work services.

Over the past two years we have seen a very slight decrease in referrals year on year in comparison to previous years, however referral numbers remain high although not at the same rate as previous years. This is an area that the Committee continued to monitor closely and have noted that while adult protection referrals have decreased there has been a marked increase in the number of "concern" reports received from Police Scotland. Concern reports are submitted where Police Scotland have concerns for the adult they are referring but they do not meet the criteria for adult protection. Social work response has been to manage those referrals similar to the adult protection referrals and this in essence has increased the demands on their service significantly.

Over the period of the Report, the Committee has again carried out a self-evaluation review of its structure, leadership and performance. This has led to the development of an Improvement Plan which is in the process of being implemented and will represent a significant element of the Committee's workload moving forward.

In addition the Committee has sought to extend its work to give a greater emphasis to evidencing outcomes for individuals subject to adult protection as well as gaps in the service. To this end we have carried out a number of exercises over the reporting period aimed at providing a more solid evidence base. This has included a Case File Audit of adult protection cases; a review of both statutory and third sector members on their awareness of adult protection and identified gaps and a review of referrals where "psychological harm" was the main reason for referral.

Suicide Prevention

In North Lanarkshire we have a local, co-ordinated, multi-agency approach to the delivery of suicide prevention activities. Our Suicide Prevention Partnership group 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.

The objectives of the group are as follows:

- To oversee and support suicide prevention work in North Lanarkshire.
- To work with partners to develop specific activities around suicide prevention in line with current research and demographic information.
- To oversee and evaluate the impact of suicide prevention work to ensure that the quality of such activities is sustained.
- To keep abreast of the national suicide prevention agenda promoted by Choose Life and to be informed to ensure a sound dialogue exists which in turn will inform future activities and events.

Suicide is a difficult topic for any age group. There is growing evidence that suicide impacts on school children and statistics show that over 200 school children are lost to suicide every year in the UK.

Four levels of training are currently offered

across North Lanarkshire, over the past two years 50 staff have been trained to deliver Suicide Prevention at the various levels across agencies.

- **SUICIDE TALK:** Basic awareness raising and information about suicide which can build capacity across communities. Suicide Talk has been delivered to community groups, businesses, colleges, football fans, churches and schools for S5 and S6 pupils. The private sector has been included e.g. McDonalds, Asda and the Royal Bank of Scotland along with the four local professional football clubs.
- **SAFETALK:** Safe talk is an extension of Suicide Talk which progresses to educating people on 'alerts to suicide' (risk factors, awareness and intervention). It is offered to staff of health and social care, the voluntary sector and those who may come into contact with vulnerable members of the community. Recently 10 sessions of Safe Talk were delivered to DWP JobCentre Staff.
- **ASIST (Applied Suicide Intervention Skills Training):** is an intensive 2-day course aimed primarily at Health and Social Care Staff, but open to the voluntary sector and community groups. Recently 24 managers from McDonalds completed the training. Any group of staff receiving Safe talk will have additional staff trained in ASIST to ensure a comprehensive approach and capacity to deal with escalation of risk.
- **STORM TRAINING:** Targeted at NHS and Mental Health Officer focusing on assessing risk in a clinical setting. Storm Training is currently under national review with a view to updating and refreshing.

National Health and Wellbeing Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Health & Social Care Academy Update

The Health and Social Care Academy has recently been established with a view to developing and promoting a range of entry routes into health and social care roles that offer valued, sustainable and satisfying jobs with many opportunities and progression pathways. Membership of the Health and Social Care Academy include NHS Lanarkshire, North Lanarkshire Council, Third and Independent Sector, Further Education and Higher Education organisations.

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

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

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

From August 2018 the Health and Social Care Skills Academy has offered:

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

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

NHS Lanarkshire has an established partnership with a number of Higher Education establishments such as University West of Scotland to proactively recruit newly qualified Registered Nurses from them. A test of change to host a Recruitment Fair at New College Lanarkshire at the end of May 2018. The event was attended by nearly 200 students graduating from the Collages Health and Social Care Programmes in June 2018 as well as those going onto to do a higher level qualification who will graduate in June 2019.

The event will be repeated in May this year and will include interactive workshops. It is being coordinated by Health and Social Care North Lanarkshire in partnership with New College Lanarkshire the third and independent sector with the aim of recruiting to a range of vacant posts. The intention is to evaluate the impact thereafter.

National Health and Wellbeing Outcome 9

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

Financial Year 2018/2019

The resources available to the Health and Social Care North Lanarkshire partnership (H&SCNL) to deliver the delegated functions set out in the Integration Scheme and the Strategic Plan are comprised of the financial contributions from North Lanarkshire Council (NLC) and NHS Lanarkshire (NHSL).

The financial position for public services continues to be challenging. Notwithstanding these pressures, within the financial envelope available to each partner and following a process of consultation, in March 2018 the North Lanarkshire Integration Joint Board (IJB) agreed a financial plan for 2018/2019 to ensure a balanced budget was achieved by 31 March 2019.

The detail of this plan is available at IJB Financial Plan 2018/2019 .

Partner Contributions 2018/2019

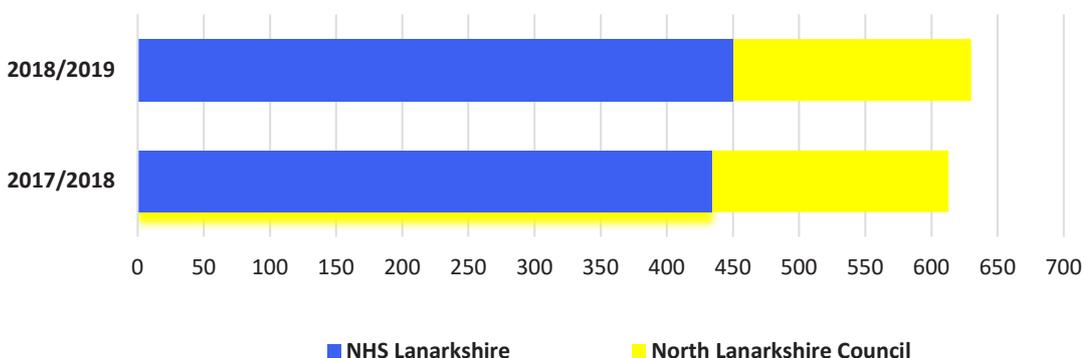
The total funding for the IJB in 2018/2019 was £630.084m (NHSL- £450.163m; NLC -

£179.921m).

- Both partners maintained the 2017/2018 baseline funding for the IJB in 2018/2019 and increased the funding contributions to the IJB by £10.081m (NHSL - £5.478m; NLC - £4.603m). Additional funding for NHSL was also received and passed on to the IJB during the year.
- Included within the funding available is a "set aside budget" totalling £56.978 million. This is a notional allocation in respect of "those functions delegated by the health board which are carried out in a hospital within the health board area and provided for two or more local authority areas". The IJB is responsible for the strategic planning of these services but not their operational delivery.

The comparison of funding contributions from the partners between 2017/2018 and 2018/2019 is graphically illustrated in the chart as follows:

Comparison of Funding 2017/2018 and 2018/2019 £m



Partner Expenditure 2018/2019

The total expenditure for the IJB in 2018/2019 was £632.301m. The comparison of actual expenditure between 2017/2018 and 2018/2019 on services is detailed in the table below.

Services	2017/2018		2018/2019	
	£m	%	£m	%
Social Care Services	209.623	35%	225.947	36%
Family Health Services	88.701	15%	94.362	15%
Prescribing Costs	72.636	12%	70.288	11%
Hosted Services	117.472	20%	119.676	19%
Hospital Acute Services	56.877	9%	56.978	9%
Health Care Services	48.423	8%	56.272	9%
Justice Services	6.324	1%	6.161	1%
Housing Services	1.993	0.3%	1.872	0.3%
Corporate Services	0.260	0.04%	0.745	0.12%
Total Expenditure	602.309	100%	632.301	100%

The expenditure aligned to health and social care services has continued to remain broadly consistent between the years. The overall increase in expenditure is £29.992m (5%).

Key elements of the financial profile across health and social care services over the past 12 months are summarised as follows:

- Employee costs total £217.202m across the partnership. This represents 34% of the total expenditure. There is an overall underspend of £0.472m across employee costs (NHSL - £3.305m underspend; NLC - £2.833m overspend). The average vacancy factor across NHSL over the year was 5.1% (138 WTE). This compares to an average of 3.1% during 2017/2018. In order to ensure services continued to be provided safely, additional hours were worked through bankaid, overtime and excess part-time hours, the cost of which was included within the financial position reported. The phasing of the expenditure for the new service developments against

the funding received in-year has also contributed to the NHSL employee cost underspend. Both of these factors taken together resulted in an underspend across NHSL pay costs of £3.305m. The overspend across social care services is mainly due to the nationally agreed pay award for 2018/2019 of 3.5%, which was higher than originally budgeted for, the increase in the demand for home support services and also the inclusion of non-recurring severance costs associated with the 2019/2020 savings.

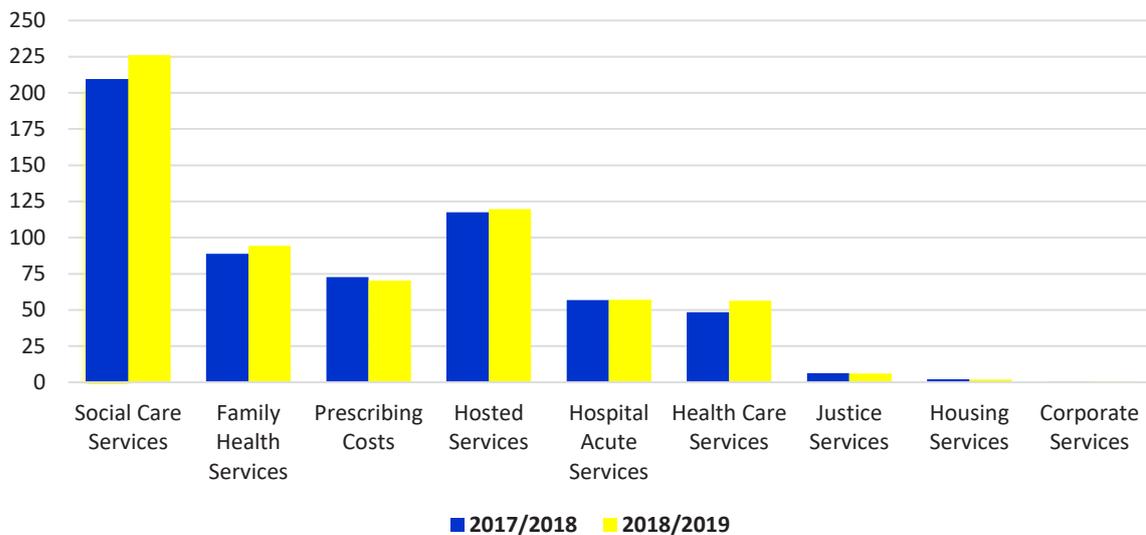
- There was an underspend of £1.464m in respect of prescribing costs which was achieved as a result of the action taken to effectively manage prescribing activity. Over the last few months there has been an increase in the number of drugs in short supply. This has resulted in an increase in the cost of these drugs which puts pressure on the prescribing spend. It is possible that the ongoing uncertainty about EU withdrawal may further impact

on drug availability which may impact on prescribing spend in 2019/2020. This could result in proposed prescribing efficiencies not being realised. The Deputy Lead Pharmacists for prescribing management are the key links within the structure to promote the continued improvement which is being embedded across the partnership. Part of the 2018/2019 financial strategy included increasing the prescribing reserve by £2.265m to £2.881m, which represents 4% of the prescribing expenditure of £70.288m. Prescribing costs will continue to be monitored and reliance will be placed on the programme of actions to manage prescribing activity.

- Additional costs totalling £2.063m were incurred in 2018/2019 as a result of demographic changes due to the increasing population of older people and the resulting significant demand pressures within independent care homes, independent home support and equipment and adaptations to maintain people at home and to prevent admission to and facilitate discharge from hospital.
- Family placements including kinship payments and external fostering services, overspent by £0.921m. This overspend was partly offset by an underspend of £0.455m within the continuing care budget allocation. Secure residential placements also overspent by £0.225m due to the number of secure placements which is outwith the partnership's control.
- The allocation of £1.092m for Alcohol and Drug Partnership activities which was received in 2018/2019 was not spent during the year. This funding has been ring-fenced as a reserve at the year-end.
- Contracts were being finalised during 2018/2019 to establish new services to support carers. As a result, there was an underspend of £1.100m in respect of the funding from the Scottish Government to support the first year of the implementation of the Carers (Scotland) Act 2016.
- An underspend of £0.398m is reported in respect of the housing services delegated to the IJB. This is due to lower than anticipated demand for housing adaptations within Council houses. In line with the accounting policy, this underspend will be retained within the Housing Revenue Account.
- There are net underspends of £1.125m across other budgets including cross boundary placements and transport costs as a result of lower mileage costs and vehicle contract hire payments. There was an underspend of £0.490m on the administration subsidy within the Community Justice grant. There are net underspends of £0.238m across travel, surgical sundries, equipment, property maintenance, drug costs and paramedical supplies which are for the most part offsetting each other across a range of services. There is an underspend against the boundary service level agreement (£0.195m). Income was over-recovered by £1.257m by 31 March 2019.
- The savings target for 2018/2019 was £6.337m (NHSL - £1.745m; NLC - £4.592m). The partners reported that the savings achieved were £5.487m (87%). The balance of the saving which was not achieved in 2018/2019 of £0.850m (13%) related to the time taken to finalise human resources processes and procedures for social care services staff affected by service changes. These savings will be achieved in full during 2019/2020.

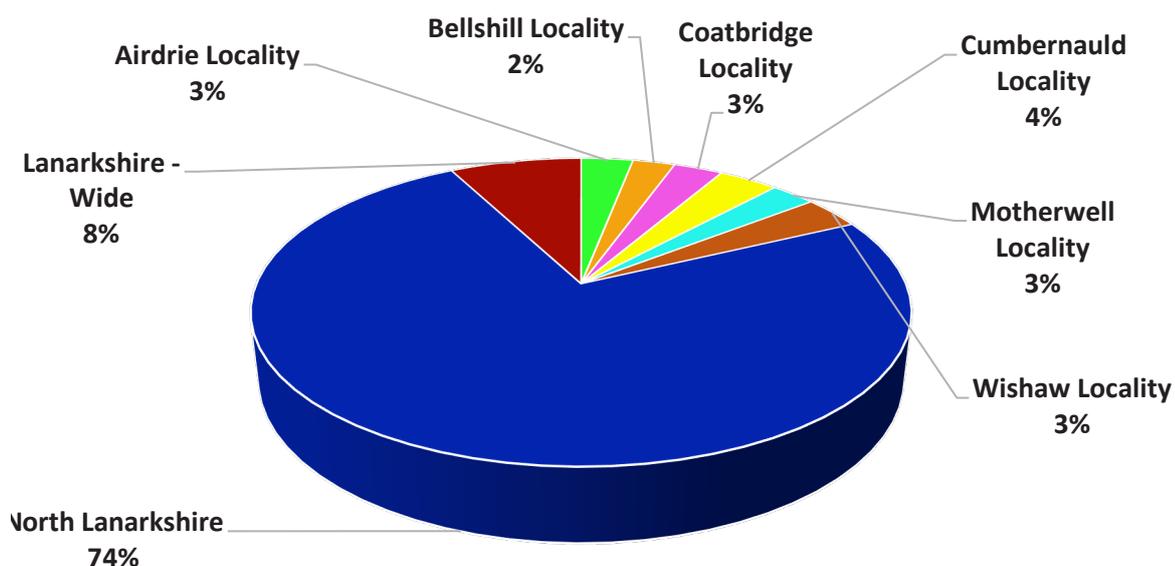
- The achievement of a balanced position at 31 March 2019 across social care services relied on the implementation of a budget recovery plan and non-recurring funding solutions. The costs associated with the social care service at 31 March 2019 were partly addressed by the transfer from IJB reserves of £1.400m and the contribution from NHSL of £1.259m, both of which were non-recurring and originally approved on 27 March 2018. A further non-recurring contribution from health of £0.249m was agreed at the year-end for the North Lanarkshire Joint Home Loan Store. The IJB also approved the draw down of further reserves of £2.465m in order to achieve a balanced budget across social care services.
- In summary, the final outturn was a net surplus of £5.035m (NHSL - £5.035m; NLC - Breakeven) which represents 0.8% of the total funding available of £630.084m.
- 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. Prescribing cost volatility and demand for home support, care home and self-directed 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 2018/2019. The comparison of actual expenditure between 2017/2018 and 2018/2019 is graphically illustrated in the chart below.

Comparison of Expenditure 2017/2018 and 2018/2019



The health and social care expenditure is also analysed by geographical area at the appendix to this section and is summarised in the chart below.

2018/2019 Expenditure Analysed By Geographical Area



2018/2019 Financial Outturn

The balance on the IJB reserves at 1 April 2018 was £18.200m. This provided a contingency against demographic demand and service volatility in 2018/2019. The net movement on reserves in 2018/2019 is summarised in the table below.

Movement on Reserves	NHSL	NLC	Total
Balance as at 1 April 2018	£7.056m	£11.144m	£18.200m
Year-end Surplus	£5.035m	-	£5.035m
Transfers From Reserves	(£2.268m)	(£4.984m)	(£7.252m)
Balance as at 31 March 2019	£9.823m	£6.160m	£15.983m

A surplus of £5.035m was reported at 31 March 2019 which represents 0.8% of the total funding available. It is critical to note that part of this underspend will be non-recurring. This position also reflects an underspend in respect of prescribing costs which was secured as a result of the prescribing efficiencies achieved throughout the year. The break-even position in respect of social care and justice services was also secured as a result of transfers from reserves and non-recurring funding solutions. A total of £7.252m was transferred from the IJB reserves during 2018/2019 to fund approved commitments. Further details on the ring-fenced, earmarked and contingency reserves totalling £15.983m is available at IJB Reserves Strategy 2019/2020 .

The establishment of a minimum level of contingency reserves is recommended good practice to protect against unforeseen expenditure. The contingency reserve has decreased by £4.338m from £4.391m to £0.053m. Consideration will be given to the options to increase the contingency reserve as part of the further development of the medium to long term financial plan for the IJB. In the absence of a sufficient contingency reserve, reliance requires to be placed on the Integration Scheme and the IJB Financial Regulations which set out the options for addressing overspends.

Internal Audit Opinion 2018/2019

Internal audit concluded that the financial management and financial planning arrangements for the IJB are consistent with financial guidance, regulations and good practice through the production of an annual financial plan, identification of financial risks in the IJB risk register and the identification and monitoring of savings. No issues or weaknesses were identified. The auditors concluded that the control environment is adequate and has substantially operated as intended.

Financial Outlook for 2019/2020

Cost pressures in 2019/2020 are expected to total £25.017m (NHSL - £9.456m; NLC - £15.561m). The 2019/2020 IJB Financial Plan, which is available at IJB Financial Plan 2019/2020 , was approved on 26 March 2019. Both NLC and NHSL confirmed that the same level of base cash resources would continue to be provided to the IJB in 2018/2019. They also made available additional funding of £17.694m (NHSL - £7.486m; NLC - £10.208m). This included an inflation uplift of 2.5% on the recurring base budget for health services.

A financial strategy to close the funding gap of £7.323m was then agreed. This included base budget adjustments and savings proposals totalling £4.763m (NHSL - £1.435m; NLC - £3.328m) which were recommended to the IJB as being the best fit with the strategic commissioning intentions and the best value requirement to use resources more effectively. The balance of cost pressures remaining of £2.560m (NHSL - £0.535m; NLC - £2.025m) will be addressed by reliance on reserves. The future medium to long term financial strategy will require to address this funding gap on a recurring basis.

Key Strategic Priorities

Although the 2019/2020 Financial Plan for the IJB has been agreed, there are concerns about the funding for future years. The IJB, its partners and commissioned service providers continue to face a number of challenges, risks and uncertainties.

- The level of funding available to the IJB in the future will be significantly influenced by the grant settlements from the Scottish Government for NLC and NHSL. The financial settlement is for one year only, 2019/2020, and a significant element of NHSL funding also comprises of non-recurring allocations, the details of which are confirmed in-year. The Scottish Government however announced on 31st January 2019 that they are to bring forward a three year funding settlement from 2020/2021. This will allow both partners and the IJB to set a budget for more than one year, to facilitate more integrated planning and budgeting and a more strategic approach to financial decision making. Following the recently published Scottish Government Health and Social Care Medium Term Financial Framework, work is being undertaken to develop the local medium term financial framework for North Lanarkshire over the three years 2020/2021 to 2022/2023.
- Projected growth in elderly demographics and the increasing complexity of need, together with inflationary rises, continue to increase the demand for services and drive cost pressures, particularly across home support, care home placements and adaptations. The demographic profile up to 2039 indicates a significant increase in the age group 65 years of age and over.
- The Outcome of the Review of the Integration Scheme which was reported to the IJB on 12 June 2019 will be implemented. The budgets associated with the transfer of the children, families and justice social work services will result in a reduction in the current 2019/2020 IJB budget. The planned budget reduction will be implemented in July 2019.
- Prescribing cost pressures will continue to be a key financial risk. Costs are expected to increase although they will be partly offset by the inflation uplift. It is expected that a net cost pressure will require to be managed. The prescribing budget represents 11% of the total expenditure across the partnership.
- Ensuring effective workforce planning is in place to address medium to longer term resource requirements, cost effectively, is a key priority. Consideration is therefore being given to the current level of vacancies, the age profile of staff, planned future retirements, training and recruitment initiatives and skills mix opportunities across the multi disciplinary teams. The implications of leaving the EU, in particular on staffing levels also, at this stage, continue to be unknown. The Health and Social Care Academy has been established to develop entry routes into health and social care roles. New models of service delivery are being implemented including recruitment of Advanced Nurse Practitioners and Integrated Support Workers.
- The 10 year national strategy for mental health and learning disability services focuses on increasing access to seamless care pathways and efficient, effective utilisation of resources. The North Lanarkshire IJB is the lead for the hosted service Mental Health and Learning Disability Services. A Lanarkshire Mental Health and Wellbeing Strategy is being jointly developed for Lanarkshire. Transformation of mental health in primary care is also a priority in the Primary Care Improvement Plan. In 2018/2019, the mental health funding was £1.358m. This will increase to £2.099m in 2019/2020.

- Additional funding of £1.092m is being received in each of the three years 2018/2019 to 2020/2021 to implement the Alcohol and Drug Partnership Strategy. The new funding will be invested to reduce the morbidity and mortality caused by problem alcohol and drug use in North Lanarkshire in order to meet the needs of individuals in a more person centred way.
- The modernisation of Primary Care Services and the General Medical Services Contract are two of the most significant planning and policy developments aimed at changing how services are developed and transformed to meet different demands in the future. The development of the primary care service is therefore a priority for Lanarkshire which is being led by the South Lanarkshire IJB. The full 2018/2019 Primary Care Investment Funding was £5.649m. The 2019/2020 allocation will increase to £7.767m.
- Despite pro-active action being taken by the partner to maintain the Urgent Care Out of Hours (OOH) service, due to the lack of GP cover, the OOH Service has had to consolidate on one site (Hamilton site) 12 times in 2018 and four times to date in 2019. Patient and staff safety is the overarching priority. The GP sustainability issues for the OOH Service are also mirrored in the In Hours Service with a number of GP practices experiencing challenges in terms of sustainability. The OOH Service is a hosted service which is led by the South Lanarkshire IJB. A significant number of mitigating actions are in place to address the workforce issues in an ever changing and challenging environment. A support group has been formed to ensure staff and clinical governance is maintained while there are workforce challenges within the service.
- Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway. The set-aside budget is a notional budget which represents the consumption of hospital resources by North Lanarkshire residents. The methodology to cost these set-aside services is complex. The NHSL Director of Finance and the Chief Financial Officer continue to improve the monitoring arrangements for the Hospital Acute Services. In order to inform how the set-aside services are being used and to aid the future strategic planning of this resource, the cost estimates will be updated when more information becomes available.
- Legislative changes continue to influence the landscape, including the extension of free personal care to under 65s (e.g. Frank's Law) and the proposed Safe Staffing Bill and the second year of the Carers (Scotland) Act 2016.
- The Monklands Replacement / Refurbishment Project is an exciting and positive vision for the University Hospital Monklands and the local and wider community it serves. This is a major investment in the Lanarkshire hospital estate. The indicative timescales include approval of the outline business case mid-2019 and full business case approval in 2020.
- In November 2018, the Auditor General and Accounts Commission issued the Health and Social Care Integration: Update on Progress Report. This report highlights that, while some improvements have been made to the delivery of health and social care services, IJBs, councils and NHS boards need to show a stronger commitment to collaborative working to achieve the real long-term benefits of an integrated system. On 4 February 2019, the Ministerial Strategic Group for Health and Community Care also made twenty

five proposals to progress integration. A detailed action plan is being developed to further progress the integration of services across North Lanarkshire.

Future Financial Sustainability

The IJB financial strategy must ensure sustainability for the current and future years whilst recognising the significant challenges for both partners currently. New ways of delivering services cost effectively need to be identified and implemented. The expectations of the public are an important consideration but areas for disinvestment need to be agreed and supported in order to release resources for key service priorities and to support transformational change. Efficient, effective and affordable services fit for the future will need to be developed as part of the integration and transformational change activities.

We have outlined in this section the use of our resources including an overview of the range of current and future challenges. Our Strategic Commissioning Plan for 2019/2020 sets out our change programme for North Lanarkshire and an extensive engagement process is planned to support the development of our next three year commissioning plan for 2020 to 2023. Strengthening locality teams continues to be one of the key priorities for the partnership to deliver the aims and ambitions of the strategic plan. Further work will also be undertaken to more specifically align the financial allocations to the strategic commissioning plan intentions and the directions to each partner.

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

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	%
Social Care, Justice and Housing	14,714	11,614	14,200	16,076	12,856	16,897			86,357	14%
Health Care	4,435	3,947	3,941	5,995	3,748	4,732	12,461		39,259	6%
Self Directed Support, Care Homes, Residential Schools, External Fostering, Out-of-Hours							147,623		147,623	23%
Area Wide Health Care							6,563		6,563	1%
Out of Area Health Care							3,939		3,939	1%
Medical and Nursing							3,265		3,265	1%
Addiction							3,247		3,247	1%
Corporate							0,745		0,745	0%
Family Health							94,362		94,362	15%
Prescribing							70,288		70,288	11%
Set-Aside Budget							56,978		56,978	9%
Hosted Services Led By South Lanarkshire IJB							21,840		21,840	3%
Hosted Services Led By North Lanarkshire IJB							49,205	48,632	97,837	15%
Total	19,149	15,561	18,141	22,071	16,604	21,629	470,514	48,632	632,302	100%
Percentage of Total	3%	2%	3%	3%	3%	3%	74%	8%	100%	

3 Children's Services

Breastfeeding

NHS Lanarkshire has had full UNICEF accreditation for many years, this together with a specialised breastfeeding support service and clinic, has improved practice, reducing attrition rates thereby increasing sustainment of breastfeeding.

Maternity and Health Visiting services across Lanarkshire are currently accredited as a Baby Friendly service with UNICEF. At the recent Health Visitor reaccreditation UNICEF recommended that we progress to become accredited as a Gold Baby Friendly Service which focuses on achieving sustainability of standards. This award is designed as the next steps for those accredited services whose audit results are consistently showing that the Baby Friendly standards are largely being met.

The work that requires to be undertaken to achieve the Gold Award acts as an incentive for services to properly embed the achieving sustainability standards, consolidating and protecting the work undertaken to date. The award recognises that the service is not only implementing the baby friendly standards but that we have the leadership, culture and systems to maintain this over the long term.

Lanarkshire Breastfeeding Group has been established, providing strategic support to make breastfeeding the norm in Lanarkshire, enabling our babies to have the best possible start in life.

Two projects have been funded through Programme for Government.

1. To improve the quality and meaning of antenatal conversations
2. To achieve Neonatal Unit (NNU) breastfeeding accreditation through recruitment of an infant feeding advisor

North Lanarkshire Council is also committed to supporting our efforts and has agreed to embed supporting and enabling breast feeding within their day to day business. This includes supporting staff returning from maternity leave to continue to breast feed, building breast feeding into the education curriculum from nursery through to secondary school, ensuring all public facing NLC buildings are breast feeding friendly, inclusion within the education curriculum from nursery to high school as well as ensuring development of local community infrastructure including the £500 million community investment delivers breast feeding friendly environments throughout North Lanarkshire as standard practise.

Review of Child and Adolescent Mental Health Services (CAMHS) in Lanarkshire

The CAMHS referral to treatment target (RTT) was introduced in 2013 with a 26 week target that reduced to an 18 week target in December 2014. Rising rates of referral to CAMHS in Lanarkshire have mirrored those across Scotland and but despite this Lanarkshire services have consistently performed above the Scottish average.

At the 2017/18 year end performance was 75% of completed within 18 weeks against a target of 90%. There were ongoing concerns that difficulties with recruitment against a continued rise in referrals would impact on performance against target in 2018/19 so the "deep dive" review was commissioned.

This review was commissioned to identify actions that can deliver a sustainable level of high performance in access to CAMHS. The clinicians and management within CAMHS have worked extremely hard to sustain performance in the face of rapidly rising demand and resources that have not risen at the same pace. Many of the recommendations for more immediate change are already being taken forward by the CAMHS teams.

Some of the recommendations contained within the review are not within the gift of CAMHS services to deliver. They require wider partnership action across Health and local Authorities and in the case of infrastructure changes they require organisational priorities to be directed towards CAMHS if the service is to deliver against its targets.

Recommendation 1

Education, Social work and Health services across Lanarkshire need to work together to build the generic services required to offer earlier alternatives to CAMHS in communities and schools. This work should fit with the national task force delivery plan and Getting it Right for Every Child. Leadership of this work should be through the children's services planning partnerships in each council area with CAMHS contributing.

Recommendation 2

The CAMHS management team should continue to lead on the plans for the implementation of the neurodevelopmental pathway with an initial base at Newmains Health Centre. The staffing implications for other parts of the service should be considered as part of the wider CAMHS redesign. The team should discuss and agree with Scottish Government whether children on the neurodevelopmental pathway will be counted against the CAMHS RTT target or counted in their own right against a standard designed for their needs.

Recommendation 3

Clinical Director and CAMHS psychiatrists to review the different models of psychiatric working and agree what levels of variation are warranted given different strengths and circumstances for individuals and teams.

Recommendation 4

CAMHS management team should, as soon as practical, introduce a single letter box (or two letterboxes) for referrals to the service that will allow vetting to be managed on a North and South Lanarkshire basis.

Recommendation 5

There should be a separation of urgent and routine referrals so that these are dealt with through separated pathways, with staff dedicated to managing the urgent referrals either on a permanent basis or through a rotational system.

Recommendation 6

Individuals referred as urgent that are assessed as requiring input that is not deemed urgent should be added to the waiting list for treatment and offered input as if they had been referred routinely.

Recommendation 7

Automated systems supporting opt in for appointments and text reminders for patient appointments should be introduced across the CAMHS teams as soon as practical.

Recommendation 8

NHS Lanarkshire should set out a strategic aim to move to a smaller number of specialist CAMHS teams working as Centres of Excellence. Opportunities to reduce number of teams through mergers should be taken as staff turnover impacts on smaller teams and the neurodevelopmental pathway is implemented.

Recommendation 9

Further consideration should be given to the future of the functional specialist teams within CAMHS as the redesign of locality specialist CAMHS teams is progressed.

Recommendation 10

As investment is announced the service will need to address an extension of the age range covered initially to 18 and then in line with the national task force to consider the needs in some individuals up to 25. Consideration should be given to an on-call arrangement for Psychiatry either within Lanarkshire or on a regional basis.

Recommendation 11

NHS Lanarkshire needs to set out a coherent strategy to acquire or develop suitable accommodation for the delivery of CAMHS. Recommendation 7 sets out a strategic intent to move towards two centres of excellence in North and South Lanarkshire and the longer term aim should be to ensure these centres are located in fit for purpose accommodation with suitable co-location of other children and young people's services. More immediate priority should be given to CAMHS services to ensure suitable accommodation is made available on a medium term basis.

Recommendation 12

CAMHS services should be prioritised for early implementation of the replacement system for MIDIS.

Our Next Steps for 2019/20

The local review of integration has offered a welcome opportunity to stop and reflect on the progress made to date and the challenges that need to be addressed. While the Measuring Performance Under Integration dataset demonstrates some significant performance improvements, there is a need to step up the pace of integrating health and social care services to maximise the benefits for our local residents.

This review and the actions contained within will provide greater clarity of the roles of the IJB and Health and Social Care Partnership and their respective relationships with the Local Authority and Health Board. The whole-system approach detailed in this report will provide maximum benefit where the roles and responsibilities of each part of the system are clear and aligned towards the common goal. This is equally true of the internal Health and Social Care Partnership structures and arrangements.

The focus moving forwards needs to be on integrating frontline service delivery from the bottom up around our key service groupings of Long Term Conditions and Frailty and Mental Health and Addictions, supporting frontline staff to lead the way as full partners in change.

The structural changes proposed aim to create a flexible model that aims to maintain Locality-based planning and delivery wherever possible, whilst acknowledging that economies of scale, resilience and statutory duties may lead to some services being delivered on a team or authority-wide basis in future.

The focus around Locality delivery and leadership remains a key priority for the partnership, supporting close links with our local communities and third and independent

sector colleagues. The ultimate aim is to create welcoming communities and active citizens through a focus on social inclusion; quality housing; community supports; communication and information; transportation; social participation; and formal services and supports where required.

The key theme that runs through the report is that of collaborative working. To truly transform the whole system, we require to work collectively, adapting, compromising and supporting each other to deliver for the local population. The continued collaboration across all five local partners in Lanarkshire remains central to this approach.

We already have a number of positive examples of such approaches from the recent developments around the Rapid Rehousing Transition Plans to the joint developments around off-site bed modelling across health and social care in Lanarkshire.

There is a long history of partnership working in the area and the clear message from this review is the continued commitment of all partners to make integration work for the residents of North Lanarkshire remains.

The review has progressed looking at both the local context along with the outputs of the national MSG review and self-assessment and in line with the national process, a review of progress against all actions will take place in twelve months. An implementation plan from the review will be progressed immediately to ensure pace in implementation. Part of this process will include a commitment to undertake a series of Locality and service roadshows to communicate the outputs of the review and ensure frontline staff continue to be engaged in the process.

Our Strategic Commissioning Plan for 2019/20 sets out our change programme for North Lanarkshire. A summary of our key intentions are set out below. During 2019/20, an extensive engagement process will commence in summer to develop our next three year commissioning plan, which will run from 2020-23.

1. Review of Integration Scheme		
Reason for change	What we will do	What will success look like
<p>In September 2018 North Lanarkshire Council and NHS Lanarkshire agreed to carry out a review of the integration scheme to identify whether any changes to the scheme are necessary and desirable, following the move to create a new Education and Families service.</p> <p>The review is considering the experiences of integration to date from within North Lanarkshire and across the wider health and social care sectors in Scotland.</p> <p>The review will seek to refine the model and ensure the original focus upon improved health and care outcomes remains at the centre of all future enhancements.</p>	<p>The review has identified seven key workstreams, including workforce, finance, digitalisation and governance.</p> <p>A self-assessment will also be undertaken against the second Audit Scotland progress report on integration and the Ministerial Strategic Group national integration review.</p> <p>The review will consider the synergies that exist between the work of education, children and families to progress and improve outcomes. Children's health services remain within the Health and Social Care Partnership and we will build on existing foundations and partnerships while facilitating new ones to enhance a whole system approach that ensures a clear focus on the child or young person and their wider families.</p>	<p>There will be full consideration of the changes to the Integration Scheme which would improve the impact of integration. There will have been good staff engagement and consultation within sector partners as well as people with lived experience of disability and their families.</p> <p>The outcome of the review will be reported by summer 2019.</p>

2. Addictions, Learning Disability and Mental Health Services		
Reason for change	What we will do	What will success look like
<p>Lots of work has been undertaken over the past year to develop the Lanarkshire Mental Health Strategy to 2027.</p> <p>The strategy considers how new money from the Scottish Government will be used to increase:</p> <ul style="list-style-type: none"> • Prevention and early intervention • Increase access to treatment and joined up accessible services • Promote physical wellbeing of people with mental health problems • Promote people's rights, access to information and forward planning 	<ul style="list-style-type: none"> • We will launch the Mental Health Strategy • We will prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems • We will introduce and test ways of integrating mental health services more fully into community provision and promote more proactive and preventative interventions 	<p>Integrated Community Mental health teams will mean that we can better coordinate care for people, reduce hand offs and referrals between services and ensure that staff have easier access to the skills and knowledge of their professional colleagues.</p> <p>A range of staff at emergency departments and GP practices will help to provide a quick, compassionate response which will help with loneliness, money worries, housing issues or pressure as a result of caring responsibilities.</p> <p>In North Lanarkshire, mental health will be valued equally with physical health, supporting equal access to the most effective and safest care and treatment staff across health and social care will be equipped to look after the whole person.</p>

3. Frailty and long term conditions		
Reason for change	What we will do	What will success look like
<p>The development of more integrated approaches to people who experience frailty or long term conditions will improve shared assessment and the allocation of work, reducing duplication and making services more streamlined for service users and carers.</p> <p>Better integrated services will support a rapid response at a locality level which will help people be supported well at home, preventing unnecessary hospital admissions.</p>	<p>We will continue to develop locality multi-disciplinary teams, which will be heavily influenced by the Primary Care Improvement Plan.</p> <p>The creation of the integrated Rehabilitation teams will be consolidated over the year in each of the Locality areas</p> <p>The redesign of the home support will be a core element of local, flexible responses expanding the principles of self-directed support to promote greater choice and control over individual supports</p> <p>Quick responses will support early discharge from hospital and prevent admission. The model of Discharge to Assess will continue to roll out, supported by a new project with Monklands Hospital on improving the primary and secondary care interface.</p> <p>We will learn more about why a small number of people use a lot of resources and attend emergency departments or GP's frequently and we will recommend changes to improve our responses</p> <p>The roll out of the new Intermediate Care Model will continue, seeing in-reach of Rehabilitation staff to our offsite beds</p>	<p>Integrated frailty and long term conditions teams will mean we can better co-ordinate care for people, reduce hand offs and referrals between services, and ensure that staff have easier access to the skills and knowledge of their professional colleagues.</p> <p>A continued focus on rehabilitation and recovery through access to the right support at the right time will increase the quality of life for people living longer in the community as full and active citizens.</p> <p>People will feel confident about self managing their long term condition and frailty to avoid relying on unscheduled use of emergency departments and GP appointments.</p>

4. Contribution to the Children's Services Plan		
Reason for change	What we will do	What will success look like
<p>The Getting it Right for Every Child (GIRFEC) approach for children's services in North Lanarkshire requires all relevant partners to come together, including the Third Sector, be it to support individual children and families or around the strategic planning and delivery of services and supports.</p> <p>The changing landscape for children's services and the learning from our improvement programmes such as Realigning Children's Services (RCS), Permanence and Care (PACE), the National Third Sector GIRFEC Project, NHS Lanarkshire's Child Health Plan and the Children and Young People's Improvement Collaborative, has prompted us to revisit our current structures to ensure the best outcomes for children and families and make the best use of resources available.</p>	<ul style="list-style-type: none"> • New structures will be implemented • We will remain child and family centred • We will shift to prevention • We will work with our partners to ensure children and families get the support they need when they need it • We will contribute to multi agency planning within localities and the Children's Services Partnership task groups, supporting work structure around communication, workforce development and resources • A focus on improvement programmes will be maintained including RCS, PODP and transforming partnerships 	<p>Our children and young people will be safe, healthy, active, nurtured, responsible, respected, achieving and included so they can realise their potential and grow to be successful learners, confident individuals, effective contributors and responsible citizens.</p> <p>We will provide a broad range of services and supports to meet the needs of all children. For the majority, this will be within our universal services, some children will need additional supports and a small number will need specialist or intensive services to meet their needs.</p> <p>Children and young people's mental health and wellbeing will be improved.</p>

5. Inequalities, Prevention and Anticipatory Care		
Reason for change	What we will do	What will success look like
<p>Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. For example, people living in the most affluent areas of Scotland can expect to live in good health for over 20 years longer than those in the most deprived areas.</p> <p>The determinants of health also contribute to health inequality. Social and material factors such as poverty, psychosocial factors such as stress or loneliness and behavioural or lifestyle factors, such as smoking, unhealthy diet or alcohol consumption all combine to have an impact.</p> <p>Everyone has a right to good health and to have fair and equal access to the conditions that support Good health, therefore tackling health inequalities and developing preventative and anticipatory approaches are key aims for the integration of health and social care.</p> <p>As part of our day to day service provision, we see a wide range of people from a variety of circumstances and are in an ideal position to enquire routinely about these issues, provide advice and refer on to support services if appropriate.</p>	<p>We will include key questions in the generic Assessment agreed for all staff in North Lanarkshire. Some questions will be core to all (e.g. financial inclusion, mental wellbeing) and others will be tailored to the individual/family.</p> <p>We will continue the extensive training of staff across health, social work and the third and independent sectors to support staff in this approach, including mental health literacy.</p> <p>Making Life Easier (www.makkinglifeeasier.org.uk) is a North Lanarkshire website that offers information, professional advice and direct access to services and support 24 hours a day 7 days a week. We will continue to develop this platform to increase the range of supports and services on offer and use our 'champions' to provide training and briefings across North Lanarkshire.</p> <p>We will also continue to promote Voluntary Action North Lanarkshire's locator tool (http://www.locatorn.org.uk/) to support people to access local groups and activities.</p> <p>Community supports and interest groups will continue to grow in a way that is accessible and stigma free and which improves the lives of people in North Lanarkshire.</p>	<p>Staff are trained and feel confident and competent to routinely enquire about financial wellbeing and key health improvement areas as part of assessments</p> <p>There will be an increase in referrals to:</p> <ul style="list-style-type: none"> • Financial inclusion services • Active health programme • Stop Smoking services • Well connected programme • Community supports • Direct and indirect carer support (including short breaks) <p>We have already exceeded our initial target of 5000 individuals using the Making Life Easier website every quarter and we aim to increase this by 10% each quarter over the next year</p>

Intentions continuing from our 2018/19 plan

1. Review of community capacity building and carer support

We currently provide a significant level of resources to a range of additional third and independent sectors providers supporting people locally. We have been reviewing our arrangement with Voluntary Action North Lanarkshire who support the work around community capacity building and carer support. The Improvement Service have contributed by independently facilitating this review. The aim is to ensure best value through a coordinated approach, involving communities at a locality level. This review will recommend actions to further promote community capacity building and carer support locally. The report from the review will be shared widely.

2. Implementation of the Carers (Scotland) Act 2016

Implementation of the Carers Act is a key priority for the Integration Joint Board, recognising the vital role carer's play on a day to day basis in the health and social care system. We will continue to:

Provide support to carers based on their needs in line with a local eligibility criteria

- Ensure carers and young carers are at the centre of decision making on how services are designed delivered and evaluated
- Develop an Adult Carer Support Plan and a Young Carer Statement to identify carers' needs and personal outcomes
- Provide an information service for carers on amongst other things emergency and future care planning, advocacy, income maximisation and carers' rights

The range of independent supports to adult and young carers will be established fully in 2019/20 with information about their success shared widely.

3. Supporting the Redevelopment of Monklands Hospital

NHS Lanarkshire is progressing ambitious plans for the replacement or redevelopment of Monklands Hospital following Scottish Government approval of the initial Agreement an outline Business Case is now in development. In partnership with NHS Lanarkshire we will continue to plan and develop a model of community and emergency services and supports that will complement the design of the new hospital.

4. Improved performance of Child and Adolescent Mental Health Services

In 2018/19, a deep dive exercise was undertaken on the NHS Lanarkshire CAMHS service due to the increasing pressures being experience on the service.

The outputs from this review, alongside the national Children and Young People's Mental Health Task Force recommendations, will be developed into an action plan in 2019/20.

5. Good Mental Health for all action plan

Good Mental Health for all is a national programme that asks local partnerships to continue to focus on improving mental health equitably across the population. We will create a North Lanarkshire action plan that focuses on the range of factors that can impact on our mental health and wellbeing including access to the outside and green spaces, family and relationships the home that we live in and our ability to find a job. The wide range of factors highlights the need to have a cross sector response from all our partners in North Lanarkshire tackling stigma and discrimination will be a priority within the plan.



6. 24/7 Working

During 2018/19 we will undertake a review of 24/7 working to the correct volume and mix of services around the clock in North Lanarkshire. We currently have a range of services that run in the out of hours period and the review will look to identify any gaps that require to be resolved to support improved performance around areas such as unscheduled care, delayed discharge and public protection.

7. First Point of Contact

We understand the importance of having a much more joined up way of people accessing information, advice, assessment, treatment and support. Work to develop a consistent response so a first rather than a single point of contact is progressing. It is expected that improvements to access is a phone and the internet with be much more joined up and that recommendations will be made to align assessment and review.

8. Technical Solutions and data sharing mechanisms to improve core delivery

With the development of integrated community teams the need to be able to share data between services and systems is becoming a priority in 2019/20.

In 2018/19, an IT federation programme supported developments in sharing email address lists between North Lanarkshire Council and NHS Lanarkshire along with improved connectivity in partner buildings. In 2019/20, this programme will continue, further developing connectivity, including video conferencing capability and exploring how best to support linkages and data sharing between systems. The technical solutions sharing and core delivery will also play a key part in the ambitious digital developments being led through the Councils' Digital NL work.

Appendix 1: Inspections of Services

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

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

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

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

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

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

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



Inspections undertaken in 2018/19 are outlined below:

Independent Sector Care Homes	Date of Inspection	Quality Theme Care Grades (Out of 6)
Avondale Nursing Home	16/05/2018	Staff - 5 Care & Support - 5
Beechwood	25/04/2019	Wellbeing - 5 Care & Support - 4
Blair House Residential Home	30/01/2019	Wellbeing - 4 Care & Support - 4
Carnbroe Care Centre	21/09/2018	Wellbeing - 4 Leadership Staff - 4 Setting - 4 Care & Support - 4
Carrickstone House Nursing Home	24/01/2019	Wellbeing - 4 Care & Support - 4
Centenary House Care Home	07/11/2018	Wellbeing - 4 Staff - 3 Care & Support - 4
Craig En Goyne Care Home	05/12/2018	Wellbeing - 3 Care & Support - 4
Darroch Nursing Home	17/07/2018	Setting - 5 Care & Support - 4
Deanston Care Home	06/07/2018	Setting - 5 Care & Support - 4
Elaina Nursing Home	14/03/2019	Wellbeing - 4 Care & Support - 4
Hatton Lea Nursing Home	16/10/2018	Wellbeing - 3 Leadership - 3 Staff - 4 Setting - 4 Care & Support - 3
Highgate Care Home	08/08/2018	Wellbeing - 3 Care & Support - 3
Hillend View (Eastercroft)	01/03/2019	Staff - 3
Kirknowe Nursing Home	11/10/2018	Wellbeing - 4 Leadership - 4 Staff - 4 Setting - 4 Care & Support - 3
Lochside Manor Care Home	16/01/2019	Leadership - 3 Staff - 3 Setting - 4 Care & Support - 3
Millbrae Care Home	19/03/2019	Wellbeing - 4 Care & Support - 3

Morningside Care Home	13/12/2018	Wellbeing - 5 Care & Support - 5
Murdostoun Castle Nursing Home Nethererton Court	09/05/2018	Leadership - 3 Care & Support - 4
	19/12/2018	Wellbeing - 4 Leadership - 4 Staff - 4 Setting - 4 Care & Support - 4
Parksprings Care Home	26/02/2019	Leadership - 4 Staff - 4 Setting - 4 Care & Support - 3
Rannoch Lodge Care Home	30/01/2019	Leadership - 3 Staff - 4 Setting - 4 Care & Support - 3
Rawyards House Care Home	18/04/2019	Wellbeing - 4 Leadership - 4 Care & Support - 3
Rosehall Manor Care Home	15/08/2018	Wellbeing - 3 Leadership - 3 Staff - 4 Setting - 4 Care & Support - 4
Rosepark Nursing Home	11/10/2018	Wellbeing - 5 Care & Support - 4
Skye View Care Centre	21/05/2019	Wellbeing - 5 Care & Support - 5
Summerlee House Care Home	24/08/2018	Wellbeing - 4 Staff - 4 Care & Support - 3
The Village	03/10/2018	Wellbeing - 3 Care & Support - 3
Thornhill House Residential Home	25/02/2019	Wellbeing - 4 Care & Support - 4
Woodside Care Home	13/11/2018	Wellbeing - 4 Care & Support - 3

Local Authority Care Home Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Muirpark	09/01/2019	Wellbeing - 3 Leadership - 3 Staff - 4 Setting - 4 Care & Support - 4

Independent Sector Care at Home Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Allied Healthcare UK Ltd Lanarkshire	01/03/2019	Leadership - 4 Staff - 4 Care & Support - 4
Aspire Homecare	19/11/2018	Staff - 5 Care & Support - 5
Blackwood Homecare	11/09/2018	Leadership - 3 Staff - 4 Care & Support - 3
Carewatch NL Homecare	09/08/2018	Leadership - 3 Staff - 3 Care & Support - 3
Constance Care	09/11/2018	Leadership - 4 Care & Support - 4
Cosgrove Homecare	11/07/2018	Staff - 5 Care & Support - 5
Hazelhead (cs2004070597)	20/09/2018	Leadership - 5 Care & Support - 5
HRM	21/02/2019	Leadership - 5 Care & Support - 5
Inclusion Homecare	08/02/2019	Leadership - 3 Staff - 3 Care & Support - 3
Key SDS Care at Home	23/04/2018	Leadership - 4 Staff - 4 Care & Support - 4
Loretto Home Care	17/04/2018	Leadership - 5 Care & Support - 5
Mears Care	13/11/2018	Leadership - 4 Staff - 5 Care & Support - 3
SCRT Homecare	17/04/2018	Leadership - 2 Staff - 2 Care & Support - 2
The Richmond Fellowship Homecare	15/01/2019	Leadership - 5 Staff - 5 Care & Support - 5
Home Instead South Lanarkshire	19/12/2018	Leadership - 5 Care & Support - 5

Local Authority Home Support Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Airdrie Home Support Service	21/03/2019	Leadership - 4 Care & Support - 4
Bellshill Home Support Service	16/08/2018	Leadership - 3 Staff - 4 Care & Support - 4
Coatbridge Home Support Service	19/12/2018	Staff - 5 Care & Support - 4
Cumbernauld Home Support Service	22/10/2018	Leadership - 3 Staff - 4 Care & Support - 3
Motherwell Home Support Service	30/10/2018	Leadership - 4 Staff - 5 Care & Support - 3
Wishaw & Shotts Home Support Service	31/01/2019	Leadership - 3 Staff - 3 Care & Support - 3
Community Alarm Service	06/12/2018	Leadership - 2 Staff - 3 Care & Support - 2

Independent Sector Younger Adults Supported Living, Day & Women's Aid Housing Support Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Capability	02/11/2018	Leadership - 4 Staff - 4 Care & Support - 4
C-Change Scotland	16/01/2019	Leadership - 5 Care & Support - 5
Cornerstone North Lanarkshire SLS	27/07/2018	Leadership - 3 Staff - 4 Care & Support - 4
Cornerstone - Shared Lives & Short Breaks Service	14/11/2018	Leadership - 6 Care & Support - 6
Mears Heatherpark	29/11/2018	Leadership - 3 Care & Support - 4
Inclusion Glasgow	08/02/2019	Leadership - 3 Staff - 3 Care & Support - 3
Key Community Supports	23/04/2018	Leadership - 5 Care & Support - 5
LAMH	23/10/2018	Staff - 5 Care & Support - 5

Lifeways	25/10/2018	Leadership - 2 Staff - 3 Care & Support - 3
Loretto	14/12/2018	Leadership - 5 Care & Support - 5
Neighbourhood Networks	08/01/2019	Leadership - 6 Care & Support - 6
Potential Living	27/04/2018	Staff - 5 Care & Support - 5
Quarriers (North Lanarkshire Project)	23/11/2018	Leadership - 4 Staff - 5 Care & Support - 5
Richmond Fellowship	13/03/2018	Leadership - 2 Staff - 3 Care & Support - 2

Local Authority Day Opportunities	Date of Inspection	Quality Theme Care Grades (Out of 6)
Airdrie Locality Support Service (Disability)	13/03/2018	Staff - 5 Care & Support - 6
Coatbridge Locality Support Service (Disability)	19/03/2018	Leadership - 5 Care & Support - 5

Independent Sector Children's Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Care Grades (Out of 6)	13/03/2018	Staff - 5 Care & Support - 6
Coatbridge Locality Support Service (Disability)	19/03/2018	Leadership - 5 Care & Support - 5

Independent Sector Children's Services	Date of Inspection	Quality Theme Care Grades (Out of 6)
Aberlour Child Care Trust	29/03/2019	Leadership - 4 Care & Support - 5
Aberlour Sycamore Fostering	17/04/2018	Leadership - 3 Staff - 4 Care & Support - 3
Action for Children - Foster care	25/09/2018	Leadership - 5 Care & Support - 5
Barnardos - Scotland Fostering - Glasgow	09/10/2018	Leadership - 4 Care & Support - 5
Barnardos Family Support Service	02/10/2018	Leadership - 4 Staff - 5 Environment - Care & Support - 5
Barnardos SASS	09/10/2018	Leadership - 4 Care & Support - 5
Camphill School	17/10/2018	Leadership - 4 Care & Support - 5
Care Visions Specialist Fostering	23/05/2018	Staff - 5 Care & Support - 5
Core Assets Scotland Limited (Foster Care Associates)	22/03/2018	Staff - 6 Care & Support - 5
Curo Salus - Northview	08/03/2018	Environment - 6 Care & Support - 6
Good Shepherd	11/10/2018	Leadership - 5 Staff - 5 Environment - 5 Care & Support - 5
Good Shepherd	11/10/2018	Environment - 4 Care & Support - 5
Kibble Education Centre	23/08/2018	Environment - 4 Care & Support - 5
Kibble Intensive Fostering Service	22/03/2018	Care & Support - 5
Kibble Safe Centre	30/08/2018	Leadership - 6 Staff - 6 Environment - 5 Care & Support - 6
Nether Johnstone House	07/03/2019	Staff - 5 Care & Support - 5
No 76	15/08/2018	Environment - 5 Care & Support - 5

Partners in Play Sitter Service	05/03/2019	Staff - 5 Care & Support - 5
Rossie School	26/07/2018	Leadership - 5 Staff - 4 Environment - 5 Care & Support - 5
Rossie Youth Accommodation	12/07/2018	Staff - 5 Care & Support - 5
Sense - Family Support Service	24/08/2018	Environment - 5 Care & Support - 5
St Mary's Kenmure	22/11/2018	Leadership - 5 Staff - 5 Environment - 5 Care & Support - 5
St Philips School	16/11/2018	Leadership - 5 Staff - 5 Environment - 4 Care & Support - 5
Stamore House	01/03/2019	Leadership - 3 Staff - 3 Environment - 4 Care & Support - 4
Starley Hall School	22/11/2018	Leadership - 4 Staff - 5 Environment - Care & Support - 5
SWIIS	26/07/2018	Staff - 5 Care & Support - 5
Sycamore Service	27/02/2019	Staff - 5 Care & Support - 5
Sycamore Service Frankfield House	18/04/2018	Staff - 5 Care & Support - 5
TACT (The Adolescent and Children's Trust)	14/12/2018	Leadership - 4 Care & Support - 5
Tall Tress	08/11/2018	Staff - 5 Care & Support - 5
The Bungalow	13/12/2018	Staff - 5 Care & Support - 5
The Mallard	21/12/2018	Leadership - 5 Care & Support - 5
Up-2-Us	30/01/2019	Leadership - 5 Care & Support - 6

Local Authority Childrens Houses	Date of Inspection	Quality Theme Care Grades (Out of 6)
Cambusnethan Residential Childrens House	10/05/2018	Environment - 5 Care & Support - 5
Forrest Street Residential Childrens House	16/10/2018	Leadership - 5 Care & Support - 6
Fort Street Residential Childrens House	10/08/2018	Leadership - 4 Care & Support - 5
Main Street Residential Childrens House	07/09/2018	Leadership - 5 Care & Support - 5



