

Annual Performance Report 2021/22

Health & Social Care North Lanarkshire



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1. Introduction

Welcome to North Lanarkshire Health and Care Partnership's (HSCP) Annual Performance Report, which covers the period April 2021 to March 2022.

Using a range of qualitative and quantitative information, this report evidences how we have performed against the National Health & Wellbeing Outcomes, National Core Integration Indicators, the Ministerial Strategic Group indicators and local performance measures. The Integration Joint Board receives regular progress reports and these reports, along with previous Annual Performance Reports can be found on our website <https://www.hscnorthlan.scot/>.

The Annual Performance Report is an opportunity to reflect on the past year and to celebrate the work and achievements of our services, employees and partners and the work we continue to deliver with service users, carers, families and communities. It also allows us to reflect on and acknowledge the current and future challenges facing the partnership, many of which reflect the lasting wider impacts of the COVID-19 pandemic.











The following report outlines our performance and key developments of 2021/22. The first section of the report looks at the performance information we are required to report, showing trend information and a comparison with the Scottish position. Unfortunately, due to issues outwith the control of the partnership we are unable to report a full effect position for some indicators. The reason for this is detailed within the relevant section of the report.







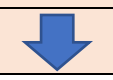

The remainder of the report takes each of the National Outcomes in turn and provides a range of developments and achievements from across 2021/22.



2. Measuring Performance Under Integration

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

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

Scottish Health and Care Experience Survey								
Indicator	Title	NL 2015/16	NL 2017/18	NL 2019/20	NL 2021/22	Scotland 2021/22	HSCNL Trend from Previous Survey	Scotland Trend from Previous Survey
NI - 1	Percentage of adults able to look after their health very well or quite well	91.7%	90.3%	90.5%	87.5%	90.9%		
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible			77.6%	79.8%	78.8%		
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided			71.2%	67.1%	70.6%		
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated			70.2%	66.6%	66.4%		
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good			77.8%	74.0%	75.3%		

NI - 6	Percentage of people with positive experience of care at their GP practice	79.3%	75.5%	68.3%	51.8%	66.5%		
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life			75.7%	77.0%	78.1%		
NI - 8	Percentage of carers who feel supported to continue in their caring role	41.2%	33.2%	32.6%	25.1%	29.7%		
NI - 9	Percentage of adults supported at home who agreed they felt safe			80.0%	79.8%	79.7%		

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

National Outcome Indicators – Benchmarking – 2021/22

	Scotland	North Lanarkshire	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	Inverclyde	West Dunbartonshire	Glasgow City
Percentage of adults able to look after their health very well or quite well	90.9%	87.5%	89.5%	93.4%	88.6%	88.8%	90.1%	89.9%	88.1%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	78.8%	79.8%	76.1%	82.5%	84.0%	81.3%	82.9%	83.2%	80.3%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	70.6%	67.1%	71.0%	72.4%	75.0%	73.5%	66.7%	75.1%	71.1%
Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	66.4%	66.6%	60.0%	70.8%	77.5%	64.4%	68.6%	77.2%	70.1%
Percentage of adults receiving any care or support who rate it as excellent or good	75.3%	74.0%	79.6%	82.6%	84.1%	75.8%	81.3%	77.5%	74.9%
Percentage of people with positive experience of care at their GP practice	66.5%	51.8%	56.9%	80.2%	66.6%	61.2%	58.7%	64.6%	71.4%
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	78.1%	77.0%	75.7%	84.2%	71.5%	77.6%	79.6%	85.7%	79.6%
Percentage of carers who feel supported to continue in their caring role	29.7%	25.1%	27.6%	41.2%	31.0%	30.8%	28.7%	31.7%	33.7%
Percentage of adults supported at home who agree they felt safe	79.7%	79.8%	73.0%	88.0%	77.1%	83.0%	81.9%	87.9%	81.0%



The table above provides a comparison across the National Outcome Indicators (sourced from the 2021/22 Health and Care Experience Survey), within North Lanarkshire’s ‘Family Group’ of comparators. For the most part, the figures highlight areas that we can improve on across a range of areas - supporting people to live as independently as possible, health and social care services being well co-ordinated, improving or maintaining quality of life, people having a positive experience of care at their GP practice and carers feeling supported to continue in their caring role.







Use of 2021 calendar year data instead of 2021/22 financial year data for indicators 12, 13, 14, 15 and 16











The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. Following recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2021; this ensures that these indicators are based on the most complete and robust data currently available. Figures presented may not fully reflect activity during 2021/22 due to the varying impact of COVID-19 at different points of the pandemic.



Indicator 20

NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

Indicator	Title	NL 2017	NL 2018	NL 2019	NL 2020	NL 2021	Scotland 2021	HSCNL Trend	Scotland Trend
NI -11	Premature mortality rate per 100,000 persons	482	517	515	581	580	466		

Indicator	Title	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	NL 2021	Scotland 2021	HSCNL Trend	Scotland Trend
NI -12	Emergency admission rate (per 100,000 population)	15,663	15,826	16,281	13,824	15,093	11,656		
NI - 13	Emergency bed day rate (per 100,000 population)	121,395	117,292	119,574	103,720	115,108	110,718		
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	99	101	106	123	117	110		

NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89.0%	88.9%	88.9%	90.2%	90.0%	89.9%		
NI – 16	Falls rate per 1,000 population aged 65+	22.6	22.6	21.3	19.2	21.4	23.1		
		NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	NL 2021/22	Scotland 2021/22	HSCNL Trend	Scotland Trend
NI -17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	79.1%	76.4%	83.3%	80.7%	78.1%	75.8%		
		NL 2017	NL 2018	NL 2019	NL 2020	NL 2021	Scotland 2021	HSCNL Trend	Scotland Trend
NI – 18	Percentage of adults with intensive care needs receiving care at home	72.2%	74.6%	74.4%	75.1%	75.0%	64.9%		
		NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	NL 2021/22	Scotland 2021/22	HSCNL Trend	Scotland Trend
NI – 19	Number of days people spend in hospital when they are ready to be discharge (per 1,000 population)	1,009	996	1,109	781	831	761		
		NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	NL 2021/22	Scotland 2021/22	HSCNL Trend	Scotland Trend
NI – 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.7%	21.1%	21.6%	N/A	N/A	N/A		

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

National Integration Indicators – Benchmarking – 2021

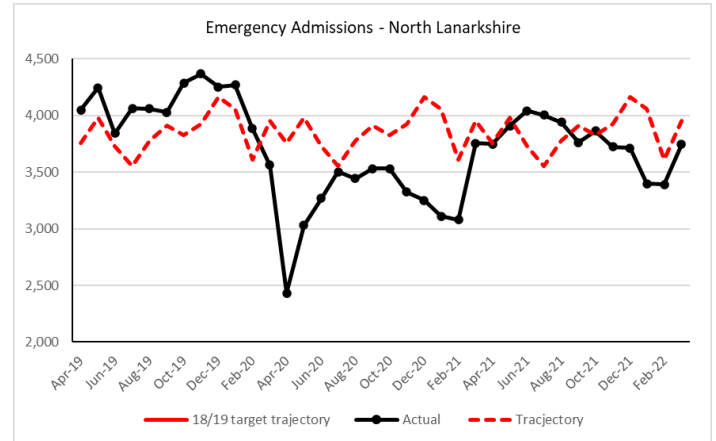
	Scotland	North Lanarkshire	East Ayrshire	Eilean Siar	Dundee City	North Ayrshire	Inverclyde	West Dunbartonshire	Glasgow City
Premature mortality rate per 100,000	466	580 (2021)	556	428	599	568	509	627	661
Emergency admission rate per 100,000	11,656	15,093 (2021)	14,565	13,856	12,326	14,401	13,181	13,170	11,842
Emergency bed day rate for adults per 100,000	110,718	115,108 (2021)	123,759	125,228	106,084	150,139	143,454	134,010	125,313
Emergency readmission to hospital within 28 days of discharge (per 1,000 discharges)	110	117 (2021)	123	106	139	116	93	96	104
Proportion of last 6 months of life spent at home or in the community	89.9%	90.0% (2021)	90.1%	90.6%	91.5%	88.7%	88.6%	89.8%	89.2%
Falls rate per population aged 65+	23.1	21.4 (2021)	18.9	24.8	31.8	20.7	21.6	22.7	28.5
Proportion of care services graded 'Good' (4) / better in Care Inspectorate Inspections	75.8%	78.1% (2021/22)	71.3%	87.7%	74.0%	78.8%	85.1%	87.7%	83.7%
Percentage of adults with intensive care needs receiving care at home	64.9%	75.0% (2021)	67.6%	62.5%	63.2%	76.8%	68.1%	72.1%	60.8%
Number of days people aged 75+ spend in hospital when ready to be discharged, per 1,000 population	761	831 (2021/22)	399	1,305	799	819	296	972	828

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

Measuring Performance Under Integration (MPUI)

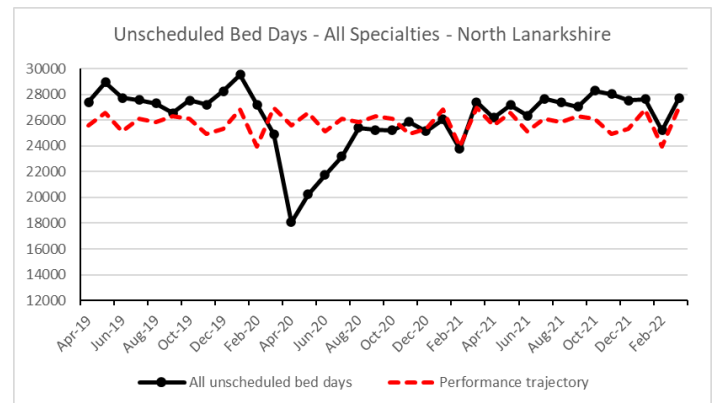
Emergency Admissions

Based on agreed trajectories, our objective for 2021/22 was to manage the anticipated increase in admissions following the restrictions that had been in place during 2020. The actual position for 2021/22 was 45,240 emergency admissions which represents an increase of 15.2% from 2020/21.

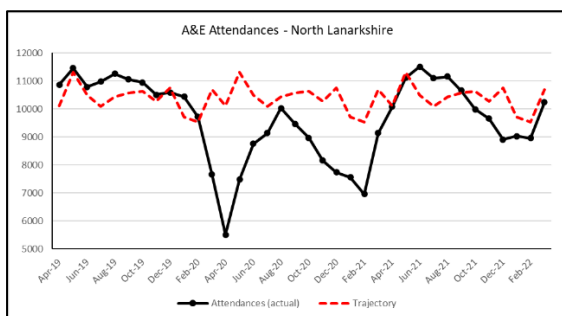


Unscheduled Bed Days

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



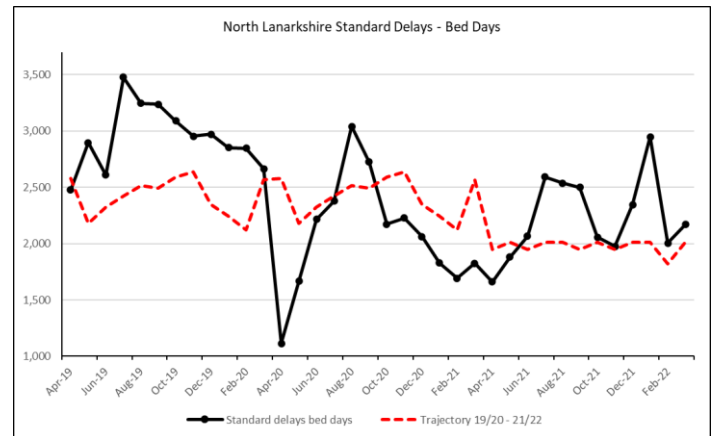
A&E Attendances



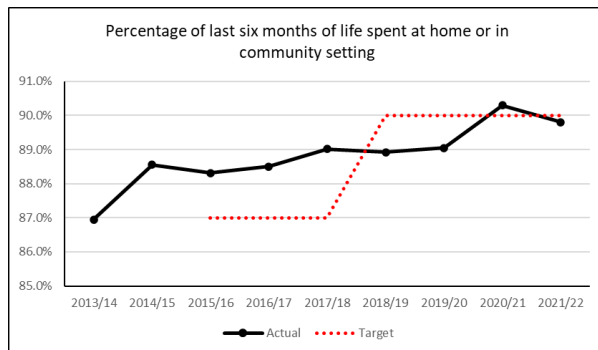
Based on agreed trajectories, our objective for 2021/22 was to absorb the anticipated increase in A&E attendances following the reduced number of attendances in 2020. The actual position for 2021/22 was 122,371 A&E attendances which was 1.8% lower than our planned trajectory.

Delayed Discharge

Based on agreed trajectories, our objective for 2020/21 was to achieve a reduction in the number of occupied bed days due to standard delays, from 24,948 in 2020/21 to 23,725 in 2021/22. The actual position for 2021/22 was 26,744 occupied bed days which represents an increase of 7.2% from 2020/21. Due to increased demand during the summer months and also with the increased pressure during winter 2021/22, the overall number of bed days due to standard delays remained outside our planned trajectory.



End of Life Care

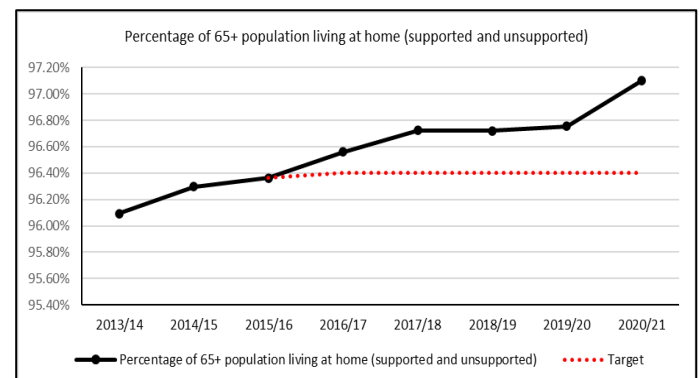


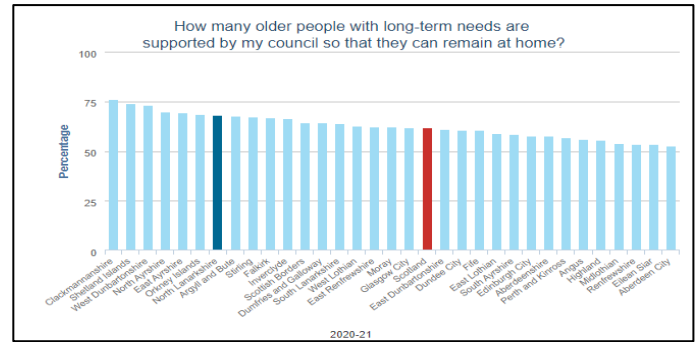
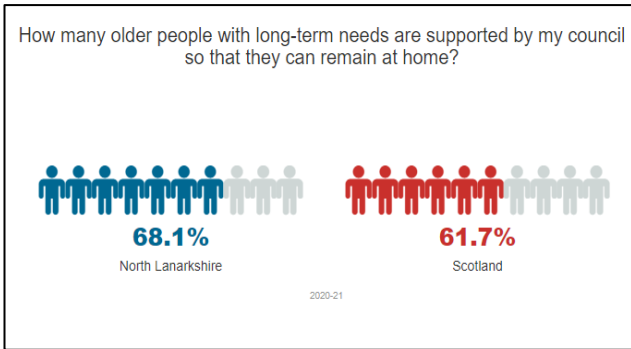
The percentage of the last six months of life spent at home or in community settings has gradually increased since 2015/16, however 2021/22 witnessed a very small reduction.

Balance of Care

The percentage of people aged 65+ who live at home in North Lanarkshire remains high, and increased in 2020/21 to 97.1%

Using benchmarked data from the Local Benchmarking Framework for 202/21, approximately 68% of older people with long term needs are supported at home. This compares well with the Scottish average and other similar Health & Social Care Partnerships. North Lanarkshire has the fifth highest percentage of all mainland council areas in Scotland.





Performance Dashboard

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

3. Our Progress Against the National Health & Wellbeing Outcomes

National Health and Wellbeing Outcome 1

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

National Health and Wellbeing Outcome 5

Health and Social Care Services contribute to reducing health inequalities

Prevention and Early Intervention

The HSCP delivers a broad range of prevention and early intervention programmes with a focus on reducing inequalities. Some highlights from 2021/22 are included below:

Healthy Schools

NHS Lanarkshire partnered with education services in North Lanarkshire Council to equip schools with an updated health and wellbeing resource for all pupils. The *Healthy Schools* resource is designed to give the future generation of Lanarkshire the healthiest start possible.

The covid-19 pandemic disrupted the life of every child and had consequences for their wellbeing, further highlighting the importance of Healthy Schools which supports children and young people from nursery throughout Primary and Secondary school with their health and wellbeing. This interactive website is used by teaching staff to empower children and young people to make positive choices, and it's available to be accessed by all members of the public, meaning parents and carers can use it too.

Originally created in 2014 with input from children and young people, it provides a safe space for pupils to learn about various topics that can support them as they grow such as nutrition, mental and physical health, substance misuse, planning for change and more.

It was successfully relaunched in 2021 with a new look and design, updated materials for all levels and now has new resources specifically aimed at S5 and S6 pupils.

Breastfeeding

During 2021/22, the partnership continued to support efforts within North Lanarkshire Council and NHS Lanarkshire in delivering a breastfeeding action plan, designed to make North Lanarkshire a supportive and welcoming place where new mums breastfeeding feel comfortable and where people across the area can look forward to a healthy future. This has included: taking breastfeeding message into schools and designing new community buildings to include breastfeeding facilities; and encouraging more businesses to seek accreditation and carry the

Breastfeeding Friendly Scotland sign and supporting new mums who wish to continue to breastfeed on their return to work from maternity leave.

Bowel Screening

As one of two test sites in Scotland, the partnership continued to develop its approach to improving bowel screening uptake rates in North Lanarkshire. Working with NHS National Services Scotland (NSS), this project is seeking to use data insights, artificial intelligence and predictive analytics to improve uptake rates across the whole of North Lanarkshire, but specifically amongst individuals who live in North Lanarkshire's more deprived communities.

High Resource Users

The High Resource Users project has been in place since 2018, working with individuals with particularly complex needs who attend our emergency departments and make significant use of our services. The project has focused on working with existing services to adapt to meet the needs of individuals in a more holistic, person-centred way. The programme of work was paused during 2020, as staff were redeployed to assist with operational responses to the pandemic.

From April 2021, the third phase of the programme commenced with a focus on embedding a model of care to:

- Improve the health and wellbeing outcomes of vulnerable individuals who are making frequent use of services using a case management approach;
- Reduce the frequency of attendances at emergency departments.

Progress during 2021/22 includes:

- Re-establishment of the steering group and project charter;
- Agreed criteria for cohort of patients;
- Work alongside services across the partnership to manage individuals identified needs, e.g. Mental Health, Social Work, Addictions, Housing Services and Social Inclusion & Wealth;
- Raise awareness of third sector and voluntary organisations to improve social prescribing;

Chryston Community Health Clinic

North Lanarkshire Council's 'The Plan for North Lanarkshire' sets out an ambitious estates strategy that looks to develop Community Hubs / Campuses. Further to consideration of this approach, NHS Lanarkshire working in partnership with North Lanarkshire Council, invited hub South West Scotland to deliver a single campus for the replacement of Muirhead Community Health Clinic and Chryston Primary School.

Since 14th May 2020 all parties have been involved with site identification, stakeholder engagement and design development of the new facility. In keeping with North Lanarkshire Council's hub programme guiding principles, there will be two discreet facilities under one roof with the benefits of shared arrangements for car parking, amenities including waste yards, a suite of bookable rooms, staff accommodation that includes touchdown space for community based staff and outdoor space that can be enjoyed by the local community.

The site identified was that of Lanrig Park, located in the Chryston area of North Lanarkshire. The Chryston area provides an ideal location for the facility, as it is central and provides the best public transport links to all areas of the Northern Corridor.

There has been extensive engagement to date with all stakeholders including North Lanarkshire Council (NLC) and NHS Lanarkshire project teams which has resulted in the optimum design being

developed to the satisfaction of all the stakeholders. The agreed design has been through a wide-ranging number of engagement sessions with the NHS Lanarkshire staff, Health & Social Care Partnership staff, teachers, support staff and pupils at Chryston Primary School together with representatives of the Parent Council and elected members, culminating in an online public consultation to inform residents of the design outcome.

The business case for the development of Chryston Community Health Clinic was considered by the NHS Lanarkshire Board in December 2021 at a cost of £3.65M and signed off with all legal agreements completed in January 2022.

The build programme began on Monday 14 February 2022 with a completion date of early August 2023.

Engagement & Participation

There is a long and established track record of engagement and participation within health and social care in North Lanarkshire. Our approach facilitates the involvement and engagement of people, carers and families, community and voluntary sector organisations and the independent sector in the development of services and support for people across our communities.

During 2021/22, we initiated a review of our engagement and participation structures which resulted in recommendations to support our overarching intentions to facilitate active participation, that demonstrates shared accountability, is place based and addresses inequality.

To implement the recommendations from the review, a programme of work to create a true co-produced approach, building on the successful partnerships already established across our networks and with third sector providers already delivering services across our communities, is underway. It is intended to:

- be community led
- help embed our Engagement & Participation Strategy into practice
- align with the revised operational structure of the H&SCP
- establish robust links with Community Boards
- consider the lasting impact of COVID-19 and recovery of services

A review of the funding currently provided directly to several providers supporting our engagement activity is also underway, as we recognise that organisations important to our structures require financial commitment to ensure stability and security to support meaningful engagement and participation. A review of the investment needed to support our strategic direction and offer some certainty to organisations to allow work to develop and positive practice to be fully incorporated across all our engagement and participation networks, will strengthen our approach.

Work continues to establish robust links with Community Boards and support improved engagement and participation across all care groups by:15

- strengthening the voices of supported people and their families including unpaid carers
- embedding participation that goes beyond listening/sharing information
- further developing sector and area wide engagement and participation forums
- incorporating learning from Covid regarding engagement and participation
- identifying strengths and opportunities in terms of local resources/ communities

Community boards are the foundation of the community planning process in North Lanarkshire as agreed by all partners of the North Lanarkshire Partnership including HSCNL. Multi-agency Local Partnership teams have been launched recently to support the development of the community

planning agenda within community partnership areas. Managers from each of the localities within the Health & Social Care Partnership are key members of these forums, and this developing piece of work offers opportunities to co-ordinate our locality improvement activities across the wider Community Planning Partnership.

There are several forums operational in North Lanarkshire that present a good opportunity for working together with staff from statutory services, community/ voluntary and independent sector. A place-based focus is important in the delivery, development and improvement of effective services that support local people. However, these structures add complexity to the engagement and participation landscape, which is cluttered resulting in forums being used mainly as a vehicle to share information.

The chairs of Locality Planning Groups have been considering the future remit and responsibilities of their groups within the context of the wider sector in which they exist and in light of the findings of the recent review. The current engagement activities for the Strategic Commissioning Plan has presented a further opportunity to progress this agenda

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

Support at Home

North Lanarkshire has, for many years, had a positive balance of care, which means that the considerable investment in community-based supports over time has resulted in a high proportion of people with long-term and complex needs being able to continue to live in their own homes.

The metric used for benchmarking across Scottish Health & Social Care Partnerships and reported in the Annual Performance Reports (APRs) reflects very positively the long-term efforts in North Lanarkshire to create and sustain the range of supports which minimise long term residential, nursing or hospital care.

Focusing on adult services, support at home is offered through internal home support, independent sector provision and direct payment. Home support has a budget of £57 million to support up to 3,000 people at home in any one day (over 5,500 people over the year). 74% of home support service is provided by in house services, the remainder provided by the independent sector.

However, maintaining responsive, high-quality support at home for those who require this has presented as substantial challenge over the past year due to significant workforce pressures within the sector. The national and local drive to relieve pressure on acute health services is significant and resource has focussed on supporting discharge. The HSCP have continued to focus on early intervention and prevention and the deliver of person centred care through self-directed support. There has been considerable work to implement a new structure within Home Support Service to ensure that assessment and planning through Reablement is re-introduced and that the wider options for independent living can be developed. A Home Support Redesign programme has been established to progress the implementation to improve pathways and service user experience, and address workforce challenges to maximise capacity and responsiveness.

Home Support Service

The home support service in North Lanarkshire provides over 35,000 hours of support each week to around 3,500 services users. Both the in-house service and the local independent sector have faced huge challenges through both the pandemic and recovery period with significant workforce and demand pressures, a pattern which has been common across the country.

Immediately prior to the pandemic, plans were put in place for a redesign of the service with the centralisation of some functions and new roles to maximise the capacity and quality of the service, to embed reablement and to support a move away from a time and task model to more personalised self-directed support for those with more stable longer-term needs. The pandemic, wider demand and system changes have required plans to be adapted and additional resource to be invested in the service supported through partnership and new Scottish Government funding, with additional management and administrative support put in place, alongside the additional recruitment of 140 frontline home support workers based in Home Assessment Team and Home Support Service. The service now employs approx 950 FTE Home Support Workers.

The Home Support Service implemented the first stage of the planned redesign which included the centralisation of the management and administration of the service. A reassessment of the implementation of further stages is in place to allow the service to reflect and review changes to the original plan to meet current and new priorities. This includes our Out of Hours Service to address call waiting times for both staff and service users.

To ensure the delivery of a safe and high-quality service to support positive outcomes, consultation with staff, service users and their carers' and stakeholders will inform the continued redesign of the service. The key areas that will be addressed to have a responsive, adaptable service include;

1. Recruitment and retention of Home Support Workers, administration and Management
2. Training, to ensure staff are competent and confident across all aspects of Home Support provision
3. Roles: evaluating the hard-to-recruit posts
4. Quality of care and support being provided
5. Efficiency/ scheduling
6. Increased demand needs to be managed through efficient pathways

Recruitment and retention to posts at all grades has been challenging and there has been a higher than usual turnover. Particularly Home Support Worker, Support Officer and Service Delivery Coordinators are difficult to recruit and retain. These new roles were introduced just prior to the pandemic, and it was not possible to establish them fully due to changes in working arrangements and the difficulties of delivering training. The feedback from staff is that the roles are challenging and therefore it has not been possible to sustain staff in post. The tasks and skill set needs to be reviewed for a number of posts, including administration and management roles which are critical to supporting our staff

A further key element of the redesign of Home Support was the development of a dynamic scheduling tool to support the field workforce and introduce key benefits of mobile working. Dynamic scheduling will have benefits for the home support workforce in the field and for those who schedule and plan work. It is an essential tool to maximise the availability and skills of the workforce.

The Service has been working closely with colleagues from the Care Inspectorate, both strategically in relation to service improvement as well as operationally at service level.

During 2021/22:

- The service received 4,579 referrals for support;
- 3,345 (73%) of these were to support individuals' hospital discharge;
- 1,170 individuals were supported through our reablement service;
- The service (both in-house and commissioned providers) delivered in excess of 2.8 million visits to service users' homes.
- The service (both in-house and commissioned providers) delivered in excess of 1.8 million hours of service.

Discharge Without Delay (DWD)

Discharge Without Delay is a whole system approach which supports people to be cared for at home (or as close to home as possible), prevents avoidable admissions to hospital and, where hospital admission is necessary, supports timely discharge. This programme was introduced towards the end of 2021/22 and continues as a priority for the partnership.

The Home Assessment Team (HAT) was developed as a new team within North Lanarkshire and was launched in early 2022. The team works collaboratively with hospital discharge hubs and clinical teams to support timely discharge from hospital to enable an assessment of each person's immediate and longer-term needs in their own home. This can include anything from signposting to support from a statutory service and community care assessment.

The Home Assessment Team take a multi-disciplinary approach to person centred care and consists of Home Support staff, AHP's, Clinical Responders and Social Work staff to embed Home First principles to enable people to be supported to return home for a period of assessment. The initial implementation stage has demonstrated multiple benefits in supporting early intervention, reducing deconditioning and has resulted in positive outcomes for people as well as North Lanarkshire services by reducing the level of statutory support required following discharge and crucially, supporting maintained and increased levels of independence for people of North Lanarkshire.

National Health and Wellbeing Outcome 3

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

Community Solutions

Community Solutions is a successful, HSCNL cross-sector health and social care investment and improvement programme for North Lanarkshire, established in 2012, which is improving people's health, wellbeing, quality of life and equality by investing in community-led initiatives which build community, family and individual strengths and resources - with a focus on prevention and early intervention.

The Community Solutions Programme involves all HSCNL partners and also links to the North Lanarkshire community planning partnership – North Lanarkshire Partnership (NLP) and the Children's Services Partnership.

Community Solutions invests in a wide range of community and voluntary sector (CVS) organisations to achieve positive personal outcomes for local people and build CVS capacity. The programme is governed by a HSCNL Community Solutions Governance Sub-Group, with regular reports to HSCNL Core Management and wider Strategic Leadership Team; PFA and IJB.

HSCNL provides £1.1 million in annual recurrent funding for the programme plus additional funding for specific projects, including an additional £1.2 million during 2022-24 agreed at the special February 2022 IJB meeting, as part of wider investment in Winter Planning and Enhanced Supports. VANL also receives additional custodian funding for the CVS directly from the Scottish Government and North Lanarkshire Council which are invested through the Community Solutions Programme.

Evaluation of funded projects to date shows that the Community Solutions is highly cost-effective, helping local people improve their health and wellbeing and strengthening CVS capacity to provide such support. The new [Community Solutions Strategy and Investment Plan for 2022-25](#) sets out how the Community Solutions Programme invests the funding it receives from its funders to contribute to improved health, wellbeing, quality of life and equality of the people of North Lanarkshire by strengthening community capacity and resilience and delivering person-centred, community-based support and services to priority groups.

The Strategy and Investment Plan was developed collaboratively with key stakeholders and is informed by:

- evidence of local needs
- experience of delivering Community Solutions and evaluation of Community Solutions funded projects to date
- priorities and commitments as set out in the Plan for North Lanarkshire, Health and Social Care NL Commissioning Plan and related strategies and plans on issues such as the Tackling Poverty Strategy, with reference to relevant national commitments.

The Strategy and Investment Plan sets out the Community Solutions Programme's

- Vision and Mission
- Approach and Values
- Priorities for Investment

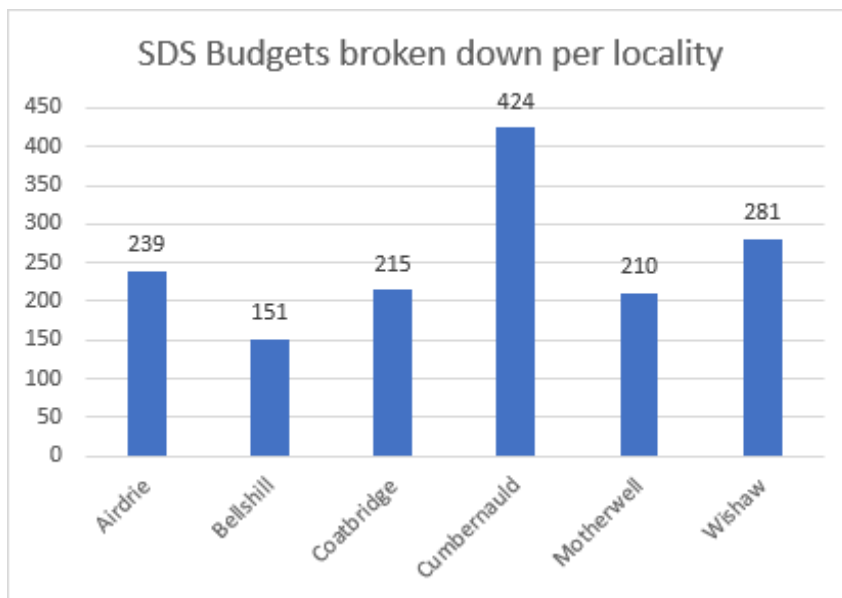
- Funding and Investment Approach
- Evaluating Impact and Supporting Learning and Improvement

Self-Directed Support - Transformational SDS Agenda

Our transformational Self Directed Support agenda has an emphasis on building greater community capacity to support earlier preventative approaches and proactive planning. Key priorities include ensuring that opportunities around partnership working across the spectrum of community solutions, universal services, third and voluntary sectors as well as statutory services, assistive technology are enhanced, and maximised so that people can be supported at home as independently as possible, for as long as is appropriate, whilst minimising risk and reducing reliance on statutory services.

This will involve nurturing and implementing different ways of working, earlier positive interventions, and exploring what organisations might be able to do differently to support transformation and ultimately lead to a more sustainable social care system locally.

The number of people receiving an individual budget within the 21/22 year was 1,520. The graph below shows the number of individual budgets per locality. This numbers reflect all people receiving funding via an SDS budget across children, adults, and carers.



There are currently 148 individuals who have an individual budget to provide 24-hour support. Part of the transformational work going forward will be around robust reviews of these support arrangements considering the potential use of technology enabled care solutions.

In the year 21/22 year we had a total of 317 Direct Payments (Option 1) and as with SDS budgets overall these figures include all children, adults and carers. To support the increase in people choosing a Direct Payment arrangement, and the anticipated need going forward a new DP support service was specified and procured.

Community Living Change Fund/Coming Home Report

In line with Scottish Government recommendations made within the Coming Home Implementation Report, and more recently the allocation to North Lanarkshire Health and Social Care Partnership of £1,298,332 from the Community Living Change fund, over a three-year period (2021-2024), a programme of work is being undertaken to support the strategic objectives of:

- Reducing delayed discharges of people with complex needs.
- Repatriate those people inappropriately placed outside of Scotland.
- Redesign the way services are provided for people with complex needs.

The aim is to establish a multi-agency team lead by Health and Social Care, who will identify individuals with Complex Care Needs whose discharge is delayed and to develop protocols to address this.

A key outcome is to establish a new register of individual affected and the introduction of an appropriate assessment tool which will facilitate review of all cases. From this individual outcome plans will be developed to assist each person back home addressing and resolving the key obstacles faced such as housing, funding, care equipment etc.

For those individuals identified as being repatriated and following appropriate assessment including risk assessments, planning will facilitate appropriate interventions to ensure individuals can come home safely. Additional protocols will be developed to support interactions with other authorities which may be involved in such areas.

North Lanarkshire are fully committed to Self-Directed Support and people's rights to be involved as much as possible in decisions made about their support and care were they are able, and the plan for this work will continue to reflect SDS principles and values.

Technology in Health and Social Care

North Lanarkshire Health and Social Care Partnership continues to invest in the implementation of technology enable care. This is now evident with the formation of a dedicated Technology Team within Health and Social Care. The requirement for the technology team was identified when looking at the need for new and innovative ways to provide support. Technology has also become a national focus on support provision as identified through the Digital Health and Care Strategy 2021. The technology team will look to provide support and guidance on technology with a renewed focus on embedding technology into the assessment, planning and implementation of care to provide service users further choice in how care can be provided. The Technology Team will coordinate standards, processes, training and innovation on the use of technology across the health and social care partnership.

The tech flat within North Lanarkshire continues to be a well-used resource within the technology team where around 60 visitors per month attend the flat. The flat has allowed for the consideration of technology in assessment and planning and why technology can enhance support to an individual. The flat continues to be upgraded with new and innovative technology and this is something that the team will be looking to further evolve.

Work has been carried out alongside our NHS partners in developing guidance around the use of technology within rehabilitation and how we can better support our communities. Further on to this piece of work we continue to be involved in shaping the NHS Lanarkshire Digital Strategy to ensure a person centred focus on the use of technology is considered.

The technology team has had continual involvement in shaping and directing national policy and strategy around TEC, telecare and the analogue to digital transition through partnerships with the Digital Office for Local Government, NSS TEC and the Scottish Government.

The analogue to digital telecare transition continues to be progressed through the technology team and this will look to conclude with a fully digital community alarm and telecare service by the end of 2025.

First Point of Contact

A major focus for the Health and Social care Partnership is to ensure that when people make contact with health or social work services the response is rapid and appropriate. There should be a focus on assisting people to be independent and getting things right first time. The core of which is a strength-based approach, transferring the balance of care to prevention, early intervention and self-management.

In order to explore a whole system change a pilot project was undertaken in Motherwell in 2021 using the three conversation model. Partners 4 Change who led on the delivery of the model have worked with 75 council areas in the UK in relation to reform, redesign, financial sustainability, and personalisation. Of the 75 councils, 35 councils delivered whole system change through the 3-conversation approach.

The evaluation of the Motherwell Innovation Site in 2022 deemed it to be a success with much learning. The emphasis was an introduction to a whole system, multi-disciplinary team approach embodying coordination, collaboration focusing on communities and person-centred approaches. The different way of working reduced barriers and the basic recording system met legislative needs. It was found that voluntary sector links were better as early as possible for quality outcomes and supporting people with better lives. The focus on outcomes led to the success of the innovation site and ultimately success for people in our communities. The engagement with people was meaningful and there was limited access to services for longer term supports.

There is ongoing development of further innovation work with voluntary sector partners. The First Point of Contact Group are addressing how to bridge the gap between the voluntary and statutory services, creating trusted pathways. There will be further emphasis on prevention and early intervention.

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

Lanarkshire Mental Health & Wellbeing Strategy

The delivery of the Mental Health & Wellbeing Strategy has continued to progress. Over the course of 2021, we looked forward and took advantage of the opportunities and experiences of working in different ways rather than, by default, returning services to the way they were delivered pre-COVID. All workstreams reviewed their delivery plans to ensure that they:

- Take account of the impact of COVID-19;
- Build on our recovery plans and the new ways of working that have developed over the course of the pandemic;
- Retain a focus on the vision and objectives set out in the Mental Health & Wellbeing Strategy

Good Mental Health for All

Progress during 2021/22

- Well Connected (social prescribing) and Suicide Prevention apps launched
- Training in Challenging Mental Health Stigma and Discrimination developed
- Co-ordinated communications approach for future campaigns and awareness days.

Primary Care Mental Health & Wellbeing Teams

The Primary Care Mental Health and Wellbeing Service (PCMHW) model for Lanarkshire has been developed with 61 GP practices now able to access the service. It is anticipated that all 101 GP Practices will have access to the Primary Care Mental Health and Wellbeing Service by 2022, with a continued phased approach to roll-out in the remainder of 2021, and into 2022. Over 40 additional clinical posts will be recruited in this time frame, which will include 3rd Sector Mental Health & Wellbeing Workers. Since March 2018, 12,000 referrals have been managed by the service with less than 3% of patients seen requiring onward referral to secondary care mental health services. The Service provides clinical triage and assessment, and both clinical and non-clinical brief interventions and/or support(s) to people experiencing mild to moderate mental health problems of a short-term nature accessed via their GP practice. Feedback from key stakeholders thus far has been very positive.

Emergency Departments

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

An unscheduled care sub-group established to look at the professional interface and strengthen pathways between Psychiatric Liaison Nurses (PLNs) and Mental Health specialities. This will ensure more defined and robust processes linked to the patient journey and experience of accessing services within localities.

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

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

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

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

Lanarkshire Custody Suites

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

Prisoner Healthcare

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

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

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

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

Digital Solutions

Digital solutions are being explored to help provide services in new ways that make them more accessible and enhance patients' experience. The Digital Safety Plan project was short-listed for the Holyrood Connect Awards. Near Me is being well-used with CAMHS, Psychology, and Psychiatry the top 3 users of the system. Work is underway and progressing very successfully to move Mental Health staff from Midis over to Morse, in a phased approach. Digital champions have been identified and regular meetings are in place which are very well attended with good practice being shared.

Child & Adolescent Mental Health Services (CAMHS)

A significant change to the current CAMHS model has been developed to meet the national service specification. Plans have been implemented during 2021/22 focusing on the needs of children and families affected by more complex mental health problems, moving early intervention support to the Schools Counselling Model, School Nursing service and the Community Wellbeing Framework.

Phase 1 of the review has focused on the implementation of the Choices and Partnership Approach (CAPA) model with the deployment of nursing workforce into CAMHS in addition to the establishment of the team with responsibility for delivering the Neurodevelopmental Pathway across Lanarkshire. Phase 2 will focus on the requirement to implement national recommendations in relation to eating disorders and extension of all CAMHS services to age 18.

Progress to date:

- Udston Hospital confirmed as the site for the CAMHS South Lanarkshire base and is now fully operational.
- Refurbishment work across Coathill and Airbles Road accommodation.
- Digital Solutions
 - Appointment Text reminder service was launched
 - Clinical information sharing on Clinical Portal completed
 - Introduction of GP electronic referral system
 - Introduction of digital case record
- Development of engagement plan to work with children and young people in the redesign of the service.

Community Mental Health & Wellbeing (Children & Young People)

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

North Lanarkshire's Children's Services Plans for 2021-2023 have now been published. North Lanarkshire will continue to have a dedicated workstream led by the Children and Young People's Mental Health, Wellbeing and Resilience Steering Group.

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

Specialist Services

Perinatal and Infant Mental Health

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

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

Alcohol & Drugs Partnership (ADP)

North Lanarkshire Alcohol and Drug Partnership is hosted within HSCNL and has been considerably strengthened over the last two years, co-developing its 2021-2024 strategy around the themes of rights/respect/recovery through engagement with a broad range of stakeholders

: <https://mars.northlanarkshire.gov.uk/egenda/images/att99221.pdf>

Five ADP sub-groups have been established to develop actions covering: Prevention, Early Intervention and Education; Treatment Care and Recovery; Whole Family Approach; Public Health Approach in Justice and Reducing Alcohol Harms. In line with the cross-cutting elements within these key areas the interface between the ADP, CSP and CJP has also been strengthened and whilst the the lead senior officer for the ADP is the Head of Performance and Planning both the CSWO and Head of Adult Social Work Services have a role in the wider ADP structure.

National Health and Wellbeing Outcome 6

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

Support to Unpaid Carers

We work in partnership with both commissioned services and funded organisations, all of whom offer a range of supports to Adult Carers and Young Carers. Overall approximately 11,000 carers are known to the carer support organisations in North Lanarkshire and are in receipt of some form of support.

During 2021/22 1040 Adult Carer Support Plans have been progressed by Lanarkshire Carers where assessed need was deemed to be low or moderate. In the situations where carer need has been identified as being significant or critical and unable to be met through the range of carer support options described above and below, approximately 50 individual Carer budgets have been agreed. In many instances individual budgets to supported people are also scoped to reflect individual carer circumstances, such as complex care related needs, caring responsibility for more than one person, or the carer's own health related needs. In addition over 1,000 carers benefited from small grants distributed through Lanarkshire Carers.

Young Carers have been supported through Young Carer Statements, a wide range of Carer support and activity groups, training opportunities, resilience aid and support, respite breaks, creative short breaks, carer awareness training and legal advice. A pan Lanarkshire Steering Group focussing on the needs of Young Adult Carers was also established last year.

A key ambition is to ensure the needs of carers are integral to wider service planning, an example being that following the success of a Community Link Worker initiative, focussed on support, advice, guidance, and signposting to families whose child may have a neuro developmental condition, there are plans to extend this in 2022/23. This has been funded through community mental health and wellbeing framework budget for children and young people and is now hosted through North Lanarkshire Carers Together and in line with our wider approach focusses on early, whole family support and community connections,

There is a well-established short break service, operated by Lanarkshire Carers and this continues to play an important role in supporting unpaid carers in enjoying a break from their caring role. Feedback from carers however has also pointed to the need for more regular, flexible 'time out' accessible within their local community. This has informed a range of new initiatives including a 'Carer Breather' programme, facilitated through NLCT and delivered by a range of local organisations and the piloting of a 'Sitter Service'. These initiatives offer unpaid carers regular and flexible breaks from caring. Positive feedback from unpaid carers regarding this approach will result in an expanded programme in the coming year.

Work is also ongoing to meet the requirements of the Carers Act to ensure that unpaid carers are as involved as they want to be in hospital discharge arrangements. This includes involvement in decision making, as well as support at the point of discharge and beyond. Whilst this approach has been welcomed, we are aware through feedback from Carer support organisations, Advocacy, and individual carers that further work is required in this area, to ensure that no involved unpaid carers are missed from discharge planning as a result of pressures to work at pace in this area.

We remain aware also of the diversity and fluidity of the carer population and that despite our efforts some carers remain less visible to services and supports. We continue to innovate and use a range of methods ensure information support is accessible from the more traditional information packs to the launch of a new podcast for carers and support for digital inclusion.

National Health and Wellbeing Outcome 7

People using health and social care services are safe from harm

Adult Support and Protection (ASP)

During 2021/22 North Lanarkshire Social Work Services, as part of Health and Social Care North Lanarkshire, received 2434 ASP referrals, an increase of less than 1% compared to 2020/21 (from 2,426 to 2,434). This is the third consecutive year that an annual increase has been measured.

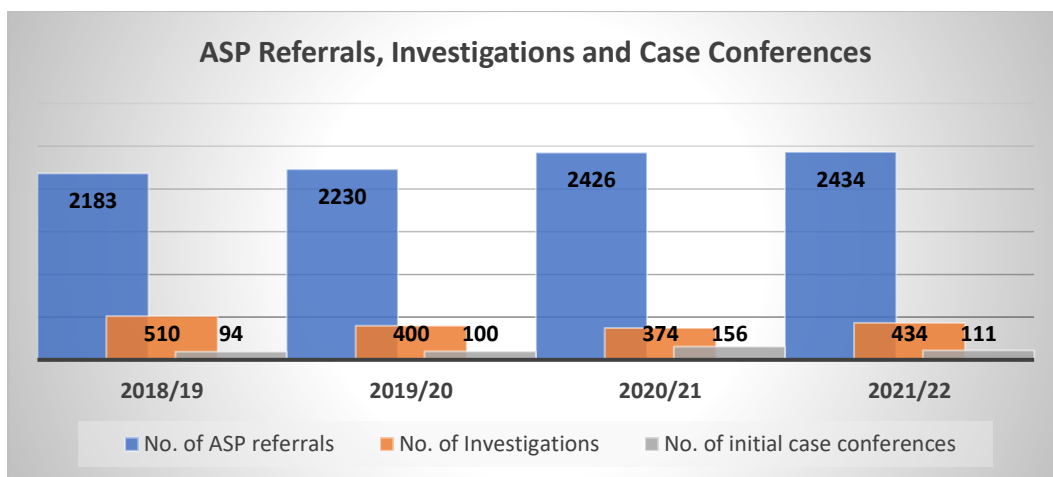
Police Scotland remain one of the highest referring agencies, submitting 16% (380) of all ASP referrals received; this measures a 39% decrease from last year (from 598 to 380). In addition to the 380 ASP referrals made by Police Scotland, there were a total of 4,004 Police 'Adult Concern' Reports received. Since the same reporting period last year there has been a 13% increase in police 'Adult Concern' reports (from 3,552 to 4,004). This is the third year running when significant increases have occurred; this work continues to generate significant resource pressures.

For the fourth year running, there was an increase in the number of referrals received from NHS L personnel (from 426 to 473, up 11%). Referrals from Social Work Services staff decreased by 10% (from 411 to 371).

For this period, ASP referrals from Care Homes demonstrated a 9% increase (from 416 to 455). Information from Inquiry and Investigation processes suggest possible causes of this include, the increasing complexity of people placed in care homes, many of whom have significant levels of cognitive impairment and/or dementia, and behaviour which requires intensive support.

Monitoring and support in this area is provided by colleagues in Quality Assurance in addition to thorough ASP Multi agency training and, in line with the increased focus on Care Homes during the pandemic this area of activity has more recently also been monitored through weekly review of ASP referrals for care homes and multi-professional Care Home Oversight arrangements e.g. Care Home Assurance Team (CHAT) .

Adults with mental health issues were represented in 35% (858) of the total ASP referrals received, being the main primary user group referred. Referrals for this group have decreased since the same time last year but remain high in overall percentage terms (from 939 to 858). This only reinforces the importance of key service developments such as Distress Brief Intervention (DBI) and social work investment in delivering ASP training for those organisations who deliver services at home to our most vulnerable service users.



ASP Investigations /Case Conferences and Statutory Orders/Functions

During 2021-22 there were 434 ASP Investigations carried out, a 18% conversion rate from inquiry to investigation and a 16% increase from the previous year.

There were 111 ASP Initial Case Conferences held; this measures a 29% decrease from last year. Anecdotal information from localities suggest that some cases have moved from investigation to case conference sooner in the process.

For the period 2021/22, North Lanarkshire Council, as part of Health and Social Care North Lanarkshire also sought and implemented thirteen ASP Protection orders, broken down as; six Removal Orders, three Banning Orders and four temporary Banning Orders, all with power of arrest.

Social Work Adult Protection Case File Review

The ongoing monitoring and review of adult protection operational activity remains a key feature for Social Work Services. A multi-agency inspection readiness group was formed with senior representatives across the public bodies and led by a Senior Social Work Manager. This group has met regularly to support the pre inspection agenda, as well as planning multi-agency case file reading across localities during April and May 2021; this activity identified areas for policy and practice improvement and, provided organisational learning in virtual file reading methods to help prepare the partnership for future formal inspection activity.

Training

ASP Council Officer Training (Day 2) and Investigative Interviewing Training (Day 3) materials were reviewed and redesigned to support remote/virtual training delivery and were delivered during April to May 2021 for 30 employees who are required to undertake investigations under Adult Support and Protection (Scotland) Act 2007.

The Post Graduate Certificate in ASP is presented each academic year (University of Stirling). For the year 2021-22, the Council supported two experienced employees to successfully complete this professional learning programme; both employees will complete this course in December 2022. This is very positive as it provides further evidence of the Councils' commitment to invest in employee development and to build upon staff resources that supports the continuous improvement of ASP practice.

Appropriate Adults Services

In January 2020, Appropriate Adults (AA) Services across Scotland became a statutory function via part implementation of the Criminal Justice (Scotland) Act 2016. This now means that a statutory duty is placed upon Police Scotland to request an Appropriate Adult, while the Council have a statutory duty to provide Appropriate Adult Services, and the training of AA's. The Care Inspectorate have the duty to assess the quality of AA Services.

During 2021-22, national developments have continued to take place to assist with the ongoing implementation of the national statutory framework e.g. Scottish Government AA Oversight Group, national training group, and the requirement to complete a service based questionnaire on North Lanarkshire AA Services, for the Care Inspectorate. The Council is currently working in partnership with the Care Inspectorate and other partners to design a self-evaluation model for ongoing quality assurance purposes for AA Services.

Appropriate Adult Services in North Lanarkshire are currently fully operated, funded and delivered through Social Work Services with 12 employees trained to perform AA roles during business hours and SWES (Social Work Emergency Services) staff providing support out of hours. In line with statutory guidance produced by Scottish Government, work is underway to develop a local Appropriate Adult Oversight Group. This multi-agency group will have responsibilities for policy and practice development in this area e.g. recruitment, training, confidentiality, health and safety and service complaints.

Appropriate Adult referrals decreased by 23% (from 92 to 71) from the same time last year. North Lanarkshire is similar to other local authority areas who have also experienced reductions in referral rates; this is being monitored by the national Oversight group, Scottish Appropriate Adult Network and Police Scotland. While there was a decrease, there were increases in the number of times AA's are being asked to attend police stations (for the same offence) and are spending an increased amount of time supporting vulnerable adults whilst there. As Council employees perform the AA role in addition to professional social work roles, this continues to contribute to resource pressures. An Appropriate Adult Development Officer post has been agreed and funded through new monies following statutory implementation; this post remains vacant.

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

Staff Health & Wellbeing

Work has continued in 2021/22 with the further development of the Health & Social Care North Lanarkshire Health & Wellbeing Group, bringing together leaders from across the partnership to better co-ordinated resources and initiatives across NHS Lanarkshire, North Lanarkshire Council and other partner organisations. Two health and wellbeing posts have been created within NHS Lanarkshire and North Lanarkshire Council and will be progressed in 2022/23. These posts will lead and embed the co-ordinated approach to staff health and wellbeing across the partnership.

Care Academy

The Health & Social Care Academy workstream has been a much longer standing piece of work, with a more mature partnership model and based on a key joint venture with NHS Lanarkshire. Recently, the workstream has deepened the existing work by establishing 3 priority sub- groups focused on 1) the young workforce, with further development of the in school vocational offering for Health and Social Care; 2) adult recruitment and employability, with a focus on both short- and longer-term workforce demands in the sector, 3) building capacity and resilience by supporting wellbeing, training, and development across the existing workforce.

A clear plan of action has been developed for each of the subgroups who will take forward this work forward in the next 6 to 12 months with regular reporting to the Workforce for the Future Steering Group. Work will also be taken forward in the next phase to develop a framework of outcome measures which can be used to track the overall progress of the programme and its impact.

National Health and Wellbeing Outcome 9

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

Financial Year 2021/2022

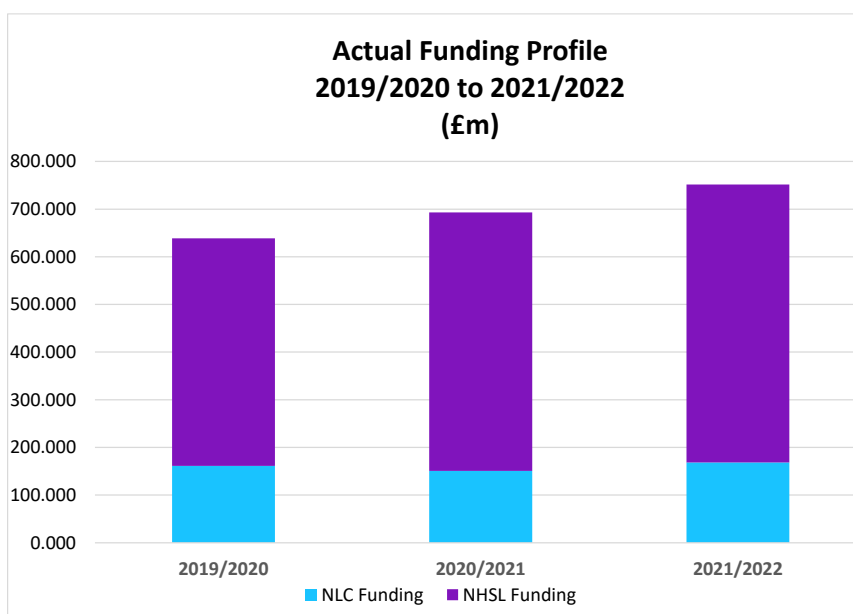
Financial information is part of our performance management framework with regular reporting of financial performance to the IJB. National Health and Wellbeing Outcome 9 also requires resources to be used effectively and efficiently in the provision of health and social care services. The resources available to the IJB to deliver the delegated functions set out in the Integration Scheme and the Strategic Commissioning Plan are comprised of the financial contributions from North Lanarkshire Council (NLC) and NHS Lanarkshire (NHSL). The financial position for public services continues to be challenging, particularly in response to the Covid-19 pandemic, the inflationary cost pressures and the potential outcome of future nationally agreed pay awards. Notwithstanding these pressures, in March 2021 the IJB agreed a financial plan for 2021/2022 to ensure a balanced budget was achieved by 31 March 2022. The detail of this plan is available at [IJB Financial Plan 2021/2022¹](#).

Partner Contributions 2021/2022

The delegated funds for the IJB come from NLC and NHSL. The level of funding available to the IJB is therefore heavily influenced by these organisations' grant settlements from the Scottish Government. The total funding for the IJB in 2021/2022 was £752m. The comparison of funding contributions from the partners between 2019/2020 and 2021/2022 is graphically illustrated in the table and chart as follows:

Actual Funding	2019/2020	2020/2021	2021/2022
	£m	£m	£m
NLC Funding	161.112	150.938	168.587
NHSL Funding	477.550	542.167	582.943
Total Funding	638.662	693.105	751.531
Annual Increase	8.578	54.443	58.426

¹ <https://mars.northlanarkshire.gov.uk/egenda/images/att95939.pdf>



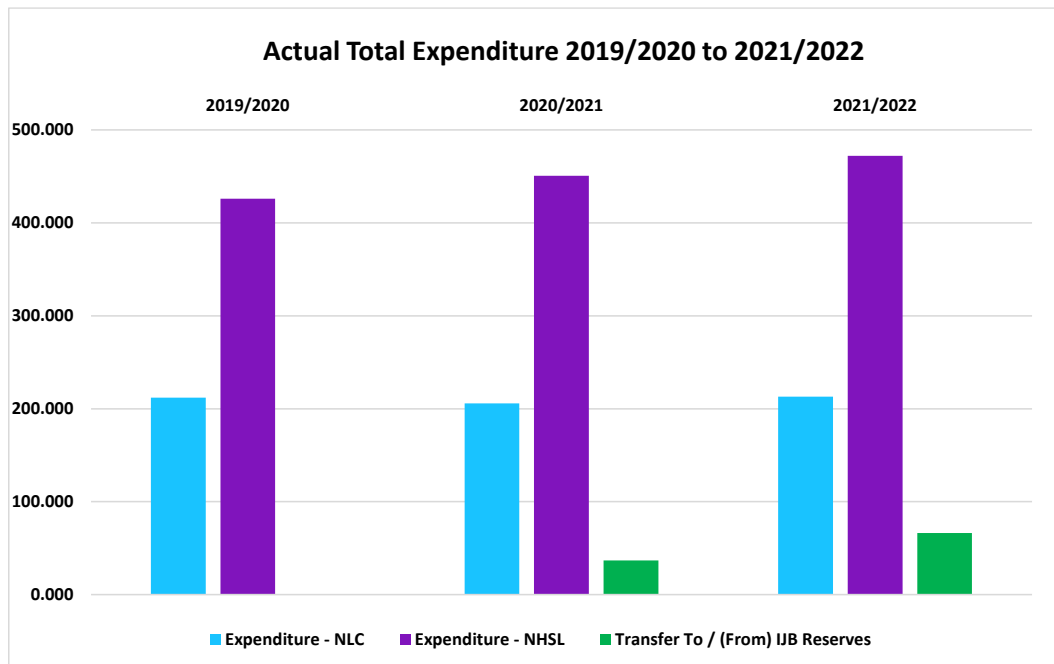
The IJB's Financial Position at 31 March 2022

The IJB Financial Plan 2021/2022 was approved by the IJB on 23 March 2021. Included within the funding available is a “notional set-aside budget” totalling £65.2m in respect of 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.

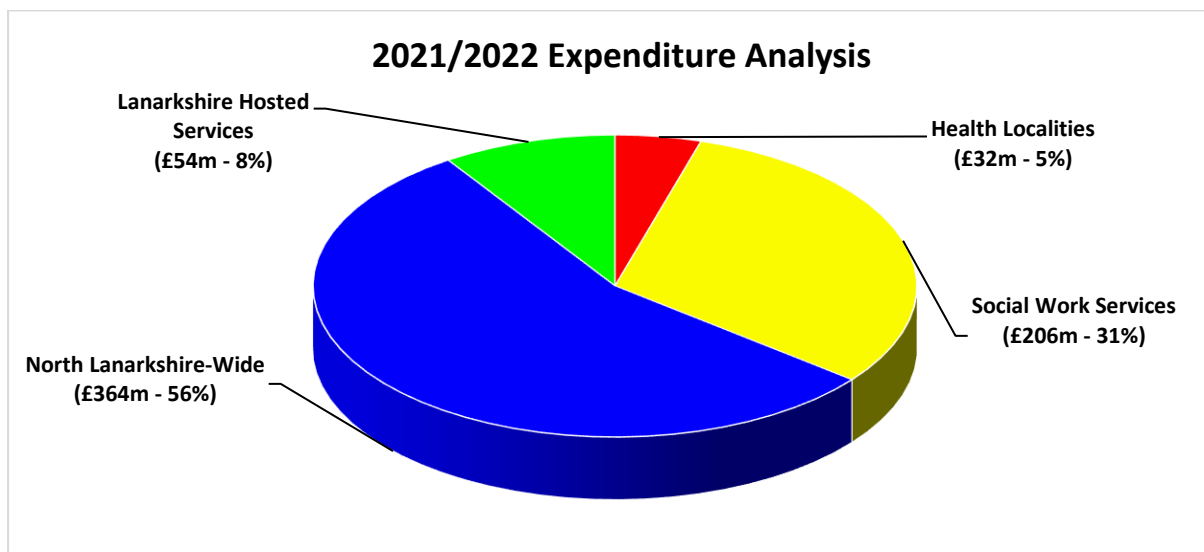
Partner Expenditure 2021/2022

The total expenditure for the IJB in 2021/2022 was £685m. The comparison of actual expenditure between 2019/2020 and 2021/2022 is summarised in the table and graph below and further detailed at appendix 3.

Total Actual Expenditure	2019/2020 £m	2020/2021 £m	2021/2022 £m
Expenditure - NLC	212.044	205.709	213.065
Expenditure - NHSL	426.187	450.693	472.132
Transfer To / (From) IJB Reserves	0.431	36.703	66.334
Total Funding	638.662	693.105	751.531
Annual Increase	8.578	54.443	58.426



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



2021/2022 Financial Outturn

A financial surplus totalling £74.7m was reported at 31 March 2022. This is mainly due to the additional funding received from the Scottish Government to address Covid-19 expenditure and to take forward national and local priorities and essential and necessary changes within HSCP service delivery. The total underspend represents approximately 10% of the total financial envelope available of £752m. It is critical to note that this underspend is non-recurring.

The significant variances across health and social care services are highlighted in the table below.

% of Total Underspend of £74.7m	Main Factors
42%	Funding received from the Scottish Government during 2021/2022 to address the cost of the response to the Covid-19 pandemic totalled £45.1m. The actual costs incurred in respect of the Covid-19 pandemic totalled £13.4m. The uncommitted funding of £31.7m was therefore transferred to a ring-fenced IJB Covid-19 reserve at 31 March 2022. The use of this reserve in 2022/2023 to address the significant changes to the Public Health policies in relation to Covid-19 pandemic is being discussed and agreed with the Scottish Government. It is expected that part of this IJB Covid-19 reserve may be returned to the Scottish Government to be redistributed across the health and social care sector to meet current Covid priorities.
20%	The underspend across the Hosted Services led by the North Lanarkshire IJB totalled £15.3m.
20%	There is an underspend totalling £8.0m across the Care At Home Service. This is predominantly due to staff shortages. A balance of the funding received in 2021/2022 to support winter planning remained uncommitted at 31 March 2022 and totalled £6.4m. Funding totalling £0.8m to support Carers also remained uncommitted at the year-end. These underspends total £15.2m.
8%	The underspend across Locality and Other services totalled £5.9m. This is mainly due to vacancies across the six localities.
10%	The balance of the underspend totalling £6.6m relates to Addiction Services, Area-wide Services, Prescribing and the Medical and Nursing Directorate.

The balance on the IJB reserves at 1 April 2021 was £53.118m. The year-end surplus at 31 March 2022 was £74.7m. A total of £8.3m was drawdown from reserves during 2021/2022 to fund approved commitments.

The net movement on reserves in 2021/2022 is summarised in the table below.

Movement on Reserves	NHSL	NLC	Total
Balance as at 1 April 2021	£36.400m	£16.718m	£53.118m
Year-end Surplus	£58.697m	£15.973m	£74.670m
Transfers From Reserves	(£7.564m)	(£0.772m)	(£8.336m)
Balance as at 31 March 2022	£87.533m	£31.919m	£119.452m

The balance on the IJB reserves at 31 March 2022 is £119.5m (Ring-fenced - £45.7m; Earmarked - £70.1m and Contingency - £3.7m). The contingency reserve represents 0.5% of the total IJB financial envelope.

Further details of the ring-fenced, ear-marked and general fund reserves totalling £119.5m is available at Note 11 of the [Unaudited IJB Annual Accounts 2021/2022](#)².

Strategic Risk Assessment

The IJB Risk Management Strategy complements the existing risk management processes within each partner. All three risk registers are reviewed regularly by the management team. Throughout the year, the financial monitoring reports provided updates on the management of the key financial risks.

Best Value Assessment

The IJB has a duty of Best Value, by striving to secure continuous improvements in performance, while maintaining an appropriate balance between quality and cost. In making those arrangements and securing that balance, the IJB has a duty to have regard to economy, efficiency and effectiveness, equal opportunities requirements and to contribute to the achievement of sustainable development. To provide an overall mechanism to review the best value arrangements for the IJB, a best value framework has been developed.

Internal Audit Opinion 2021/2022

The Joint Internal Audit opinion was provided by the NLC Audit and Risk Manager and the Chief Auditor of NHS Lanarkshire.

The conclusion is reasonable assurance can be placed upon the adequacy and effectiveness of the North Lanarkshire Health and Social Care IJB's framework of governance, risk management and internal control for the year ended 31 March 2022. No issues or weaknesses were identified.

Emergency Response to the Covid-19 Pandemic

Covid-19 has affected each member of our society and a robust response was implemented. Available resources have, to date, been refocussed on the critical areas affected by the Covid-19 pandemic. Whilst these priorities are also continuing into 2022/2023, every effort is being made to progress the Response, Recovery and Remobilisation Plans. Remobilising the full range of HSCP services is challenging and maintaining innovation and learning from the pandemic will be essential.

Although the current operational and financial challenges will inevitably drive the pace of change, improving outcomes for individuals will continue to underpin the IJB's strategic commissioning intentions and the ongoing re-design and integration of health and social care services.

As a result of the Covid-19 pandemic, there is a high degree of uncertainty in respect of additional costs particularly as we approach the winter period. The immediate challenge continues to be in respect of staff recruitment and staff turnover for both partners and external health and social care providers. The additional health and social care costs which are being incurred in response to the Covid-19 pandemic are being reported to the Scottish Government through the 2022/2023 Lanarkshire Remobilisation Plan.

Financial Outlook for 2022/2023 and Beyond

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

² <https://mars.northlanarkshire.gov.uk/egenda/images/att98264.pdf>

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

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

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

Future Financial Sustainability

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

The IJB Medium to Long Term Financial Plan was prepared in March 2020 and underpins strong financial planning and management, the achievement of best value and the allocation of resources to support sustainable models of service delivery from a whole system perspective, ensuring our limited resources are targeted to achieve our outcomes. This plan however was prepared before the impact of the emergency response to the Covid-19 pandemic was known. As part of the recovery plan to the Covid-19 pandemic, the IJB Medium to Long Term Financial Plan is being reviewed to reflect the operational and financial challenges.

The IJB Chief Finance Officer will continue to consult with both partners about the options available to address all 2022/2023 recurring and non-recurring health and social care cost pressures. Cost reduction options will be explored however this is not expected to release sufficient funding to meet the total increase in all health and social care cost pressures going forward. Reliance will therefore require to be placed on non-recurring funding and reserves.

Our joint focus with all our partners and stakeholders will continue to be ensuring that all resources in scope are maximised, health and social care services are remobilised and a whole system approach across North Lanarkshire is adopted which is sustainable and operates efficiently and effectively.

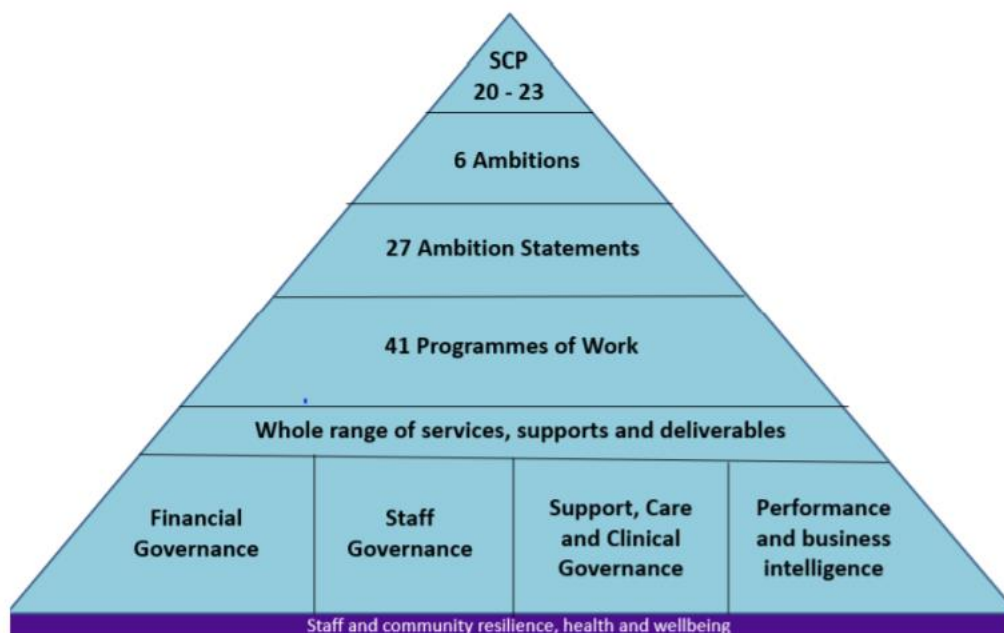
⁴ <https://mars.northlanarkshire.gov.uk/egenda/images/att95940.pdf>

4. Looking Forward – Our Next Steps

We will continue to focus on delivering and implementing our Programme of Work for 2022/23, while managing the current extraordinary pressures on existing services as a result of demographic growth, the lasting implications of the Covid-19 pandemic and wider financial challenges.

2022/23 will be the final year of our Strategic Commissioning Plan 2020 – 23 and we will continue to deliver against our 6 key ambitions, 27 ambition statements, and 41 Programmes of Work.

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



Looking ahead to 2022/23, we will commence engagement with stakeholders, service users, carers and families on the development of our new Strategic Commissioning Plan for the period 2023-26. To support this, we will develop a new Programme of Work for 2023-36 incorporating the transformational change priorities for the partnership, and their related workstreams. A whole system approach to delivery of the SCP's Programme of Work will be further developed to equip leaders and managers to work with interconnections and co-dependencies, as well as give clarity and structure to wider partners and stakeholders.

Appendix 1 – Summary of Performance against Core Suite of Integration Indicators

Indicator	Title	NL 2015/16	NL 2017/18	NL 2019/20	NL 2021/22
NI -1	Percentage of adults able to look after their health very well or quite well	91.7%	90.3%	90.5%	87.5%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible			77.6%	79.8%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided			71.2%	67.1%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated			70.2%	66.6%
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good			77.8%	74.0%
NI - 6	Percentage of people with positive experience of care at their GP practice	79.3%	75.5%	68.3%	51.8%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life			75.7%	77.0%
NI - 8	Percentage of carers who feel supported to continue in their caring role	41.2%	33.2%	32.6%	25.1%
NI - 9	Percentage of adults supported at home who agreed they felt safe			80.0%	79.8%

Indicator	Title	NL 2017	NL 2018	NL 2019	NL 2020	NL 2021
NI -11	Premature mortality rate per 100,000 persons	482	517	515	581	580

Indicator	Title	NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	NL 2021
NI -12	Emergency admission rate (per 100,000 population)	15,663	15,826	16,281	13,824	15,093
NI – 13	Emergency bed day rate (per 100,000 population)	121,395	117,292	119,574	103,720	115,108

NI – 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	99	101	106	123	117
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89.0%	88.9%	88.9%%	90.2%	90.0%
NI – 16	Falls rate per 1,000 population aged 65+	22.6	22.6	21.3	19.2	21.4
		NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	NL 2021/22
NI -17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	79.1%	76.4%	83.3%	80.7%	78.1%
		NL 2017	NL 2018	NL 2019	NL 2020	NL 2021
NI – 18	Percentage of adults with intensive care needs receiving care at home	72.2%	74.6%	74.4%	75.1%	75.0%
		NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	NL 2021/22
NI – 19	Number of days people spend in hospital when they are ready to be discharge (per 1,000 population)	1,009	996	1,109	781	831
		NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	NL 2021/22
NI – 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.7%	21.1%	21.6%	N/A	N/A

Appendix 2 – HSCP Performance Dashboard

Outcome (National Health & Wellbeing)	KPI	Target 2021/22	2021/22 Q1	2021/22 Q2	2022/22 Q3	2021/22 Q4	2021/22 Performance
1. People are able to look after and improve their own health and wellbeing and live in good health longer	Alcohol Brief Interventions North	2039	947	1954	2,755	3,457	
	Alcohol Brief Interventions NHSL	5499	1460	3145	4383	5392	
	Cervical Screening	80%	75.0%	75.0%	74.6%	74.0%	
	Immunisations – %s of 2 year olds	95%	96.0%	96.4%	96.6%	96.5%	
	Immunisations – %s of 5 year olds	95%	95.0%	94.8%	94.9%	94.3%	
	Addictions – Completed Waits	90%	95.8%	Data issues	Data issues	Data issues	
	Addictions – Ongoing Waits	90%	86.7%	Data issues	Data issues	Data issues	
	Addictions – Ongoing Waits NHSL	90%	90.9%	Data issues	Data issues	Data issues	
	Percentage of people who have completed 6-8 week review	90%	77.0%	77.1%	76.3%	77.7%	
2. People, including those with disabilities and long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Delayed discharge bed days - standard delays	23725	5,608	7,631	6,381	7,124	
	A&E Attendances - NL Residents	116456	32,688	32,910	28,547	28,226	
	Emergency Admissions - NL Residents	44001	11,701	11,707	11,298	10,535	
	Unscheduled Bed Days - all specialties, NL Residents	294999	79,698	82,091	83,834	80,517	
	Inpatient Activity – Readmissions 7 days	8	6.38	6.01	6.70	5.35	
	Percentage of patients waiting less than 12 months to begin PDS (waiting less than 12 months/total number waiting)	65%	82.4%	80.5%	83.6%	82.0%	
	'Mental Health - bed occupancy rate		85.9%	81.2%	94.7%	88.7%	
	Assistive Technology - Number Of People With Technology (0-17 yrs)	1,452 2000 (500 per quarter)	42	39	38	36	

	Assistive Technology - Number Of People With Technology (18-64yrs)		633	645	634	631	
	Assistive Technology - Number Of People With Technology (65+)		889	880	873	866	
	Reablement - Number Of People Completing Reablement Process	2000 (500 per quarter)	373	706	916	1170	
	Reablement - % Of New or Increased Home Support Packages Which Are Reablement	70%	68.2%	59.9%	67.7%	63.1%	
	Reablement - % Of People With No or Reduced Home Support Service Required At End Of Process	70%	61.4%	65.5%	53.2%	52.2%	
	Balance Of Care - % Of People (Age 65+)	45%	47.6%	45.7%	44.3%	45.3%	
	IEAS - % Deliveries Achieved Within 7 Working Days Quarterly	80%	74.8%	70.0%	66.3%	61.7%	
3. People who use health and social care services have positive experiences of those services, and have their dignity respected	18 Week RTT Performance – CAMHS NHSL (NORTH HOSTED)	90%	57.3%	68.3%	69.5%	80.0%	
	18 Week RTT Performance – Psychology (NHSL) (NORTH HOSTED)	90%	81.0%	85.8%	81.5%	85.5%	
	Consultant Outpatient WT - Adult Mental Health - 12wks (NHSL) (NORTH HOSTED)	90%*	93.7%	86.6%	78.8%	73.4%	
	Consultant Outpatient WT - Older Adult Psychiatry - 12wks (NHSL) (NORTH HOSTED)	90%*	87.4%	86.2%	85.8%	85.5%	
	Consultant Outpatient WT - Learning Disability - 12wks (NHSL) (NORTH HOSTED)	90%*	100.0%	100.0%	100%	100%	
	Medical Paediatrics WT - 12 wks (NHSL) (NORTH HOSTED)	90%*	99.4%	96.6%	92.6%	72.5%	
	Admission to MH Wards: Proportion NHSL Patients	>=95%	97.4%	97.8%	98.0%	96.6%	
	MSK Podiatry - 12wks (NORTH HOSTED)	90%*	96.0%	58.1%	73.6%	93.0%	
	Podiatry - 12wks (NORTH HOSTED)	90%*	37.0%	28.5%	27.8%	90.5%	
	Podiatry - domiciliary visits - 12wks (NORTH HOSTED)	90%*	37.8%	41.3%	50.0%	100%	
	SLT - Paediatrics - 12wks (NORTH HOSTED)	90%*	33.7%	24.0%	30.1%	25.8%	
	SLT - Adult - 12wks (NORTH HOSTED)	90%*	92.1%	85.2%	75.0%	83.2%	

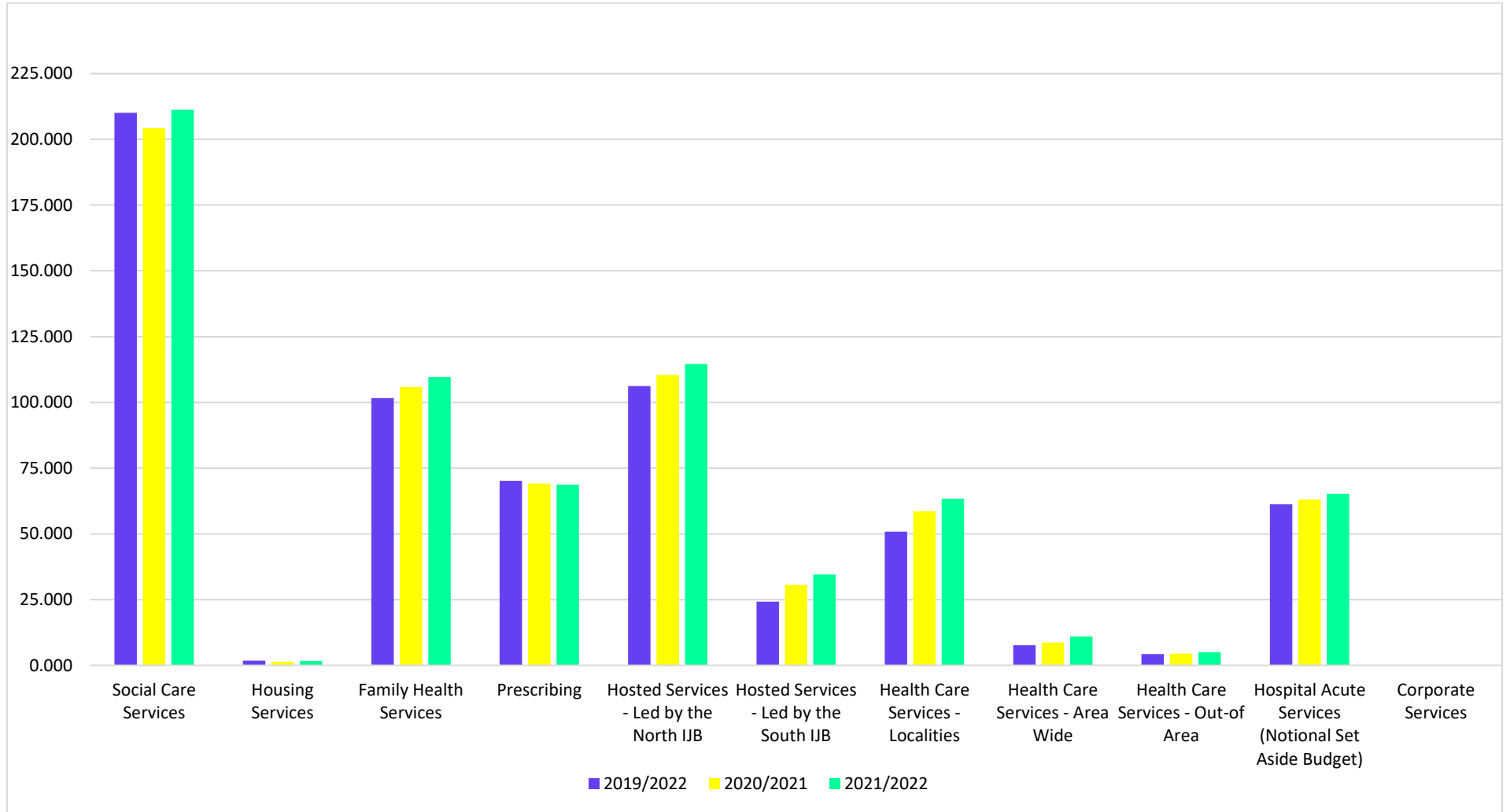
	Dietetics - 12wks (NORTH HOSTED)	90%*	68.9%	57.8%	60.7%	65.8%	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Care Home Placements At End Of Quarter - Per 1000 Popn 65+	24	21.4	21.4	21.0	21.3	
	Care Home Placements At End Of Quarter - Per 1000 Popn 75+	50	43.7	43.7	43.0	44.0	
	Care Home - Average Length of Stay	865	851	852	831	819	
	Number Of People With Self Directed Support	1,000	1127	1127	1200	1256	
	Number Of People With A Direct Payment	240	282	298	308	321	
5. Health and social care services contribute to reducing health inequalities	Sustain and embed successful smoking quits, at 12 weeks post quit, in 40% of SIMD areas. (AOP) (NORTH HOSTED)	902	127	241	313	412	
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact on their caring role on their own health and wellbeing	Community Alarm Service Users 75 Years And Over Per 1000 Population	Under Review	189.0	190.4	187.8	186.8	
7. People who use health and social care services are safe from harm	Manual Handling Awareness Training	90%	95.5%	Data not available	95.2%	91.4%	
	PAMOVA Training	90%	91.0%	Data not available	96.4%	92.4%	
	Adult Basic Life Support Training	90%	95.4%	Data not available	89.8%	88.4%	
	Paediatric Basic Life Support Training	90%	95.0%	Data not available	94.6%	92.6%	
	Fire Safety Training	90%	96.7%	Data not available	96.8%	92.1%	
	Hand Hygiene Training	90%	86.8%	Data not available	96.1%	92.6%	
	Safe information Handling Training	90%	81.5%	Data not available	96.9%	92.0%	
	Child Protection Awareness Training	90%	99.3%	Data not available	96.0%	92.1%	
	Health and Safety Awareness Training	90%	94.2%	Data not available	97.3%	93.9%	
	Occupational Health Service Awareness Training	90%	88.3%	Data not available	97.9%	93.2%	

	Adult Support and Protection Awareness Training	90%	78.8%	Data not available	96.1%	92.5%	
	% Of Adult Protection Referrals Passed To Care Team For Investigation		17.7%	17.9%*	20.3%	18.9%	
	% Of Adult Protection Investigations Going To Initial Case Conference		18.9%	16.9%*	41.0%	23.9%	
	Adult Protection - % Of Referrals With Decision Within 5 Days	60%	79.5%	76.5%	74.1%	79.3%	
	% of Adult Protection Referrals Which Did Not Go On To Investigation Or Other Service		69.9%	65.7%	62.7%	66.3%	
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	TURAS compliance (NHSL, North)	>80%	66%	64%	56%	58%	
9. Resources are used effectively and efficiently in the provision of health and social care services	Breakeven Position - YTD Variance Including Prescribing (NHSL)	>=0	0.823m	0	£4432k	£58.697m	
	Breakeven Position - YTD Variance Excluding Prescribing (NHSL)	>=0	0.823m	2046K	£4432k	£57.197m	
	Sickness Absence (NHSL, North)		6.95%	6.61%	6.29%	5.28%	
	Sickness Absence (NLC) - days lost per person	11.32	3.18	6.59	10.66	14	

Appendix 3

Actual Expenditure Profile 2019/2020 to 2021/2022

Appendix 3



**North Lanarkshire IJB
Analysis of 2021/2022 Expenditure**

Appendix 4

Health and Social Care Services	Airdrie	Bellshill	Coatbridge	Cumbernauld	Motherwell	Wishaw	North	Lanarkshire	TOTAL	
	Locality £m	Locality £m	Locality £m	Locality £m	Locality £m	Locality £m	Lanarkshire £m	Wide £m	£m	%
Health Care Services	4.827	4.483	5.069	7.316	4.374	5.449	23.608		55.126	8%
Social Care Services (Localities, Housing, Self Directed Support, Care Homes and Out-of-Hours)							212.882		212.882	31%
Area Wide Health Care							11.010		11.010	2%
Out of Area Health Care							4.990		4.990	1%
Medical and Nursing							3.949		3.949	1%
Addiction							4.345		4.345	1%
Corporate							0.214		0.214	0%
Family Health							109.651		109.651	16%
Prescribing							68.739		68.739	10%
Set-Aside Budget							65.164		65.164	10%
Hosted Services Led By South Lanarkshire IJB							34.554		34.554	5%
Hosted Services Led By North Lanarkshire IJB							50.718	63.855	114.573	17%
Total	4.827	4.483	5.069	7.316	4.374	5.449	589.824	63.855	685.197	100%
<i>Percentage of Total</i>	<i>1%</i>	<i>1%</i>	<i>1%</i>	<i>1%</i>	<i>1%</i>	<i>1%</i>	<i>86%</i>	<i>9%</i>	<i>100%</i>	

Appendix 5 – Inspection Findings 2021/22

Further information on 2021/22 inspection activity can be found in the [Quality Assurance Annual Report](#).

Service Resource Name	Service Group	Date Last Inspected	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?	How good is our care and support during the COVID-19 pandemic?
Lanarkshire Care Partners	Self Directed Support	26/04/2021	Weak	Weak	Weak	Not Assessed	Weak	Adequate
Good Shepherd	Secure Services	06/05/2021	Good	Good	Good	Not Assessed	Good	
Woodside Care Home	Care Home (NLC)	20/05/2021						Adequate
Deanston Care Home	Care Home (NLC)	21/05/2021						Adequate
Love Learning Scotland	Self Directed Support	27/05/2021	Adequate	Good	Good	Not Assessed	Adequate	Good
LOVE@CARE	Non Traditional Respite	27/05/2021	Adequate	Good	Good	NA	Adequate	Good
Summerlee House Care Home	Care Home (NLC)	08/06/2021						Good
Cumbernauld - NLC	Home Support	09/06/2021	Not Inspected	Weak	Weak	Not Inspected	Weak	Weak
Highgate Care Home	Care Home (NLC)	24/06/2021						Adequate
The National Fostering Agency Scotland	Fostering & Continuing Care	24/06/2021	Good	Good	Good	Not Assessed	Good	
Ochil Tower School	Residential Schools	25/06/2021	Good	Good	Adequate	Very Good	Very Good	
Rawyards House Care Home	Care Home (NLC)	29/06/2021	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Adequate	Adequate
SCRT – [City & County]	Self Directed Support	30/07/2021					Weak	
Constance Care	Self Directed Support	13/08/2021	Good	Adequate	Adequate	Not Assessed	Adequate	Good

Hillend View	Care Home (NLC)	18/08/2021	Unsatisfactory	Weak	Unsatisfactory	Not Assessed	Weak	Weak
Care No1 Ltd T/A The No1 Care Agency	Non Traditional Respite	20/08/2021	Very Good	NA	NA	NA	NA	Good
HK - Care Consulting	Self Directed Support	26/08/2021	Very Good	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Very Good
JKL Care Services	Self Directed Support	06/09/2021	Good	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Good
Lochside Manor	Care Home (NLC)	20/09/2021	Adequate	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Adequate
Beechwood Care Home	Care Home (NLC)	23/09/2021	Good	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Good
Netherton Court Care Home	Care Home (NLC)	23/09/2021	Not Assessed	Adequate	Not Assessed	Not Assessed	Not Assessed	Adequate
Lifeways Community Care - Glasgow	Self Directed Support	01/10/2021	Good	Adequate	Adequate	Not Assessed	Adequate	Adequate
Craig En Goyne Care Home	Care Home (NLC)	05/10/2021	Adequate	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Adequate
Rosepark Nursing Home	Care Home (NLC)	12/10/2021	Adequate	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Adequate
Centenary House Care Home	Care Home (NLC)	02/11/2021	Adequate	Adequate	Adequate	Not Assessed	Adequate	Adequate
Jon Fleming Group	Self Directed Support	03/11/2021	Good	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Good
Invercare Services	Self Directed Support	24/11/2021	Adequate	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Adequate
SRS Care Solutions	Self Directed Support	24/11/2021	Good	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Good
Darroch Nursing Home	Care Home (NLC)	01/12/2021	Adequate	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Good
Active Care & Support Services	Self Directed Support	08/12/2021						Adequate

Murdostoun	Care Home (NLC)	09/12/2021	Weak	Adequate	Adequate	Not Assessed	Adequate	Adequate
Carrickstone House Nursing Home	Care Home (NLC)	13/12/2021	Adequate	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Adequate
Kibble Secure Unit	Secure Services	17/12/2021	Very Good	Very Good	Very Good	Very Good	Good	
Stanmore	Residential Schools	21/12/2021	Weak	Weak	Weak	Adequate	Weak	
The Village Care Home	Care Home (NLC)	23/12/2021						Adequate
Millbrae Care Home	Care Home (NLC)	10/01/2022	Adequate	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Adequate
Carnbroe Care Centre	Care Home (NLC)	18/01/2022	Adequate	Not Assessed	Not Assessed	Not Assessed	Not Assessed	
Crossreach Children's Services	Residential Schools	09/02/2022	Very Good	Not Assessed	Not Assessed	Not Assessed	Very Good	
Thornhill House Residential Home	Care Home (NLC)	10/02/2022	Good	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Good
Kirknowe Nursing Home	Care Home (NLC)	11/02/2022	Good	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Good
Bellshill - NLC	Home Support	14/03/2022	Weak	Weak	Weak	Weak	Weak	Weak

Glossary of Terms

A&E Attendance	An A&E attendance is when a patient attends an Accident & Emergency department.
ADP	The Alcohol and Drug Partnership (ADP) is responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery based on an assessment of local needs.
Adult Protection Committee	The Adult Protection Committee is a multi-agency committee which monitors and reviews what is happening locally to safeguard adults. It is made up of senior staff from many of the agencies involved in protecting adults who may be at risk.
Adult Support & Protection (ASP)	Adult Support and Protection relates to the protection of adults at risk of harm and the measures and duties within the Adult Support and Protection (Scotland) Act 2007.
CAMHS	The NHS Lanarkshire Child & Adolescent Mental Health Service (CAMHS) is a specialist service for infants, children and young people.
Delayed Discharge	A delayed discharge occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed.
Emergency Admission	An emergency admission is one where a patient is admitted to hospital urgently and unexpectedly (ie the admission is unplanned).
First Point of Contact (FPOC)	First Point of Contact (FPOC) is an approach which aims to support people in our communities to receive the right support, from the right person, at the right time. T
Good Mental Health For ALL (GMHFA)	Good Mental Health for All sets out a vision for Scotland and a rationale for why it is important for local strategic partnerships to continue to focus on improving mental health, equitably, across the population.
Health & Care Experience Survey	The Health and Care Experience Survey is a national survey which asks about people's experiences of accessing and using their GP practice and Out of Hours services <ul style="list-style-type: none"> • aspects of care and support provided by local authorities and other organisations • caring responsibilities and related support
Integration Authority	Integration Authorities are responsible for planning, designing and commissioning health and social care services in an integrated way from a single budget in order to take a joined

	up approach, more easily shifting resources to best meet need.
Integration Joint Board (IJB)	Health Boards and Local Authorities delegate a significant number of functions and resource to the Integration Joint Board, which is responsible for the planning of integrated arrangements and onward service delivery.
Measuring Performance Under Integration (MPUI)	A small set of indicators was developed as a way of measuring performance of Health & Social Care Partnerships.
Mental Health Action 15	Mental Health Action 15 is an action from the Scottish Government's Mental Health Strategy and relates to the investment in additional workforce across A&Es, GP practices, police station custody suites and prisons.
Ministerial Strategic Group for Health and Community Care (MSG)	a key strategic decision taking group in relation to transformational change in health and community care in Scotland. The group is chaired by the Cabinet Secretary for Health and Sport and the COSLA Spokesperson for Health and Social Care.
National Core Integration Indicators	A core suite of indicators that Integration Authorities use to measure progress towards the National Health and Wellbeing Outcomes.
National Health & Wellbeing Outcomes	There are nine national health and wellbeing outcomes which apply to integrated health and social care. Health Boards, Local Authorities and Integration Authorities work together to ensure that these outcomes are meaningful to people in their area.
Personal Protective Equipment (PPE)	Personal Protective Equipment is protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection.
PSSST	Lanarkshire's Psychological Services Staff Support Team
SHAPE Recovery	SHAPE is a programme of support for front line health and care workers which can help reduce rates of post-traumatic stress disorder (PTSD) and depression.
Social Work Scotland (SWS)	Social Work Scotland is the professional body for social work and social care leaders.
SALUS	Salus is a provider of Occupational Health and other services to NHS Lanarkshire.
Trauma informed Practice (TiP)_	Trauma-informed practice is designed to raise awareness among all staff about the wide impact of trauma and to prevent the re-traumatisation of patients and services users in service settings that are meant to support and assist healing

<p>Unscheduled Bed Day</p>	<p>A <i>bed-day</i> is a <i>day</i> during which a person stays overnight in a hospital. An unscheduled bed day is where the patient's admission was unplanned.</p>
<p>VANL</p>	<p>Voluntary Action North Lanarkshire is a charitable organisation which provides support to community and voluntary organisations across the whole of North Lanarkshire.</p>