North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? ☐ Yes ☐ No

Ref MD **Date** 13/05/25

From Back-to-Basics to Getting It Right For Everyone

From Morag Dendy, Chief Officer (Planning, Performance, and Quality Assurance)

E-mail dendym@northlan.gov.uk **Telephone**

Executive Summary

The landscape of health and social care is changing and services, supports and responses need to change to continue to improve the lives of people who live in North Lanarkshire and who work in North Lanarkshire. This report sets out the work that has been done to adopt a human learning approach, to focus more on people and less on systems and process to use resources to their best effect and make the most positive impact on lives. The report outlines the next steps and key actions for 2025 and sets the context for future reports giving specific detail of how different services and supports are changing to work effectively within the whole system, place-based approach.

Recommendations

It is recommended that the Adult Care and Social Work Committee.

(1) Endorse the approach being taken to getting it right for everyone in North Lanarkshire, including the public and staff
(2) Anticipate that there will be a range of reports to future committee cycles that provides detail to the overall approach

The Plan for North Lanarkshire

Priority	Improve the health and wellbeing of our communities
Ambition statement	(12) Ensure our residents are able to achieve, maintain, and recover their independence through appropriate supports at home and in their communities
Programme of Work	Resilient People

1. Background

1.1 The landscape of health, social work, and social care is changing. Demographic changes and increasing pressure on financial resources including the impact of changes in the cost of living, means that "more of the same" is not the right response.

A whole system approach is not only desirable but essential. This report explores what is being done locally to focus on people, on learning how to get it right first time by intervening early and effectively, responding proactively rather than in crisis, and working whole system.

1.2 The 2022 census provides important comparisons to the 2011 census which demonstrate the potential for demographic change to overwhelm services and supports without change to the approach:

- Between 2011 and 2022, the 25 to 44 age group saw a percentage decrease (-7.3%), in contrast the 75 and over age group saw a percentage increase (+21%).
- Although the population is projected to decrease from 2028 to 2043 by 1.2% there is a forecast increase of 71.4% in the age group 75 years and over across the same timescale.
- 20% of North Lanarkshire's data zones are within the 20% most deprived in Scotland.
- Individuals who reported themselves as "not in good health" has grown by 24.6% (+6039).
- Individuals who reported themselves as 'in fairly good health' as opposed to 'good health' has grown by 15% (+7036).
- Individuals who reported themselves as having 'long term health conditions' has grown by 30.6% (+43,943).
- Individuals self-reporting mental health issues has grown by 158.6% (+24,903)
- Individuals self-reporting as providing informal / unpaid care has grown by 31.6% (+10,877).

1.3 The Integration Joint Board approved the Strategic Commissioning Plan 2023-2026 at its meeting on 22 March 2023, setting out how the Health & Social Care Partnerships plans and delivers services for North Lanarkshire over the medium term and how these arrangements help to contribute towards achieving the national health and wellbeing outcomes through focus on five core strategic ambitions:

- First-time resolution
- Prevention-focused community partnerships
- Future-ready workforce development
- Enhanced mental health and wellbeing support
- Whole family approach

1.4 As previously reported, the partnership has been adopting a learning as management approach, also known as a Human Learning System approach, working with academic and national partners including Healthcare Improvement Scotland to make learning and experimentation the key driver of our work. This paper provides more information to Committee of the approach taken and anticipates a range of papers to follow in future cycles with the detail relating to specific services and responses.

2. Report

Enabling Approach

2.1 A key element of the learning approach has been the development of a Whole System Enabling Approach strongly embedded within each of the six locality teams, sometimes described as a place-based approach.

2.2 Overarching this work is making sure that when people contact our services the response is quick and effective, with a focus on helping people to help themselves first.

2.3 By focusing on a back-to-basics approach, the simplicity of Assess, Plan, Intervene or Deliver then Review has helped to strip back and value the key tasks.

2.4 We know from national and local participation and engagement, and most recently as part of the Scottish Government Getting It Right for Everyone pathfinder work, through engagement sessions, that people want a quick and effective response which involves telling their story once. North Lanarkshire is a Getting It Right for Everyone pathfinder lead for frailty.

2.5 To support this approach, we operate a fair and equitable arrangement to accessing services building on the values of Getting it Right for Everyone:

- I have the information I need to make decisions about my own life
- The people who support me take the time to listen and understand me
- What matters to me and my choices will be respected
- Kindness, dignity and respect are the foundation of my health and social care
- People work together with me to share information and understand how to support me well

2.6 Our Enabling Approach helps us understand and consider how all parts of the Health and Social Care system interact and influence each other. We want to support people to thrive by providing targeted services that are tailored to reflect their diverse needs. Keeping people central to the decisions that affect them helps us plan actions that support positive outcomes for those who access our services. By adopting a "sticky person" approach, which is to identify a lead person not only to assess need but to engage others to ensure the right response where needed, rather than pass on, we can safeguard against long waits, by waiting well and getting to the right response quickly. This approach builds confidence and trust between people and practitioners which enhances the quality of work done to achieve outcomes.

Principles informing the Enabling Approach

2.7 The importance of leadership in implementing an enabling approach is paramount. We want to operate on principles rather than rules and recognise the importance of relationships and trust. The principles noted below have been developed and refined through the active engagement with locality leaders of health and social care services over the last 18 months.

2.8 **Do no harm** – recognises the importance of getting the support for people right, too much as well as too little support can be harmful and reduce rather than increase or maintain people's abilities and independence.

2.9 **Home First** – why not home, why not now underpins the approach to supporting people home from hospital at the earliest opportunity, as well as maintain people at home as far as possible.

2.10 **Empower people** – a robust focus has been on how we help people help themselves first. Access to good information, self-management and self-care as well as self-assessment.

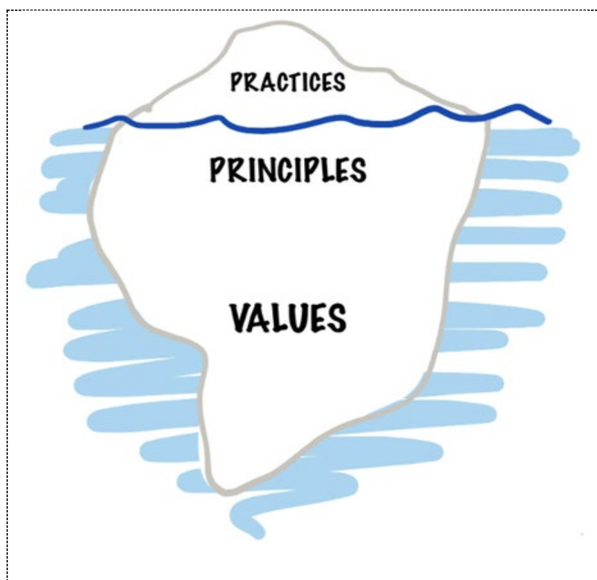
2.11 **Focus on prevention** – as resources become tighter it is sometimes hard to protect the responses focused on prevention, but responding before people reach more difficult

circumstances is not only better for the person and their family, it is a cost-effective intervention. Yech solutions, minor adaptations and equipment often become a key change for people managing well in their own home.

2.12 **Whole system** – has been a key focus of the work. Working as a place-based team of people across sectors including the community and voluntary colleagues as well as independent sector providers. The focus has been on building relationships, building strong virtual teams and making best use of responses together.

2.13 **No waits** – creating a "no wrong door" approach to accessing the right response when it is needed, not just having a person's name added to a waiting list. The driver to this work has been on improving the lives of people in North Lanarkshire and their families, but it has also been on improving the working lives of staff. A key factor to achieving this as a reality for both is being able to respond at a time that makes sense, when people reach out, without having to wait for a service or response. The use of Community Hubs, open access, good triage, excellent outward facing information, are all leading to an improved picture of responding now.

2.14 The Practices, Principles and underpinning Values have been captured in the graphic below:



Practices

- ➢ Assessment
- ➢ Planning
- ➢ Intervention/delivery
- ➢ Review

Principles

- ➢ Do no harm
- ➢ Home first
- ➢ Empower people
- ➢ Focus on prevention
- ➢ Whole system
- ➢ No waits

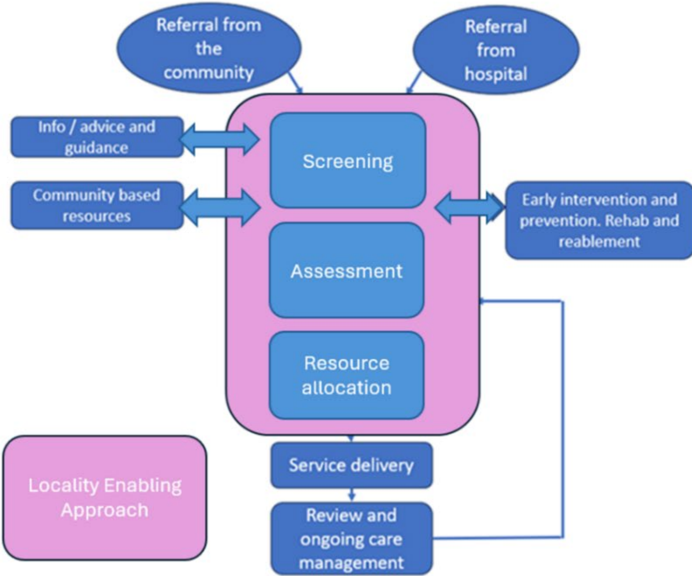
Values

- ➢ I have the information I need to make decisions about my own life
- ➢ The people who support me take the time to listen and understand me
- ➢ What matters to me and my choices will be respected
- ➢ Kindness, dignity and respect are the foundation of my health and social care
- ➢ People work together with me to share information and understand how to support me well

Locality Enabling Approach

2.15 By clearly defining the journey for people accessing services, we can provide better clarity across the whole system on the route from referral to assessment and through to service delivery including in-house provision or commissioned services.

2.16 Journey Map



2.17 The overall ambition is to have a system that is streamlined, supports fewer repeat actions and touch points/onward referrals for people and makes best use of resources by using them in a more effective and productive way. This will ensure that not only are we offering people the right support, at the right time, and so increasing their quality of life, we are also increasing the quality of experience for staff in work satisfaction. To achieve this across the whole system, each locality will be responsible for their local population, which means decisions will be made closer to people. This approach will help support robust connections across all local stakeholders to Locality Planning Groups (LPGs), Local Outcome Improvement Plans (LOIPs) and Community Boards (CBs).

2.18 **Referral and Screening Pathway** To realise our ambition, we need to understand how people currently access services through the variety of referral pathways that exit. Work is currently underway to review and establish a clear pathway that works for everyone.

2.19 **Risk and Prioritisation** National standards are in place to support the criteria around risk and prioritisation. The categories defined within those standards are critical; substantial, moderate and low. To ensure resources are directed at those in most need or at most risk, people with needs assessed as moderate or low will be offered advice, guidance, support with income maximisation and signposted to universal, community or voluntary services. This will avoid unnecessary waiting lists and ensure people continue to maximise their own independence

2.20 **Applying an Enabling Approach** To ensure the right approach to understanding and meeting an individual's identified need, each locality has introduced an enabling approach. As we transition to this Locality Enabling Approach, teams started from where they were at and refined the approach as it developed over 2024. Across all six localities, to support and operate a Locality Enabling Approach, stakeholders operated as a multi-disciplinary team, to facilitate comprehensive assessments by ensuring good conversations that enables clarity about how people will achieve their outcomes, that if

required can be included in robust support planning for people in the locality to reach the right support, at the right time. By scoping and using the full range of people and financial resources available within and available to that locality, reducing hand offs and multiple actions around a person, there is capacity to respond quickly and effectively. There is a focus on how teams, team leads and practitioners across stakeholders work increasingly more effectively together.

2.21 The Enabling Approach has considered how best to organise for regular assessment, connecting at least weekly for resource allocation, with the frequency of meetings ultimately determined by demand.

2.22 The Enabling Approach will have a clear focus on assessment and on resource allocation. Membership has included (when required) representation from the following disciplines/teams:

LSWM	IDS
Health Service Manager	LSS
Home Support SDM	Education & Families
Quality Assurance	Senior Nurse
IRT/OT lead	Pharmacy
HAT Senior Social Worker	Community Connectors
Access	Hospital at Home
Resource Worker (Tech Team)	Hospital Social Work
Quality Lead GP	Health Improvement

2.23 **Resource Allocation** As important as the focus on assessment is determining and accessing the right support, at the right time that maximises outcomes for people, ensures consistency and helps people to remain at home for as long as possible.

2.24 Resource allocation is considered when an assessment has identified a need for ongoing supports.

2.25 Resource allocation is about how services are used to their best effect within each locality but also relates to the process of identifying an individual budget where this is evidenced as required through assessment.

2.25 An individual budget is designed to facilitate planning which empowers people to achieve choice and control in their own lives, there should be an openness and transparency about the financial resource or individual budget available to them to organise their support. The Enabling Hub will also be responsible for local decision making currently undertaken through the Locality Enabling Group and Social Work Enabling Group process. Both of these forums are now deleted from each locality.

2.26 Consideration in the future can be given to creating a **Provider Alliance** in each locality, to work with locality teams to plan and allocate where resource is required and/or will be more effective. This will support decision making closer to people and support financial oversight at locality level.

2.27 **Involving People** Participation and engagement with individuals, their carers and families, communities and our partners is important to us and keeping people central is paramount to getting it right for everyone. The process of assessment, care planning and review is a joint effort, based on collaboration and communication with the person at the centre. The process must also take account of their carer/family views and understand what contribution they can make to supporting the person. The person's

own priorities and preferences on how their needs might be met and the resources available to them, must be evident. Where possible, people should have a choice about how their needs will be met.

2.28 **Maximising Income** Most people will not need an individual budget to live well at home as their personal resources, family friends and community resources already help meet needs, or can be mobilised to do that. There needs to be a robust focus on maximising personal resources to increase choice and control for a person and their family. Supporting people to maximise their income where possible, should be a feature of every social work intervention. This approach is especially important to ensure that resources are focus on those in greatest need. People with low level need and those with need that does not require social work support will be signposted to alternative resources. In addition to prompting people to check benefit entitlement, staff should direct people to the Tackling Poverty Team, for more specialist assistance, as appropriate.

The Enabling Approach supporting change

2.29 Supporting change is critical to the health and wellbeing of individuals and supports progress towards positive outcomes. To support people effectively, we need to listen, understand their needs and communicate the benefits of change clearly. Through a series of available interventions noted below, we can support recovery.

Early Intervention & Prevention

2.30 Early Intervention and Prevention can positively influence health and wellbeing by preventing or delaying health and other problems arising or getting worse. Operating on the principles of Getting it Right for Everyone and taking a Human Learning System approach creates opportunities to develop teams, work across the whole system rather than in silos, support decision making closest to the person and help practitioners remain autonomous and accountable.

2.31 There will be some people whose needs are changing frequently or rapidly and whose level of service will need to change accordingly. Where current assessment places need in a category that would not warrant services being provided, consideration should be given to provision as a preventive measure or in anticipation of an imminent need for increased service, rather than wait until the situation deteriorates. This applies particularly when admission to hospital or a care home.

The role of the practitioner with closes contact to the person

2.32 The role of the practitioner is to work alongside people to help them build resilience, maintain hope and optimism and develop their strengths and abilities. Practitioners must meet people on their own terms, in their own environment whilst retaining the professional detachment needed to help people who use services to understand, come to terms with or change their behaviour. The quality of the therapeutic relationship between practitioner and individual or family is critical to achieving successful outcomes. The therapeutic approach and the working alliance that goes with it are key elements in developing a personalised approach to helping those with the most complex needs gain control of their lives and find acceptable solutions to their problems.

Integrated Rehabilitation, Home Assessment and Reablement Teams

2.33 The locality-based teams are made up of a variety and health and social care professionals who provide a change focus to people in their own homes or to facilitate return to their own home. Focusing on rehabilitation and reablement, direct support can also be provided to individuals for a relatively short time to support change. This teams contribute to the assessment process by observing and supporting individuals within their own home, to determine the potential to maximise the individual's ability rather than observing ability while the person is in an unfamiliar setting such as hospital or a care home.

2.34 Following this assessment at home, the assessing practitioner will either cease support if assessed as not required or may determine that further reablement support or longer-term supports may be needed and will define the need going forward.

Intensive Support Team

2.35 For a limited time this team provides intensive support to enable stability, more in depth assessment and help from staff with a particular skill set. The intensive home support team will work alongside existing home support already provided. It will augment the existing service rather than replace it. This team can consider specifically in circumstances where:

- Last weeks of life care is required.
- There is significant risk of readmission to hospital.
- Support needs require co-ordinated multidisciplinary packages.
- Short term this team will complete a full assessment in complex, unstable or contentious situations.
- Where vulnerable people have complex care needs with little or no other natural support networks.
- Supporting the prevention of admission to care home/hospital when this can be avoided and is the expressed wish of the service user.
- Supporting people at points of crisis e.g., Carer breakdown.
- Where a person is reluctant to engage with existing support services.
- There is a need for continuity of care for a person that moves from longer term to intensive and back again.
- Planned hospital discharge where there is a clear assessed need for this specific type of intervention.
- Limited natural supports result in a requirement for more flexible home support

Assistive Technology

2.36 The Assistive Technology Team help people and services to 'think tech first'. The team works across North Lanarkshire's six localities to provide technology solutions to help people live independently, and safely, in their own home. The team researches and advises on self-purchased equipment as well as council provided equipment. They also provide a person-centred evaluation and advice.

Community Nursing

2.37 District Nurses, Community Mental Health teams and assistant practitioners provide a further layer of support for the multi-disciplinary teams working in the community. They are vital, highly valued members of the community health and care workforce, supporting the rising demands for community services, assistant practitioners bridge the gap between healthcare support workers and registered nurses.

GP and Pharmacy

2.38 GPs are often the first point of contact for people experiencing difficulties. Whilst their role is crucial in clinical assessment, the multidisciplinary team and the local teams working as an enabling team, offer much more flexibility and responsiveness as part of the whole system. Community pharmacies provide a range of local services to meet the needs of the local population. They help by improving healthcare access for the public as they do not need an appointment to see their pharmacist, meaning people can access advice and assistance quicker. They support GPs by providing Minor Ailment, Public Health, Acute & Chronic Medication Services, thus freeing up GPs to see patients with more serious complaints.

Community Support

2.39 Carers are entitled to an Adult Carer Support Plan (ACSP) or a Young Carer Statement (YCS). We recognise that unpaid Carers of all ages play a vital role in the lives of the people they care for, and we are committed to supporting Carers to ensure they can continue to provide that care for as long as they wish. A range of supports are delivered via our commissioned services. In addition, there are several initiatives included Carer Breather, the Hospital Support Programme and Short Breaks.

2.40 Advocacy plays a vital role in helping to safeguard people who may be at risk of being treated unfairly because of individual, social, and environmental circumstances that make them vulnerable and is available to anyone who needs it. Our commissioned independent advocacy services support people to have their voices heard and their rights and interests protected.

2.41 Community Connectors support vulnerable people in the community. Community Connectors promote local opportunities for and with people, avoiding the need for more formal services for longer. The Community Connectors also play an important role in the transitional arrangements for people at the point they may need more formal responses from the HSCP. The approach supports conversations with Older Adults, Younger Adults and Carers and ensures a link to the Community Consortia.

2.42 Community Solutions is a cross-sector health and social care investment and improvement programme for North Lanarkshire, which directs resources to local community organisations to help improve people's health, wellbeing, quality of life and equality. These community-led initiatives build community, family and individual strengths and resources and have a focus on prevention and early intervention.

Health Improvement

2.43 The Health Improvement team strives to improve the health and wellbeing of individuals and communities by creating healthier opportunities, as well as addressing underlying influences on health such as poverty, discrimination and social isolation.

2.44 Working alongside NHS staff, local authorities, and third sector organisations and groups within the community, the team addresses health inequalities and improve the health and wellbeing of the Lanarkshire population, with the most vulnerable communities at the core of the discipline.

The Enabling Approach - Support Planning and Service Delivery

2.45 The right type of Service Delivery should be identified through robust support planning, following assessment. The planning process in organising support should be built

around the persons wishes, needs and aspirations. People should be in control of the support they need to live the life they choose, so where relevant an individual budget should be considered.

2.46 Where appropriate and following assessment, support can be delivered within the community, utilising universal, community and voluntary services and therefore maximising people's independence.

2.47 When it is assessed that a person's needs require support from an ongoing service, the following may be relevant.

In-House Home Support Service

2.48 Home support is a critical service that enables people to live at home for as long as their health and social care needs permit. To ensure that citizens in our communities are allocated the right support at the right time the service must safeguard capacity to provide this to those people who have been assessed as having critical or substantial priority need. Demand for social care is high therefore criteria is crucial to manage demand thus ensuring that available resources are utilised effectively to deliver the right support to the right person at the right time.

Commissioned Services – Framework Providers

2.49 Commissioned services provide support to individuals in line with the Self-Directed Support Framework and help people to understand and manage their individual budgets. Individual budgets are designed to be flexible so that support can be arranged in a way that meets the persons' outcomes and promotes greater choice and control on how someone is supported to live at home. Care at Home Providers support people with all aspects of personal care, continence support, eating, drinking and medication assistance.

2.50 With older adults specifically, their needs and circumstances can change frequently. In these instances, we need to better promote the level of flexibility in utilising a proportion of the allocated budget to meet immediate need. Individual Budgets are designed to be flexible, with payments made over 13 equal instalments to allow for short term variances. Training should be re-established to emphasise support should be delivered around the needs of the person rather than be task orientated.

2.51 Utilising the revised GSA to accurately reflects a price point that creates stability in the system, supports market facilitation, provider sustainability and offers choice and control for people in relation to their support.

2.52 Consideration to source a Provider should also be given when:

- A person who has been assessed as requiring longer term support requests this as an Individual budget.
- Where all other options have been explored and there remains unmet need to support with light housework, shopping, or regular laundry tasks.
- Where periods of respite are assessed for a carer break.
- Support is required to manage or attend appointments, provide support to assist with pet care or provide supports to reduce social isolation.
- Where specialist knowledge or skills are required and extended visit times are identified

Direct Payment

2.53 If a person has been assessed as requiring community care services, they may be able to choose to receive payments instead of the services. This is a Direct Payment and allows a person to receive cash payments from their local authority instead of care services. This can offer the person much more flexibility and greater control of the support package as they can use it to arrange their own care services.

Integrated Day Service

2.54 Integrated Day Services comprise of staff from health and social care working together to provide care and support for older people, recognising that older people often have complex and overlapping needs that require support, care and treatment from a range of professionals at the same time. Carers are actively encouraged to be involved in developing and providing support for the person on an individualised basis. The service may be provided as support through our outreach respite-at-home service or at an integrated day service centre.

Locality Support Service

2.55 Locality support services assist people to be as independent as they can be in their community: to travel independently and to access services, activities and facilities in their local area. They support people to identify and work towards goals or outcomes, have greater independence and to lead healthier, safer, happier lives. Support to live independently can include learning to manage money, staying safe and well at home and thinking about technology and equipment to replace direct support from someone who is paid to provide support with tasks. The team are well connected and can support people to access services that provide support into employment, groups for people with an interest and opportunities for health improvement.

Care Home

2.56 Care homes in North Lanarkshire are commissioned to provide residential or nursing care, or both and have staff on duty 24 hours a day to look after residents. They provide accommodation and personal care for people who need extra support in their daily lives. Many care homes provide specialist services for those who require higher levels of care.

The Enabling Approach - Reviewing and Care Management

2.57 Assessment, care planning and review are all captured within the term 'care management'. Each locality is responsible for their local population, ensuring appropriate care management processes are in place.

2.58 **One** robust single assessment/ reassessment/ review process that clearly sets out ongoing care management should be in place to ensure we operate within the principles of Getting it Right for Everyone and keep people central and included in decisions that affect them. Having a robust assessment and planning process will ensure people get the right support at the right time and by undertaking reviews in an appropriate timely manner, we will ensure oversight of complex cases or protection concerns and that reviews are person centred and financially robust.

2.59 Our current approach to allocating provision has been described as too paternalistic. We need to work together to change the culture and avoid a continuation of the current process, which is more reflective of a tick box exercise.

2.60 Outstanding and future reviews across our in-house home support service should be managed and actioned by the home support teams.

What we are learning from the Enabling Approach

2.61 The Healthcare Improvement Scotland reflection on our journey is attached at appendix 1 and demonstrates the achievements since the beginning of 2024.

2.62 The key learning points over the last year are summarised as:

2.62.1 Right first time: If we join up our responses and think about getting it right for people rather than simply moving people through a range of services and supports, there are better outcomes for people, less pressure on induvial services, and a general feeling of being better.

2.62.2 Culture: Culture has been a significant focus in 2024, and the benefits are reflected in the building of relationships, trust and improved discussions in relation to people. Developing a more detailed operating procedure with the shift in culture will make much more sense of focusing on getting it right for everyone.

2.62.3 Language: Language is important. In this report you will have read reference to whole system enabling approach, placed based approach, enabling approach, getting it right for everyone and back to basics. The language used most frequently within services is back-to-basics. We recognise the need to use plain English / everyday language because it works better to describe what we want to achieve and how we will do that. We are seeking to move the language from back-to-basics to getting it right for everyone on the basis that we should be doing the basics and more, and we should be aspiring to getting it right for everyone. There is a propensity in health and social care services to use acronyms, we are also keen that the getting it right for everyone approach is not shortened to GIRFE to keep it accessible and logical.

2.62.4 Communication Plan: A communication Plan is being finalised to support the ambition described in the report including the language, aspiration and operation to achieve change. The comms plan will address the need for public communication as well as how to inform and empower staff.

2.62.5 Confident practice: The quality of the relationship with people and their families, determines the success of the interventions that follow in achieving the lifestyle people want and in meeting their needs. Practitioners want to work with autonomy, flexibility and creativity. A refreshed programme of training and development of assessment practice is underway and will be rolled out across the health and social care partnership.

2.62.6 No Waits: No waits is something that enthuses staff as well as the public. It incorporates the work in relation to no wrong door, work across the seven days of the week and into the evening, and the use of community hubs. The ambition will see changes in the short, medium and longer term in relation to reaching out and responding differently.

2.62.7 Technology in business and in care: Changes to business systems will improve how information is recorded, accessed and analysed, increasing the opportunity for robust data led decision making. Tech in care is making a significant different and is often reflected on in engagement session with locality staff. The potential to increase the use of high-street and more bespoke tech to enhance people’s lives will continue to grow and develop at an exciting pace. The tech team supporting local confidence is a key asset.

3. Measures of success

Next Steps – from back to basics to getting it right for everyone

3.1 **Operating Model**: We are currently engaging with stakeholders across North Lanarkshire through 12 discussion sessions to help refine the content of an operating model. The operating model will protect the focus on people but will guide and support new and existing staff with the articulation of what that means locally.

3.2 **Performance and achievement measures**: articulating the operating model, promoting consistency and really clarifying what we want to achieve as a whole system, facilitates a revision to the performance framework to build the data analysis into the process on a day-to-day basis.

3.3 **Specific plans and service developments:** as this is a whole system approach, there is a lot to focus on and much change across services, supports and responses that are needed to achieve and sustain change. There will be future reports providing the more detailed position across that range.

3.4 **Study Visit**: The developments locally have been enriched through learning from elsewhere in Scotland, the UK and wider. Visits to and engagement with colleagues in Tayside, Sheffield, Tyneside and Plymouth specifically have enhanced our thinking. As part of active network focusing on the Human Learning System Approach and Relational Public Policy, a Study Visit **to** North Lanarkshire is taking place on the 25 and 26th June 2025, which is an exciting opportunity to offer something back to the collective learning as well as recognise the achievements locally. Detail is attached at Appendix 2.

---

4. Supporting documentation

4.1 **Appendix 1** Healthcare Improvement Scotland, Recap of 2024: Summary of 'Back to Basics' to date.
4.2 **Appendix 2** North Lanarkshire Leading by Learning Study Visit.

Morag Dendy
Chief Officer (Planning, Performance, and Quality Assurance)

---

5. Impacts

5.1	**Public Sector Equality Duty and Fairer Scotland Duty** Does the report contain information that has an impact as a result of the Public Sector Equality Duty and/or Fairer Scotland Duty? Yes ☐ No ☒ If Yes, please provide a brief summary of the impact? If Yes, has an assessment been carried out and published on the council's website? https://www.northlanarkshire.gov.uk/your-community/equalities/equality-and-fairer-scotland-duty-impact-assessments Yes ☐ No ☐
5.2	**Financial impact** Does the report contain any financial impacts? Yes ☒ No ☐ If Yes, have all relevant financial impacts been discussed and agreed with Finance? Yes ☒ No ☐ If Yes, please provide a brief summary of the impact? The content of this report informs the Medium Term Financial Plan for the Health and Social Care partnership.
5.3	**HR policy impact** Does the report contain any HR policy or procedure impacts? Yes ☐ No ☒ If Yes, have all relevant HR impacts been discussed and agreed with People Resources? Yes ☒ No ☐ If Yes, please provide a brief summary of the impact? Whilst the content of the report does not impact on any specific role at this stage, the Trade Unions have been involved from the start in understanding the approach and inputting to the stepped change towards improved outcomes for the public and our staff.
5.4	**Legal impact** Does the report contain any legal impacts (such as general legal matters, statutory considerations (including employment law considerations), or new legislation)? Yes ☐ No ☒ If Yes, have all relevant legal impacts been discussed and agreed with Legal and Democratic? Yes ☐ No ☒ If Yes, please provide a brief summary of the impact?
5.5	**Data protection impact** Does the report / project / practice contain or involve the processing of personal data? Yes ☒ No ☐ If Yes, is the processing of this personal data likely to result in a high risk to the data subject? Yes ☐ No ☒ If Yes, has a Data Protection Impact Assessment (DPIA) been carried out and e-mailed to dataprotection@northlan.gov.uk Yes ☐ No ☒

5.6	**Technology / Digital impact** Does the report contain information that has an impact on either technology, digital transformation, service redesign / business change processes, data management, or connectivity / broadband / Wi-Fi? Yes ☒ No ☐ If Yes, please provide a brief summary of the impact? Where the impact identifies a requirement for significant technology change, has an assessment been carried out (or is scheduled to be carried out) by the Enterprise Architecture Governance Group (EAGG)? Yes ☒ No ☐
5.7	**Environmental / Carbon impact** Does the report / project / practice contain information that has an impact on any environmental or carbon matters? Yes ☐ No ☒ If Yes, please provide a brief summary of the impact?
5.8	**Communications impact** Does the report contain any information that has an impact on the council's communications activities? Yes ☒ No ☐ If Yes, please provide a brief summary of the impact? The Health and Social Care partnership communications lead is actively involved in supporting a revised communications plan recognising the need for clear, effective and regular communications for the public as well as the directly employed staff as well as the staff of partners and stakeholders.
5.9	**Risk impact** Is there a risk impact? Yes ☒ No ☐ If Yes, please provide a brief summary of the key risks and potential impacts, highlighting where the risk(s) are assessed and recorded (e.g. Corporate or Service or Project Risk Registers), and how they are managed? The actions contained in the report mitigate existing risks relating to sustainability of services and the potential negative impact of the cost of living on existing contracts.
5.10	**Armed Forces Covenant Duty** Does the report require to take due regard of the Armed Forces Covenant Duty (i.e. does it relate to healthcare, housing, or education services for in-Service or ex-Service personnel, or their families, or widow(er)s)? Yes ☐ No ☒ If Yes, please provide a brief summary of the provision which has been made to ensure there has been appropriate consideration of the particular needs of the Armed Forces community to make sure that they do not face disadvantage compared to other citizens in the provision of public services.
5.11	**Children's rights and wellbeing impact** Does the report contain any information regarding any council activity, service delivery, policy, or plan that has an impact on children and young people up to the age of 18, or on a specific group of these? Yes ☐ No ☒

If Yes, please provide a brief summary of the impact and the provision that has been made to ensure there has been appropriate consideration of the relevant Articles from the United Nations Convention on the Rights of the Child (UNCRC).

If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out?

Yes ☐ No ☐

Appendix 1

On behalf of the Healthcare Improvement Scotland team, We would like to thank you for attending the 'Back to Basics 'session celebration on 22 January 2025.
It was a fantastic session, and we are grateful to you all for your input, time and effort in supporting the event. We found it provided a space to reflect, learn and engage with you about the work that has taken place across North Lanarkshire over the past year. The following provides a summary of the session and the next steps.

Recap of 2024:

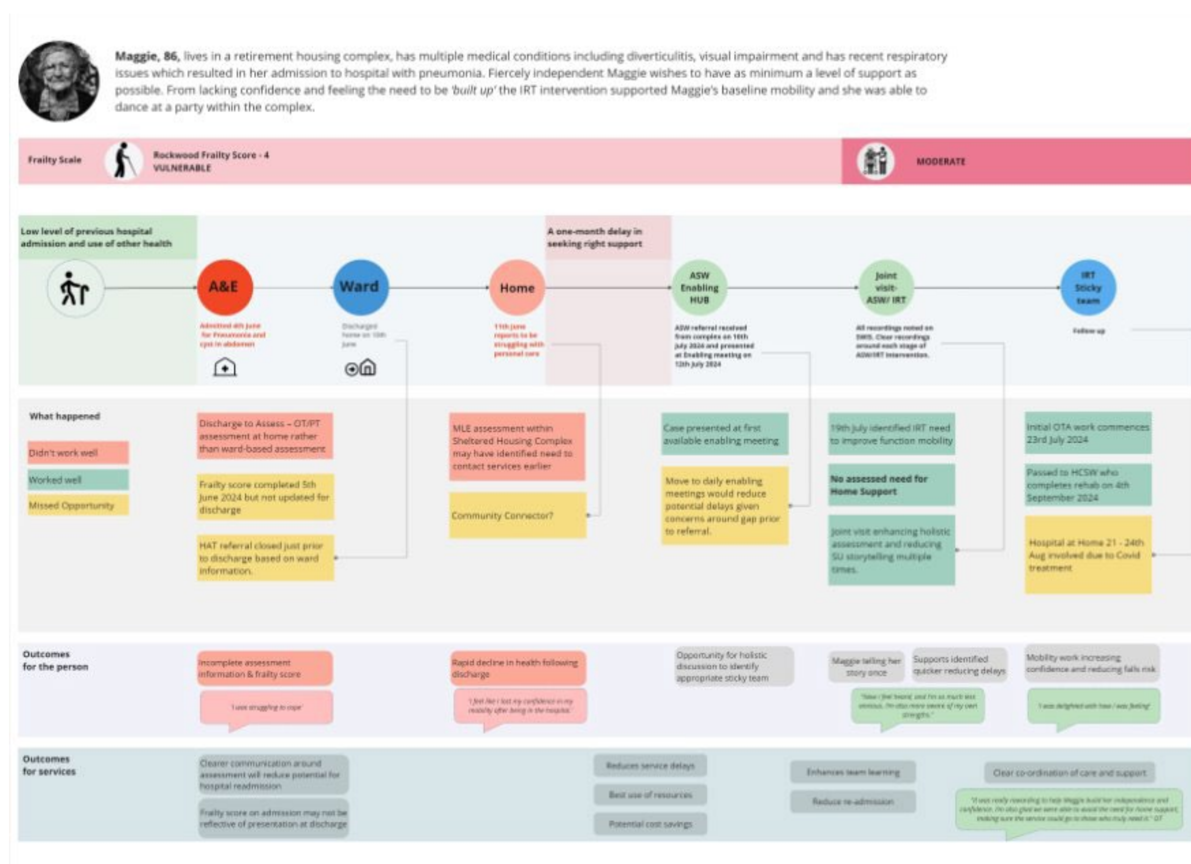
Summary of 'Back to Basics' to date

When we started working with you in 2024 you had a clear vision for changing the way to provide services to the people of North Lanarkshire. Including, supporting better conversations, reducing overprescribing, working in a more integrated way, streamlining referrals and moving to a more relational approach. It is our view that you have made significant and meaningful steps to achieve these aims. As you move into phase two, we hope that our reflections here and the learning report to be published will support you to continue to make outstanding progress.

Journey mapping

We reflected with you using a series of Journey Maps which we had developed through reflective conversations with each locality. These Journey Maps captured the cultural, process and experiential changes that have been achieved through the 'Back to Basic' approach. The discussion using Maggie's story reflected the commitment to learning and curiosity which has been a feature of working with North Lanarkshire.

Action: For next steps, we agreed that you would continue to use Journey Maps as a tool for capturing case studies, key insights and the views of service users – and find ways to incorporate this information into your ‘Back to Basics’ process.

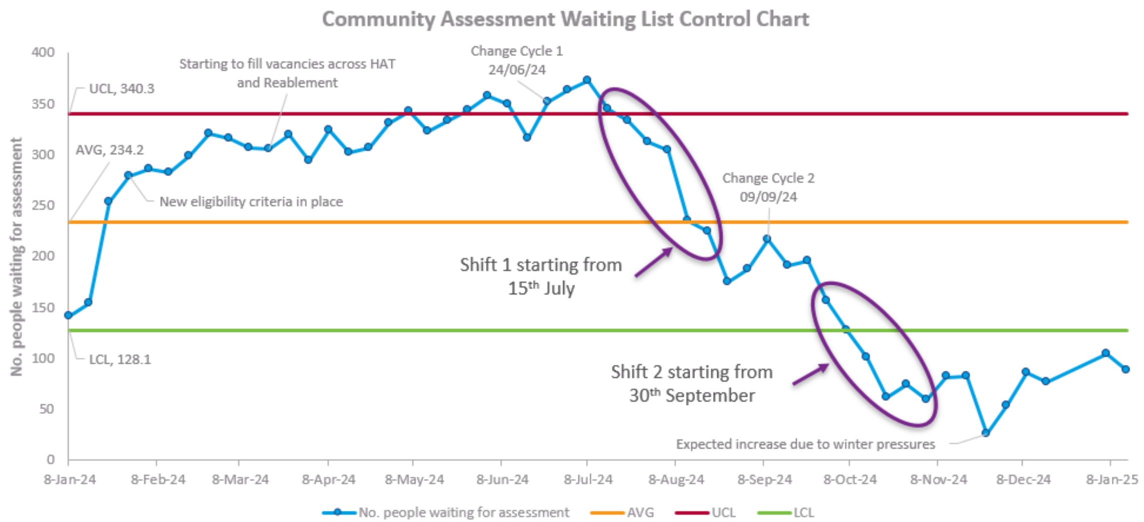


Data Analysis

We reflected on the change to waiting times for community assessment. We looked at the data you shared with us and demonstrated a statistically significant reduction in the amount of people waiting for community assessments in North Lanarkshire. This pattern mirrored the feedback we had revived from your teams that working in this way felt better for people and colleagues.

Action: For next steps, we asked you to explore further what this data meant in the context of the wider health and care system in North Lanarkshire, to ensure the pattern was sustainable using balancing measures and to understand further the impact of the changes.

Waiting List for Community Assessment



Your experience

We reflected with you that from our engagement over the past 12 months, we have seen a clear change in the language used by colleagues at all levels of the organisation. We have seen and heard multiple anecdotes and case studies (see journey maps) of change in action. On the day, we asked you a series of questions against your objectives:

Did you feel more confident using learning as an approach?
Did you feel you were more person-centred?
Did you feel you work more in partnership?
Did it feel better working this way?

In every case, you said you had seen improvement.

Action: To support the learning report, we have developed a self-reflection questionnaire (link: HIS System Change Development Tracker). Please take the time to complete this; it is intended to support your learning and capture the changes to practices in 2024.

Next Steps:

Healthcare Improvement Scotland will:

- Publish the 'Back to Basics' Learning Report in partnership with North Lanarkshire.

Healthcare Improvement Scotland and North Lanarkshire will:

- Prepare for hosting the Human Learning Systems Visit in Spring 2025

North Lanarkshire will:

- Continue to develop Journey Maps: Trial new ways of using Journey Maps as part of future 'Back to Basic' events.
- Continue to work on Data Analysis: Complete quantitative data submission asks.
- Capture and implement a consistent way of recording enabling hub data based on learning from each other for Phase 2.
- Review methods of systematically gaining feedback to test within hubs in Phase 2
- Continue to capture your insights: Complete the MS Forms questionnaire.

Useful Links:

- Design Community of Practice | Healthcare Improvement Scotland - Design Community of Practice
- Strategic Planning in Health and Social Care | HIS Engage
- CEIM: Experience Improvement Model
- What Matters to You?
- Scottish Approach to Change | HIS Engage

Appendix 2

Hold the Date

North Lanarkshire

Leading by Learning Study Visit

Dates – 25th/26th June

Location – Civic Square, Motherwell, North Lanarkshire, Scotland

Event Capacity – 40 attendees

We are pleased to invite you to the third in the series of study visits to locations across the UK where learning-based approaches are being used to drive change and improvement across complex systems.

The location this time is North Lanarkshire and the visit will be hosted by University Health and Social Care North Lanarkshire. This will be an opportunity to hear both a local and a national story.

Local – North Lanarkshire

You will hear how the Health and Social Care system across North Lanarkshire is changing, as well as the wider public and community sectors:

- H&SC Place Based Enabling Approach – whole person needs and whole system response
- Podiatry Services – call today and be seen today
- Community Wealth Building – putting wealth back into local communities
- Enterprise Development – by using "sticky person" inward investment is happening more quickly and easily
- Community Solutions and Community Connectors – building on strong communities and joining the dots
- Community Hubs – spaces that communities value and respond to What Matters
- Ethical Commissioning – how services are planned and purchased locally with a person centre, human rights approach, focusing on outcomes

National - The Scottish Approach to Change

You will also hear how Healthcare Improvement Scotland are using the learning from North Lanarkshire as we develop the Scottish Approach to Change. This is a pivotal part of the NHS Renew agenda in Scotland and supports the health and care system to do change well. It brings together different change methods into a single approach and translates theory into a practical tool. Importantly, the Scottish Approach to Change uses simple accessible language. This means everyone can achieve high quality change. Following this approach to change will help services become:

- high quality
- effective
- safe
- person-centred

We will be dedicating time not only to hearing about this range of exciting developments but importantly to exploring through discussion what each mean on their own, and critically, how they link together as part of real system and social change at a place and national level. There is such a wide range of people looking to attend this visit that we are keen to draw on the collective knowledge and expertise to think about how we can build on what we have now.

So, please note and hold the dates in your diary and at this point we are expecting up to 3-4 people from each organisation who have expressed interest in attending. To help us with planning can you confirm through the person sending you this invite, how many places you would wish to have. This will help us to make sure as many people as want to attend, can attend. Please respond by: 18th April 2025