North Lanarkshire Council
Report

Adult Care and Social Work Committee

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

Ref   MD/RMCG/SF   **Date**   14/11/23

Annual Performance Report 2022/23 - Health & Social Care North Lanarkshire

From	Morag Dendy, Chief Officer / Head of Service (Performance, Planning, and Quality Assurance)
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Executive Summary

The purpose of the report is to provide the Committee with the Annual Performance Report – Health and Social Care North Lanarkshire 2022/23.

Recommendations

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

(1) Review the content of the draft Annual Performance Report 2022/23 - Health & Social Care North Lanarkshire, which is appended to this report.

The Plan for North Lanarkshire

Priority	Improve the health and wellbeing of our communities
Ambition statement	(25) Ensure intelligent use of data and information to support fully evidence based decision making and future planning
Programme of Work	Resilient People

1.   Background

1.1   North Lanarkshire IJB is required by the Public Bodies (Joint Working) Regulations 2014 to publish an Annual Performance Report by July 31st each year.

1.2   The content of the Annual Performance Report is focused on the National Integration Indicators (the Core Suite and Ministerial Steering Group indicators). The purpose of standardising Annual Performance Reports for Integration Authorities in this way is to support Integration Authorities in improving the consistency of reporting for these indicator sets.

1.3   The Annual Performance Report 2022/23 - Health & Social Care North Lanarkshire presents the performance in relation to these metrics, alongside performance information relating to inspections carried out by the Care Inspectorate and additional local performance information in the form of the Chief Executive's scorecard. Progress against the National Health & Wellbeing Outcomes is also described in the report. A

section has been dedicated to presenting and describing financial performance for 2022/23.

1.4   In order to comply with the requirements to publish the APR by 31st July 2023, a draft version has been available on the IJB website since that date, pending approval by the IJB. This was required due to the timescales imposed on the partnership to produce and publish an Annual Performance Report by 31st July using Public Health Scotland data that is not published on their website until 04th July 2023, as previous publications of the data set are provided to the Integration Authorities for management use only.

1.5   Members should note the most up-to-date available has been used in the report, however for many indicators this relates to previous years; NI1 – NI9 are based on the results of the Health and Care Experience Survey, which was last carried out in 2021/22 and for others, 2022/23 data is not yet available. For indicators NI12 – NI16, the performance for calendar year 2022 is presented per the instructions of Public Health Scotland as the 2022/23 data for these indicators has not been validated for publication.

2.   Report

2.1   The Annual Performance Report 2022/23 - Health & Social Care North Lanarkshire describes significant progress made in pursuit of the National Health & Wellbeing Outcomes. This progress has been made against a challenging position of recovery and remobilisation of services following the C19 pandemic, which is reflected in the performance in some of the metrics presented in the report. Performance in North Lanarkshire is broadly comparable with similar authorities and the Scottish average in many areas and in those areas where performance improvements are required, this is managed through the performance framework in place within the Health and Social Care Partnership.
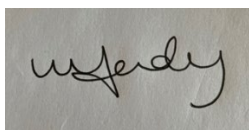
3.   Measures of success

3.1   The content of the Annual Performance Report is focused on the National Integration Indicators (the Core Suite and Ministerial Steering Group indicators). A framework is in place within the North HSCP to ensure the continual monitoring of performance data and information, and any improvement actions associated with the performance monitoring.

4.   Supporting documentation

4.1   Appendix 1: Annual Performance Report 2022/23 – Health & Social Care North Lanarkshire.

Morag Dendy
Chief Officer / Head of Service (Performance, Planning 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?
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?
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?
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?
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 ☐

Annual Performance Report 2022/23

Health & Social Care North Lanarkshire

Contents

1. Introduction

Welcome to the Annual Performance Report of the North Lanarkshire Health and Care Partnership (HSCP) for the period from April 2022 to March 2023.

This report presents a range of both qualitative and quantitative information, demonstrating our performance in relation to the National Health & Wellbeing Outcomes, National Core Integration Indicators, Ministerial Strategic Group indicators, and local performance measures. The Integration Joint Board receives regular progress reports on performance, and you can find these reports, along with our previous Annual Performance Reports on our website: https://www.hscnorthlan.scot/.

The Annual Performance Report provides an opportunity to reflect on the past year and celebrate the accomplishments of North Lanarkshire Health and Social Care services, employees, and partners.

It acknowledges the ongoing collaborative work undertaken with service users, carers, families, and communities to improve on performance. Moreover, it recognises and acknowledges the existing and future challenges that the partnership faces, many of which are influenced by the long-lasting effects of the COVID-19 pandemic.

The report presents data and information on performance and describes significant developments in 2022/23.

The report presents data and information on performance and describes significant developments in 2022/23. The initial section of the report focuses on statutory reporting of performance information showing a comparison with the Scottish position and a trend analysis is provided to understand the local context for these performance indicators. Regrettably, due to circumstances beyond the partnership's control, we are unable to present a complete picture for some of the indicators and where this is the case, the reasons for this limitation are explained within the corresponding section of the report.

The remaining part of the report provides more information for each of the National Outcomes, highlighting the various advancements and achievements throughout the year 2022/23.

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. These indicators were developed to help Integration Authorities review their progress towards achieving each of the **National Health and Wellbeing Outcomes**[1], which focus on improving how services are provided and the difference that integrated health and social care services should make for people. 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. They help the HSCP identify areas for improvement and assist with strategic planning.

Indicator values are derived from national data sources for each of the 23 indicators to enable comparability between local areas and with Scotland. There are 23 indicators in total, comprising 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 on as national data is not available or there is not yet a nationally agreed definition.

The nine indicators based on the Health and Care Experience Survey, which has been run every two years since 2009 detail people's experiences of accessing and using various services. The Health and Care Experience Survey (successor to the GP and Local NHS Services Patient Experience Survey) asks about people's experiences of accessing and using their GP practice and Out of Hours services, aspects of care and support provided by local authorities and other organisations and caring responsibilities and related support:

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[1]https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/

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%	⬇	⬇

N.B. Results for 2019/20 and 2021/22 for indicators 2, 3, 4, 5, 7 and 9 are not directly comparable to figures in previous years due to changes in survey wording and methodology.

(green)	Performance is better than previous reporting period
(orange)	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 for 2021/22 with North Lanarkshire's 'Family Group' of Integration Authorities for those National Outcome Indicators that are sourced from the Health and Care Experience Survey. The results highlight some areas where improvement might be made, including 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 2018/19	NL 2019/20	NL 2020/21	NL 2021/22	NL 2022	Scotland 2022	HSCNL Trend	Scotland Trend
NI -12	Emergency admission rate (per 100,000 population)	15829	16280	13827	15120	14765	11155	⬇	⬇
NI – 13	Emergency bed day rate (per 100,000 population)	120784	122569	105484	119150	120073	113134	⬆	⬆
NI – 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	101	106	123	115	114	102	⬇	⬇
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89%	89%	90%	90%	89%	89%	⬇	⬇
NI – 16	Falls rate per 1,000 population aged 65+	22.6	21.3	19.1	20.5	19	22	⬇	⬇
		NL 2018/19	NL 2019/20	NL 2020/21	NL 2021/22	NL 2022/23	Scotland 2022/23	HSCNL Trend	Scotland Trend
NI -17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	76%	83%	80%	78%	77%	75%	⬇	⬇
		NL 2018	NL 2019	NL 2020	NL 2021	NL 2022	Scotland 2022	HSCNL Trend	Scotland Trend
NI – 18	Percentage of adults with intensive care needs receiving care at home	75%	74%	75%	75%	71%	64%	⬇	⬇
		NL 2018/19	NL 2019/20	NL 2020/21	NL 2021/22	NL 2022/23	Scotland 2022/23	HSCNL Trend	Scotland Trend
NI – 19	Number of days people spend in hospital when they are ready to be discharge (per 1,000 population)	996	1109	781	821	970	919	⬆	⬆
		NL 2017/18	NL 2018/19	NL 2019/20	NL 2020/21	NL 2021/22	Scotland 2021/22	HSCNL Trend	Scotland Trend

The data for Indicator NI – 20, Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency is no longer available from Public Health Scotland and has been excluded from this report.

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

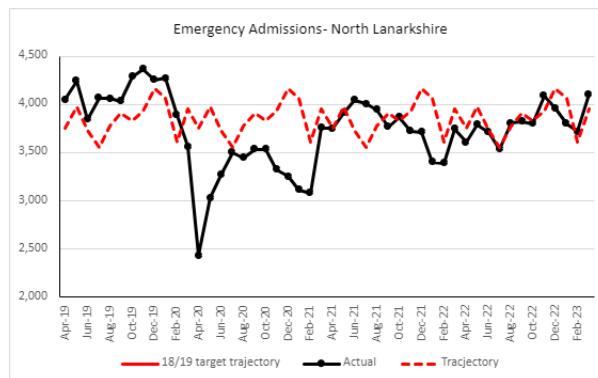# National Integration Indicators – Benchmarking – 2022

	Scotland	North Lanarkshire	East Ayrshire	Western Isles	Dundee City	North Ayrshire	Inverclyde	West Dunbartonshire	Glasgow City	Latest data
Premature mortality rate per 100,000	466	580	556	428	599	568	509	627	661	2021
Emergency admission rate per 100,000	11155	14765	13437	14667	12795	13312	12378	12744	11079	2022
Emergency bed day rate for adults per 100,000	113134	120073	126277	135776	106307	148978	145349	143361	126318	2022
Emergency readmission to hospital within 28 days of discharge (per 1,000 discharges)	102	114	108	110	140	102	78	85	96	2022
Proportion of last 6 months of life spent at home or in the community	89.3%	89.3%	88.9%	89.6%	90.3%	88.5%	87.7%	88.0%	88.2%	2022
Falls rate per population aged 65+	22	19	18	25	33	19	23	22	27	2022
Proportion of care services graded 'Good' (4) / better in Care Inspectorate Inspections	77.6%	83.0%	75.2%	82.1%	75.2%	80.4%	81.7%	77.0%	71.8%	2022/23
Percentage of adults with intensive care needs receiving care at home	63.5%	71.0%	69.8%	60.3%	60.6%	76.4%	67.6%	71.3%	59.2%	2022
Number of days people aged 75+ spend in hospital when ready to be discharged, per 1,000 population	919	970	654	1229	802	1038	460	1441	976	2022/23

Measuring Performance Under Integration (MPUI)

Emergency Admissions

Based on agreed trajectories, our objective for 2022/23 was to manage the anticipated admissions at the same level as 2021/22. The actual position for 2022/23 was 45,724 emergency admissions which represents an increase of 0.6% from 2021/22.

Unscheduled Bed Days

Based on agreed trajectories, our objective for 2022/23 was to achieve a reduction in the number of unscheduled bed days across acute specialties from 254,828 in 2021/22 to 219,249 in 2022/23, a reduction of 14%. The actual position for 2022[1] was 266,609 bed days.

[1] Full financial year figures are not available at time of publication

A&E Attendances

Based on agreed trajectories, our objective for 2022/23 was to maintain the same level of attendances as 2021/22. The actual position for 2022/23 was 117,378 A&E attendances which was 5.7% lower than our planned trajectory.

Delayed Discharge
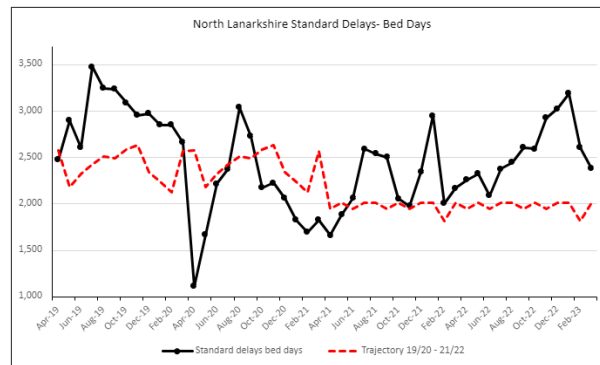
Based on agreed trajectories, our objective for 2021/22 was to continue our agreed trajectory for reducing the number of occupied bed days due to standard delays, from 26,744 in 2021/22 to 23,725 in 2022/23. The actual position for 2022/23 was 30,839 occupied bed days which represents an increase of 15% from the previous year. The continued pressure on health and social care services continued throughout 2022/23 resulting in the number of bed days due to standard delays remaining beyond 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 at 96.9% in 2021/22.

Using benchmarked data from the Local Benchmarking Framework for 2021/22, 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.

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 believe that our available funding is directed to best effect when it has regard to early intervention and prevention. In 2022/23, the HSCP delivered a range of prevention and early intervention Programmes with a focus on reducing inequalities.

Early and preventative interventions – Right Support, Right Time Improving Access to Services

Healthy Schools

Developed by NHS Lanarkshire's Healthy Lifestyle and Weight Management Service in conjunction with North Lanarkshire Council, as well as input from practitioners and learners, Healthy Schools is an example of health and education services working in partnership to support the future generations of Lanarkshire.

The interactive website, which has been in circulation since 2014 to support education staff and nursery, primary and secondary pupils, was written by teachers from North and South Lanarkshire in conjunction with local NHS and Health & Social Care staff.

In September 2022, the website was re-launched with a new look and design, with updated materials for all levels and now has new resources specifically aimed at S5 and S6 pupils. To mark this, NHS Lanarkshire held an event to showcase it to various stakeholders within Lanarkshire.

To mark this, NHS Lanarkshire held an event to showcase it to various stakeholders within Lanarkshire.

The Healthy Schools framework supports practitioners across establishments in North and South Lanarkshire to co-design and co-create relevant, appropriate Health & Wellbeing curricula with their children and young people. The Healthy Schools framework provides a 'one stop shop' for practitioners that includes suggested Health & Wellbeing Experiences and Outcomes. Working with this framework will support the delivery of Health & Wellbeing for children and young people across Lanarkshire. This is further supported by additional CLPL, training and support sessions to enhance provision in educational establishments.

The website is available to support children and their families to look after and improve their health and wellbeing by providing a health education framework which can be used by practitioners and teachers. The structured framework contains all the learning & teaching resources and materials

needed to support the delivery of health & wellbeing and helps education staff to plan and deliver individualised health and wellbeing education which compliments existing teaching resources.

Breastfeeding

The HSCP aim is to make North Lanarkshire a place where breastfeeding is the norm and build a supportive community and environment to encourage more women to feel comfortable breastfeeding for as long as they want, recognising both the short and long-term health benefits of breastfeeding for both mother and baby. The HSCP support breastfeeding as the optimal infant feeding choice for all parents.

NLC continue with work to become the first breastfeeding-friendly council in Scotland; this includes work with schools and designing new community buildings to include breastfeeding facilities. In addition, each Community Board area in North Lanarkshire has a breastfeeding champion in place to support our commitment to improving breastfeeding rates.

In October 2022, Health Visitor and Family Nurse services were again awarded 'Baby Friendly' accreditation from the UNICEF Baby Friendly Initiative. The re-accreditation recognises the high standard of their work supporting breastfeeding and helping parents form close, loving relationships with their children during the critical early years. Health visiting teams work with mothers and fathers, their families and community groups across Lanarkshire to promote the health and wellbeing of children and reduce inequalities from the antenatal period until children start school.

The process of accreditation includes feedback from mothers about their experience of the health visitor service, staff training assessments, and an audit and evaluation of the service. In awarding the accreditation UNICEF commented on the very high standards of care, the extremely knowledgeable staff and their excellent and sensitive communication skills.

Newmains and St Brigid's Community Hub

The Newmains and St Brigid's Community Hub is a shared campus development that accommodates three independent establishments: Newmains Primary school, St Brigid's Primary school and Newmains Family Learning Centre. The facility was handed over in February 2023 and provides an inclusive learning environment where state-of-the-art facilities are provided for children, young people and members of the community.

The Community Hub, which is the first community hub of its kind in North Lanarkshire Council provides for a focus on health and wellbeing, and links with the wider Newmains community. Families and local groups can enjoy the benefits of the site including the outdoor facilities, which provide enhanced leisure and recreational facilities for all members of the community.

Engagement & Participation

Community boards are the foundation of the community planning process in North Lanarkshire. In North Lanarkshire nine Community Boards have been established and embedded to support community leadership, involvement and capacity building within their geographical area, focussing activity through a local outcome and improvement plan (LOIP).

The Chief Social Work Officer undertakes the role of Community Co-ordinator for one of the local boards and the Head of Adult Social Work, and the Head of Planning Performance and Quality Assurance provide a link to the Health and Social Care Partnership and its strategic commissioning activity across all Community Boards. Senior Social Work Managers also participate in area-based teams and the sub-groups which support the delivery of the LOIPs

The multi-agency Local Partnership teams were launched to support the development of the community planning agenda within these community partnership areas. The Managers from each of the localities within the Health & Social Care Partnership are key members of these forums, and this offers opportunities to co-ordinate our locality improvement activities across the wider Community Planning Partnership.

Community boards are the foundation of the community planning process in North Lanarkshire.

A review of participation and engagement was commissioned during 2021/222 and the outputs and recommendations were presented to the IJB in April 2022 as HSCNL Review of engagement and participation structures. Aligned to North Lanarkshire Council's Delivering for Communities report, the HSCP has finalised structural changes, which ensure robust and proactive systems and processes that maximise the use of the Community Boards as the key vehicle for participation and engagement. The Strategic Commissioning Plan and the associated Programme of Work are closely aligned with the Local Outcome Improvement Plans for each of the Community Board areas. Our overall structure for delivery remains with six localities, with three each aligned to a sector (North East and North West), which allows for closer relationship with the two acute hospitals located within North Lanarkshire.

Living Well in the Community

Living Well in the Community is a multi-professional, cross-sector collaboration of Support Staff, Community Rehabilitation, Nursing, Health Visiting, Mental Health, Care at Home Teams, Equals Advocacy (Third Sector Advocacy Organisation), Frailty Specialists (Secondary Care), Information Technology, Pharmacy, Primary Care and Public Health Scotland.

The team has a preventative approach for older adults in the community who are at high risk of deterioration. The overall aim of the approach is to improve outcomes and move away from crisis intervention as the only option for this cohort of patients. This approach is deployed across three Lanarkshire GP practices; despite the constraints resulting from the C19 pandemic, 62 older adults at high risk of deterioration have been identified and have had person-centred outcomes realised, including supported frailty self-assessments.

The Coatbridge Living Well in the Community team at Coathill Hospital won the 'Integrated Care Award' category at the Scottish Health Awards ceremony in November 2022 in recognition of their work to put the patient voice at the heart of their practice, and the early intervention and prevention work they carry to allow people wanted to spend as much time as possible in the homeliest setting and where possible, to support people to remain at home.

National Health and Wellbeing Outcome 2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Discharge 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 has continued into 2022/23 and beyond 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 HAT is receiving an increasingly greater volume of referrals and a Home Assessment Team Development Plan is in place to streamline and reduce duplication of service from the teams working in this area. The dynamic between Integrated Rehabilitation, Hospital Social Work, Home Assessment Team and Reablement has been recognised as allowing an opportunity to provide one seamless combined service. The development plan is currently focussed on services to support discharge, however a second phase is planned looking at the interaction with Hospital at Home and other services placed to support admission prevention and avoidance.

Multi-disciplinary and multi-agency focus groups are planned to look at the available resources and patient/client pathways, which will inform the implementation of the development plan. A governance framework has been developed to support this work, which is overseen by a Programme Board.

Technology Enabled Care

Additional funding has been allocated directly to Health and Social Care Partnerships to support an increase in the use of Community Equipment and Technology Enabled Care (TEC). In North Lanarkshire, a dedicated TEC Team has been formed to support the use of technology within the HSCP to support individuals within their homes and communities. The focus is on embedding technology into assessment and planning processes; providing training to all staff groups on technology and its use in care and support; supporting with risk assessments; ensuring technology support advice is embedded in SDS; and providing high level data on the technology being used within our communities. Our approach is aligned to the national guidance on the promotion of technology that can be both an early intervention and prevent the need for supporting services to be put in place where a suitable TEC alternative exists.

The HSCP is actively promoting Technology Enabled Care through the TEC Team and the TEC Flat, which is a demonstrator property for those interested in the potential solutions to meet their needs. The TEC Team supports Locality Teams to maximise the use of innovative technology enabled care and to review the support arrangements for existing clients, considering the potential use of technology enabled care solutions to support better and more independent living.

Other initiatives support the wider TEC agenda. Partnership initiatives with carer support organisations have been undertaken to raise awareness of the possibilities that assistive technology can bring; including risk mitigation, remote support, medication prompts, personal locators, and a diverse range of other technology-based solutions. Most items are available, free of charge to the end -user. This enhances our existing Making Life Easier (MLE) initiative, whereby people can self-refer and self-access smaller enabling pieces of equipment.
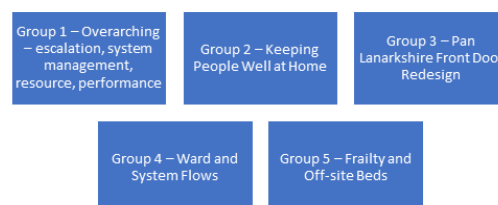
Operation Flow and Operation Flow 2: A New Model of Care

2022/23 and in particular, the winter period, was a challenging time for HSCP services, patients and staff. The continued impact of the COVID-19 pandemic resulted in service pressures and ongoing disruption in some service areas. In response to this, the HSCP and partners developed a clear plan to help redesign and rebuild services with the aim of increasing resilience within the service and the wider system, and also to provide a framework for whole system improvement programme.

Operation Flow was deployed, including the successful short term Firebreak in February to March 2023. This realised significant improvement across the Health and Social Care system, including improved opportunities to support people to remain well at home, a reduction in hospital occupancy and length of stay and a very significant improvement in 4 Hour A&E access, and an important reduction in ambulance waits, including 8 and 12 hour delays.

The best practice and lessons learned from Operation Flow have been recorded and shared, however the improvements in flow across the whole system realised during the firebreak were not sustained beyond that phase. The second phase of this work has since been designed and launched in June 2023 as Operation Flow 2, which is a plan for a sustainable and resilient way forward with a clear focus on improving patient and staff experience as well as key performance improvements.

The new programme is focused at improving the system across the full patient pathway from avoiding hospital admission through to discharge and beyond. It is structured in five operational Task & Finish Groups who are responsible for developing and implementing the key changes. These groups are:

Group 1 – Overarching – escalation, system management, resource, performance	Group 2 – Keeping People Well at Home	Group 3 – Pan Lanarkshire Front Door Redesign
Group 4 – Ward and System Flows	Group 5 – Frailty and Off-site Beds	

The Programme includes three key steps:

A new Operation FLOW 2 Model of Care	Review the use of temporary staff and create new permanent roles	Invest £5million in new posts
A new model based on the learning from Operation Flow to improve and implement a single pan-Lanarkshire approach, extended use of the Discharge Lounge and new resources focused on out of hours and weekends.	The staff resource at the front door of acute hospitals has increased significantly, however many staff are not permanent, leading to challenges for teams with local knowledge, skills and experience. A redesigned staffing model following a review of the current temporary front door arrangements will be carried out with a view to creating appropriate permanent roles.	Investing in new posts to support our existing resources and workforce, across the whole system, to support sustainable changes through Operation FLOW and transform our system.

Operation Flow 1 involved considerable whole-system development work undertaken jointly by NHS Lanarkshire, Health and Social Care North Lanarkshire, South Lanarkshire Health and Social Care Partnership and Scottish Ambulance Service and this will continue through the duration of Operation Flow 2.

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

Established in 2012, Community Solutions is a successful, HSCNL cross-sector health and social care investment and improvement programme for North Lanarkshire that 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. Community Solutions ensures a co-ordinated approach throughout North Lanarkshire, promoting local opportunities and solutions for and with people, avoiding the need for more formal services for longer periods of time.

In March 2022, the IJB approved the Community Solutions Strategy and Investment Plan 2022-25.

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 is an effective and active example of co-production: a true partnership between people, communities and services. The range of achievements via the Community Solutions Programme Approach include significant development through local anchor organisations; Support in the Right Direction, Community Connectors and Improving Cancer Journeys.

Community Solutions builds capacity in the wider Health and Social Care System by facilitating the allocation of funding to enable Community and Voluntary sector organisations to deliver support to priority groups, providing information and guidance on key issues such as governance, planning, training, accreditation, finance and evaluation.

The Community Solutions programme also supports development and facilitation of the "first point of contact," "three conversations" and "social prescribing" approaches to help people express their needs; feel empowered; and access community supports and services as quickly as possible. This

approach is supplemented by supporting digital inclusion to enhance public access to health and social care information and services.

The Community Solutions model has been used in Children's Services to test out new models of support to address distress and promote positive mental health with a significant portion of new Scottish Government funding targeted at early intervention and community support through the Children and Young People's Mental Health and Wellbeing Framework allocated to organisations though VANL to develop new supports in partnership with school clusters, children, young people and their families.

Future investment will be used to continue the community capacity building work already well embedded in the Community Solutions Programme through Voluntary Action North Lanarkshire. The new Improving Lives work stream will see development across a number of key priorities for the Partnership in line with the Strategic Commissioning Plan, and ensure there is sufficient capacity within the community and voluntary sector to respond to demand.

Self-Directed Support - Transformational SDS Agenda

A notable change during the period is the impact of the transformational SDS agenda, which has an emphasis on building greater community capacity to support earlier preventative approaches and proactive planning so that people can be supported at home as independently as possible, for as long as is appropriate to support better lives.

Self-directed support was introduced in Scotland on the 1 April 2014 following the Social Care Self-directed Support Scotland Act 2013. Its introduction means that people receiving social care support in Scotland have the right of choice, control and flexibility to meet their personal outcomes. Health and Social Care Partnerships are required to ensure that people are offered a range of choices on how they receive their social care support. The self-directed support options available are:

Option 1: Taken as a Direct Payment.

Option 2: Allocated to an organisation that the person chooses and the person is in charge of how it is spent.

Option 3: The person chooses to allow the council to arrange and determine their services.

Over the last 4 years, the number of SDS users and their average budget has been steadily increasing. This is reflected in the rate per 1,000 population of North Lanarkshire SDS users, which has steadily increased each year over the last 4 years. A corresponding decrease in the the number of care at home users has been observed in 2021/22 and this is likely to be linked to the transition from "traditional" care at home towards Self-Directed Support.

SDS 2 (allocated to an organisation that the person chooses and the person is in charge of how it is spent) accounts for over 70% of the North Lanarkshire SDS budget; there has been little change in the percentage breakdowns of SDS option over the last 4 years.

Key priorities for the continued implementation of SDS include enhancing partnership working across the spectrum of community solutions, universal services, third and voluntary sectors and statutory sector. An enhanced focus on Technology Enabled Care, through the dedicated TEC team in the deployment of assistive technology 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. Several posts and initiatives are part funded through Scottish Government monies to enhance SDS.

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

Alcohol & Drugs Partnership (ADP)

North Lanarkshire Alcohol and Drug Partnership (NLADP) is a multi-agency strategic partnership established in 2019 focused on understanding and mitigating the impact of problematic alcohol and drug use in the local area. The purpose of the ADP is to co-ordinate and lead a collective response to tackle harms and improve the lives of people who used alcohol and drugs and those around them. The ADP is made up of key agencies and stakeholders with an interest in tackling harms and improving lives, including agencies that provide treatment and intervention for people experiencing problem alcohol and drug use.

In September 2022, the IJB approved the North Lanarkshire ADP Strategy 2021 – 2024, which draws on the successes, challenges and learning from previous activity. The Strategy was informed by extensive consultation and engagement with service users, representative groups and other key stakeholders to understand the needs, challenges and innovative ideas for change from those living in North Lanarkshire, including many who have been in contact with services for support with substance-related issues.

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

Supporting Unpaid Carers

In 2022/23, North Lanarkshire HSCP has continued to support unpaid carers and develop work with our partners, including Lanarkshire Carers.

To develop an alternative to traditional respite or a cash grant, which often had restricted eligibility criteria, a consultation was carried out with carers to put them at the heart of service design when considering alternative and creative ways to provide a short break. Carers fed back that service providers needed to think creatively and address the need for a break that didn't only take the form of an annual short break, but that was easily accessible in the community, available on a regular basis and more flexible in terms of availability throughout the day.

From these insights, the concept of the Carer Breather was established and funded projects were set up to offer activities such as art therapy, health and wellness activities, holistic support, and groups supporting people caring for loved ones with learning disabilities or living with long term conditions. This service is now supported by NLCT as Carer Support Network Leads within Community Solutions. Carers can now access new services across North Lanarkshire that provide breaks from their caring roles and allow them to take some quality time out for themselves. The Carer Breather projects and pilot Sitter Services were developed directly through listening to the views of carers, and will be

utilising the Carer Pathway Toolkit to engage carers in conversation as part of a light touch early intervention within the local community.

To support this work, the Community Solutions Programme invests in activities in each locality in North Lanarkshire to support the needs of local people and their carers. These activities enable short breaks for carers through a range of local activities. Lanarkshire Carers, North Lanarkshire Carers Together and the Short Break Carer Information Service all provide pathways and support for this work.

Care Inspectorate Reporting on North Lanarkshire Carers

Independent reporting and evaluation by the Care Inspectorate that took place in June 2022 concluded that Carer satisfaction levels within North Lanarkshire were consistently better than the national average, and in many areas were significantly better than the national average. The evaluation involved conversations/focus group discussion with carers provided rich data for the HSCP and further data and information was provided by the results of a survey that was commissioned to support the Care Inspectorate's evaluation. When looking at carer satisfaction in relation to Adult Carer Support Plans in North Lanarkshire:

- 69% of carers in North Lanarkshire said their ACSP helped them do things that are important to them compared with 42% in Scotland.

- 74% of carers in North Lanarkshire said their ACSP helps make sure that they get the right support to keep caring compared with 54% in Scotland.

There are approximately 14,000 unpaid carers known to carer support services and/or Health and Social Care North Lanarkshire (HSC NL) locally. However, the estimated true figure of unpaid carers locally is in the region of 50,000 to 60,000. This means that only around 1 in 4 or 1 in 5 carers are actually known to us.

The needs of cared for people being supported at home have become increasingly complex over the years. People who may in the past have been supported in institutional or residential care previous, are now, rightly, being supported at home, however this can have an impact on unpaid care givers.

Following implementation of the Carers (Scotland) Act in 2018, we are now seeing an increased Adult Carer Support Plans (ACSP's) by HSCP staff and Young Carer Statements (YCS). A wide range of carer support options have been implemented recently. These include:

- Enhanced funding and extended contracts to the three commissioned local carer organisations

- Enhanced funding for PAMIS family support service., a service which supports families caring for a loved one where there are significant and profound multiple impairments.

- The development of an extended and enhanced Carer Breather programme administered by North Lanarkshire Carers Together

- The development of a Dementia Carers initiative, in recognition of the range of challenges in supporting a family member with Dementia

- The introduction of a Hospital Discharge payment for carers in lieu of services, to mitigate the risk of delayed discharge, and/or delay of support services. Whilst this originally ran as a pilot scheme from January – March 2023, this has recently been reintroduced as of June 2023 to run until December 2023

The HSCP is working with Lanarkshire Carers to look at ways in which individual budgets can be used to help meet caring-related needs that have been identified as low or moderate. Our shared aim is to streamline processes and ensure that carers with this level of need, who may require a budget rather than the range of existing other support options, can access a budget in the easiest way possible. This will help reinforce preventative and/or anticipatory planning.

National Health and Wellbeing Outcome 7 | People using health and social care services are safe from harm

Adult Support and Protection (ASP)

A joint inspection of adult support and protection in the North Lanarkshire partnership led by the Care Inspectorate in collaboration with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland was conducted between August and November 2022. The inspection scrutinised the records of adults at risk of harm for a two-year period, August 2020 to August 2022.

The focus of this inspection was on whether adults at risk of harm in the North Lanarkshire area were safe, protected and supported and evaluates the partnership's key processes for adult support and protection, and strategic leadership for adult support and protection.

The inspection identified many strengths in the North Lanarkshire approach, stating that adults at risk of harm had improved safety, health and wellbeing because of the diligent work of partnership staff who conducted their enquiries into the circumstances of adults at risk efficiently and effectively. Independent advocacy for adults at risk of harm was identified as a key strength for the partnership. The partnership's strategic leaders were noted as enabling a culture of strong, credible, strategic partnership working for adult support and protection, with rigorous, multi-agency quality assurance and audit work in place for adult support and protection.

Some areas for improvement were identified, including some improvements to chronologies for adults at risk of harm, improvements to the management of case conferences and representation for adults at risk of harm and their unpaid carers. Action plans are in place to manage the improvements identified from these recommendations.

Suicide Prevention and Distress Brief Intervention (DBI)

The work undertaken through the Suicide Prevention Partnership Group, which a collective of multi-agency staff that aims to collaborate in the promotion of the national and local suicide prevention strategies, is a key area where the HSCP is working to provide Early Intervention and Prevention. This takes place via a range of activities including awareness raising and training across services and local communities. This group includes representation from NHSL, Education and Justice, Police Scotland, CAMHS, NL Leisure, VANL and the Independent Sector.

The group oversees and supports suicide prevention work in North Lanarkshire, working with partners to develop specific activities around suicide prevention activity and evaluates the impact of suicide prevention work for purposes of quality assurance and review.

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 2022/23 with the Health & Social Care North Lanarkshire Health & Wellbeing Group providing leadership and embedding a co-ordinated approach to staff health and wellbeing across the partnership.

Care Academy

The Health & Social Care Academy is now a mature and established partnership with South Lanarkshire HSCP, New College Lanarkshire and the University of the West of Scotland. The newly published website Prepare to care (carecareersnl.co.uk)[2] provides information on care career pathways and Social Care Training opportunities.

The Programme is continuing work against the three priority areas; the younger workforce, adult recruitment and employability, and building capacity and resilience by supporting wellbeing, training, and development across the existing workforce. The links with our education partners at New College Lanarkshire provide pathways to careers in care and The Health and Social Care Academy, based within the Coltness High School campus provides opportunities to learn about health and social care for pupils in S4 to S6, no matter what high school in North Lanarkshire they attend as pupils remain on the roll of their own school however, for any subjects and opportunities relating to health and social care they are transported to Coltness High School. Young people have the opportunity to access health and social care vocational learning pathways, such as Foundation Apprenticeships and Skills for Work courses, all under one roof allowing pupils to gain qualifications as well as work related learning experiences which will assist them in gaining employment in health and social care professions.

Areas covered include Health and Social Care, General Nursing and Allied Health Professions at Levels 4/5 and Foundation Apprenticeship.

iMatter staff experience survey.

The iMatter staff experience survey allows HSCP staff the chance to give feedback on, and be involved in, influencing change and improvement in their workplace. The questionnaire, which is available online and in hard-copy takes just 10 minutes to fill in anonymously, is totally confidential and provides staff and line managers to understand what it is like as an individual at work, in teams and in the wider HSCP and the partner organisations. The information generated by the survey allows the necessary support required to enable employees feel motivated, supported and cared for at work.

National Health and Wellbeing Outcome 9

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

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[2] https://www.carecareersnl.co.uk/index.html

Financial Year 2022/2023

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 recovering from the Covid-19 pandemic, the inflationary cost pressures and cost of living crisis and the uncertainty around future funding. Notwithstanding these pressures, in March 2023 the IJB agreed a Medium-Term Financial Plan 2023/2026[2] to outline challenges and opportunities that the partnership expects over the next three years and to provide a framework which would support the partnership to remain financially sustainable.

[2] Medium-Term Financial Plan 2023/2026[3]

Partner Contributions 2022/2023

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 2022/2023 was £738m.

Included in the funding is a 'Large Hospital Service' (Notional Set Aside) budget totalling £66.858m. This budget is in respect of those functions delegated by the Health Board which are carried out in a hospital within the Health Board area. The Set Aside resource for delegated services provided in acute hospitals is determined by apportioning the hospital expenditure to individual patient episodes, separating out episodes for services delegated to the IJB from those that are not, and assigning these to the relevant IJB based on postcode. The IJB is responsible for the strategic planning of these services but not their operation delivery.

The comparison of funding contributions from the partners over the last three years is illustrated in the table as follows:

Funding	2020/2021 £m	2021/2022 £m	2022/2023 £m
North Lanarkshire Council	(150.938)	(168.587)	(188.180)
NHS Lanarkshire	(479.101)	(517.779)	(482.813)
Set Aside	(63.066)	(65.164)	(66.858)
TOTAL	**(693.105)**	**(751.530)**	**(737.851)**
Annual (Increase)/Decrease	**(54.443)**	**(58.425)**	**13.679**

Partner Expenditure 2022/2023

The total cost of services for the IJB in 2022/2023 was £732m. The comparison over the last three years is summarised in the table below:

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[3]https://mars.northlanarkshire.gov.uk/egenda/images/att100330.pdf

North Lanarkshire HSCP Services	2020/2021 £m	2021/2022 £m	2022/2023 £m
Social Care Services	189.048	202.610	236.972
Health Care Services	65.557	74.073	74.527
Family Health Services	105.773	109.652	115.625
Delegated Services	1.281	2.207	2.437
Hosted Services	141.034	149.126	159.642
IJB Operating Costs	0.212	0.214	0.247
Prescribing Costs	69.088	68.739	71.332
Covid-19 Costs	21.342	13.412	7.072
Set Aside	63.066	65.164	69.120
Income	(2.507)	(3.800)	(4.717)
COST OF SERVICES	**653.894**	**681.397**	**732.256**

Summary of Financial Position 2022/2023

Throughout 2022/2023 the Chief Finance Officer's financial monitoring report to the IJB projected an underspend, prior to the transfer of year end balances to reserves.

The year end underspend totalled £35.495m. Adjustments incurred against reserves in 2022/2023 totalled £57.001m leaving a deficit on the provision of services of £21.506m as shown in the table below:

North Lanarkshire HSCP	2022/2023
Final Outturn	**£m**
HSCP Underspend as at 31 March 2023	(35.495)
Adjustments to Reserves:	
Drawdown of Reserves for IJB Use	31.193
COVID-19 Funding Returned to Scottish Government	25.916
In Year Adjustment	(0.108)
Deficit on Provision of Services	**21.506**

The following provides a high-level summary of the key pressures and the main reasons why the IJB's final outturn resulted in an underspend against its budget in 2022/2023:

Variance 2022/2023 £m	Main Factors
(17.377)	**Employee Costs** net underspend is in relation to ongoing challenges in terms of recruitment and retention of staff across all service areas. This underspend also includes Scottish Government funding of £8.270m allocated to help address the current staffing pressures. This funding will be carried forward into 2023/2024 within specific ring-fenced reserves to be used in 2023/2024.
(1.511)	**Payments to Other Bodies** net underspend is primarily due to the staff shortages and vacancies within the Care at Home sector who provide services to individuals via the self-directed support commissioning framework.
(1.431)	**Admin Costs** net underspend is ring-fenced funding for carers that will be transferred to a dedicated earmarked reserve to fund carers pressures in 2023/2024.
2.531	**Supplies and Services** net overspend is due to additional purchases of PPE and staff uniform due to the increase in home support staff and costs associated with winter planning. There has also been additional expenditure in relation to aids and adaptations to meet current demand. £1.550m additional income was drawn down from earmarked reserves to offset some of this overspend and is showing in the over recovery of income.
(13.330)	**Mental Health, Alcohol and Drug Partnership and HSCP Planning** combined net underspend in non-pays is due to additional funding received from Scottish Government (£13.141m) which will be carried forward into 2023/2024 and allocated against new spending plans.
1.750	**Prescribing** overspend is due to activity and cost per item being 3.19% higher compared to 2021/2022. Due to the uncertainty around costs and prescribing activity, the volatility experienced within this service is likely to continue for the foreseeable future.
(6.031)	**Income** over-recovery for Social Care is due to the drawdown of earmarked reserves to offset expenditure relating to winter planning, adaptations, digital and IT and staffing costs.

Reserves Strategy

The IJB Reserves Strategy 2022/2023 allows for flexibility in terms of potential fluctuations. This allows the IJB to increase contingency reserve balances significantly where resources permit providing future financial resilience for those years where the level of resources available to the IJB may be significantly constrained and will require a draw down from these reserves in order to deliver financial balance.

To protect the financial resilience of the IJB in the context of an increased financial risk profile, the IJB transferred £7.885m from the 2022/2023 in year underspend to contingency reserves. This provides a total contingency reserve of 3% of our financial envelope and aligns to the recommendation in our IJB Reserves Strategy of holding a 3% contingency reserve where possible.

The IJB also has committed actions attached to the Strategic Commissioning Plan and funding is therefore earmarked to specific projects to allow spend to be managed in a way that represents best value for the IJB to achieve its national outcomes. It is also important that in year funding available for government priorities are able to be ring-fenced and carried forward into the following financial

year. As these funding allocations are to meet specific commitments, they must be carried forward to meet the conditions attached to their receipt.

The table below shows the breakdown of the underspend transferred to reserves at year end and approved by the IJB PFA Committee on 21 June 2023:

Analysis of Transfer to IJB Reserves	£m
Ring-Fenced Reserves	21.411
Earmarked Reserves	6.199
Contingency Reserves	7.885
Total	**35.495**

Further details of the ring-fenced, earmarked, and contingency reserves totalling £97.946m is available at Note 8 of the North Lanarkshire Annual Accounts Unaudited 2022-2023[3] .

Risk Management

In line with the continued and ongoing review of the IJB Risk Register, new and emerging risks or changes in risk level are agreed at each Senior Management Team, IJB and PFA meeting as appropriate. Throughout the year, risk reports provide updates on the management of the key financial risks.

Strategic Planning

The overarching strategic vision and objectives of the IJB are detailed in the IJB Strategic Commissioning Plan 2023/2026[4] which sets out the key outcomes the IJB is committed to delivering with its partners.

The Strategic Planning Group sets out the IJB's approach to engage with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its Health Services and Local Authority partners with a Programme of Work setting out in detail the commitments that will be progressed over the next three years.

The Medium-Term Financial Plan 2023/2026 outlines the financial challenges and opportunities the HSCP faces over the next three years and provides a framework which will support the HSCP to remain financially sustainable. It complements the IJB Strategic Commissioning Plan, highlighting how the financial plan will support the delivery of the IJB's strategic objectives and priorities.

Our joint focus with all our partners and stakeholders will continue to be ensuring that all resources in scope are maximised to their full potential and health and social care services are efficient, effective, and sustainable for the future.

[3] North Lanarkshire IJB Unaudited Annual Accounts 2022/2023[4]

[4] IJB Strategic Commissioning Plan 2023/2026[5]

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[4]https://mars.northlanarkshire.gov.uk/egenda/images/att100904.pdf
[5]https://mars.northlanarkshire.gov.uk/egenda/images/att100339.pdf

4. Looking Forward – Our Next Steps

The North Lanarkshire HSCP draft Strategic Commissioning Plan 2023 – 2026 was approved by the IJB in March 2023 following a final consultation period during the months of December, January, and February 2023.

A Programme of work is set out in detail within the plan outlining the key work Programmes that will be undertaken over the three-year period to meet the key priorities within the Strategic Commissioning Plan. The Programme and the key deliverables will be monitored with regular reports on progress to be made to the Board the relevant Committees. It will be updated on an annual basis to ensure progress with the work and to respond to any new or emerging issues.

The Programme of Work is aligned to the transformational change priorities for the partnership and a whole system approach to delivery of the projects and workstreams reflect the requirement to manage the interconnections and dependencies in a complex system, as well as give clarity and structure to wider partners and stakeholders.

The Plan sets out revised ambitions for the HSCP, which were agreed following consultation with the public and other stakeholders:

Do the right thing first time

Increased focus on prevention, early intervention and tackling inequalities by working with communities and people

Develop and support a workforce for the future

Improve mental health and wellbeing

Support people through a whole family approach

A project management and data-driven approach will be adopted to ensure progress with the Programme and in order that informed decisions can be made regarding any dynamic changes to the work plan to assist with managing the extraordinary pressures on existing services as a result of demographic growth, the lasting implications of the Covid-19 pandemic and wider financial challenges to the HSCP and the partner organisations. The data collected to support the Programme of work will inform future resource planning and support the work of locality planning groups.

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 2018/19	NL 2019/20	NL 2020/21	NL 2021/22	NL 2022
NI -12	Emergence admission rate (per 100,000 population)	15829	16280	13827	15120	14765
NI – 13	Emergency bed day rate (per 100,000 population)	120784	122569	105484	119150	120073
NI – 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	101	106	123	115	114
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89%	89%	90%	90%	89%
NI – 16	Falls rate per 1,000 population aged 65+	22.6	21.3	19.1	20.5	19
		NL 2018/19	NL 2019/20	NL 2020/21	NL 2021/22	NL 2022/23
NI -17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	76%	83%	80%	78%	77%
		NL 2018	NL 2019	NL 2020	NL 2021	NL 2022
NI – 18	Percentage of adults with intensive care needs receiving care at home	75%	74%	75%	75%	71%
		NL 2018/19	NL 2019/20	NL 2020/21	NL 2021/22	NL 2022/23
NI – 19	Number of days people spend in hospital when they are ready to be discharge (per 1,000 population)	996	1109	781	821	970
		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 2022-23	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4	Current 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	(TBC)	32	20	N/A	292	R
	Alcohol Brief Interventions (all settings) **NHSL**	7381	406	243	N/A	647	R
	Cervical Screening	80%	73.5%	73.3%	72.9%	72.5%	Y
	Immunisations – %s of 2 year olds	95%	96.4%	95.6%	95.0%	94.7%	G
	Immunisations – %s of 5 year olds	95%	93.9%	93.8%	92.7%	92.2%	Y
	Addictions – Completed Waits	90%	91.6%	89.9%	89.9%	92.6%	G
	Addictions – Ongoing Waits	90%	95.9%	91.4%	91.4%	92.9%	G
	Addictions – Ongoing Waits **NHSL**	90%	95.5%	91.2%	91.2%	94.2%	G
	Percentage of people who have completed 6-8 week review	90%	74.0%	74.7%	69.5%	Quarterly/ 1 quarter behind	R
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 Q1 - 5915 Q2 - 5980 Q3 - 5980 Q4 - 5850	6,680	7,409	8,309	8,178	R
	A&E Attendances - NL Residents	116,456 Q1 - 29764 Q2 - 29,930 Q3 - 28,806 Q4 - 27,955	30,812	30,100	29,003	Quarterly/ 1 quarter behind	Y
	Emergency Admissions - NL Residents	44,001 Q1 - 10,917 Q2 - 10,932 Q3 - 11,610	11,099	11,129	11,389	Quarterly/ 1 quarter behind	G
		Q4 - 10,542					G
	Unscheduled Bed Days - all specialties, NL residents	294,999 Q1 - 75,196 Q2 - 72,801 Q3 - 74,109 Q4 - 72,894	78,473	71,543	71,470	Quarterly/ 1 quarter behind	G
	Inpatient Activity – Readmissions 7 days	8	5.87	5.36	6.59	6.70	G
	Percentage of patients waiting less than 12 months to begin PDS (waiting less than 12 months/total number waiting)	65%	90.1%	98.1%	94.4%	93.6%	G
	'Mental Health - bed occupancy rate		77.8%	79.8%	85.0%	91.2%	G
	Assistive Technology - Number Of People With Technology (0-17 yrs)		34	34	33	30	
	Assistive Technology - Number Of People With Technology (18-64yrs)	1,452	635	629	629	633	G
	Assistive Technology - Number Of People With Technology (65+)		852	853	839	853	
	Reablement - Number Of People Completing Reablement Process	2000 (500 per quarter)	354	678	1049	1418	R
	Reablement - % Of New or Increased Home Support Packages Which Are Reablement	70%	67.1%	60.6%	55.0%	61.2%	R
	Reablement - % Of People With No or Reduced Home Support Service Required At End Of Process	70%	56.2%	50.2%	50.3%	56.1%	R
	Balance Of Care - % Of People (Age 65+)	45%	45.5%	45.4%	43.7%	42.6%	Y
	IEAS - % Deliveries Achieved Within 7 Working Days Quarterly	80%	66.6%	75.1%	63.4%	51.5%	R
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%	67.7%	25.4%	19.1%	28.7%	R
	18 Week RTT Performance – Psychology **(NHSL) (NORTH HOSTED)**	90%	85.0%	82.8%	85.1%	85.8%	Y
	Consultant Outpatient WT - Adult Mental Health - 12wks **(NHSL) (NORTH HOSTED)**	90%*	67.9%	68.8%	63.8%	63.5%	R
	Consultant Outpatient WT - Older Adult Psychiatry - 12wks **(NHSL) (NORTH HOSTED)**	90%*	92.8%	91.1%	80.2%	87.2%	Y
	Consultant Outpatient WT - Learning Disability - 12wks **(NHSL) (NORTH HOSTED)**	90%*	100%	100%	100%	100%	G
	Medical Paediatrics WT - 12 wks (NHSL) **(NORTH HOSTED)**	90%*	55.4%	44.9%	46.4%	49.2%	R
	Admission to MH Wards: Proportion NHSL Patients	>=95%	94.9%	98.2%	99.2%	98.3%	G
	MSK Podiatry - 12wks **(NORTH HOSTED)**	90%*	84.6%	85.5%	100%	100%	G
	Podiatry - 12wks **(NORTH HOSTED)**	90%*	91.8%	96.3%	99.4%	99.7%	G
	Podiatry - domiciliary visits - 12wks **(NORTH HOSTED)**	90%*	75.0%	100%	100%	100%	G
	SLT - Paediatrics - 12wks **(NORTH HOSTED)**	90%*	27.3%	20.0%	27.1%	28.8%	R
	SLT - Adult - 12wks **(NORTH HOSTED)**	90%*	77.2%	78.2%	81.4%	81.4%	G
	Dietetics - 12wks **(NORTH HOSTED)**	90%*	58.5%	66.4%	71.2%	68.9%	G
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	22.0	22.2	21.5	21.2	G
	Care Home Placements At End Of Quarter - Per 1000 Popn 75+	50	45.5	46.3	44.8	44.2	G
	Care Home - Average Length of Stay	865	828	939	743	870	Y
	Number Of People With Self Directed Support	1,000	1280	1322	2042	1956	G
	Number Of People With A Direct Payment	240	298	328	336	359	G
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	82	304	Quarterly/ 2 quarters behind	Quarterly/ 2 quarters behind	Y
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**	190.3	189.6	186.9	187.8	
7. People who use health and social care services are safe from harm	Manual Handling Awareness	90%	93.2%	94.6%	94.3%	97.4%	G
	PAMOVA Training	90%	95.9%	95.5%	95.2%	95.6%	G
	Adult Basic Life Support	90%	85.0%	81.9%	80.5%	85.8%	Y
	Paediatric Basic Life Support	90%	89.9%	88.5%	88.6%	85.8%	Y
	Fire Safety Training	90%	93.3%	95.4%	93.5%	82.6%	Y
	Hand Hygiene Training	90%	92.3%	91.6%	90.1%	95.1%	G
	Safe information Handling Training	90%	93.3%	93.3%	92.5%	93.4%	G
	Child Protection Awareness Training	90%	95.2%	96.2%	95.4%	96.1%	G
	Health and Safety Awareness Training	90%	96.2%	97.6%	97.5%	99.2%	G
	Occupational Health Service Awareness Training	90%	94.2%	97.5%	97.0%	99.7%	G
	Adult Support and Protection Awareness Training	90%	95.6%	95.4%	95.3%	98.1%	G
	% Of Adult Protection Referrals Passed To Care Team For Investigation		15.0%	17.5%	16.2%	11.7%	R
	% Of Adult Protection Investigations Going To Initial Case Conference		19.6%	16.3%	14.1%	21.2%	G
	Adult Protection - % Of Referrals With Decision Within 5 Days	60%	72.8%	76.3%	78.4%	73.4%	G
	% of Adult Protection Referrals Which Did Not Go On To Investigation Or Other Service		72.1%	67.4%	69.0%	71.2%	G
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%	58%	57%	58%	60%	R
9. Resources are used effectively and efficiently in the provision of health and social care services	Breakeven Position - YTD Variance Including Prescribing (NHSL)	>=0	£2.249m	£3.839M	£6.264M	£12.639M	...
	Breakeven Position - YTD Variance Excluding Prescribing (NHSL)	>=0	£2.249m	£3.839M	£6.564M	£13.639M	...
	Sickness Absence (NHSL, North)		5.72%	6.47%	8.31%	7.41%	R
	Sickness Absence (NLC) - days lost per person	11.92	2.58	5.15	8.56	11.96	R

Appendix 3 – Inspection Findings 2022/23

Further information on 2022/23 inspection activity can be found in the HSCP Quality Assurance Annual Report, or more detailed information is available at the Care Inspectorate website: Publications & Statistics (careinspectorate.com)[6].

Glossary of Terms

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[6]https://www.careinspectorate.com/index.php/publications-statistics