Agenda Item

Report

Report to:	**South Lanarkshire Integration Joint Board**
Date of Meeting:	**26 March 2024**
Report by:	**Director, Health and Social Care**

Subject:	**Performance Monitoring Report**

1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ present to the Integration Joint Board (IJB) a revised and extended performance report which takes into account the performance recommendations within the 2022/23 Annual Audit Report from the external auditors - Audit Scotland
- ♦ update on performance using currently available data against this revised suite of measures

2. Recommendation(s)

2.1. The Board is asked to approve the following recommendation(s):-

(1) that the revised performance report be noted; and
(2) that the current performance trends and service pressures be noted.

3. Background

3.1. As part of good governance, accountability and visibility, members of the IJB will be familiar with the standing item with regards to performance at both Sub Committee and IJB meetings. This report has evolved since the inception of integration arrangements in 2016 and up until recently, has broadly focused on a number of strategic measures (called the MSG - Ministerial Steering Group - targets) with regards to the emergency pathway, balance of care and periodically other measures from the recognised national suite of integration measures which are reported annually through the IJB Annual Performance Report. These figures are also published quarterly by Scottish Government.

3.2. The current performance report reflects the recommendation from the 2022/23 External Audit Annual Report and added additional measures aligned to the Strategic Commissioning Plan (SCP) priorities.

3.3. The IJB Internal Audit Plan for 2024/25 will include an audit of performance reporting that will consider a number of areas which will assess the adequacy of reporting in relation to the following areas:

- the adequacy of performance monitoring to the IJB to provide relevant, reliable and sufficient data and timeous information on challenges, risks and responses

- whether targets have been adjusted appropriately to reflect post-Covid realities and the Strategic Commissioning Plan 2022-2025
- whether performance reporting is used to update, and provide assurance on, the IJB Risk Register

Future IJB Performance and Risk reports will include further information on work being undertaken with regard to the above areas.

3.4. Whilst the SCP has 12 identified high level priorities, it was agreed that revisions to the performance report focus on the top four priorities from the 12. In doing so, this keeps the performance aligned to the previous agreement to focus on a top four and is also how Locality Implementation Plans have been structured.

3.5. In following this logic, this report focuses on performance measures around the following four priorities:

- improving unscheduled care and optimising intermediate care
- greater emphasis on early intervention, prevention and inequalities
- addressing mental health and addictions
- supporting carers

3.6. It is important to note that this will be an iterative process, with further development of this performance framework anticipated, given other related activity currently underway. For example, NHS Lanarkshire, is soon to review and update performance arrangements with the current Integrated Performance & Quality Report (IPQR). It is anticipated this may contribute to a further update to the data set provided to future meetings of the IJB and the Performance and Audit Sub-Committee.

4. Current Performance Trends

4.1. ***Unscheduled care*** – under this priority the focus will remain on the six MSG measures which IJB members are familiar with from previous reports. A summary of performance is as detailed below, with more detailed analysis provided within Appendix 1:

- As highlighted in the management information in Appendix 1, A&E attendances and admissions are lower than pre-pandemic levels. Delayed discharge performance for the period April – December 2023/2024 is also below (better than) target and pre-pandemic levels.
- The delayed discharge position being reported is the latest available and matches what was reported to the NHSL Board in February in the IPQR report. South Lanarkshire was slightly above (poorer) than the national average for the rate of patients in standard delay for the entire adult population and for those aged 75+ at December census.
- The work initially being undertaken as part of the ‘Discharge Without Delay’ programme has now been subsumed within Operation Flow. The latest firebreak took place in January and further details are available in appendix 2.
- Further scrutiny of the ‘Discharge without Delay’ data shows, throughout January more than 70% of patients aged 65+ had a Planned Date of Discharge (PDD) set. Planned social care assessment referrals dropped to 70% during January but this has increase to 78% in February.

4.2. ***Greater Emphasis on Early intervention, Prevention and Inequalities*** – under this priority, updates will be provided in relation to Home First and Telehealth/Telecare.

A summary is provided below with further information detailed in Appendix 3:

- During the third quarter of the year, home care support reduced by 40% for those in receipt of a home first intervention, an increase from 34% in quarter two.
- Lanarkshire's Technology Enabled Care (TEC) team continues to provide an integrated approach to sustaining people to live independently at home and within their community. Demand for assistive technology has continued to increase during 2023/2024 with 24% of hospital discharge requests supported through the Home First pathway and telecare installations taking place within 24 hours of the request being approved.

4.3. ***Mental Health and Addictions*** – under this priority updates will be provided in relation to Adult Support and Protection, Adults with Incapacity and progress with the Medication Assisted Treatment (MAT) Standards. Further Detail is provided in Appendix 4:

- Adult Support and Protection (ASP) activity is one of the areas of highest and consistent demand for the workforce. Performance has remained positive for both ASP inquiries and investigations, with 90% and 83% respectively completed within timescale, exceeding the 75% national target.
- Following the joint inspection of Adult Support and Protection undertaken in August/September 2022, an improvement plan for priority areas was identified and subsequently has been actioned by the public protection partners. Self-evaluation activity continues to progress across the partnership as set out in the South Lanarkshire Adult Protection Committee Self Evaluation Strategy (2023-25).
- The local authority also has responsibility under the Adults with Incapacity (Scotland) Act 2000 to offer timely support and supervision to welfare guardians of adults who are unable to make welfare decisions or take particular actions for themselves. Performance during quarter 3 remained on target with a total of 588 visits due, and 98% of local authority and 91% of external visits taking place within timescale.
- Progress on the ten MAT standards is also detailed in Appendix 4, figure 4.4. In summary, progress is moving in the right direction against all ten standards with five reporting as green and five as amber.

4.4. ***Carers*** – under this priority, updates will be provided in relation to direct support to carers. Further detail is provided in Appendix 5:

- Carers support was commissioned by South Lanarkshire and commenced in summer 2020, with Lanarkshire Carers offering information, advice and direct support to adult carers within South Lanarkshire and 'Action for Children' delivering the young carers service. Lanarkshire Carers also has delegated responsibility to lead on the provision of Adult Carer Support Plans for those with low or moderate needs.

- A new Carers Strategy 2023-26 has been developed in partnership with the Carers Partnership Group, which has wide representation from carers and those involved in supporting carers. The strategy builds on the previous plan and framework for delivering improved supports and services to people who provide unpaid care in South Lanarkshire. Carers will continue to be supported to engage in a range of consultative activity in relation to our duties within The Carers (Scotland) Act 2016.

4.5. As indicated at 3.4 Locality Implementation Groups continue to progress locality implementation plans and the four priorities. Subgroups have been set up including representation by partner groups. Progress highlights include:

- Co-location of Lanarkshire Carers staff and locality based HSCP staff on a regular basis which increases learning.
- South Lanarkshire Leisure & Culture work alongside Health Improvement colleagues to universally promote and support the appropriate use of Physical Activity Prescription which supports prevention and early intervention. For example, information sessions were provided for Community Addiction Recovery Service (CAReS) and Community Mental Health staff have been provided with 46 staff attending sessions. Following this, the CAReS Occupational Therapy and Peer Support Worker will take part in a 6-month pilot to support service users to access leisure facilities by being provided with a staff membership which allows them to attend and use the facility with the service user for four weeks.
- Falls awareness week saw a co-ordinated approach with social media messages and events in key locations with Scottish Fire & Rescue adding a falls self-referral card to information they provide on household visits.
- Delivery of 'Worried about Money' Training – 75 staff have been trained to date. A further session will take place in March 2024.
- Community Led Support training offered across South Lanarkshire to HSCP staff and 3rd sector staff.
- Increase in Housing First applications for people experiencing mental health and/or problematic substance use are being managed by the Central Homeless Team, providing awareness session for staff working in mental health and substance use services and supports.

5. Best Practice Examples

5.1. In addition to the above performance information, staff and services within the HSCP continue to work extremely hard to deliver core services. This work is often recognised from an innovation and best practice perspective.

5.2. Most recently:

- Blantyre Life was a finalist in the Scottish Property Awards in the category of Health Care Development of the Year.
- The Unit Manager at David Walker Gardens received the 'outstanding lifetime contribution' award recently from the Scottish Social Services Council.

6. Employee Implications

6.1. Staff have been recruited against agreed mobilisation plans.

7. Financial Implications

7.1. This report does not describe any new financial implications.

8. Climate Change, Sustainability and Environmental Implications

8.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.

9. Other Implications

9.1. This report relates to all national outcomes. Effective performance monitoring will contribute to the achievement of the outcomes of the IJB Strategic Commissioning Plan 2022-2025.

9.2. There are no additional risks associated with this report at this stage. Effective performance monitoring contributes to the mitigation of the following risks within the IJB Risk Register most notably higher risk themes relating to:

- Financial sustainability
- Workforce availability and capacity
- Performance delivery
- Failure to meet public protection and legislative requirements.

9.3. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 – 2025, notably the following outcome:
Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

9.4. There are no other issues associated with this report.

10. Equality Impact Assessment and Consultation Arrangements

10.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.

10.2. There was no requirement to undertake any consultation in terms of the information contained in this report.

11. Directions

Direction to:	
1. No Direction required	☒
2. South Lanarkshire Council	☐
3. NHS Lanarkshire	☐
4. South Lanarkshire Council and NHS Lanarkshire	☐

Professor Soumen Sengupta
Director, Health and Social Care

1 March 2024

Link(s) to National Health and Wellbeing Outcomes

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

Previous References

- None

List of Background Papers

- None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Appendix 1 – Unscheduled Care Performance

*Fig. 1.1 Year on year comparison (April to September, Delayed discharges April to December) **

	2022/23	2023/24	Increase/Decrease on 2020/21	% Change
A&E Attendances	53,668	54,061	393	0.73%
Emergency Admissions	18,093	18,061	-32	-0.18%
UC Bed days - Acute	128,577	118,544	-10,033	-7.80%
UC Bed days - Acute/GLS/MH	163,106	151,241	-11,865	-7.27%
Delayed Discharge Non-Code 9 bed days	27,406	24,371	-3,035	-11.07%

**It should be noted that data is unvalidated and subject to change for A&E attendances, emergency admissions and unscheduled care (UC) bed days. Emergency admissions and UC bed days will increase as episodes of care are completed.*

Fig. 1.2 Performance against targets

2023/24	Target	Performance	Variance	% variance
A&E Attendances	58,198	54,061	-4,137	-7.11%
Emergency Admissions	20,595	18,061	-2,534	-12.30%
UC Bed days - Acute	116,403	118,544	2,141	1.84%
UC Bed days - Acute/GLS/MH	159,509	151,241	-8,268	-5.18%
Delayed Discharge standard bed days	24,773	24,371	-402	-1.62%

Fig. 1.3 A&E Attendances - unvalidated data and subject to change

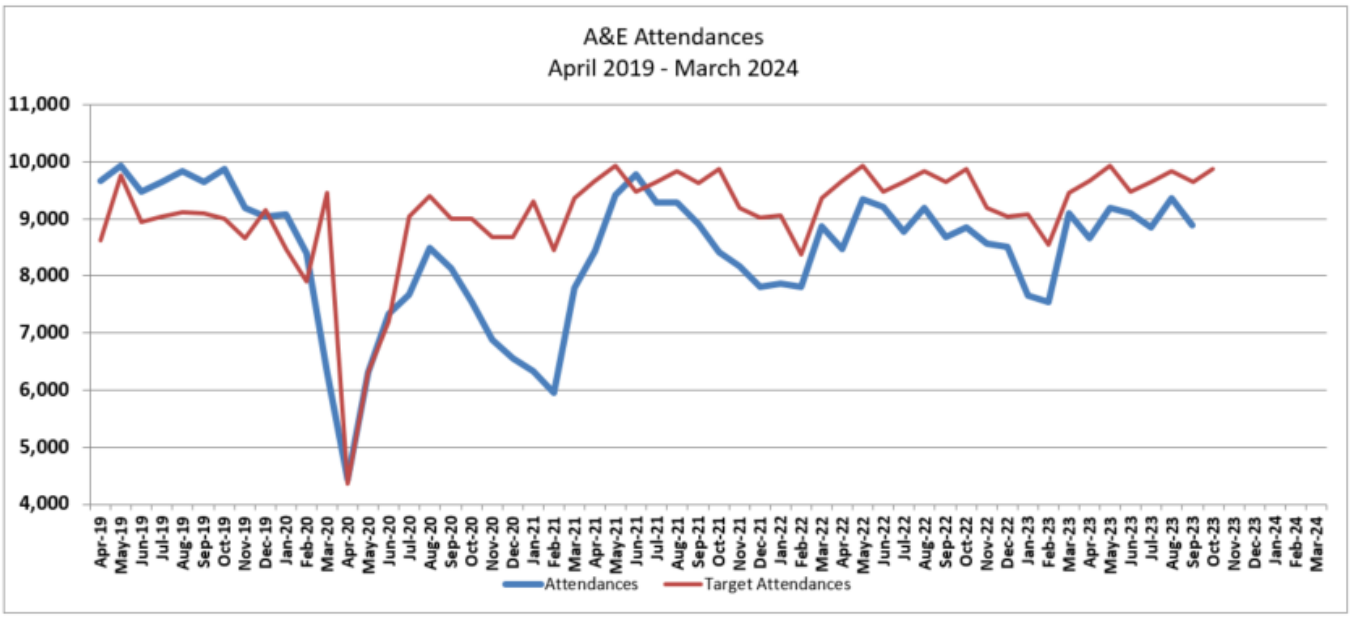


Fig. 1.4 Emergency Admissions - unvalidated data and subject to change

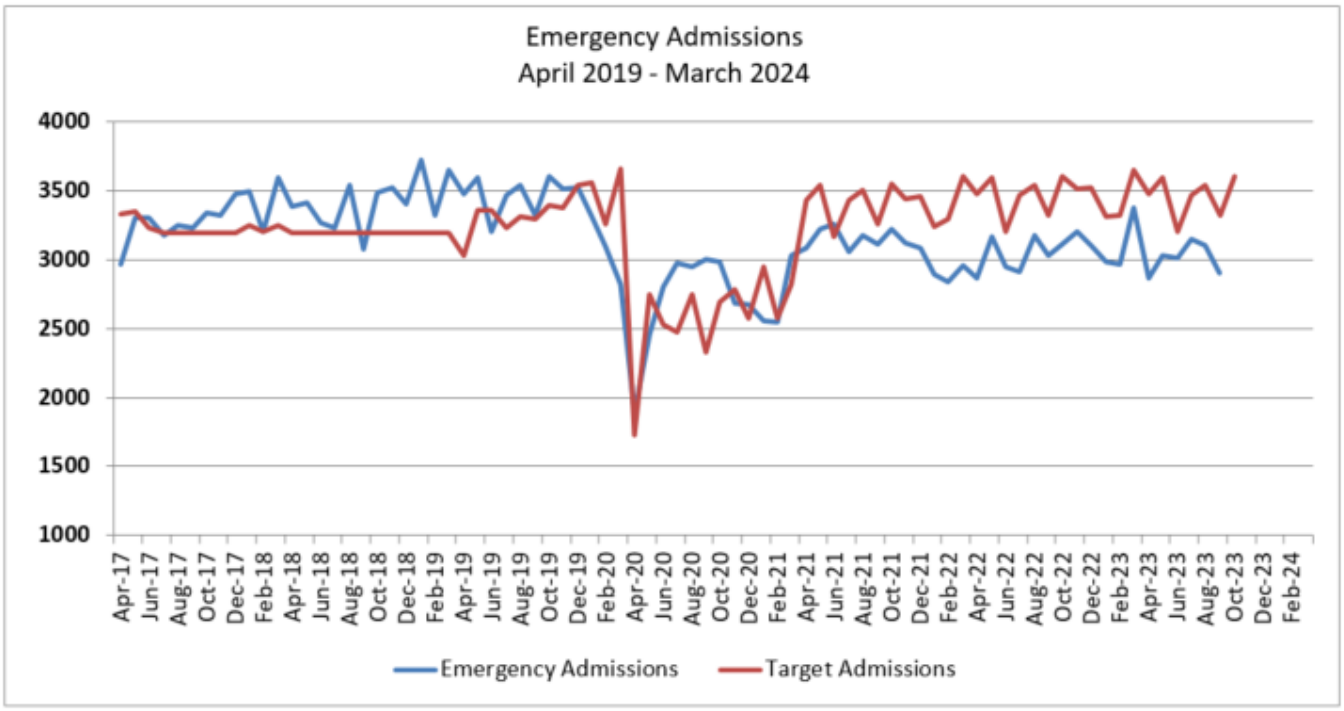


Fig. 1.5 UC bed days Acute - unvalidated data and subject to change

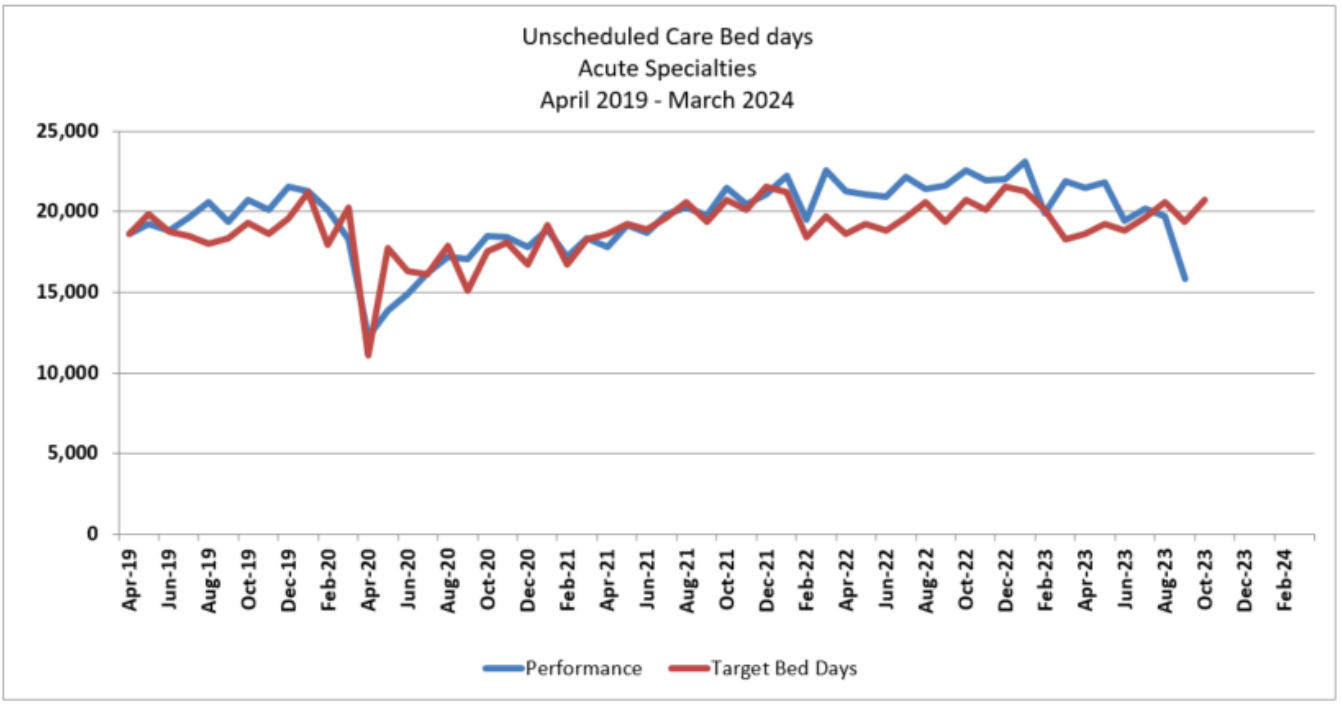


Fig. 1.6 UC bed days Acute, Geriatric Long Stay (GLS) & Mental Health (MH) - unvalidated data and subject to change

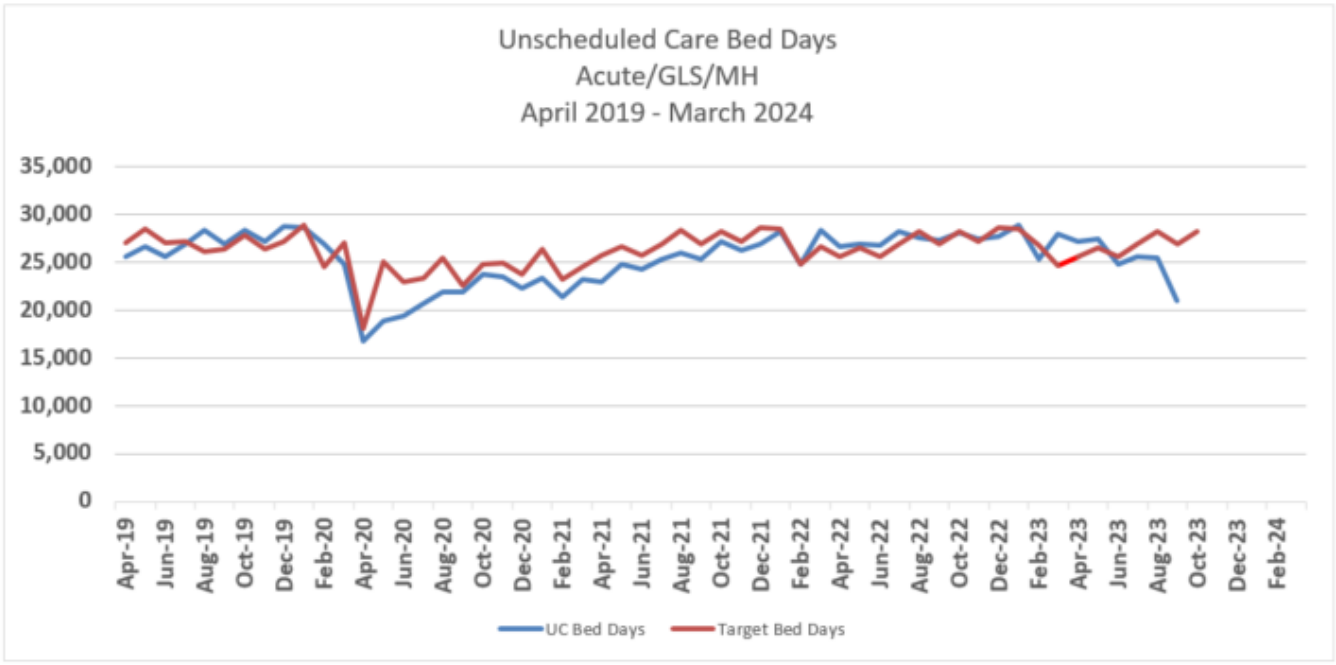


Fig. 1.7 Delayed discharge bed days- Standard Delays - validated data

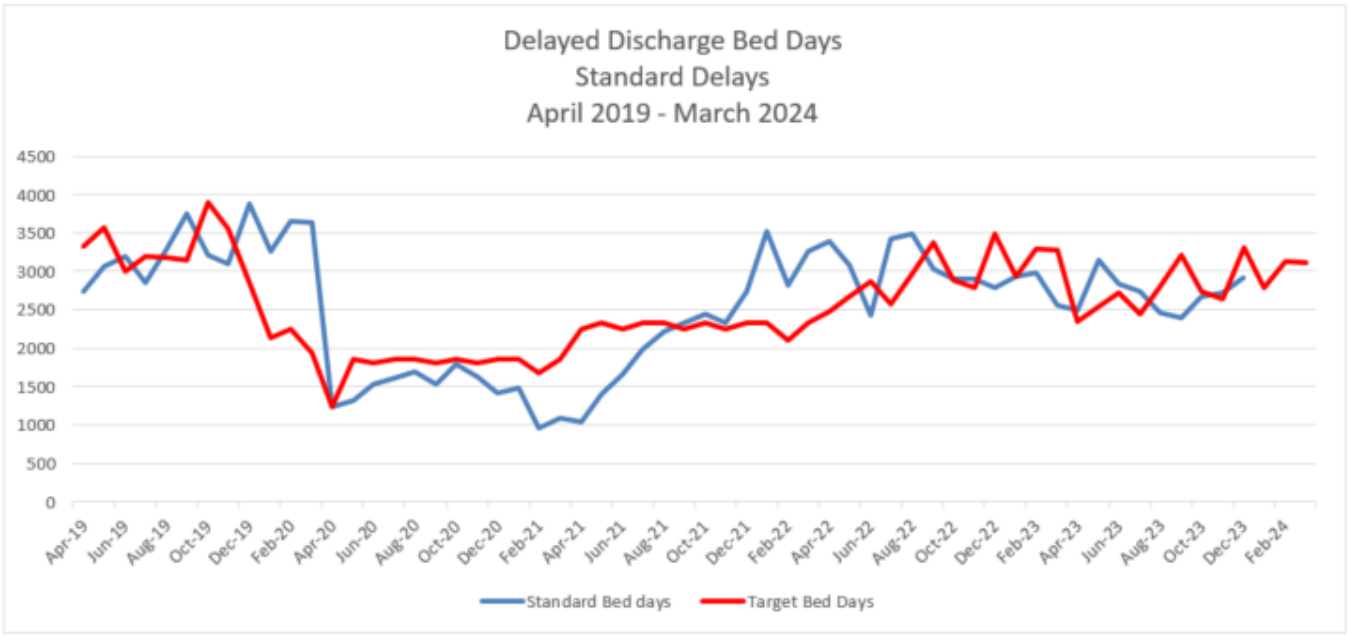


Fig. 1.8 National Benchmarking- Standard Delays, 18+ - validated data

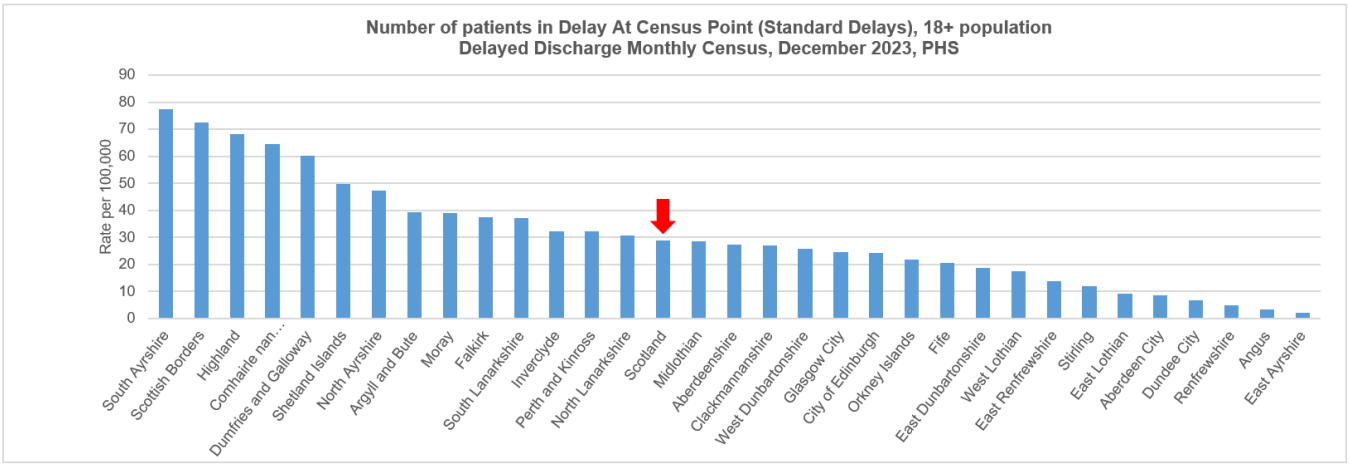


Fig. 1.9 National Benchmarking- Standard Delays, 75+ - validated data

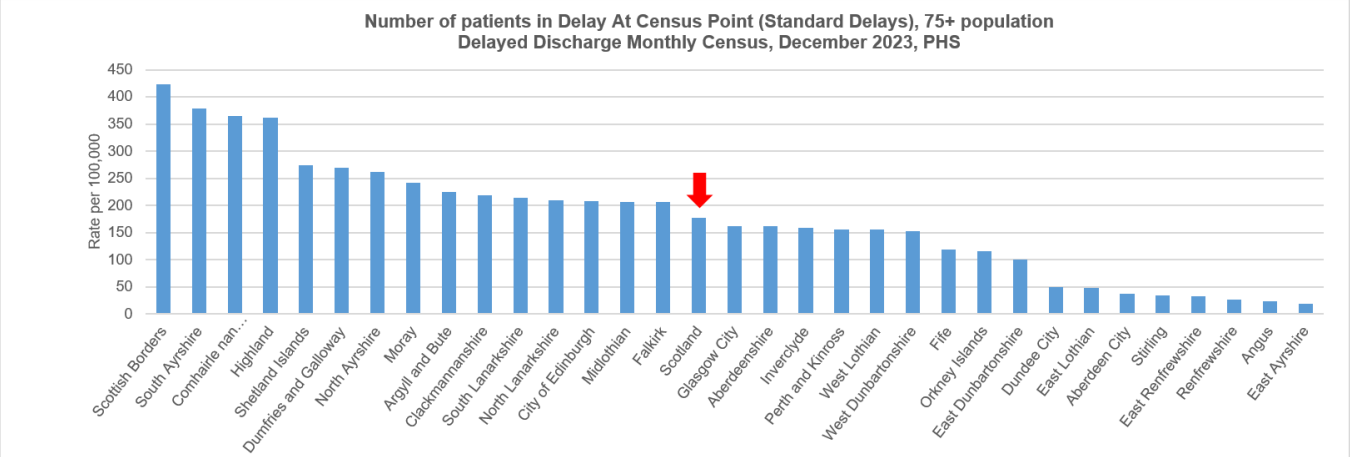


Fig. 1.10 Inpatient discharges - unvalidated data and subject to change

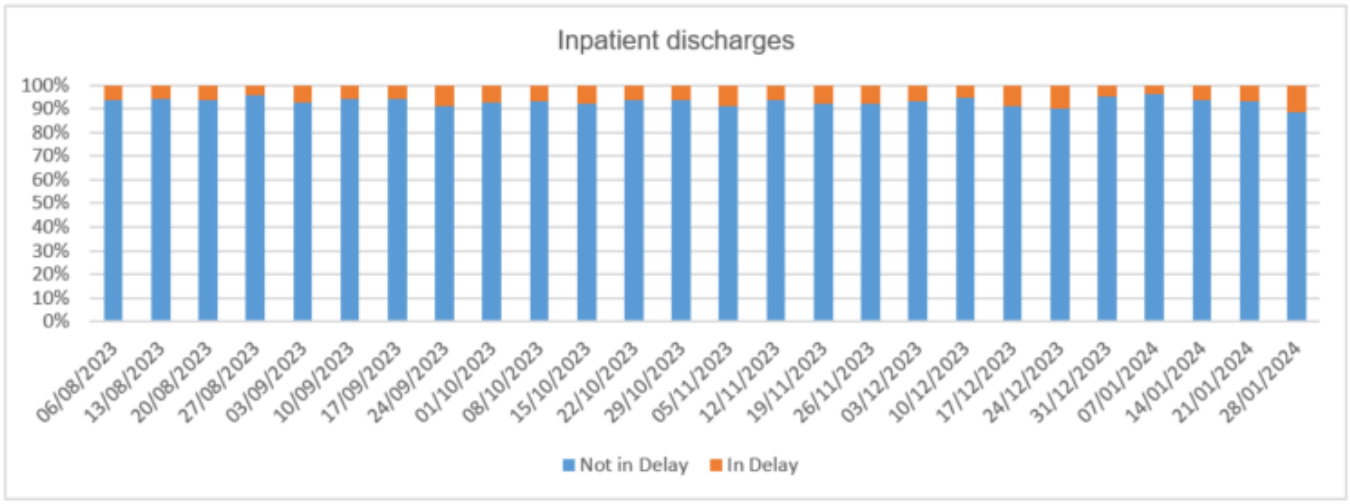


Fig. 1.11 Percentage of current inpatient, aged 65+, who have a PDD (planned date of discharge)- unvalidated data and subject to change

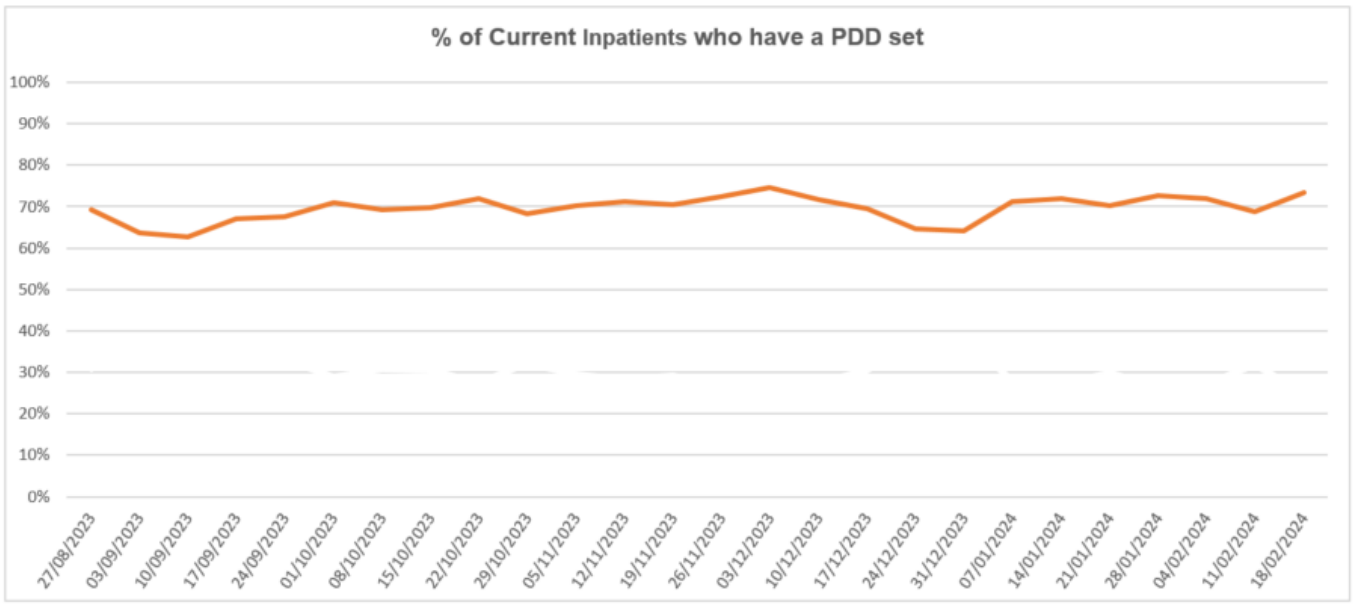


Fig. 1.12 Percentage of hospital social work (SW) which are unplanned - unvalidated data and subject to change

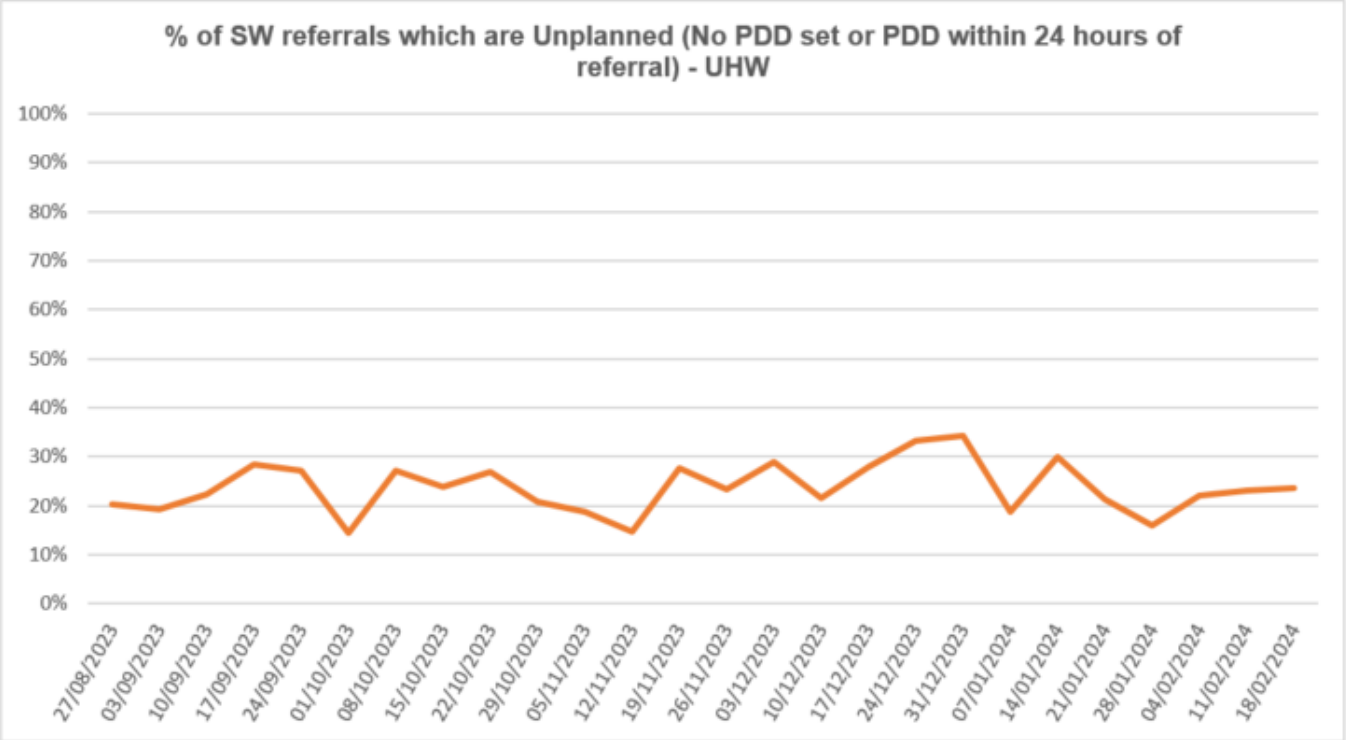


Fig. 1.13 Last six months of life by setting - unvalidated data and subject to change

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/20	2020/21	2021/22P
Community	84.8%	85.2%	85.3%	87.2%	87.6%	88.5%	88.2%	90.8%	89.5%
Community Target	84.2%	84.4%	84.9%	87.0%	86.6%	88.4%	87.1%	88.5%	88.5%
Large Hospital	11.8%	12.1%	12.1%	10.7%	10.2%	9.9%	10.3%	8.1%	9.4%
Large Hospital Target	12.4%	12.9%	12.4%	11.1%	10.7%	10.0%	10.0%	10.0%	9.3%

Fig. 1.14 Balance of Care - validated data

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020P	2020/21	2021/22
Home (unsupported)	81.6%	82.1%	82.2%	82.5%	83.5%	83.0%	83.6%	84.7%	84.9%
Home (unsupport) Target	81.0%	81.8%	81.7%	82.0%	82.0%	82.0%	82.0%	83.0%	83.5%
Home Supported	9.6%	9.0%	9.0%	9.0%	9.0%	9.2%	8.8%	8.7%	8.10%
Home Support Target	9.6%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.1%	9.1%

Key Deliverable	End Date
Roll out of Foundation Flow Bundle across 3 acute sites, including use of PDDs, Criteria Led Discharge and Discharge Without Delay principles (via Operation FLOW Task and Finish Group 4)	30 Sept 2024
Roll out of Foundation Flow Bundle across off-site beds and community hospitals, including use of PDDs, Criteria Led Discharge and Discharge Without Delay principles (via Op Flow T&F 4 and 5)	30 Sept 2024
Home First recruitment, particularly in priority areas of East Kilbride and Hamilton	31 March 2024
Continued development of Home First Teams to support assessment at home and admission prevention	31 March 2024
Prioritisation of reablement services, to ensure sufficient capacity to support discharge and control demand into mainstream Care at Home services	30 Sept 2024

Key Issues

Figure 1.1 shows an overall reduction across all unscheduled care measures against the same time period in the previous year. Figure 1.2 shows, with the exception of acute bed days, all measures are below set targets. Targets set across all measures are to match 19/20 performance with the exception of delayed discharges which is to reduce standard beds day by 15% of the performance in 19/20.

Figure 1.3 shows A&E attendance performance against target attendances. For the period April to September there were 4137 fewer attendances than anticipated. Figure 1.4 shows emergency admissions and, for the same time period, there were 2534 fewer admissions, though it should be noted this data is incomplete and numbers will increase. Figure 1.5 shows UC bed days for Acute specialties, with figure 1.6 showing UC bed days for Acute, GLS and MH combined. UC beds for Acute specialties are above target and this variance will increase as data becomes more complete.

Figure 1.7 shows bed days for patients who are standard delays. South Lanarkshire remains cumulatively below target for April to December 2023. The partnership is above the Scottish average in terms of delay numbers at census date for all adults and those aged 75+ (figure 1.8 and 1.9).

Patient discharges without delay (figure 1.10) have remained consistently above 90% though this slipped below (88%) at the end of January. The percentage of patients, aged 65+, who had a PDD in place has remained consistently around 70% since the beginning of January.

Work is still required at the interface to ensure referrals for supported discharge are picked up as early as possible in the patient's journey, unplanned referrals (figure 1.11) rose to 30% in January and remain above 20% in February. Visits to Glasgow City's Home Support service has also identified that the partnership sees double the rate of supported discharge referrals in comparison to Glasgow City, which is being explored to better understand why that continues to be the case.

Over the last 3 years there has been an increase in the average care at home packages provided in the community, resulting in capacity pressures to support new packages and delayed discharges. As part of our improvement work our Home First and Blantyre Life team's will continue to focus on reducing the average package required at the end of rehabilitation.

As illustrated in figure 1.13 South Lanarkshire is increasing the proportion of residents who spend the last six months of life in the community. The percentage of people who spend the last six months of life in a large hospital has fallen since 2013/14 to 8.1% during 2020/21, ahead of the target of 10.0%. Fewer people spend their last six months in either hospitals or hospice/palliative care units. It should be noted that the data provided for 2021/22 is provisional.

Figure 14 shows the percentage of people over 75 who are not thought to be in any other setting, or receiving any Home Care, has increased since 2015/16. Despite the increase in the 75+ age group, the percentage target for 2021/22 has since increased to 83.5%.

Work continues in conjunction with acute colleagues to implement the flow foundation bundle. We have continued to see an overall increase in the number of social work referrals and are working on processes around this with our acute colleagues to ensure appropriateness of referral. This work includes the development of a community beat.

The community beat will indicate the number of social work referrals community teams can process, given their available resources, for inpatients to maintain or reduce the number of patients who are in delay. The beat will be dynamic and respond to changes in resource availability and improvements in data quality.

Care at Home recruitment and capacity remains a challenge, with vacancies experienced across each locality in both mainstream services with approximately (19 WTE posts) and Home First (25 WTE posts), at 16 February 2024.

Appendix 2 – Operation Flow – February Update

There is still considerable transformation required across unscheduled care to improve performance in comparison with other Boards. There has however been some improvement when benchmarking performance with other Boards and also with comparator Acute Hospital sites. The winter months are historically challenging from an unscheduled care perspective across the health and social care system. This typically contributes to reported increased acuity and demand across the whole system and this is reflected in performance against key metrics.

For end of January 2024 NHS Lanarkshire reported an end of month performance against the 4-hour standard as 55% compared to the target trajectory of 63%. The numbers of patients waiting 8 and 12 hours also exceeded target improvement metrics. Acute Hospital Occupancy levels were 103% against a target of 100%, along with increased average LOS and 94 delayed discharges in acute beds compared to a target of 70.

Importantly, with focused improved work across off site areas there has been a significant reduction in delayed discharges with 41 patients recorded as being in delay compared to a target of 60 (and 71 patients recorded in April 2023 baseline). There has also been a sustained increase in 'call before you convey' (did not travel to hospital) performance of 61% from SAS colleagues which is essential in managing front door demand.

As previously reported, it was not possible to complete the recruitment process to fill all posts identified to support delivery of the new models of care, however, work with recruitment colleagues and service teams is ongoing to complete this essential element of the plan. There continues to be significant transform and reform work to do to drive sustained improvement across key metrics.

Recent highlights include :-

- Working together to scope the opportunities in developing the initial vision for Operation Flow 3 and the development of Flow Navigation Centre.
- The developing model is being referred to as FNC+ Plus and very much aligns to the principles of a NHS Lanarkshire Operational Command Centre.
- A system wide visioning session with a broader range of representatives from across the whole system is planned for the afternoon of the 7 March 2024 to provide the time to delve deeper into the operational detail of the model.
- Managing demand is key to improving USC performance and accordingly, there is a commitment to delivering the first phase of FNC + Plus by Quarter 2 (July 2024). Upscaling of the existing model and provision as a 24/7 service by building on the enthusiasm demonstrated by the FNC operational and clinical teams during Operation Flows 1 and 2 to support.
- Developing a specific detailed communications plan for both the public and staff when the detail of the model is finalised.

It is recognised that developing these plans within the context of a very challenging fiscal situation will not be easy and therefore there is a necessity to model the ability of FNC+ Plus to absorb the impact of a reduction of physical beds and creation of virtual beds capacity across the wider system. Whilst finance will be at the forefront of the consideration of the final model, it can't be an inhibitor to essential transformation.

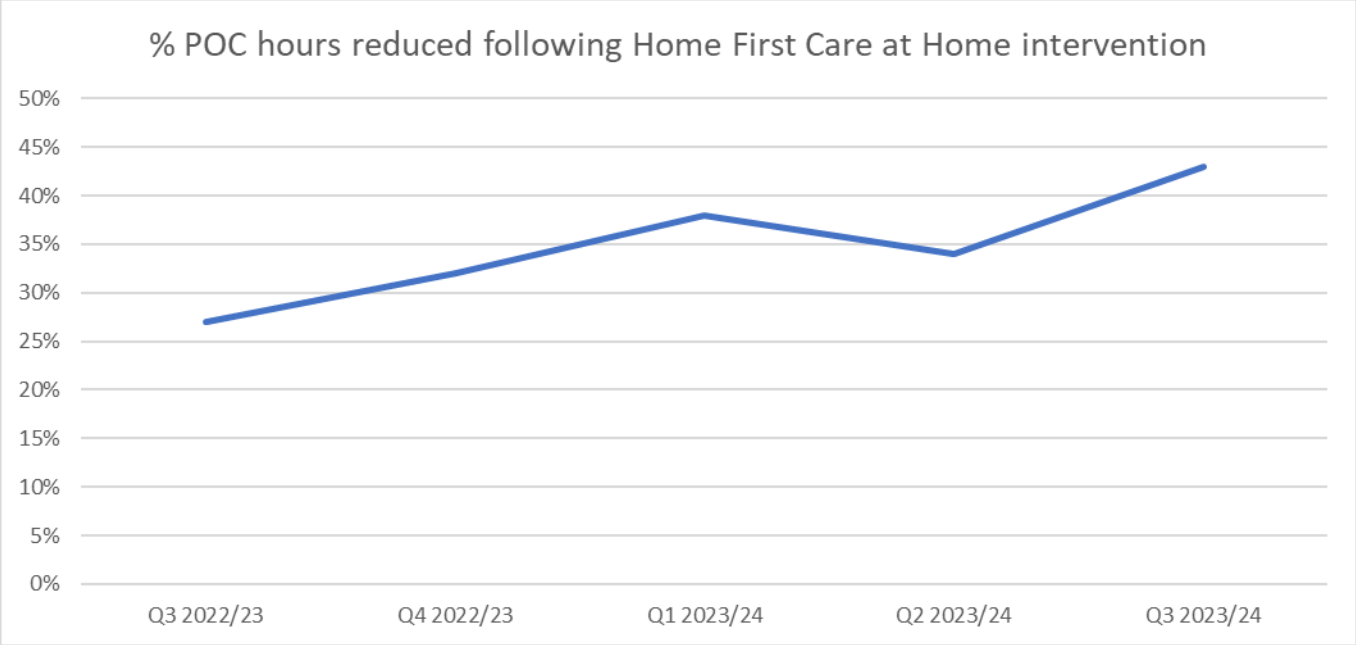
Initial underpinning key principles for FNC+ Plus have also been agreed and include so far:

- Best possible patient experience/improve patient outcomes.
- Maximise utilisation and co-ordination of appropriate services – right place, right time right person, first time.
- Use of real time data to provide a whole system view to provide an agile response in changing situations.
- Promotes equity of access to healthcare services.
- Requires good partnership and collaborative working across the system.

Managing demand and access to ED and other parts of the system is a key element of Operation Flow and FNC+ Plus is a very exciting development for NHS Lanarkshire, which will support achievement of system objectives.

Appendix 3 – Early Intervention, Prevention and Inequalities (Home First, Telehealth and Telecare)

Fig. 3.1 Home First – package of care hour reductions - unvalidated data and subject to change



Key Issues

The Home First initiative is operating throughout South Lanarkshire, with teams in each of the council's four locality areas of Clydesdale; East Kilbride; Hamilton; and Rutherglen/Cambuslang. The introduction of Home First supports the strategic vision to maximise the independence of service users leaving hospital or living in the community, improve individual outcomes, and in doing so, reduce the reliance on statutory services. Integrated multi-disciplinary teams comprising of occupational therapists, physiotherapists, care at home professionals and frontline Care at Home staff maximise independence through rehabilitation and reablement interventions.

Figure 3.1 shows an improving picture on the number of care at home hours that are required following short term reablement and rehabilitation support from Home First. Delivered through an integrated approach of care at home staff, occupational therapists and physiotherapists, individuals are supported to regain levels of independence that will have an impact on the level of care at home supports that they receive. In quarter 3, service users required 40% less support on completion of their home first intervention.

Lanarkshire's Technology enabled care (TEC) team continues to provide an integrated approach to sustaining people to live independently at home and within their community. It supports and facilitates hospital or integrated care discharges and may also be urgently requested as part of adult support and protection planning or end of life care. The two main programmes of work include telecare (South Lanarkshire only) and telehealth (pan-Lanarkshire) such as Connect Me remote health monitoring service, and Near Me video consultations. Demand for assistive technology has continued to increase during 2023/2024 with 24% of hospital discharge requests supported through the Home First pathway and telecare installations taking place within 24 hours of the request being approved. The installation of digital alarms also continues to make good progress with 2,717 digital alarms installed during this period, contributing to the overall total of 5,872 alarms installed to date.

Appendix 4 – Mental Health and Addictions – Adult Support and Protection, Adults with Incapacity and MAT Standards

Fig. 4.1 Adult Protection Inquiries - unvalidated data and subject to change

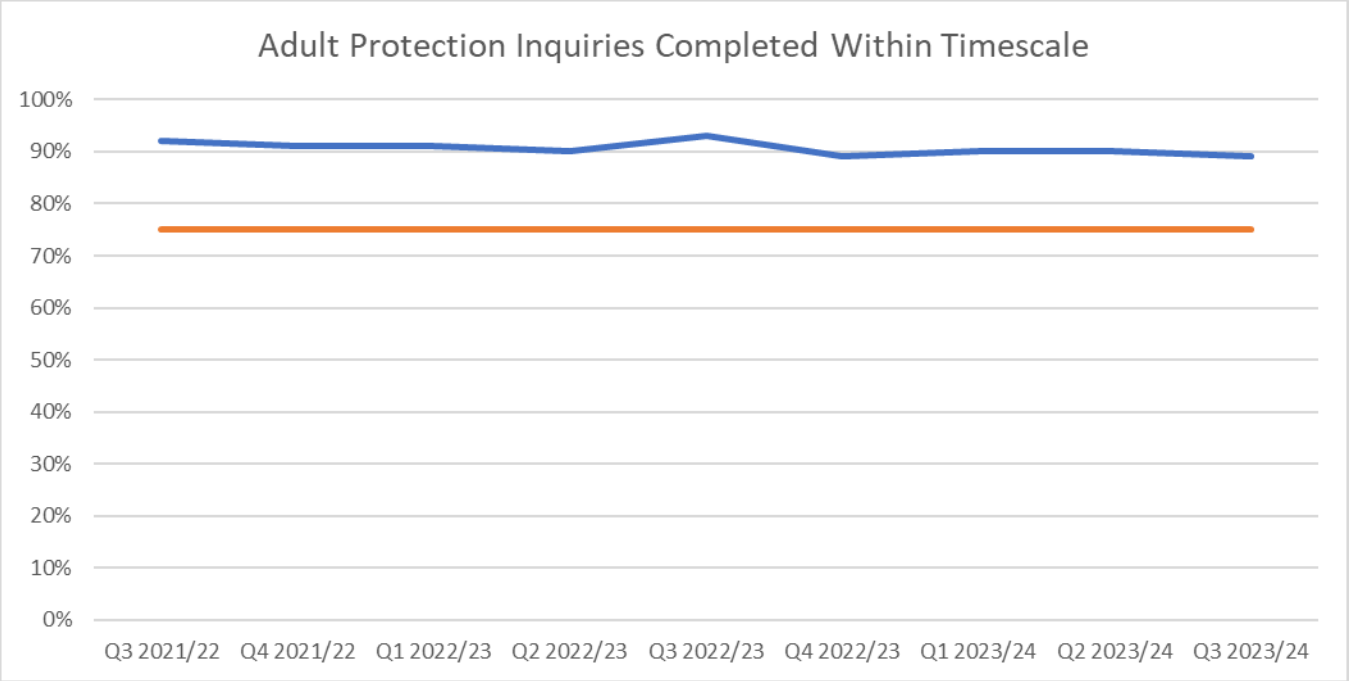


Fig. 4.2 Adult Protection Investigations - unvalidated data and subject to change

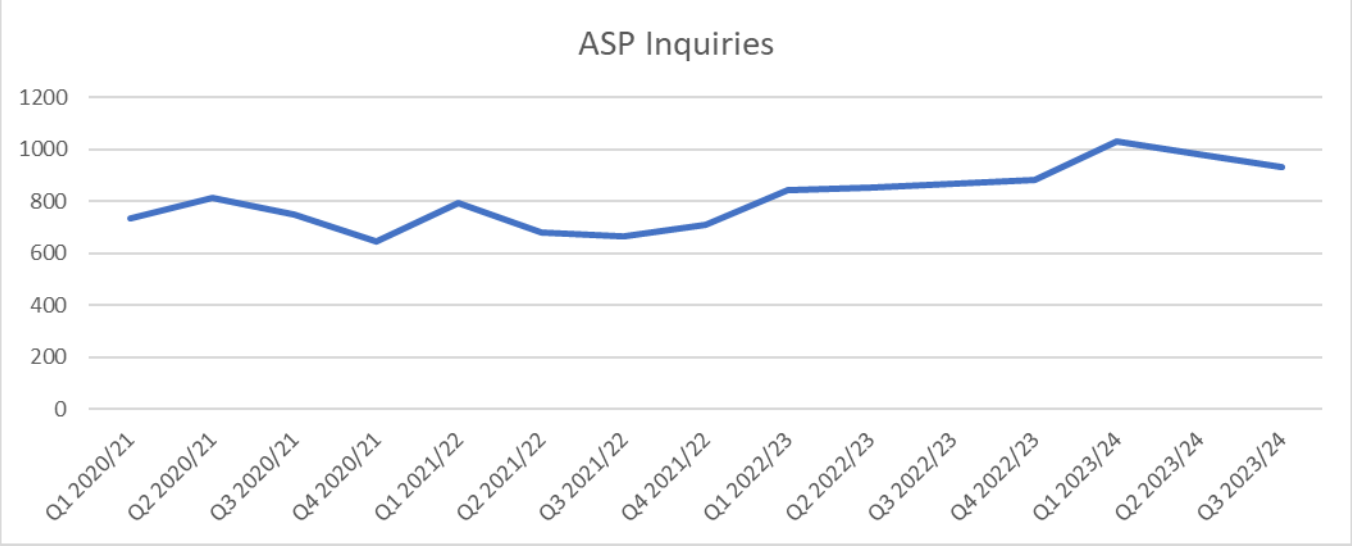


Fig. 4.3 AWI - unvalidated data and subject to change

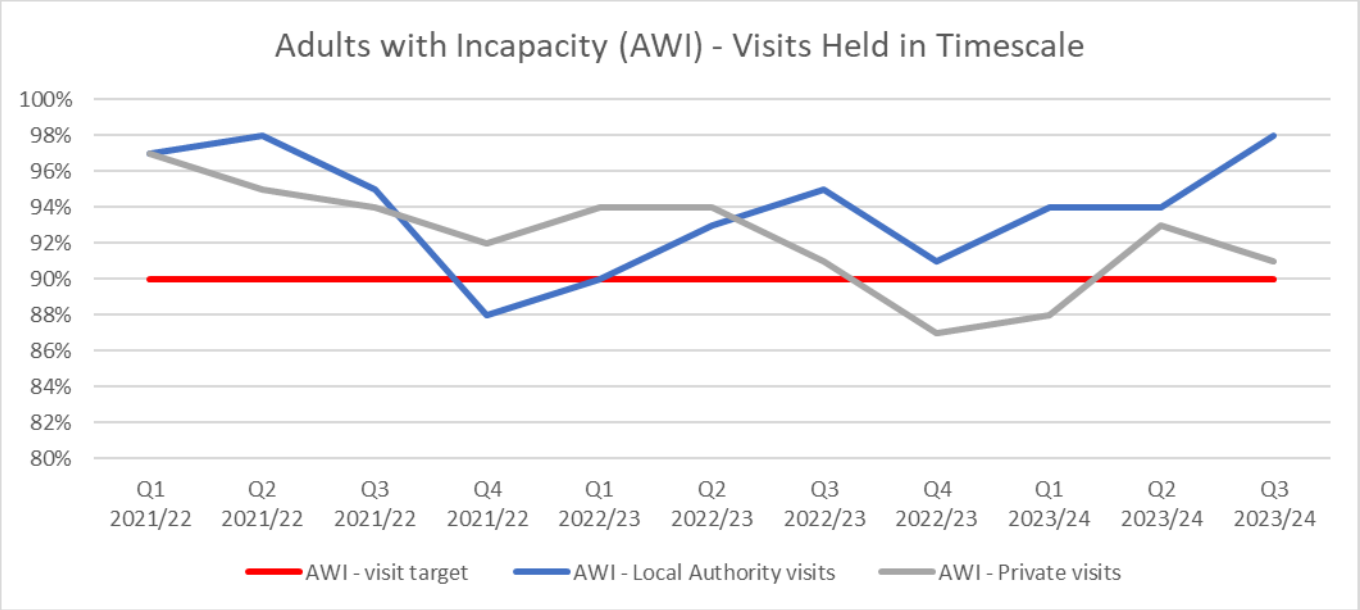


Fig. 4.4 MAT Standards - unvalidated data and subject to change

MAT STANDARD	RAG RATING	UPDATE DECEMBER 2023
1 All people accessing services have the option to start MAT from the same day of presentation.	GREEN	Update for Urgent Response Team (URT) South Lanarkshire December 2023; • Total percentage of patient prescribed – 57% • Total percentage for patient engaged within 24 hours – 88% Current MAT standards implementation support team (MIST) guidelines advise that these should be 75% review of the current URT standing operating procedure (SOP) and model has started, reviewing both the prescribing part of the service alongside the peer support wrap around model. Completion date 31/03/2024 Professional leadership and supervision structure being discussed and reviewed. Estimated completion date 31/03/2024
2 All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.	GREEN	Review of the Community Addiction Recovery Service (CAReS) Triage team has identified a requirement to change the standard process in line with locality duty worker. Team Leaders working group being setup to take this forward to better understand the process of the duty worker requirements. Band 2 admin clerical officer being recruited to support the Triage process alongside support from the existing CAReS Peer Support workers where required. Estimated completion date 31/03/2024

		URT/CAReS patient leaflet. MAT Implementation and CAReS Peer Support workers continuing to develop the patient leaflet. Estimated end completion date 31/03/2024
3 All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	GREEN	Outreach services for South Lanarkshire Near Fatal Overdose (NFO) – SOP for internal and external completed for MAT submission. 107 NFO within CAReS form March 2023 to January 2024, currently being added to REDcap (MIST data collection tool) for the MAT numerical submission. Experiential plan submitted to the MIST team on 31.01.24, this has been accepted and approved. Experiential team currently carrying out experiential questionnaire with patients for evidence submission for MAT standards submission.
4 All people are offered evidence-based harm reduction at the point of MAT delivery	GREEN	Harm reduction CAReS staff completing paper work with each patient where harm reduction is being offered. ADP strategy group continuing to review the training of Social Work colleagues on overdose intervention and delivery of Naloxone.
5 All people will receive support to remain in treatment for as long as requested.	GREEN	Multiple complex needs pathway been agreed and the use of CPA (Care Programme Approach) model pathway being used as a test for change. Experiential data being gathered to evidence suggestions from patients that may work well to allow further support to remain in treatment. Estimated completion date 31/03/2024
6 The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks	AMBER	A pan-Lanarkshire multi-agency steering group in place, training plan developed and dates for MAT 6 & 10 formulation training arranged. All dates have been fully utilised with more dates to be arranged for the staff who require the training. Tier 2 low intensity psychological interventions. Tier 3 for specific CAReS staff members developed. CAReS to review and agree staff who would meet with criteria for this training, role specific. Estimated completion date 31/03/2024
7 All people have the option of MAT shared with Primary Care.	AMBER	Agreement has been reached with the GP sub-Committee to follow an Integrated Service Model, which will see Community Prescribing Service staff working directly with General Practice teams, using the same GP case records. If CPS capacity allows, GP practices will also be asked to consider accommodating CPS staff

		physically within practices to build relationships and new Long Term Conditions monitoring infrastructure will take MAT and history of addiction into account. Discussions are ongoing with community pharmacy about options for enhancing delivery via this route.
8 All people have access to independent advocacy and support for housing, welfare and income needs.	AMBER	MAT Lead gathering advocacy data from the appropriate service for the MAT numerical submission SOP (standard operating procedure) completed for MAT submission. Completion date 31/03/2024
9 All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	AMBER	Joint meeting/working group with CAReS, CMHT and commission team continue. Interim Clinical director leading short life working group, meeting at the end of March. Agreed that cases where there is a requirement for joint working will be highlighted to CMHT and CAReS Service Manager. Estimated completion date 31/03/2024
10 All people receive trauma informed care.	AMBER	Working in conjunction with the Trauma training plan: • Trauma informed patient care plans. • Peer support workers with lived experience attached to locality areas to support patient care. • Team leaders have completed SLIT training. • Staff have access to staff wellbeing and spiritual care within NHSL. Completion date 31/03/2024

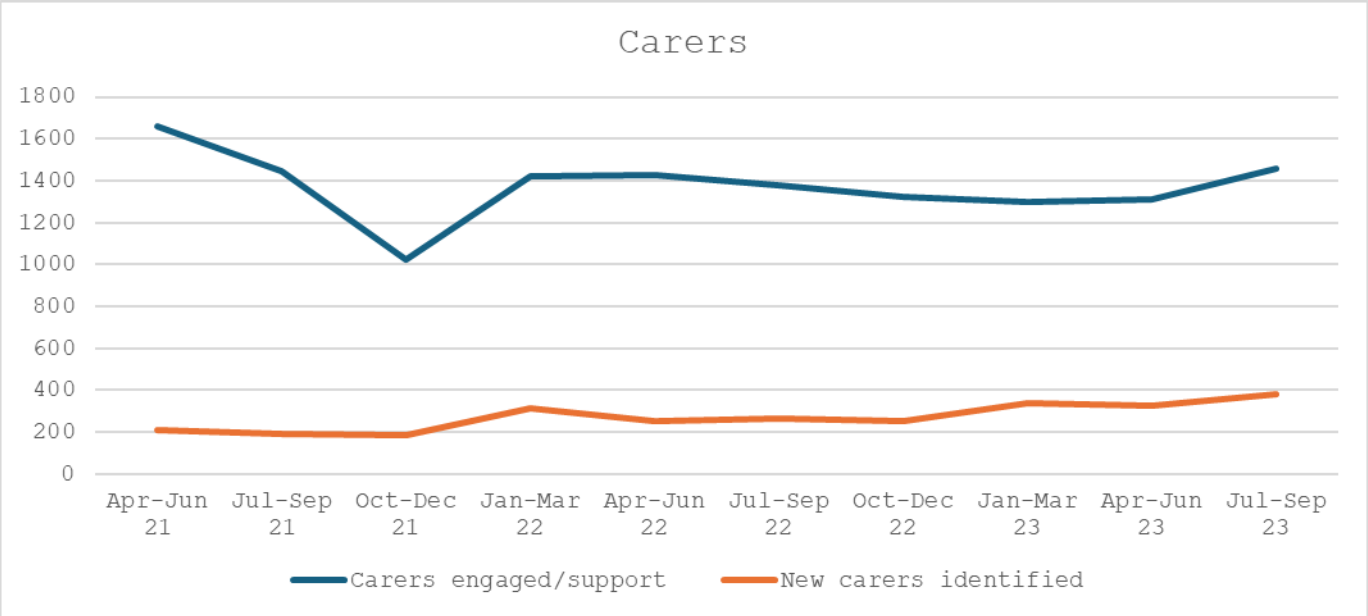
Key Issues

Adult Support and Protection (ASP) activity is one of the areas of highest and consistent demand for the workforce. As Social Work staffing challenges continue, public protection duties continue to be prioritised to ensure that adults remain safe from harm. Figures 4.1 and 4.2 show performance has remained positive for both ASP inquiries and investigations, with 934 inquiries completed during quarter 3 and 90% of those completed within timescale; 338 investigations were conducted, and 83% were also completed within timescale. Performance for both exceeded the 75% national target. Whilst inquiries have been consistently increasing since 2021, there has been a recent reduction and this may be attributed to a better informed workforce following the implementation of the ASP App which shares information on ASP criteria and further work with care homes to ensure staff are aware of the appropriate routes to report non-ASP issues. Investigations have followed the same trajectory as inquiries.

Services have continued to allocate limited resources to complete statutory AWI visits within timescale. The target of 90% has been achieved in quarter 3 for both local authority and external visits, however, discussions are underway to determine if this target remains achievable in 2024/25 due to ongoing recruitment pressures across Social Work services. The most recent data (figure 4.3) reflects 98% and 91% of local authority visits and external visits respectively were completed within timescale.

Appendix 5 – Carers Support

Fig. 5.1 Carers - unvalidated data and subject to change



Key Issues

Within quarter 3 (see figure 5.1), demand continues for carer support across all localities with a 27% increase in the number of new carers compared with the same quarter last year. 323 new carers were identified, and 269 carers were supported to progress an Adult Carer Support Plan (ACSP).

Lanarkshire Carers are now utilising the new online enquiry form to make carer referrals to South Lanarkshire Social Work services. The form includes 'carers and caring' where carers can be empowered to contact South Lanarkshire Health and Social Care themselves, and partners can also make an enquiry on behalf of carers. Carer Support Workers are promoting this as an appropriate route for carers with non-urgent Social Work enquiries.