

**South Lanarkshire Integration Joint Board**  
**Annual Performance Report 2019/2020**

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## 1. Introduction

This is the fifth Annual Performance Report for South Lanarkshire Integrated Joint Board (IJB). It focuses on our performance between April 2020 and March 2021, outlines our priorities for 2021/22 and looks back at our performance since our inception in 2016.

In this report we would like to highlight the continued achievements and works of the staff of the Health and Social Care Partnership (H&SCP) throughout 2020/21. Particularly, in the face of increasing adversity of COVID 19; the work undertaken in managing the impact of the pandemic has been down to the incredible effort and commitment of staff from across the partnership and the selfless dedication from individuals, carers, family members, voluntary and independent partners and the third sector.

Following consultation with local people and staff, the first Strategic Commissioning Plan of the IJB was published in 2016. That plan set out the Partnership's objectives for attaining the Vision of the Integrated Joint Board (IJB) which is:

**Working together to improve health and wellbeing  
in the community - *with* the community**

Our Strategic Commissioning Plan was reviewed to cover the period 2019-2022. This refreshed version focuses on the delivery of our strategic priorities aligned to the national health and wellbeing outcomes.

Our Annual Performance Report (APR) sets out the Partnership's performance between April 2020 and March 2021, outlining our priorities for 2021/22 and reflecting on performance since inception in 2016. Delivery on progress is structured under the nine health and wellbeing outcomes and our thirteen strategic priorities which are:

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Our Strategic Priorities



## National Health and Wellbeing Outcomes

### Outcome 1



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

### 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.

### Outcome 3



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

### 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.

### Outcome 5



Health and social care services contribute to reducing health inequalities.

### 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.

### Outcome 7



People using health and social care services are safe from harm.

### 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.

### Outcome 9



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

## 2. Executive Summary

This has been a year like no other and our vision '*working together to improve health and wellbeing in the community **with the community***' has been our strength as we have continued to respond to the demands of the COVID-19 global pandemic, ensuring that statutory essential services could be delivered safely. We commend the incredible effort and commitment from staff across the 'Partnership working with individuals, their carers and families, with colleagues in other agencies and the voluntary and independent sector.

The Partnership refocused its resources on key activities, supporting the community in responding to the prevailing COVID-19 situation. We have been working with acute hospital colleagues to support Covid inpatients and overall flow through the hospitals. In doing so, we have optimised access to critical and core functions and to ensure that services for the most vulnerable, such as Care at Home, Community Nursing, Primary Care and care homes, were and continue to be maintained.

The Partnership has been able to maximise early hospital discharge and reduce the number of Delayed Discharges from hospital. McWhirters House in Larkhall was temporarily re-commissioned and staffed to support a small number of service users with lower-level needs. We have had support from several other Council employees and staff from South Lanarkshire Leisure and Culture Services, with NHS Lanarkshire (NHSL) and Health and Social Care Partnership (HSCP) Managers delivering training to support these employees into Social Care and other roles to support the wider response to the pandemic. The Care at Home Team worked closely with Community Resources and Education to set up a Community Meals Service for a period of time which created resilience and enabled Care at Home resources to be directed to those greatest in need while ensuring those with lower-level needs continued to receive support with meals.

A pan-Lanarkshire COVID-19 Assessment Hub was established as required by the Scottish Government. A telephone triage Hub and an Acute Respiratory Assessment Centre (ARIC) are operational within the Airdrie Out of Hours (OOH) base and a further there is an assessment centre within the Douglas Street Clinic in Hamilton. Over 43,000 patients have been through the Hub with over 15,000 being assessed and often provided with treatment in the COVID-19 Assessment Centres. Approximately 3,000 of these patients were referred to hospital for further assessment/admission.

Unused wards in Udston Hospital were brought back into use for rehabilitation patients who could be transferred out of Acute beds thereby freeing up ward space for COVID-19 patients. Community hospital beds were re-configured to facilitate isolation and Community Nursing Teams continued to visit those patients requiring ongoing clinical care. The Integrated Community Support Teams (ICST) continue to provide care supporting patients in their homes to avoid hospital admission and timely discharge. The COVID vaccination programme has continued at pace with uptake being exceptionally high.

Allied Health Professional staff took part in training so they could carry out clinical tasks out-with their usual remit to support their colleagues. 'Near Me' software allowed patients, families and carers to be supported during this period. Treatment room services were initially suspended with those patients who required ongoing support having this provided in their homes.

Health Visiting Team and Family Nurse Partnership Teams continued to support pre-school children in line with Scottish Government guidance prioritising child protection and primary assessments. The extended assessment of children and support to families was supported using the Near Me software, with Universal Pathway assessments being undertaken in line with guidance and professional judgement.

Over the duration of the Pandemic, staff and patient testing has improved rapidly. Testing of residents in care homes quickly developed a higher profile and the Partnership worked with NHSL colleagues and providers to implement current guidance in this respect.

The initial challenges with the supply of Personal Protective Equipment (PPE) and the interpretations of the guidance around its use by stakeholders have now been overcome with a reliable supply and distribution of PPE now established.

The contribution of carers in South Lanarkshire is crucial and cannot be underestimated. In recognition of the need to improve support to carers to access supports, additional Social Work assistants were recruited to carry out care assessments and reviews.

Delivery of building based day services for adult and older people had to be paused with the service being mobilised to offer an outreach option within people's homes and communities for those with the most significant vulnerabilities. This service was delivered adhering to social distancing, public health and infection control guidelines. This outreach option, while developed in response to the COVID-19 situation will also help shape future service direction.

While the programme of transformation and service improvement by the Partnership slowed at the beginning of the pandemic due to the redeployment of resources, work on the transformation agenda has continued taking account of the risks of COVID-19. Work continues to progress well on phase 1 of the Blantyre development of the modernising care facilities programme. The adult and older people day care review is now complete with the agreement that the next stage of the review is to engage in consultation with key stakeholders on the options arising from the review. The review of the care and support service includes recommendations for improvement activity to sustain and modernise the service with a revised service specification to take account of self-directed support principles and operate within a cost effective and safe staffing model. Care at home transformation board continues to oversee several work streams taking forward service redesign. Implementation of the Primary Care Improvement Plan (PCIP) has been impacted both nationally and locally and the final delivery of outcome will be delayed. All work streams of the PCIP are remobilising and work is moving forward.

There have and will continue to be areas where we are challenged and where we will continue to strive to achieve excellence for the people of South Lanarkshire. In our last annual report, we highlighted the improvement journey for our registered care at home services in Hamilton and Rutherglen and we are happy to report significant improvement. The scale and pace of work undertaken by staff within both the Hamilton and the Rutherglen/Cambuslang Care at Home Services cannot be underestimated and the outcome is testament to their hard work and dedication. Improvements will continue to be progressed as lockdown restrictions are eased.

Councillor John Bradley, Chair

South Lanarkshire Integration Joint Board

Director of Health and Social Care

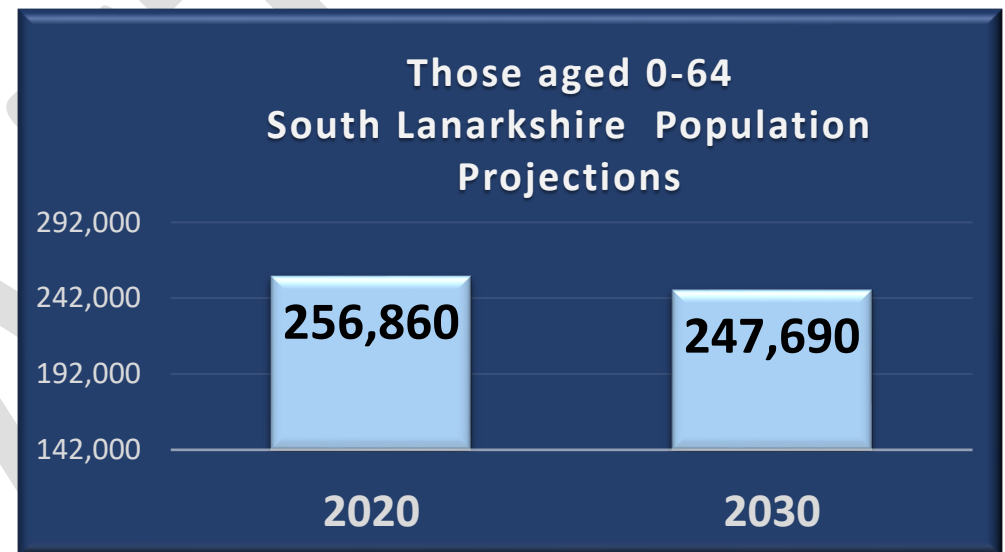
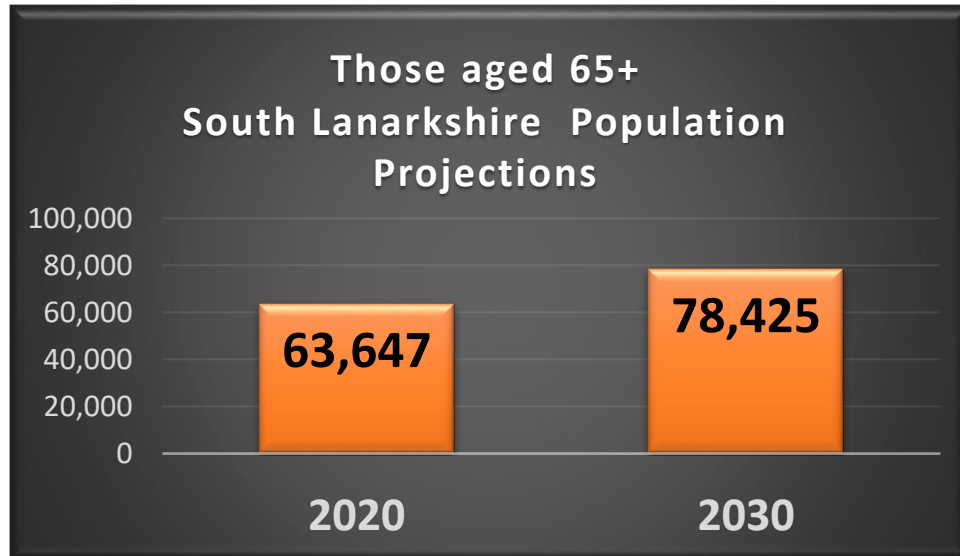
South Lanarkshire Health and Social Care Partnership



### 3. South Lanarkshire at a Glance

South Lanarkshire is home to approximately 319,020 people and covers an area of 700 square miles. The area stretches from the outskirts of East of Glasgow City, East Renfrewshire, West Lothian to the Scottish Borders. The area is divided into four localities, Hamilton, East Kilbride, Clydesdale and Rutherglen/Cambuslang. Population projections for the next ten years is noted below.

In 2020 the overall population was 319,020. By 2030 the population is expected to rise by 2% to 326,115



Reducing population of those aged between 0 > 64

Increasing population of those aged 65+



**49%**

Male Life expectancy for South Lanarkshire is currently 24<sup>th</sup> out of 32 Local Authority areas (76.8 years)



**51%**

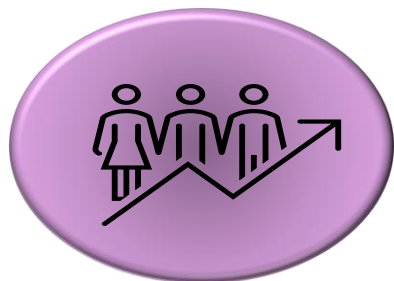
Female Life expectancy for South Lanarkshire is currently 23rd out of 32 Local Authority areas (80.6 years)

Falls rate per 1,000 population aged 65+ for South Lanarkshire is below the Scottish average of 22.7, sitting at 21.5, placing us 16<sup>th</sup> out of 32 Local Authority areas and shows a positive trend.



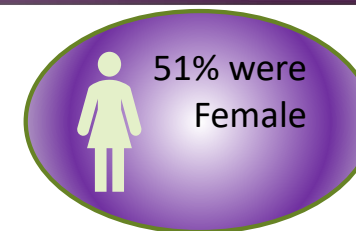
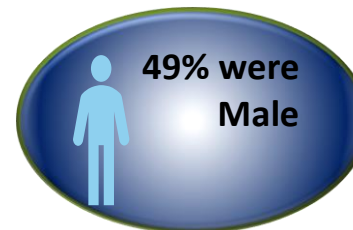
## 4. Local Context

# Clydesdale Locality Profile



The overall **population** for the year was

61,613



98% of 6-in-1 vaccinations completed by 12 months old (above the Scottish Average of 95.8%)



97% of MMR Vaccinations completed by 5 years old (above the Scottish Average of 96.8%)



Relatively **the same** housing tenure is being rented from the Council as other housing types



Relatively **fewer** economically active residents are unemployed

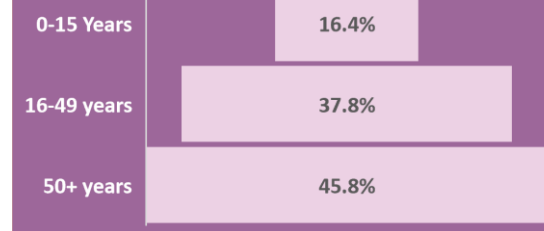


18 Adults with Incapacity Applications (AWI New / Renewal ) made in the year (a reduction on previous year (44) by 59%)

4.6% were under the age of 5 (below the Scottish average of 5%)

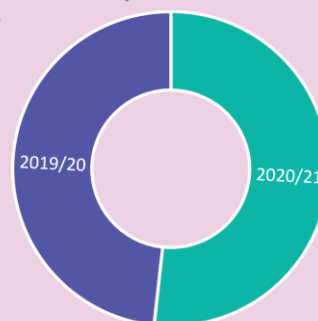


Clydesdale Locality Area Age Profile

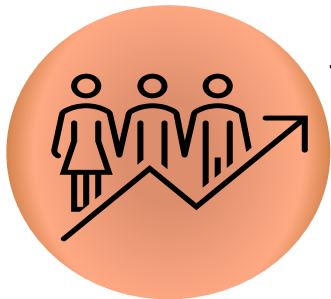


Clydesdale Locality Adult Protection Inquiries

This year we saw a slight increase of 7% in adult protection inquiries

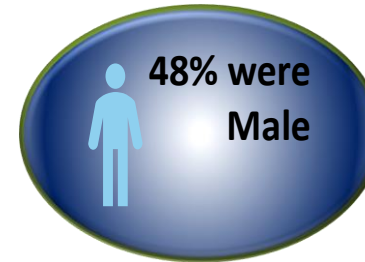


# Hamilton Locality Profile



The overall **population**  
for the year was

108,979



97% of 6-in-1 vaccinations completed by 12 months old (above the Scottish Average of 95.8%)



97% of MMR Vaccinations completed by 5 years old (above the Scottish Average of 96.8%)



Relatively **more** housing is being rented from the Council



Relatively, **more** economically active residents are unemployed



66 Adults with Incapacity Applications (AWI New / Renewal) were made in the year (a reduction on previous year (131) by 49%)

5% were under  
the age of 5 (on  
par with the  
Scottish average)



## Hamilton Locality Age Profile

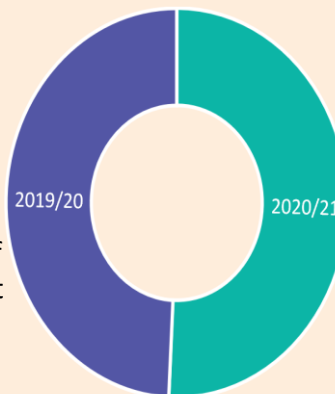
0-15 years, 17%

16-49 years, 42%

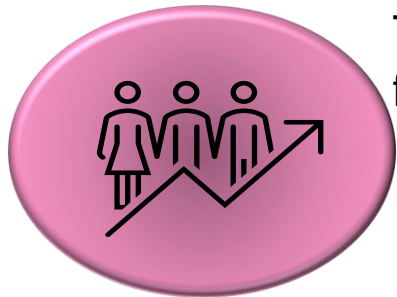
50+ years, 41%

## Hamilton Locality Adult Protection Inquiries

We saw a  
slight  
increase of  
3% in adult  
protection  
inquiries

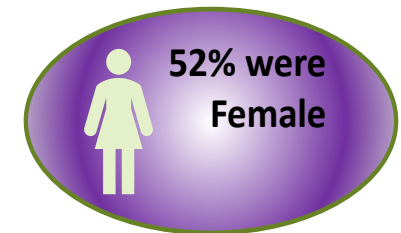
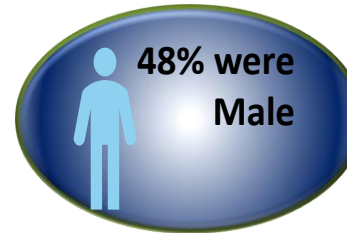


# Rutherglen/Cambuslang Locality Profile



The overall **population**  
for the year was

60,956



96% of 6-in-1 vaccinations completed by 12 months old (above the Scottish Average of 95.8%)



97% of MMR Vaccinations completed by 5 years old (above the Scottish Average of 96.8%)



Relatively **the same** housing tenure is being rented from the Council as other housing



Relatively **more** economically active residents are unemployed



38 Adults with Incapacity Applications (AWI New / Renewal) made in the year (a reduction on previous year (73) by 48%)

6% were under the age of 5 (above the Scottish average of 5%)

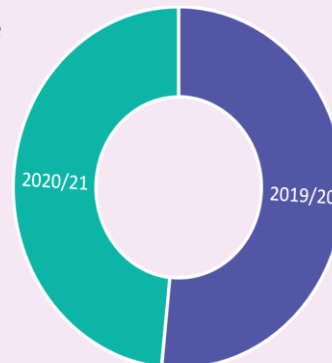


Camglen Locality Area Age Profile

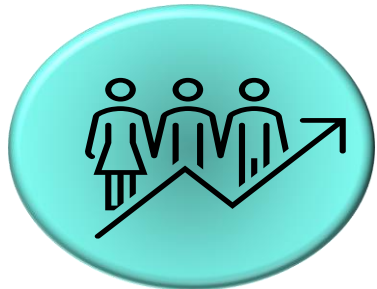
0-15 Years	18.3%
16-49 years	42.8%
50+ years	38.9%

Camglen Locality - Adult Protection Inquiries

This year we saw a slight decrease of 6% in adult protection inquiries

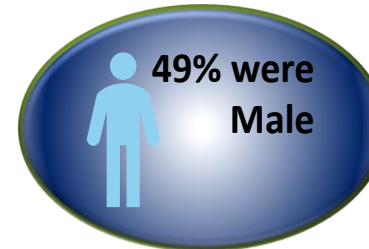


# East Kilbride Locality Profile



The overall **population**  
for the year was

88,982



5% were under the age  
of 5 (*on par with  
Scottish average of 5%*)



97% of 6-in-1 vaccinations completed by 12 months old (above the Scottish Average of 95.8%)



97% of MMR Vaccinations completed by 5 years old (above the Scottish Average of 96.8%)



Significantly **fewer** housing is being rented from the Council

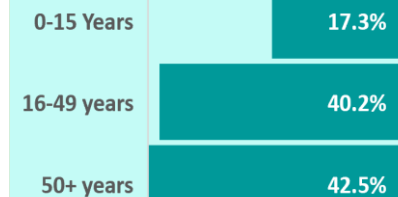


Relatively **fewer** economically active residents are unemployed



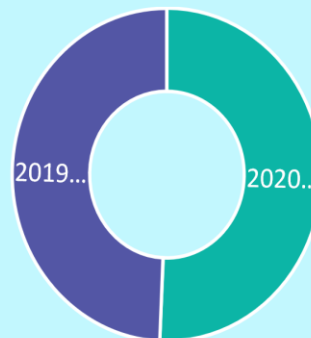
25 Adults with Incapacity Applications (AWI New / Renewal) made in the year (a reduction on previous year (41) by 41%)

East Kilbride Locality Age Profile



East Kilbride Locality Adult Protection Referrals

This year we saw a slight increase of 3% in adult protection inquiries





## 5. Strategic Overview

As a partnership our improvement objectives are wide ranging and must take account of complex national legislation and strategic policies. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the framework for integrating adult health and social care to ensure a consistent provision of quality and sustainable care services for the population we serve. This is our fifth year as an Integrated Joint Board; a formally constituted public body required to publish an annual performance report. Below is an insight into the many political, legislative, and strategic areas we focus on.

### The Public Bodies (Joint Working) (Scotland) Act 2014

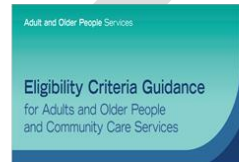


The Independent Review of Adult Social Care In Scotland; led by Derek Feeley concluded at the end of January 2021. the Report which contained recommendations from the Review was published on 3<sup>rd</sup> Feb 2021. Some of the recommendations made were:

- Establishment of a National Care Service
- National Improvement Programme
- Models of Care
- Commissioning for Public Good
- Fair Work
- Finance

In her priorities for Government statement the First Minister announced on 26 May 2021 that consultation on legislation to establish a National Care Service will begin and legislation to be introduced during the first year of parliament with the expectation the service will be operational by the end of the parliament.

### Eligibility Criteria



### Self Directed Support



### The Carers (Scotland) Act 2016



### Community Empowerment (Scotland) Act 2015

Community Planning



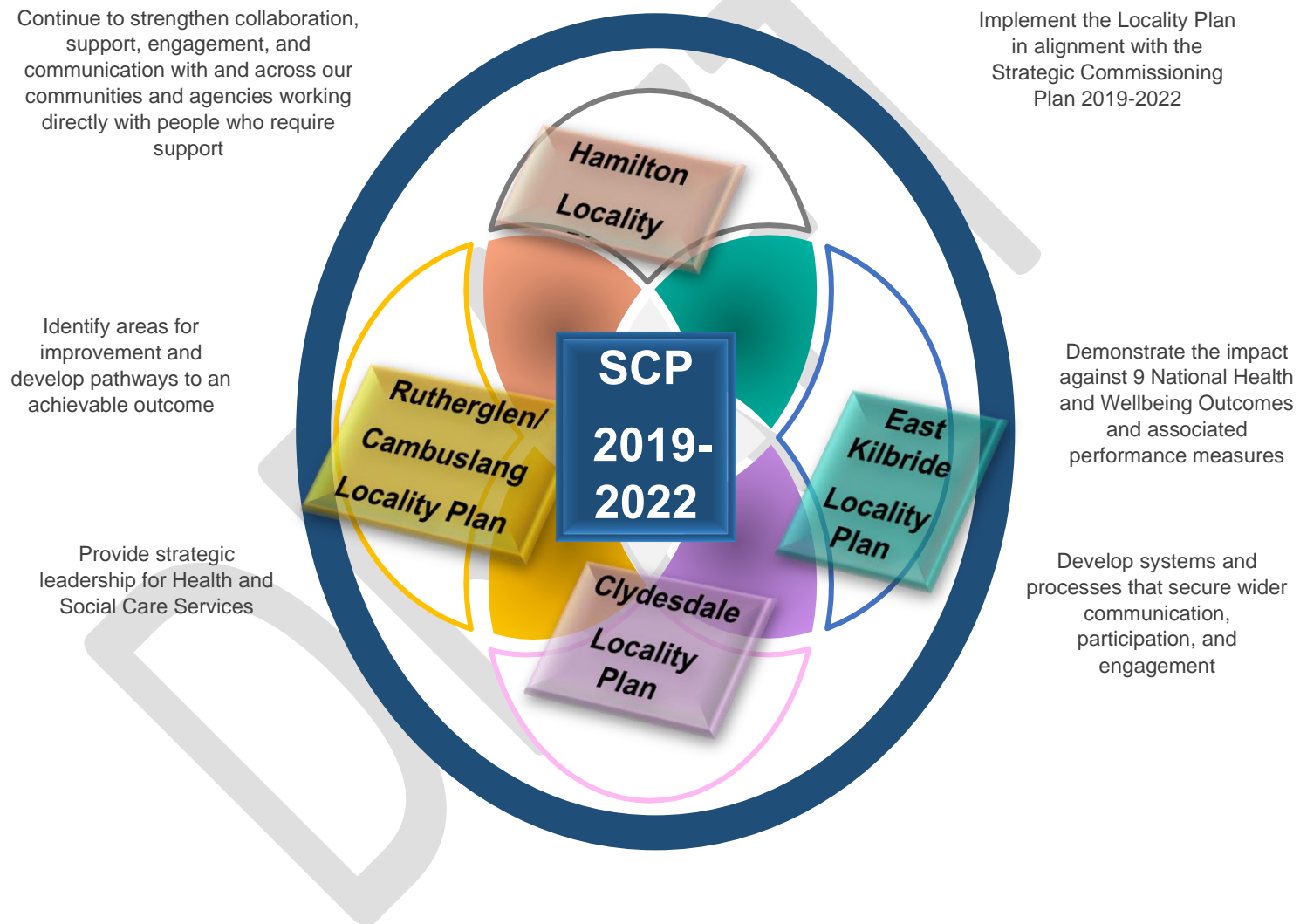
On 5 February 2020, the Care Review published seven reports, with 'the promise' narrating a vision for Scotland, built on five foundations. With cross-party support and broad commitment to #KeepThePromise, Scotland, its statutory agencies, local authorities, third sector and thousands of children and families knew that much needed to change to make sure that all Scotland's children grow up 'loved, safe and respected.'

The Promise team began work in July 2020 and is responsible for translating the findings of the Care Review into The Plan for change and driving the change needed to implement The Plan at pace.

The Plan will be phased across ten years from 2020-2030, with the initial phase focused on the urgent and immediate changes during years 2-4. These are the things that will have the greatest impact on the lives of children and young people and their families.



Locality Plans are an important aspect of work of the Locality Planning Groups (LPG). These plans take account of the overall strategic directions outlined in the IJB's Strategic Commissioning Plan (SCP) 2019-2022. Plans include local priorities, unique to each respective geographical location. Locality Objectives fit around our Strategic Commissioning Intentions and those of the local areas.

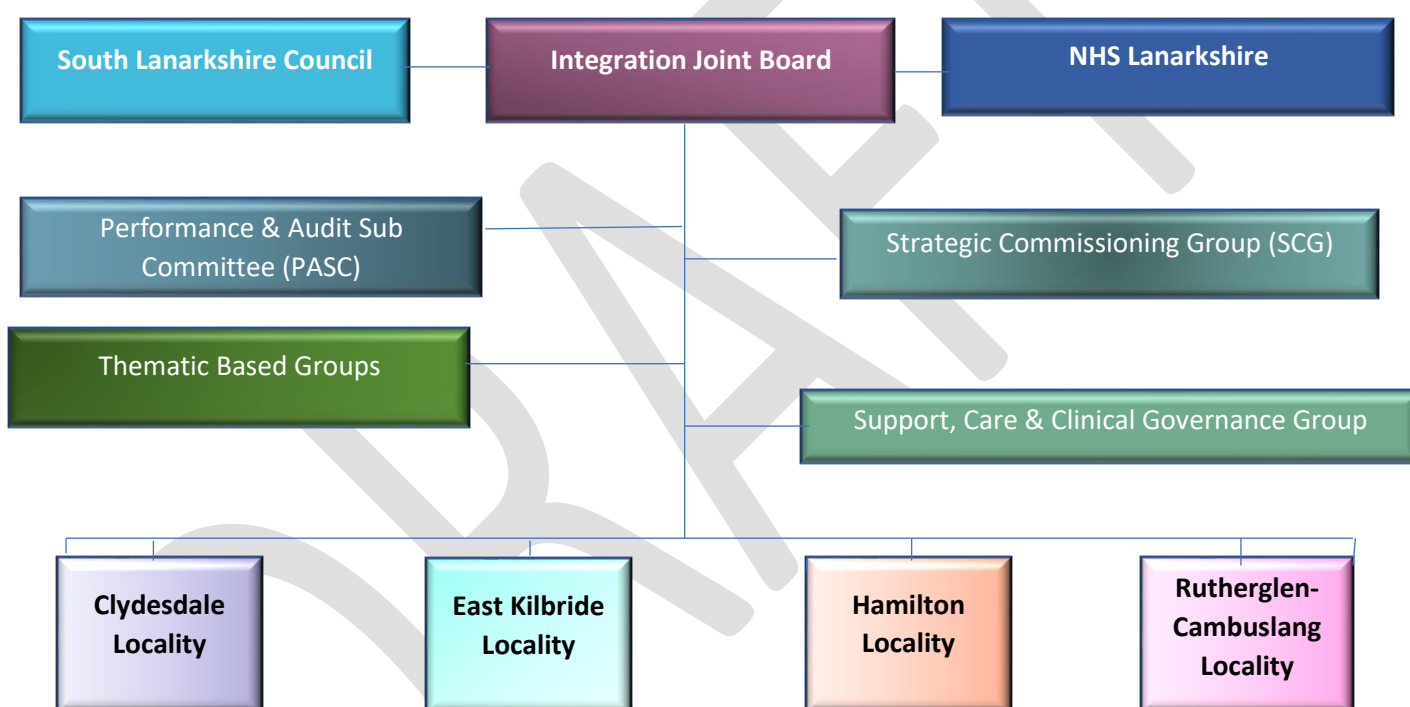




## 6. Governance and Accountability

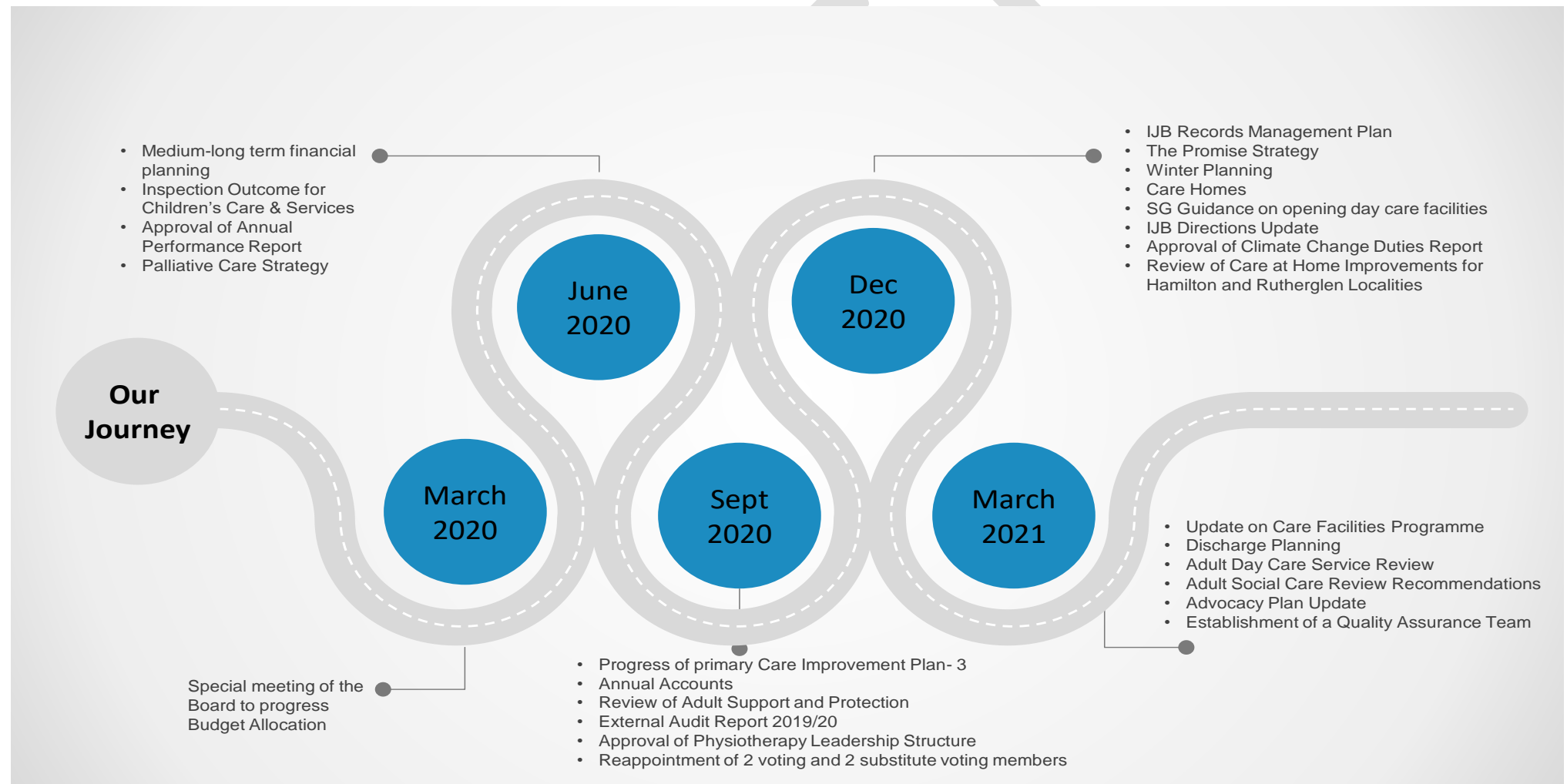
The governance structure for South Lanarkshire Health and Social Care Partnership provides a robust and streamlined process for efficient and effective Partnership decision making. Whilst the Integrated Joint Board (IJB) has the ultimate decision making and commissioning authority for the Partnership, The Performance and Audit Sub Committee provides a useful assurance function.

The Strategic Commissioning Group (SCG) is a multi-disciplinary team comprised of professional key leaders across the H&SCP, South Lanarkshire Council, NHS Lanarkshire and Third, Independent, Voluntary and Carers sectors. The group provides support and delivery of the thirteen priorities and national health and wellbeing outcomes of our SLHSCP Strategic Commissioning Plan. It also ensures the delivery of NHS Lanarkshire objectives in relation to service transformation and financial prudence as well as relevant elements of South Lanarkshire Council's Connect Plan 2017-2022. One function of the SCG is to ensure effective links to each of our four localities.



## 7. Key Partnership Decisions 2020/2021

For the period 2020/21; the Integration Joint Board (IJB) met regularly to transact business and participate in development sessions to ensure understanding and awareness of the more complex issues it will deal with throughout the year(s) ahead. Below is an example of some of the work considered and progressed by the Board during the year:



























## 8. A quick look at our Partnership performance for 2020/21





The Partnership seeks to promote a culture of continuous improvement to deliver better outcomes for individuals and communities. Our Performance Management Framework provides the structure by which the Partnership can make informed decisions on future priorities, using performance information to identify and drive improvement work.

### Core suite of national indicators

A core suite of national indicators has been agreed nationally to ensure consistency across all IJB areas. Nine of these indicators are survey based or qualitative measures which are gathered every two years from the national Health and Social Care experience survey, with the remaining indicators being regular health and social care performance measures.

	National Indicator	2015/16	2017/18	2019/20	SL HSCP 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	94.0%	91.6%	92.1%		
NI 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81.0%	81.0%	84.2%		
NI 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	69.4%	75.3%		
NI 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	73.0%	74.4%	70.5%		
NI 5	Total % of adults receiving any care or support who rated it as excellent or good	77.0%	78.4%	80.5%		
NI 6	Percentage of people with positive experience of the care provided by their GP practice	83.0%	81.3%	73.2%		
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	81.0%	81.5%	78.1%		
NI 8	Total combined % carers who feel supported to continue in their caring role	39.0%	32.0%	31.1%		
NI 9	Percentage of adults supported at home who agreed they felt safe	82.0%	82.4%	82.0%		

	National Indicator	2015/16	2016/17	2017/18	2018/19	2019/20	2020*	SL HSCP Trend from Previous Year	Scotland Performance	Notes
NI 11	Premature mortality rate per 100,000 persons	431	438	460	431	421	Published figures on 13 July		426	We have made progress in reducing premature mortality across South Lanarkshire. Premature mortality rates are below Scotland levels.
NI 12	Emergency admission rate (per 100,000 population)	13,403	13,886	14,088	14,627	14,220	12,151		11,100	Emergency admission rates reduced during Jan - Dec 2020, this can be attributed to the Covid emergency. It is anticipated that the development of the Urgent Care Pathway will impact positively on unscheduled care performance.
NI 13	Emergency bed day rate (per 100,000 population)	141,616	129,413	125,216	120,694	123,022	101,111		101,852	Emergency Bed day rates have decreased for SL residents and is below Scotland level. This indicator has been affected by the Covid emergency.
NI 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	94	97	97	98	97	104		114	The rate of emergency readmissions is below Scotland level however the rate for SL residents has increased.
NI 15	Proportion of last 6 months of life spent at home or in a community setting	85.3%	87.2%	87.6%	88.5%	88.3%	90.2%		90.1%	One of the key strategies for the HSCP is shifting the balance of care from hospital to community settings. The Partnership is making steady progress towards this aim, from 88.3% during 2019/20 to 90.2% 2020.
NI 16	Falls rate per 1,000 population aged 65+	19.6	21.9	22.9	21.9	21.5	19.2		21.7	Falls can have a significant impact on quality of life. We have developed a falls action plan and organised services to support the prevention of falls. Performance has improved against this

										indicator and is performing well against the Scotland rate.
NI 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections *	73.0%	84.3%	81.3%	82.6%	79.9%	n/a		81.8%	Performance has improved during 2019/20 and is above the Scotland level.
NI 18	Percentage of adults with intensive care needs receiving care at home	62.4%*	61.1%*	62.4%*	61.3%*	63.7%*	Expected to be updated to 2020		63.1%*	People want to stay at home for as long as possible rather than care home or hospital. We are slightly above Scotland for this indicator. We intend to improve through actions outlined in our Strategic Commissioning Plan.
NI 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1,448	1,322	1,411	1,261	941	545**		488	This has been an indicator which has been a major focus for the HSCP Working in partnership with NHS acute colleagues to introduce Planned Date of Discharge has assisted in this area.
NI 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.5%	22.8%	23.1%	22.8%	23.4%	19.4%		21.0%	SL H&SCP strategic commissioning plan outlines how we intend developing strong community services to ensure efficient use of resources

\*Calendar year 2020 is used here as a proxy for 2020/21 due to the national data for 2020/21 being incomplete.

We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships. Please note that figures presented will not take into account the full impact of COVID-19 during 2020/21.

\*\*Financial year 2021/21








Covid, and the subsequent changes to utilisation of previous resources, will also impact on a number of the measures above.

## National Indicators under development

NI 10	Percentage of staff who say they would recommend their workplace as a good place to work
NI 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home
NI 22	Percentage of people who are discharged from hospital within 72 hours of being ready
NI 23	Expenditure on end of life care, cost in last 6 months per death

## Ministerial Strategic Group (MSG) Indicators

In addition to the operational core indicators the MSG for Health and Social Care have agreed a further six indicators.

	MSG Indicator	2016/17	2017/18	2018/19	2019/20	2020/21	Trend from previous period	SL HSCP Previous period target
MSG 1	Number of emergency admissions	37,141	38,630	39,560	40,741	33,629*		33,081 
MSG 2	Number of unscheduled hospital bed days (acute specialties)	243,632	228,935	229,671	232,237	204,217*		206,054 ✓
MSG 3	Number of A&E attendances	98,167	101,790	105,604	108,834	83,193		98,793 ✓
MSG 4	Acute bed days lost to delayed discharges	N/A	36,780	33,128	39,632	17,285		21,344 ✓
MSG 5	% of last six months of life spent in Community setting*	85.3%	87.2%	87.6%	88.5%	90.2%*		87.1% ✓
MSG 6	Balance of care: Percentage of population at home*	82.2%	82.5%	83.5%	82.9%	83.3%		82% ✓

\*Calendar year 2020 is used here as a proxy for 2020/21 due to the national data for 2020/21 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships. Please note that figures presented will not take into account the full impact of COVID-19 during 2020/21.

## 9. Financial Performance and Best Value Summary 2020/21

### Financial Year 2020/2021

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 (SCP) are comprised of the financial contributions from South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL). The financial position for public services continues to be challenging. Notwithstanding these pressures, within the financial envelope available to each partner and following a process of consultation, in March 2020 the IJB agreed a financial plan for 2020/2021 to ensure a balanced budget was achieved by 31 March 2021. The detail of this plan is available at [IJB Financial Plan 2020/2021 \(Agenda Item 2 Pages 3 to 26\)](#)<sup>1</sup>.

### Partner Contributions 2020/2021

The total funding for the IJB in 2020/2021 was £629.228m (NHSL- £489.627m; SLC - £139.601m). Both partners maintained the 2019/2020 baseline funding for the IJB in 2020/2021. The total funding available in 2020/2021 included additional funding to address the emergency response to the Covid-19 pandemic of £31.329m and also the draw down from reserves of £1.313m.

The Scottish Government established a process whereby the necessary activity and the additional costs incurred across health and social care services as a result of Covid-19 are reported through Mobilisation Plans. The expenditure incurred by both partners in response to the Covid-19 pandemic was fully funded by the Scottish Government in 2020/2021. A balance of funding received for 2020/2021 is being retained by the IJB in reserves to meet additional Covid-19 expenditure in 2021/2022.

A number of payment mechanisms were also altered to provide financial sustainability during the service disruption. Service level agreements between NHS Boards continued to be paid at the same level as in the previous year with an uplift equal to the general allocation uplift. Payments to Family Health Service Contractors were altered in line with Scottish Government guidance to cover additional costs incurred or loss of income due to Covid-19. Sustainability payments were introduced for Social Care Providers.

- Demographic growth, inflationary cost pressures and national priorities were originally projected to increase costs by £20.5m in 2020/2021.
- In addition to this, additional funding totalling £16m has been passed to the IJB by NHSL and SLC. This included £5.7m for the inflation uplift of 3% on the health care services delegated to the IJB and the additional funding of £10.3m to implement the agreed national priorities.
- The funding gap at the start of the financial year 2020/2021 was therefore £4.5m. It was originally intended that the funding gap of £4.5m would be addressed through planned savings (£2.2m), potential savings to be further developed (£1.1m), use of non-recurring reserves (£0.3m) and management actions (£0.9m). In respect of the savings proposals recommended to the IJB, these were the best fit with the strategic commissioning intentions and the best value requirement to use resources more effectively.
- The budgets released from savings have been retained by the IJB and re-allocated to address inflationary cost increases, demographic growth and the funding gap.
- Additional funding for NHSL was also issued during the year, the detail of which is included in the financial monitoring reports presented to the IJB and the PASC.

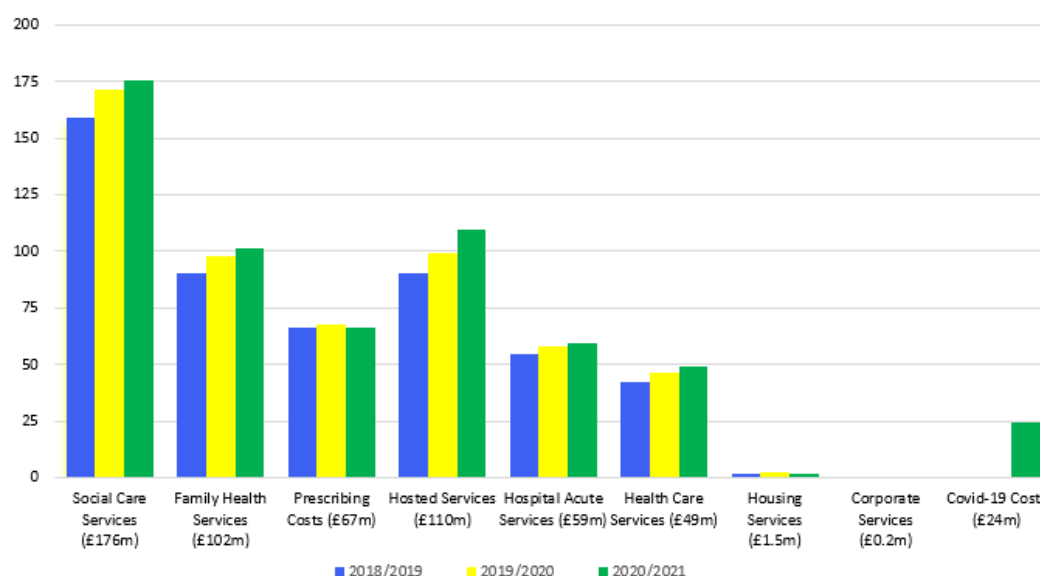
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<sup>1</sup>[https://www.southlanarkshire.gov.uk/slhscp/downloads/file/221/sl\\_ibj\\_special\\_meeting\\_papers\\_30\\_march\\_2020](https://www.southlanarkshire.gov.uk/slhscp/downloads/file/221/sl_ibj_special_meeting_papers_30_march_2020)

The actual net expenditure incurred between 2018/2019 and 2020/2021 is summarised in the following table and is also represented in the graph below.

Expenditure	2018/2019 £m	2019/2020 £m	2020/2021 £m
Social Care Services	159.247	171.143	175.735
Family Health Services	90.661	97.615	101.625
Prescribing Costs	66.308	67.742	66.624
Hosted Services	90.041	99.138	109.828
Hospital Acute Services	54.919	57.768	59.501
Health Care Services	42.317	46.234	49.029
Housing Services	1.960	2.613	1.464
Corporate Services	0.163	0.165	0.170
Covid-19 Costs	0.000	0.000	24.384
<b>Total</b>	<b>505.616</b>	<b>542.418</b>	<b>588.360</b>

Comparison of Expenditure  
2018/2019, 2019/2020 and 2020/2021



Taking into account income across social care services of £8.7m, the financial monitoring report for the year ended 31 March 2021 confirms an underspend of £32.2m (NHSL - £31.3m; SLC – £0.9m).

Between January 2021 and March 2021, additional funding was received from the Scottish Government to support the progress of key national policy priorities in 2021/2022 and beyond.

- Community Living Change Fund to deliver the redesign of services for people with complex needs or who have enduring mental health problems (£1.2m).
- Funding to support financial sustainability across the social care sector, new ways of working and additional capacity in response to the Covid-19 pandemic (£5.9m).
- Adult Social Care Winter Preparedness Plan Funding to support social care users in residential, community and home settings over the winter period (£2.6m).
- Alcohol and Drug Partnership (ADP) Funding (£1.7m).



There is a significant element of financial risk associated with the ongoing response and consequences of the Covid-19 Pandemic. The Chief Finance Officer and both partners identified costs to be set against the Mobilisation Plan for the Scottish Government. Significant additional funding totalling £32.3m was received from the Scottish Government to address the additional Covid-19 expenditure of £24.4m incurred in 2020/2021. The balance of the funding of £6.9m was transferred to a ring-fenced reserve to meet the ongoing costs associated with the Covid-19 pandemic.

Funding previously retained by the Scottish Government from previous years totalling £5.8m was released in respect of the Primary Care Improvement Fund. This is a hosted service led by South Lanarkshire IJB and funding will be transferred to the South Lanarkshire IJB reserve.

Funding previously retained by the Scottish Government from previous years totalling £2.1m was released in respect of Mental Health Action 15. This is a hosted service led by North Lanarkshire IJB and the funding will be transferred to the North Lanarkshire IJB reserve.

Non-recurring funding was also received from the NHS Scotland partner to progress a range of joint strategic priorities in 2021/2022 (£2.8m).

In response to the Covid-19 pandemic, a range of core services had to be stood down in order to support the emergency response. As existing staff and resources were redeployed and funded from the additional funding to meet these additional Covid-19 costs incurred, the original core budget across Health and Social Care Services was therefore released. The net underspend across Health and Social Care Services totalled £5.3m.

£1.3m was drawn down from IJB reserves to fund planned expenditure in line with the IJB Financial Plan 2020/2021.

The net underspend of £0.013m was retained by the SLC partner in line with the accounting requirements for the Housing Revenue Account.

The underspend totalling £32.2m was transferred to the South Lanarkshire IJB reserve in order to meet planned commitments in future years. The total underspend represents approximately 5% of the total financial envelope available.

The balance on the IJB reserves at 1 April 2020 was £6.173m. The net movement on reserves in 2020/2021 is summarised in the table below.

<b>Movement on Reserves</b>	<b>NHSL £m</b>	<b>SLC £m</b>	<b>Total £m</b>
Balance as at 1 April 2020	5.561	0.612	6.173
Year-end Surplus	31.336	0.823	32.159
Transfers From Reserves	(1.140)	(0.173)	(1.313)
<b>Balance as at 31 March 2021</b>	<b>35.757</b>	<b>1.262</b>	<b>37.019</b>

The net movement on reserves was therefore £30.846m. The establishment of a minimum level of contingency reserves is recommended good practice to provide a contingency against demographic demand and service volatility. The contingency reserve was increased marginally from £1.920mm in 2019/2020 to £1.935m in 2020/2021.

Further details of the ring-fenced, ear-marked and general fund reserves totalling £37.019m is available at Note 10 of the [Unaudited IJB Annual Accounts 2020/2021 \(Agenda Item No X Pages X to X\)](#)<sup>2</sup>.

<sup>2</sup>To Be Inserted

## **Employee Costs**

- Employee costs total £153.103m (NHSL - £83.991m; SLC - £69.112m).
- The Health and Social Care Partnership (HSCP) workforce has been under considerable pressure during the pandemic, with high levels of work-related stress reported. Assessing risk and maintaining the safety of the workforce has been paramount. The availability of personal protective equipment is a priority to maintain this safety. National guidance, shared with staff, has been complied with to minimise the spread of the virus, maintain personal safety and that of the patients or service users.
- Similar to 2019/2020, the Urgent Care Out of Hours Service experienced insufficient staffing during 2020/2021 to support a two-site model at weekends. The Urgent Care Out of Hours Workforce Planning Group have been working on a plan to achieve a fully staffed two centre service. The plan includes active recruitment across a range of multi-disciplinary health care professionals.

## **Care At Home Services**

- Care at Home Services continue to deliver essential services to some of the most vulnerable service users in our communities. At the outset of the pandemic, staff absence increased as a result of the Covid-19 pandemic which limited capacity across the service. The demand on the Care at Home Service is expected to increase.
- The Care at Home Improvement Board continues to oversee a number of work streams taking forward the service redesign. The Covid-19 response, improvement activity in the Hamilton and Rutherglen/Cambuslang localities and the work to implement the scheduling tool have been prioritised. Additional recurring investment in the Care at Home Service is required to maintain safe services, support the complexity of care and provide sufficient capacity to address the increase in demand as a result of demographic growth.

## **Physiotherapy Services**

- Physiotherapy staff within the integrated teams are operationally managed and funded by the respective HSCPs. The Lanarkshire-wide Physiotherapy Service is hosted by the SLHSCP. The recently published “Framework for Supporting People Through Recovery and Rehabilitation During and After the Covid-19 Pandemic” provides a strategic framework with overarching principles and high-level recommendations, which inform and shape the provision of rehabilitation and recovery services across Scotland for the Coronavirus (Covid-19) period and post Coronavirus (Covid-19). To achieve this Scottish Government are seeking reassurance from all NHS Boards and IJBs that rehabilitation is essential.
- The professional leadership structure for Physiotherapy Services for both the SLHSCP and the North Lanarkshire HSCP has been strengthened with the appointment of an additional Professional Physiotherapy post. This additional leadership will also support the rehabilitation agenda which is now one of the highest government priorities and requires a strategic professional focus.

## **Carers Strategy 2019 to 2022**

- There are 38,000 carers within South Lanarkshire and their contribution is crucial. The Carers Strategy 2019 to 2022 was developed in partnership with community organisations, local carers and partners including the Carers Partnership Group.
- It was evident from consultation and engagement with Carers that significant frustrations were experienced in relation to timescales for accessing supports. In response to this, 16 additional Social Work Assistants are being recruited to undertake care assessments and reviews and to ensure needs and outcomes are met and resources are targeted effectively through a regular and effective review processes. The cost of the additional staff is

£0.629m per annum and will be met from 2021/2022 funding for the Carers Act which totals £1.595m. The allocation of the balance of the Carers Act funding is currently being considered.

### **Primary Care Improvement Plan**

- The General Medical Services (GMS) 2018 contract came into force on the 1 April 2018. The implementation of the Primary Care Improvement Plan (PCIP) is complex, both operationally and financially. The transformational change linked to the contract is supported by the Memorandum of Understanding (MOU) linked to the PCIP.
- The main challenges with the delivery of the MOU which are being worked through include financial settlement, workforce availability, IT availability, the use of physical space to accommodate and manage the extended workforce and the capacity for change within the system.
- The Covid-19 pandemic has allowed different ways of working but has also increased many of the challenges noted above. The Covid-19 pandemic has impacted on the delivery of the PCIP, both locally and nationally, and final delivery of outcomes will be delayed. All work streams are beginning to remobilise and work is now moving forward again. The PCIP Recovery Plan is a live working document that captures each area of the PCIP and details progress. It gives detail of considerations around the step up to a 'new normal' of covid secure provision and also the step down to realign staff to future covid responses should this be required.
- The work of the staff delivering the PCIP during the Covid-19 pandemic especially in the delivery of the Covid Assessment pathway is acknowledged. Measures for improvement and evaluation are in a late stage of development. There are national measures associated with the programme, not least the Primary Care national monitoring and evaluation strategy which will monitor the improvement in primary care reform up until 2028. Locally we are developing our own data and measurement plans for the PCIP and an interim evaluation has been undertaken.

### **Alcohol and Drug Partnership**

- The South Lanarkshire Alcohol and Drug Partnership (SLADP) is a multi-agency strategic partnership focused on alcohol and drugs use issues in their local areas which was established in September 2017 following the disaggregation of the Pan-Lanarkshire ADP. SLADP has a responsibility for planning and commissioning services to deliver improved care and to achieve local outcomes. SLADP has in place financial planning and monitoring processes to support transparency and accountability in commissioning.

### **Mental Health and Learning Disability Services**

- Mental Health and Learning Disability Services are a hosted service which is managed and strategically led within North Lanarkshire on behalf of both HSCPs. Mental Health and Learning Disability Services are a particularly complex grouping, with a range of Specialist and Inpatient Services, with significant cross-border payments to NHS Greater Glasgow and Clyde also part of the equation through the Health Board Boundary Changes. During 2020/2021, the Community Mental Health Services were localised. The North IJB will continue to hold the strategic responsibility for Mental Health and Learning Disability Services as per the Hosted Services agreement, co-ordinating and delivering the mental health and wellbeing strategy, in conjunction with all local partners. This is the first Hosted Service where part of the budget is being realigned to the directly managed locality budgets in both Partnerships, with officers aiming to maintain existing services and ensure an equitable model across both Partnership areas. At time of transfer, the CMHT budgets remain allocated on a historical basis and these allocations have been built into the 2021/2022 financial plans for both IJBs. Further discussions will take place post-pandemic to review the allocated budgets, acknowledging the complexity of such an exercise which could also explore inpatient and cross-border demand and wider Hosted Services.
- Changes are being implemented across Lanarkshire to make sure people get to the most appropriate service as quickly as possible. Similar to Accident and Emergency services, the way that people with mental health needs

engage with services when they do not have an appointment with a health care professional is therefore being improved. This work began in December 2020 and the outcomes are being monitored.

- In February 2021, the Scottish Government announced the provision of additional non-recurring funding of £20 million for Mental Health Recovery and Renewal allocated because of Barnett Covid-19 consequential funding. The key priorities for the allocation of this funding include promoting and supporting the conditions for good mental health and wellbeing at population level, providing accessible signposting to help, advice and support, providing a rapid and easily accessible response to those in distress and ensuring safe, effective treatment and care of people living with mental illness. SLHSCP is actively contributing to the service improvement and developments that will be required to achieve these key priorities within this additional funding.
- A Mental Health Primary Care (MHPC) Development Group was established by the Scottish Government to identify options to increase mental health capacity in Primary Care. Part of the additional Mental Health funding announced in the Finance Secretary's budget update in February 2021 will therefore focus on supporting improvements in Primary Care. From a Lanarkshire perspective, an options appraisal process and the additional funding will enable the development of robust enhanced pathways to and from Mental Health Services. By developing a MHPC Team primary care mental health, community mental health and community based psychological therapy services within Lanarkshire will be brought together.
- As part of the Action 15 Programme, the Primary Care Mental Health Liaison Nurse Service within GP practices is supporting people who are experiencing mild to moderate mental health problems of a short-term nature. Work is ongoing to expand this service into more GP practices across Lanarkshire and to develop the non-clinical aspect of the Primary Care Mental Health and Wellbeing service model. The "Well-Connected" app, which is free to download, was launched to make it easier to take part in and benefit from activities and services to improve our wellbeing.

#### **Set-Aside Services**

- Included within the funding available is a "set aside budget" totalling £59.501 million. This is a notional allocation in respect of "those functions delegated by the Health Board which are carried out in a hospital within the Health Board area and provided for two or more local authority areas".
- The IJB is responsible for the strategic planning of these services but not their operational delivery. The methodology to cost these set-aside services is complex. The NHSL Director of Finance, in consultation with the Chief Financial Officer, continues to develop the monitoring arrangements for the Hospital Acute Services.
- In line with the accounting policy previously agreed, this updated budget is included in the IJB Annual Accounts 2020/2021 as an estimate of expenditure however it is recognised that this does not necessarily reflect the actual usage of hospital services by the IJB. This approach however has been endorsed as an acceptable approach pending further updates from Information Services Division.

#### **Day Services**

- During the Covid-19 period, delivery of the building-based Day Services was paused and the service mobilised to offer an Outreach option within peoples' own homes and communities for those who exhibited the most significant vulnerabilities. This service was delivered safely whilst adhering to the requirements of social distancing, public health and infection prevention and control guidelines.
- In line with the Scottish Government's route map out of Covid, the re-opening of day service buildings for adult and older people as part of the Covid-19 recovery planning commenced in May 2021 on a phased basis. The Outreach Service, which was developed in response to the Covid-19 situation, will continue.

- The Adult and Older People Day Service Review is now complete and the initial findings and recommendations were presented to the SLC Social Work Resources Committee and the IJB in March 2021. It was agreed that the next stage of review activity would be to engage in consultation with key stakeholders on the options arising from the review.

### **Care and Support Service**

- The Review of the Care and Support Service has identified several key themes for ongoing improvement activity and includes recommendations for sustaining and modernising the service. A revised service specification will be a critical driver in the re-design of the Care and Support Services which will take account of self-directed support principles and operate within a cost effective and safe staffing model.
- The Care and Support Service is facing challenges linked to changing demographics and service users' profiles which include the increasing age and complexity of service users' care needs and its impact on current service delivery model, the increase in single tenancy arrangements leading to less shared tenancies and the loss of economies of scale, the geographic spread of service users across locality areas and the need to provide a sustainable, safe, person-centred and effective modern service. The service specification for the Care and Support Service has not been updated since inception of the service 17 years ago in 2004. Updating the staffing model, implementing telecare and assistive technologies, reviewing the care and assessment needs of service users, meeting overnight care needs, implementing self-directed support principles and working in partnership with Housing colleagues to identify potential void tenancies will be critical drivers in the re-design of the Care and Support Service.

### **Care Homes**

- There are 93 Care Homes registered with the Care Inspectorate to provide adult care in Lanarkshire. During the first wave of the pandemic there were significant outbreaks and deaths across Care Homes in Lanarkshire. In response to the Covid-19 pandemic, the roles and responsibilities of staff within the SLHSCP changed under the emergency arrangements for Care Homes.
- In April 2020, the Coronavirus (Scotland) Act 2020 came into force, and over the course of the pandemic, a wide range of national guidance has been issued and adopted as appropriate. A service model was implemented by the NHS partner in June 2020 to respond to these additional professional and clinical oversight responsibilities. The NHS Nurse Directors responsibility for providing enhanced clinical and care professional oversight to care homes during Covid-19 was extended. An integrated team was developed to provide additional nursing leadership support and specialist infection prevention and control advice. These roles and responsibilities were extended to 2021/2022 and funding was made available to support this work. The NHS assurance mechanisms will therefore remain in place.
- Social Care providers across Scotland have also raised concerns regarding their financial sustainability as a result of the Covid-19 pandemic. In order to support providers to remain sustainable through this period, a commitment was given by the Scottish Government to meet reasonable additional costs arising from areas such as staff sickness absence, the requirement to purchase increased levels of personal protective equipment and the impact of reduced occupancy in for example Care Homes where it is clinically unsafe to admit more people. Principles have been developed nationally to support the capture of reasonable costs for inclusion within the Lanarkshire Remobilisation Plans.

### **Prescribing Quality and Efficiency Programme**

- An enquiry was undertaken by the Health and Sports Committee to examine the management of the medicines budget, including the cost and clinical effectiveness of prescribing. Lanarkshire has a Medicines Quality Strategy, the focus of which is to develop and implement the strategic ambitions and vision as laid out in the Scottish Government's strategy 'Achieving Excellence in Pharmaceutical Care – A Strategy for Scotland'.

- By optimising the use of medicines and ensuring best value through reducing waste and unwarranted variation, prescribing quality and efficiencies are being achieved. An underspend of £0.5m was reported in respect of the prescribing budget at 31 March 2021.

### **Health Visiting Services**

- In 2014 the Cabinet Secretary announced an additional 500 WTE Health Visitors (HV) across Scotland to support implementation of the Children and Young People (Scotland) Act (2014) and the Universal Health Visiting Pathway. NHSL was allocated an additional 37.4 WTE. The expansion to the workforce has been achieved. At point of recruitment, all trainees were guaranteed a permanent post on qualification.
- There was no financial pressure in 2020/2021 as the nursing education budget continued to fund over-established positions for the HV trainees until they were in receipt of their NMC registration in March 2021. A financial overspend position from April 2021 onwards has been highlighted estimated to be £0.121m. This will reduce throughout the following six to nine months as current cohort of trainees match to establishment vacancies. In 2021/2022, financial pressures are also likely to be mitigated to some extent by maternity leave and a reduction in bank costs.

### **Equipment and Adaptations Services**

- There has been an ongoing review of equipment and adaptations provision since 2018. The SLHSCP currently have a contract for equipment provision with both Equipu (Glasgow) through SLC and North Lanarkshire Joint Equipment store for NHSL. The Project Board are working with stakeholders to develop options to achieve best value from a person-centred perspective and also a financial perspective.

### **IT Priorities**

- The SLHSCP is in the final stages of securing approval and the budget to replace the current Social Care Information System (SWiSplus). This proposal represents an excellent opportunity to transform practice and re-direct more frontline staff time to working with service users and carers.
- The current IT system, whilst serving the SLHSCP well for 27 years does not now meet the business requirements of today and tomorrow. Agile working and the ability to undertake efficient case recording require the SLHSCP to have an IT system which will service this delivery model for the next 10 years and beyond. Once final sign off is secured, the project will start in earnest in June 2021 with an expected full implementation realised over the next 24 to 36 months.
- The focus of this project will not be restricted to replacing an IT system. It will and perhaps more importantly, seek to bring about a cultural shift in Social Care practice about how individual service user information is used and aggregated to drive future commissioning priorities.
- A successful initial roll out of the Total Mobile electronic scheduling system was recently completed within the Bothwell and Uddingston areas. Work is underway to fully implement the system throughout the Hamilton locality by the end of May 2021, with implementation then taking place within Rutherglen, Clydesdale then East Kilbride localities by the end of the year. This will bring significant improvements to the service in relation to communication with staff, more effective and efficient scheduling and improved recording of information.

### **Commissioning and Quality Assurance Resource**

- In March 2021, the IJB approved the establishment of a Commissioning and Quality Assurance Resource led by a Service Manager and supported by a Team Leader and four Resource Officers. This will strengthen the

leadership, governance and management arrangements to support the delivery of statutory social care services and provide robust oversight of contracted services.

- Approximately £90m of services delegated to the IJB are commissioned by the SLC partner from external social care providers. The new team will initially be funded for a three year period from the Community Living Change Fund totalling £1.2m. It is expected that recurring efficiencies will be secured and an initial target of 1% per annum has been applied.

### **Key Financial Risks**

Throughout the year, the financial monitoring reports provided updates on the management of the key financial risks. The main risk is that either or both partners may overspend. The additional costs associated with the Covid-19 pandemic, the uncertainty with the EU withdrawal, prescribing cost volatility and demand for care at home services continue to represent the most significant risks within the partnership's budget. These key financial risks are managed by both NHSL and SLC through their detailed budget management and probable outturn arrangements. Overall, the financial contributions of both partners and the additional funding provided by the Scottish Government helped to address a number of significant cost pressures across health and social care services in 2020/2021.

### **Internal Audit Opinion 2020/2021**

The Internal Audit opinion was provided jointly by the Audit and Compliance Manager of SLC and the Chief Auditor of NHS Lanarkshire. The conclusion is that, overall, reasonable assurance can be placed on the adequacy and effectiveness of the partnership's framework of governance, risk management and control arrangements for the year ending 31 March 2021.

### **Looking forward to 2021/2022**

The IJB and both partners continue to operate in an increasingly challenging environment.

The current SCP for the period 2019 to 2022 sets out the commissioning intentions for the sixth year of the HSCP. These intentions are supported by the IJB Directions to SLC and NHSL which are in alignment with the 9 National Health and Wellbeing Outcomes and the 6 Health and Social Care Delivery Plan Priorities. Four locality plans have also been developed which localise the ambitions detailed in the SCP.

The level of funding available to the IJB is significantly influenced by the grant settlements from the Scottish Government for NHSL and SLC. The financial settlement for 2021/2022 continues to be for one year only. The [IJB Financial Plan 2021/2022<sup>3</sup>](#), which was approved on 29 March 2021, sets out the parameters to achieve a balanced budget by 31 March 2022. The IJB requires to be financially sustainable and to manage the key risks and uncertainties linked to health and social care services however funding is not keeping pace with increasing demand and increasing costs. Although the 2021/2022 IJB Financial Plan has been agreed, there are concerns about the sufficiency of funding for the current and future years.

The Covid-19 pandemic continues to present a significant public health challenge and health and social care services have had to be adapted. This includes the establishment of Community Assessment Centres to support the testing of potential Covid-19 patients and also the creation of a hub to support the distribution of personal protective equipment. Working with acute colleagues to support patient flow and optimise access to critical functions, the measures that have been put in place are designed to support core functions and to ensure that services for the most vulnerable, such as Care at Home, Community Nursing, Primary Care and Care Homes, are maintained. The total financial cost of the Covid-19 pandemic is still unknown. The financial impact of managing emerging demand, supporting social distancing requirements and providing appropriate protective equipment is significant. It is assumed that additional funding will be provided by the Scottish Government in 2021/2022 to meet the additional costs incurred across the HSCP in response to the Covid-19 pandemic which are being reported to the Scottish Government through the Lanarkshire Remobilisation Plan. There is a risk that full funding may not be received and a balance of costs may require to be borne by the HSCP.

<sup>3</sup>[https://www.southlanarkshire.gov.uk/slhcsc/downloads/file/254/sl\\_ibj\\_special\\_meeting\\_papers\\_29\\_march\\_2021](https://www.southlanarkshire.gov.uk/slhcsc/downloads/file/254/sl_ibj_special_meeting_papers_29_march_2021) (Agenda Item 4)

Social care services continue to face demand pressures for service provision within Care at Home and Care Homes. Subject to confirmation of additional non-recurring Scottish Government funding, there is a high risk the cost of social care services in 2021/2022 will exceed the core recurring budget available due to the demand for services, the additional costs related to the improvement activity in Care at Home services and the impact of the Covid-19 pandemic. Projected growth in elderly demographics and the increasing complexity of need, together with inflationary rises, continue to increase the demand for services and drive cost pressures. The demographic profile up to 2039 indicates a significant increase in the age group 65 years of age and over.

The modernisation of Primary Care Services and the General Medical Services Contract are two of the most significant planning and policy developments aimed at changing how services are developed and transformed to meet different demands in the future. The development of the primary care service therefore continues to be a priority for Lanarkshire.

Mental health and wellbeing is prioritised in the SCP. The partnership currently has an integrated model of mental health care which offers appropriate supports to individuals at the right time. A Lanarkshire Mental Health and Wellbeing Strategy has been jointly developed for Lanarkshire. Transformation of mental health in primary care is also a priority in the Primary Care Improvement Plan.

The Monklands Replacement / Refurbishment Project is an exciting and positive vision for the University Hospital Monklands and the local and wider community it serves. This is a major investment in the Lanarkshire hospital estate.

A Programme of Transformation and Service Improvement is being undertaken by the SLHSCP. This work supports the delivery of the SCP and continues to strengthen many of our community-based supports. The response to the Coronavirus (Covid-19) Pandemic however did slow progress as resources have had to be redeployed. However, the work on the Transformation agenda has continued and is taking account of the risks that Covid-19 has posed and the learning that is accruing.

The IJB financial strategy must ensure sustainability for the current and future years whilst recognising the current significant challenges for both partners. Efficient, effective and affordable services fit for the future will need to be developed as part of the integration and transformational change activities. Improving population health and reducing health inequality are key priorities within the SCP.

The Medium to Long Term Financial Plan is being updated in consultation with both partners. The pandemic is impacting on the IJB's ability to support full delivery of the SCP. It is also providing opportunities to consider new ways of working which could influence delivery of the SCP over the longer term for example the expansion of the Telehealth and Telecare Services.

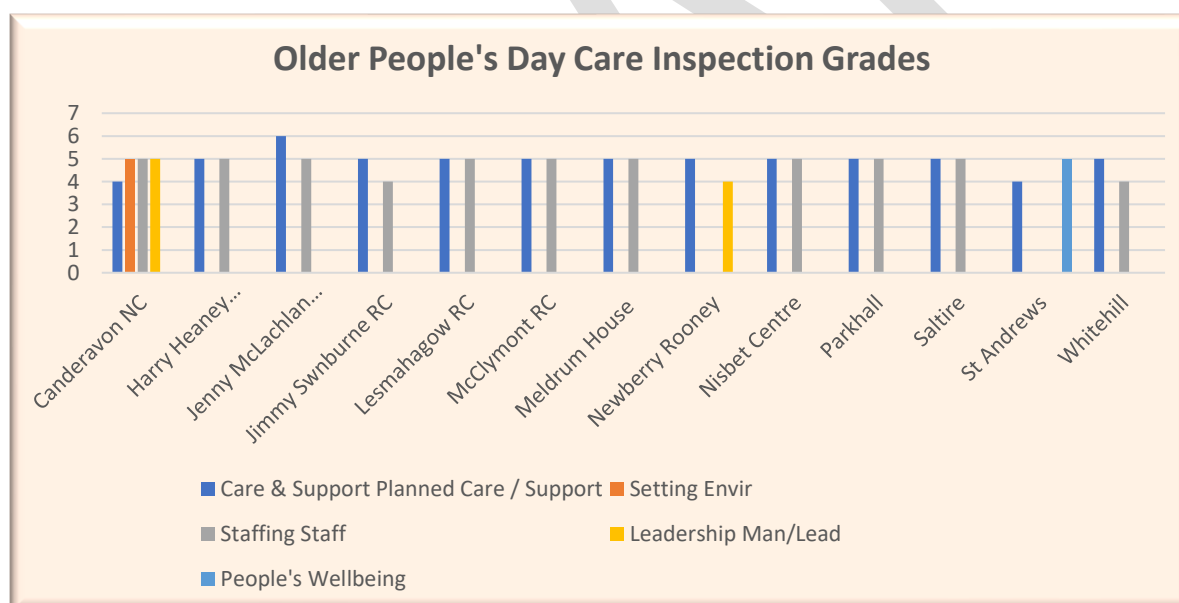
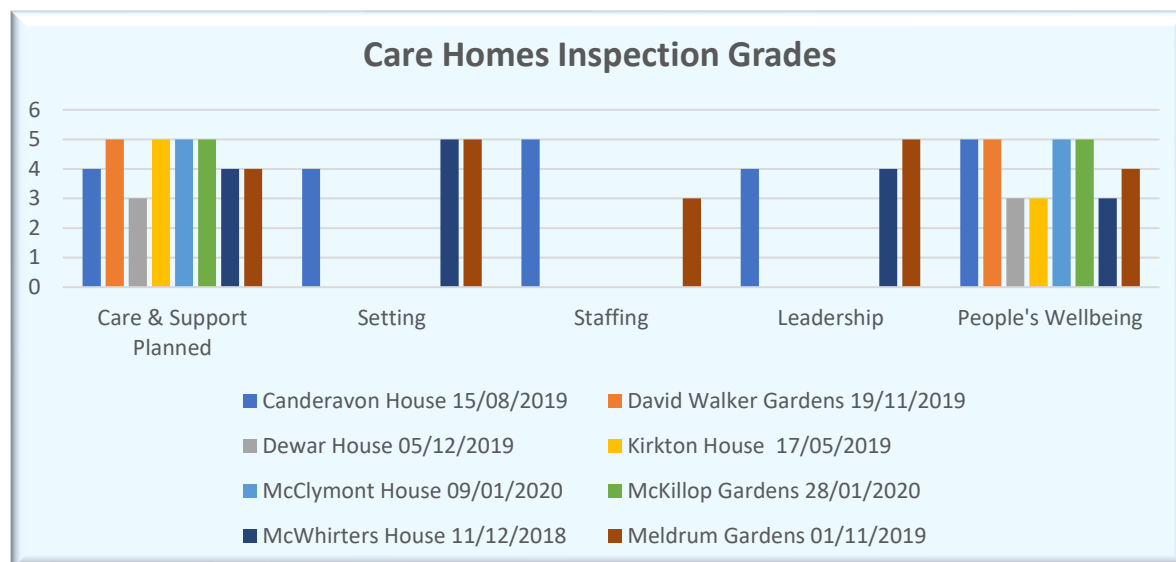
Our joint focus with all our partners and stakeholders will continue to be ensuring that all resources in scope are maximised and the health and social care system across South Lanarkshire is sustainable and operates efficiently and effectively.

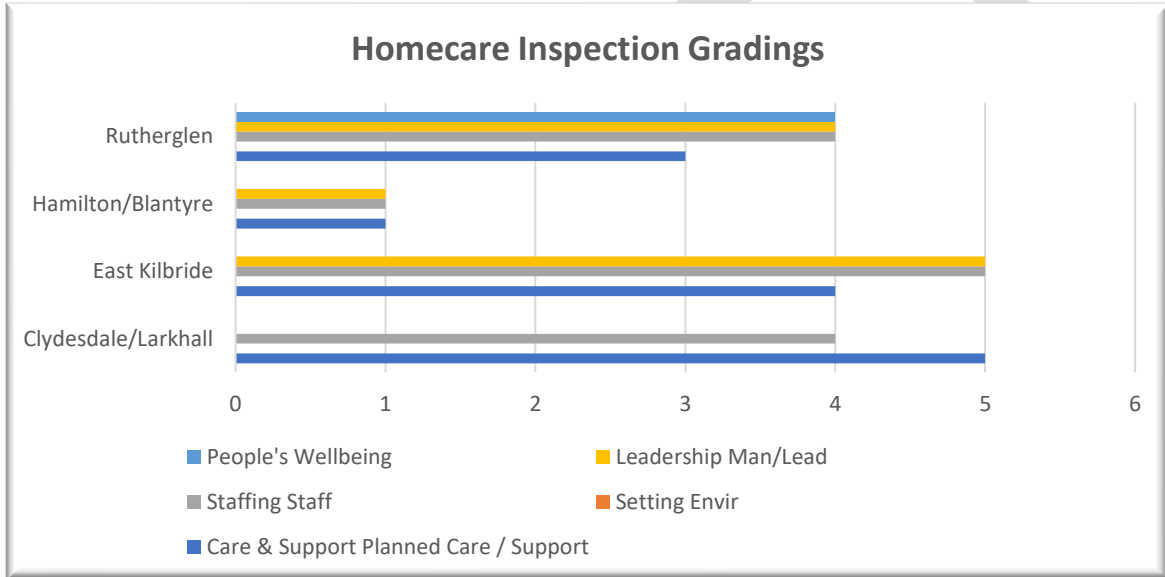
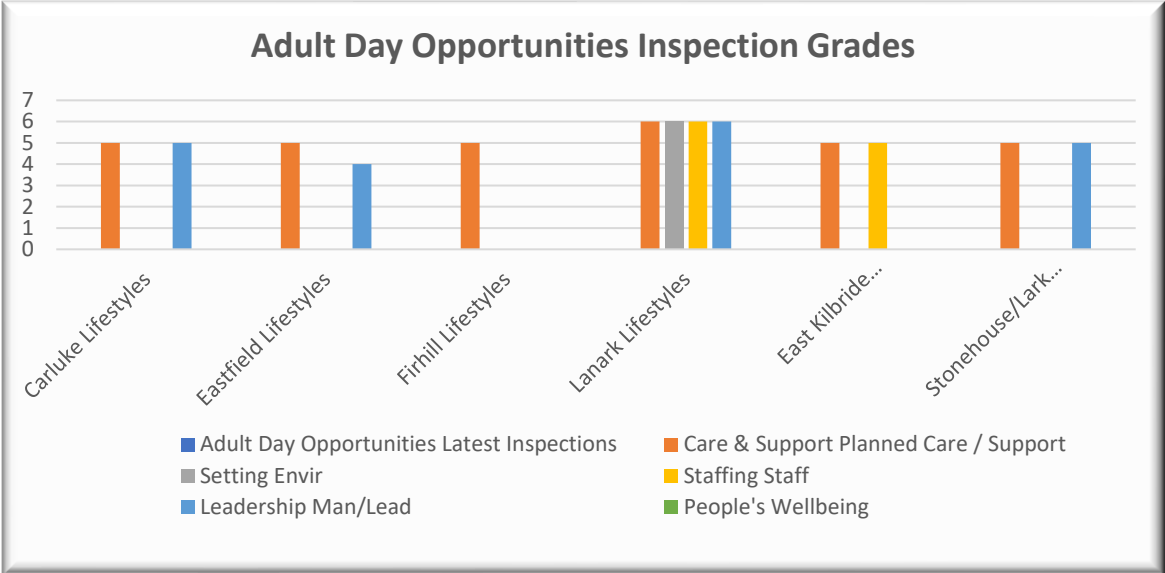


## 10. Inspection of Services

The Care Inspectorate continue to regulate and inspect our registered services for the Partnership. However, with the advent of the COVID 19 Pandemic, inspection activity and scrutiny were significantly reduced with the Care Inspectorate adapting how inspections are carried out. Data below shows the most recent inspection activity within the public domain.

Grade guide: 1 Unsatisfactory; 2 Weak; 3 Adequate; 4 Good; 5 Very Good; 6 Excellent





## Care at Home Improvement Work

Repeated published Care Inspectorate inspection reports for Registered Care at Home Services have included unsatisfactory or weak inspection grades resulting in several requirements for improvement for two service areas Hamilton and Rutherglen; however, some areas and actions identified for improvement were not progressed sufficiently, and there was a lack of evidence of corrective action being taken by the Council. To address this the Head of Service now chairs a 4-weekly Care at Home Transformation Board tasked with remodeling service to achieve positive outcomes and take forward improvement across the services.

Work streams established to support the Care at Home Transformation Board are:  
Hamilton Improvement Plan; Rutherglen Improvement Plan; Scheduling; Community Meals; Learning and Development; Finance and workforce; Reablement and Rapid Response; Care at Home Infrastructure; Transport; Out of hours; Standards and Quality Assurance

An inspection in October 2020 for Hamilton Care at Home Service showed an improvement in grades.

- Care & Support from **1** (unsatisfactory) to **3** (adequate)
- Leadership & Management from **1** (unsatisfactory) to **3** (adequate)
- Staffing from **1** (unsatisfactory) to **2** (weak)

*(An inspection in June 2021 has seen further improvement with how well do we support people's well being graded 4, people get the most out of life graded 4, Infection prevention and control graded 3, Leadership and staffing arrangements are responsive to the changing needs of people experiencing care graded 4)*

Most recent inspection (November 2020) Rutherglen/Cambuslang Service showed improvement in grades:

- How well do we support people's wellbeing – **4** (good)
- How good is our Leadership – from **1** (unsatisfactory) to **4** (good)
- How good is our Staff Team – from **2** (weak) to **4** (good)
- How good is our care planned – from **1** (unsatisfactory) to **3** (adequate)
- Infection / Prevention control measures / COVID - good 4

## 11. National Health and Wellbeing Outcomes

**Outcome 1:** People are able to look after their own health and wellbeing and live in good health for longer

Strategic Priorities: Early intervention, prevention and health improvement

Self-Care/Management

Last year's Performance Report contained a few Partnership Priorities that were to be delivered under our Strategic Priorities of early intervention, prevention, health improvement and self-care/management.

We know that the population of South Lanarkshire is ageing and that we need to change the way in which we can provide support. Part of this is about assisting people to care for themselves and for them to identify the health and care outcomes they desire. As part of this transformational approach, we need to promote the use of telehealth, telecare and other forms of technology enabled support to work smarter and provide information and knowledge to enable people to make informed choices in managing their own health and wellbeing.

Performance shows an improving picture on the percentage of adults who are able to look after their health very well (see National Indicator 1, page 19). Progress has also been made in reducing premature mortality across South Lanarkshire (National indicator 11, page 20)

Alongside this there is an increasing need to address child poverty and improvements for children and young people in South Lanarkshire through our Child Poverty Action Plan and The Children and Young People Improvement Collaborative (CYPIC).



### Technology Enabled Care

85,000 virtual online consultations were held over the year using 'Near Me Technology'. You can access Near Me web-based technology at [www.nhs.uk/nearme](http://www.nhs.uk/nearme)



### Equipment Provision

During the year over 500 items of equipment were recycled through Equipu saving over £200K (This year saw a reduction (from 2540) of 36% in items recycled)



### Florence Text Messaging Service

Lanarkshire uses the text messaging platform to remotely monitor those with long term conditions such as blood pressure, diabetes, respiratory and heart issues.



### Money Matters Advice Service

The Money Matters Advice Service provide support to approximately 14,000 people (an increase of 7% on the previous year of 12,896)

Welfare Rights Officers provided dedicated support to over 500 carers and helped them secure over £4m worth of annual benefits



The TEC Team rapidly scaled up innovative technology that will allow patients across Lanarkshire to have virtual consultations with health and social care services. This includes full coverage across General Practice in Lanarkshire.



A Helpline was made available for living in South Lanarkshire who are self isolating / vulnerable and whose usual support network is no longer available. The helpline will help people to access food and other essential supplies

## Progress on Child Poverty Action Plan

The impact of COVID-19 has and will continue to have a major economic and social impact on child poverty. The work of the Partnership is therefore important to assist in helping to address this. Evidence shows COVID-19 disproportionately affects those who are more socio- economically deprived and vulnerable. Increased poverty through loss of earnings and unemployment and resultant impact on wider determinants including food and housing security also add to health inequalities. Changes to how health

services are delivered, disruption to other essential services and education all impact. Maximising income into households with children is key to tackling child poverty – more and more families are dependent on welfare benefits. The Money Matters Advice Service provided support and will continue to increase the uptake of benefits. NHS Lanarkshire midwives and health visitors support pregnant women and new mothers to get benefits advice. Citizen’s Advice in Hamilton and Rutherglen work with NHS Lanarkshire to offer outreach welfare advice at local hospital and community health facilities.

DRAFT

**Outcome 2:** People, including those with disabilities or long-term conditions, or are frail, are able to live, as far as practicable independently and at home or in a homely setting in the community.

Strategic priorities:   Suitable and sustainable housing  
Intermediate Care



#### Delayed Discharge

Development and implementation of a Planned Date of Discharge Policy and Procedure and production of an animation promoting our work in this area



#### Rapid Rehousing Transition Plan

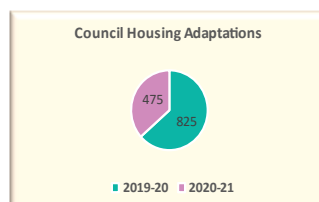
Launched in 2019, South Lanarkshire Rapid Rehousing Transition Plan 2019/2024 sets out how a range of partners aim to prevent and tackle homelessness over the next five years. Housing and Technical Resources continue to work closely with partners in Health and Social Care to understand trends, patterns and opportunities to prevent homelessness and respond at the earliest opportunity. This includes the introduction of specific 'Directions' within the Strategic Commissioning Plan 2019/2022.



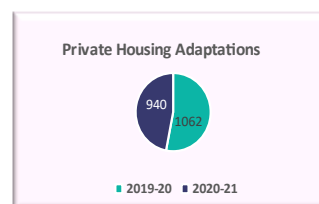
#### Homelessness

As a result of the inclusion of the Directions relating to homelessness in the SCP 2019/22, work has been progressed on the service arrangements to support the roll out of Routine Enquiry. This work aims to introduce test pilot projects in both primary and acute care settings and support appropriate recording and sharing of relevant information to identify those at risk of homelessness during key health and care consultations

#### Adaptations to people's homes



During 2020/21 **475** adaptations were completed in council homes. This was a 42% reduction on the previous year's activity.



During 2020/21 **940** adaptations were completed in private homes. This was an 11% reduction on the previous year's activity.



#### Modernising Care Facilities

Phase 1 – Blantyre Development  
Full mobilisation began onsite in January 2021 with earthworks and drainage installation being a priority

Intermediate Care includes a range of community-based services and approaches that maximise a person's recovery including an appropriate alternative to unnecessary hospital admission, enabling timely discharge from hospital, and reducing premature admission to long term care.

There has been an increase in the percentage of adults who agree that they have a say in how they are supported at home with their health and care needs (National Indicator 4, page 19) and we have increased the number of adults with intensive care needs receiving care at home (National Indicator 18, page 21)

**Outcome 3:** People who use health and social care services have positive experiences of those services and their dignity respected.

Strategic priority: Single points of contact

Over the last year the Partnership has worked together providing a co-ordinated support for those most vulnerable in our communities. Single points of contacts for health and social care services help us to reduce duplication of effort and potential bureaucracy. For example, a pan-Lanarkshire COVID-19 Assessment Hub was established as required by the Scottish Government. A telephone triage Hub and an assessment centre are operational within the Airdrie Out of Hours (OOH) base and there is an assessment centre within the Douglas Street Clinic in Hamilton. Over 43,000 patients have been through the Hub with over 15,000 being assessed and often provided with treatment in the COVID-19 Assessment Centres. Approximately 3,000 of these patients were referred to hospital for further assessment/admission. The procurement, supply and delivery of suitable Personal Protective Equipment (PPE) to help protect frontline workers, carers, personal assistants and care homes was initially very challenging. A PPE hub was established at the Newberry Rooney Centre distributing much needed supplies. This operation has been very successful and involved health and social care staff, Council employees and assistance from the third and voluntary sectors.

The vaccination campaigns for both winter flu and COVID-19 have been extremely successful with the COVID-19 programme continuing through the tremendous effort of staff. Integrated Community Support Team staff have contributed by supporting vaccinations for housebound patients as well as continuing to work together to make discharge from hospital as smooth as possible and are constantly looking for ways to improve processes.

The percentage of adults able to look after their health very well has improved since last year and the percentage of adults receiving care or support who rate it as excellent or good has increased to over 80%. (National Indicators 1 and 5, page 19). There has been a slight decrease in the percentage of adults who agreed that their health and social care services are well co-ordinated (National Indicator 4, page 19)

## **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

Strategic priority: Seven day services

It has long been recognised that health and social care services need to be flexible and responsive to the needs of the population it serves on seven days a week, 24 hours per day basis. During COVID this was even more challenging than normal, but through dedicated, focused, and efforts of our staff and the communities we serve, we were and continue to support those most in need in our communities:

### Insight into some of our work during the COVID Pandemic

**We established a Community Meals Service** as part of the emergency response. The objective was to ensure those who needed support continued to receive well balanced and nutritional meals each day

Over **100** staff volunteers from South Lanarkshire Leisure and Culture, Education Resources and Housing and Technical Resources have helped coordinate and deliver over **14,000** meals over the last year, prepared by colleagues in Community Resources. An army of drivers have been on hand to check on the wellbeing of people each day and relay any concerns to the Care at Home service to follow up.



"Everything we're doing throughout the system is underpinned by a single, clear objective - protecting lives and keeping people safe." Ms de Souza, Director Health and Social Care

### Care at Home

Our performance continues to show we are shifting the balance of care to providing care at home for 10+ hours

**79%** of hours delivered in the year to service users were for 10+ hours

We have over **1000** home carers working **365** days per week with over **100** office based staff providing support

We have delivered approximately **25000** visits each week to over **14000** service users throughout the Pandemic

T-Mobile Scheduling Care at Home System implemented, providing support and real time information to our service users and home carers



### Our integrated approach to work during the COVID Pandemic and, beyond

NHS Lanarkshire joined forces with Kilbryde Hospice to support care of COVID 19 patients at University Hospital Hairmyres



NHS Lanarkshire's work with local hospices to expand acute hospital capacity ahead of COVID 19 cases increasing

Setting up of self assessment hubs for those seeking medical attention for COVID 19  
Dovetailing with Out of Hours Services

### Helping Support Discharge

We set up three interim care facilities to support hospital discharge for those people who were being delayed at hospital. This enabled patients and service users to recuperate in a homely setting and free up acute beds

### Personal Protective Equipment

The set up of distribution hubs throughout South Lanarkshire for the storage, provision and management of PPE across our Harry Heaney, Newberry Rooney, Harry Smith and Murray Owen centres

### Vaccinations

Three of our centres above, hosted vaccinations for health and social care staff across the Partnership area

### Activity in Out of Hours and Assessment Hubs

Around 30,000 patients dealt with  
Over 10,000 assessed and treated  
Approximately 3,000 of these patients referred to hospital



<sup>4</sup>COVID 19 Update Paper – South Lanarkshire Integration Joint Board – 2<sup>nd</sup> March 2021



## Outcome 5: Health and social care services contribute to reducing health inequalities

### Strategic priority: Mental health and wellbeing

We already know there is a need to be responsive and flexible to the needs of the population we serve. Mental health and wellbeing one of the key areas in addressing health inequalities for the Partnership. We make this possible through our Lanarkshire Mental Health and Wellbeing Strategy and the Pan Lanarkshire, Getting it Right for Every Person (GIRFEP) Plan. These strategies seek to improve access to mental health support in primary care and raise the profile of mental health and the challenges many face around culture, stigma and discrimination; whilst raising awareness about relationships to poverty, deprivation, addiction, homelessness and isolation.

### Insight into some of our work during the COVID Pandemic



#### Remobilising Services

Remobilisation and Recovery of mental health services began in September 2020 following the restructure of some service activity at the beginning of the Pandemic. This involved new ways of working such as phone or video consultation. This blended approach to service provision created capacity within the Community Mental Health Teams and enabled us to support and provide a timely response to individuals experiencing the onset or recurrence of mental ill health.



#### Improving access to Mental Health Services & Supports

The Primary Care Mental Health Liaison Nurse Service provides support to people experiencing mild to moderate mental health problems of a short term nature within GP practices. The service continued to provide triage services to patients across 40 GP practices throughout lockdown.

#### Integration of Community Mental Health Teams

Work continues to transfer operational management of South Lanarkshire Community Mental Health Services to South Lanarkshire Health and Social Care Partnership (SLHSCP). An interim operational management structure for the Community Mental health and Addiction's Services (CAREs) has been put in place and will progress the implementation plan to facilitate the transfer of Adult and Older Adults CMHTs, alongside Psychological Therapies teams within our Partnership area.

#### Key Findings from COVID 19 Response



One of the key findings throughout the Pandemic was the need to have an experienced decision maker involved early in the patient's journey. Further work is in the early stages of development to improve and make positive change to our mental health unscheduled care response and is aligned with the Scottish Government intention that Mental Health Services broaden their approach to unscheduled care access and responding to distress.

Further work across our **Improving Access to Mental Health Services and Support-Action 15- Programme** includes the following aspirations:

All GP Practices across Lanarkshire will have access to Primary Care Mental Health and Wellbeing Services by the end of 2022

#### Development of the following workstreams

- Prisoner Healthcare
- Police Custody
- Emergency Department

**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

Strategic priority: Carers support

The role of unpaid carers is highly valued and recognised as crucial within the Partnership. Our commitment outlined in our Carers Strategy is one which we strongly believe in and hold in high esteem. While there has been a slight decrease in the number of carers who feel supported to continue in their caring role (National Indicator 8, page 19) our ethos continues to be to identify and offer support and responsive services that respond to personal circumstances.

### A snapshot of progress towards our Carers Strategy



More than a **third** of social work staff and managers have undertaken training in Equal Partners in Care (EPIC) online module

Over **4000** adult carers are known to us through our partnership working

Nearly **3000** carers accessed one or more information, advice and support service through Lanarkshire Carers

Over **£77k** awarded in grants to **431** adult carers to support innovative breaks from caring

**1190** new carers were identified in the year

**758** Adult Carer Support Plans produced

Over **700** carers subscribed to 'Caring through COVID Fund'

### A Carer's Case Study

Carer cares for her 23-year-old son who has cerebral palsy. Her son cannot weight bear, is wheelchair bound and relies on full support to move. He has no communication skills. Caring role involves personal care, support to get her son around and assistance to communicate.

Outcomes; I would like to have more time to myself and improve my health and fitness levels.

After updating Adult Carer Support Plan (ACSP), it was identified that the carer felt that her fitness levels had decreased. During lockdown, her sons respite had stopped and she was indoors with him more. She was no longer able to attend the gym as they were closed. She was interested in taking up cycling again as this would increase her fitness levels and give her some time to herself. Her sister offered to sit with her son a couple of times per week to allow her time on her bike.

A creative break application was submitted and carer was awarded £250 towards the cost of a bike. Carer has since joined a cycling group on her new bike and absolutely loves the freedom she feels when cycling. Her fitness levels have improved and she has formed many friendships at the group.

*'I love my bike, I feel free and fitter on it. I have even named her 'Bunty' !'*



I would like to feel safe and less anxious when supporting my son with personal care. Due to the pandemic, carer was worried that she may pass the virus onto her son at any point. She did not feel safe or comfortable providing personal care to him in these difficult times. Discussion around using PPE and how we could support her with this. Carer makes referrals when needed and PPE is delivered regularly to carer.

*'This has made me feel so much less anxious when providing personal care to my son'*

5

**Action for Children** is the chosen provider for the delivery of the Young Carer Support Service in South Lanarkshire and works with key partners to support young carers to achieve and maintain their wellbeing and be fully informed and supported in relation to their caring role. Below is a sample of young carers' comments; <sup>6</sup>

*'I didn't think that I was a young carer at first. I just did what I could for my mum. Sometimes I missed playing out with friends. That was hard. But that's what being a young carer can be like'*

David, 11

*'I worry about whether my dad is all right while I am at school. I thought I was the only one but there are lots of others like me'*

Jenny, 14

<sup>5</sup> Quarterly Performance Report – Lanarkshire Carers

<sup>6</sup> Action for Children – South Lanarkshire Young Carers Leaflet

## **Outcome 7:** People using health and social care services are safe from harm

Strategic priority: Delivering statutory/core duties

It is our duty of care to ensure that people using our health and social care services are free and safe from harm. We do this in a variety of ways through:

### Supporting adults and families



Health Visiting Teams and Family Nurse Partnerships Teams continued to support pre-school children and prioritise child protection and primary assessments.

The School Nursing Service prioritised Child Protection and Looked after Children in recognition that young people require support more than ever

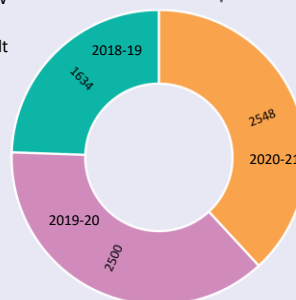


The extended assessment of children and support to families was supported using the Near Me software, with Universal Pathway assessments undertaken in line with guidance and professional judgement

This year we saw a slight increase of 1.92% in Adult Protection Inquiries

#### Adult Protection Inquiries

2019/20 saw an increase of 35% in activity from previous year



### Lanarkshire Advocacy Plan 2020-2025

Lanarkshire Advocacy Plan has been developed in partnership with North Lanarkshire Health and Social Care Partnership (NLHSCP), South Lanarkshire Health and Social Care Partnership (SLHSCP), Lanarkshire Advocacy Planning Group, Lanarkshire Advocacy Network, and the service users and carers who have engaged with Advocacy Services. A new direction has been issued to South Lanarkshire Council to develop an advocacy service specification with a view to commissioning a service which aligns to the priorities in the Strategic Commissioning Plan.

**Outcomes 8 and 9:** People who work in health and social care services feel engaged with the work they do and supported to continually improve information, support care and treatment they provide. Resources are used effectively and efficiently in the provision of health and social care services.

Strategic priority: Enablers

In the advent of COVID 19 Pandemic, we had to look at how we worked smarter, how we engaged with our people, how we supported them and ensured they had the skills to do their job, our buildings, our information infrastructure, and digital capabilities. How could we continue to provide much needed services and do this effectively and efficiently but most of all safely? Though our Partnership entered the unknown having never experienced a situation like COVID before, we were delighted with the innovative and exciting new ways of working that evolved from challenges presented to us. Below is a snapshot of our enablers:

