



South  
Lanarkshire  
Health and Social Care  
Partnership

# South Lanarkshire Integration Joint Board Annual Performance Report

2021/22



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

**Our Vision is**  
***Working together to  
improve health and wellbeing  
in the community –  
with the community***



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# 1. Foreword

We write these opening remarks at a time when the environment our teams and partners operate is more challenging than anything we have encountered in our entire history.

Influenza. The cost of living crisis. Increasing morbidity as people live longer. The continued impact of Covid-19, and the many implications the pandemic has had...

These are just some of the combining factors, constituting a maelstrom of unparalleled pressure that's enveloped every facet of the health and social care system.

With that 'here and now in mind', with our unmitigated focus on safely negotiating matters in hand, the publication of an Annual Performance Report (APR), which reflects on the previous financial year (1 April 2021 and 31 March 2022) could, understandably, seem somewhat of an unnecessary exercise, perhaps surplus to the pressing demands of the current, unprecedented situation.

Yet this a hugely important and valuable document, now more than ever.

## Why?

As you would expect, and as required of our organisation, this report covers all the statutory/ governance requirements relating to performance. It also sets the scene for going forward; we endeavour to maintain the wellbeing of the workforce; we continue to invest in key areas to address the increased demand for services while looking at how to redesign services to maximise the use of available resources. Of course, our Strategic Commissioning Plan has now been refreshed to cover the period 2022/2025 along with a Strategic Needs Analysis.

Crucially, the rigour and spirit of our Partnership is a golden thread woven throughout the following pages. As we touch on in section 3, the robust and unbreakable fabric of that partnership has prevailed despite pressures that have been nothing short of manifold (or to use a now, well-worn phrase 'unprecedented'). Over the course of the year, we've encountered well-publicised, national challenges around workforce supply, the continued adversity of the COVID-19 pandemic and ever-increasing demand, to name but a few.

Yet, in this report, examples abound of improvement and innovation that show that teams have done so much more than "just cope". Indeed, at the time of writing, and as a result of those efforts, we have a number of areas of work that in contention for numerous high-profile awards and are the subject of positive national interest.

There's so much to be proud of and we thank our staff and partners for their ongoing commitment. We also recognise that in the current conditions any sense of battle weariness would be completely understandable (to put it mildly) within our staff groups, partners and communities.

This report acts as a reminder of the value of true partnership – and working together in tough times, united by a common purpose. Right across our services, teams and professions, quality – and resilience – is borne out of mutual respect and support for each other; an emphasis on evidence-based and solution-orientated collaboration; and, fundamentally a unified commitment to service users/patients, their carers and the communities we serve.

And, finally, to answer the question above . . .

As much as this document is a look at the rearview mirror, the concrete evidence of outstanding achievement and exemplary professionalism is a source of renewed confidence - and bodes well - for whatever twists and turns we have to collectively negotiate in the road ahead.



**Lesley McDonald**  
Chair,  
South Lanarkshire  
Integration Joint Board



**Margaret Walker**  
Vice Chair,  
South Lanarkshire  
Integration Joint Board



**Soumen Sengupta**  
Chief Officer,  
South Lanarkshire  
Integration Joint Board



## 2. The role of the integration joint board

### Integration Joint Board (Strategic)

- Formal public body
- Develops and leads the strategy for Health and Social Care through the Strategic Commissioning Plan
- Issues 'Directions' to SLC and NHSL

### Health and Social Care Partnership (Operational)

- Takes forward the operational implementation of the plan on behalf of the parties – SLC and NHSL
- Provides assurance to the IJB and the parties on progress with the implementation of the plan

## 3. Our progress: moving forward in the most challenging period on record

The progress made by the SLHSCP on the strategic commissioning intentions and the key performance indicators are reported regularly to the IJB which can be accessed from the HSCP website.

2021/2022 represented a period where we not only made marked, concrete progress against our strategic priorities – we also established nationally-recognised good practice across many disciplines.

In any 'ordinary' year, these achievements would be noteworthy. It should be emphasised, however, that these milestones were attained despite a maelstrom of challenge. Variant strains of Covid-19, staffing challenges, fluctuating availability of resources combining with wider societal conditions and the increased acuity of people - both in hospital and in the community – all added significant additional pressure on our health and social care system.

These pressures have been formally noted in the Audit Scotland Reports on Social Care and the NHS in Scotland. See: Social care briefing | Audit Scotland ([bit.ly/social-care-briefing](https://www.audit-scotland.gov.uk/social-care-briefing)) and NHS in Scotland 2021 | Audit Scotland ([bit.ly/nhs-in-scotland-2021](https://www.audit-scotland.gov.uk/nhs-in-scotland-2021))

Testament to the resilience, drive and commitment of our staff and partners, the following **quick-guide fact file** provides a 'snapshot' of objectives attained, progress made and the continued evolution of safe, innovative and highly effective health and care - during the most challenging period on record.



## 4. Fact file: what we did to meet our strategic priorities

### Strategic priority:

Supporting the delivery of core and statutory duties

### What we did:

#### Protected our most vulnerable and our staff

- The safety of those in our care - and of our staff - is our fundamental priority. A prioritisation framework was established, which took all available information to inform live decision making on the deployment of resources to prioritise support to the most vulnerable in our communities.
- The Scottish Government circulated the approach to other IJBs noting it as a 'template for good practice.'

#### Kept people safe

- At the turn of the year, health and care services across South Lanarkshire were faced with escalating pressures, particularly pronounced amongst the care at home workforce.
- A range of measures were activated to prioritise community health and care provision for those people at most risk within local communities with Care at Home recommencing on a careful footing to reintroduce full supports.

#### Invested in an interactive tool to assist adult support and protection decision making for vulnerable adults

- The app was successfully downloaded by partners across South Lanarkshire including over **1000 care at home staff as part of the pilot stage.**

Protecting vulnerable adults



#### Established a Partnership-wide daily safety briefing

- A daily safety brief involving district nurses, allied health professionals, social workers and care at home staff enabled partners to come together to discuss patient safety concerns, supporting a collaborative approach to risk assessment and risk management in the delivery of person-centred care.

#### Launched a campaign against violence and aggression

Health and social care continues to be a positive, vibrant and rewarding sector to work in, whether that be in primary care, community, hospital or with one of our partners. As much as it's very challenging it is very rewarding – most people are patient and very appreciative. Sadly, however, during the period we continued to hear reports from our staff that they are on the receiving-end of unpalatable behaviours from a minority.



- A high-profile campaign featuring staff from South Lanarkshire HSCP taking a stand against those who direct any form of abuse to health and social care professionals can be viewed here: <https://vimeo.com/682751507>

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## Strategic priority: Improve unscheduled care

### What we did:

- **Progressed the Discharge without Delay (DWD) programme and Home First**

Home First is a key part to our local response to the pressures in health and social care. It is based on three elements. Firstly, people can be cared for at home (or as close to home as possible). Secondly, prevention of avoidable admissions to hospital and thirdly, where hospital admission is necessary, Home First seeks to support timely discharge.

- **We boosted the capacity of local integrated supported teams (ICST)**

with an initial investment package of **£4 million** which included additional nursing staff. ICSTs combine the expertise of a variety of health and social care professionals working together.

- **Multi-agency Home First teams have also been established in Lanarkshire's hospitals.**

Their work is part of the discharge without delay (DwD) programme, which aims to establish a clear timeframe of when someone will go home - at the earliest possible stage - with community, hospital staff and other partners working together closely. Between November 2021 and May 2022 90 patients were discharged from hospital through **Home First**.

**Of those patients requiring a care at home package 42% were either stopped or reduced following assessment.**

For those requiring end of life care patients were provided with holistic care with most patients able to die at home.



- The End-of-Life pathway team, who provide holistic care to patients approaching end of life within a homely setting, are also a key part of the approach. They work on the premise that no end-of-life care patients should suffer unnecessary delays in their discharge from hospital and that all health and social care needs will be delivered by the community nursing team.



**Note:** In the summer 2022 members of South Lanarkshire Integration Joint Board (IJB) showed their support for the ongoing phase, approving £5.428m of additional investment to consolidate progress made. South Lanarkshire Health and Social Care Partnership's (SLHSCP) Home First triumphed in the Integrated Care category in the 2022 Scottish Health Awards. The evening recognises excellence across health and social care services.

## Case Study

Assessing a person in their own familiar environment, as opposed to a clinical setting, can be less stressful for them. In turn, that enables staff to gather a much more accurate picture of a person's needs. This is crucially important to ensuring the right package of care is set out, whilst supporting independence. When Jessie Turner was admitted to hospital last year having suffered a stroke, she feared she might not return to her Cambuslang home. Having only just recovered from a hip operation, the still active 94-year-old was convinced that her much-prized independence was at risk. Thanks to the Home First programme, she has been able to recover and rehabilitate in the comfort and security of the house she's lived in for decades.

**“I don't know where I would be without the carers who come in every day, said Jessie.”**  
**“I feel so fortunate. Thanks to Home First, my home carers, the hospital physiotherapists, and occupational therapists all worked together and planned things so that I could not only get back to my home but live well there.**

**“Having this team of people in my life has made more difference than I could ever have imagined, medically, practically and emotionally and I cannot thank them enough. It's been life changing.”**

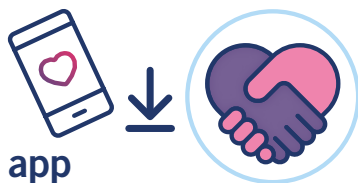
Read Jessie's full story: [bit.ly/jessie-praises-care](https://bit.ly/jessie-praises-care).



### Strategic priority:

To promote self-care/management and mental health and wellbeing

#### What we did:



#### Launched a Suicide Prevention app

- The app has been downloaded **1,498** times and has useful information to help keep people safe and provide guidance on how to look out for others.

#### Supported adults in their recovery with alcohol and drug misuse

- The Community Addiction and Recovery Service (CAREs) brought together NHS and SLC staff to form South Lanarkshire's first integrated addictions service to support adults with their recovery from problematic alcohol and drug use. The service will provide assessments and interventions to assist individuals in better managing their alcohol and drug-use.

#### Supported people through assistive technology



- Demand for assistive technology increased by

**↑62%** with **2287** assistive technology items installed during 2021/22.

Care and Repair technicians carried out **2046** assistive technology visits to community alarm service users' homes during 2021/22, and increase by



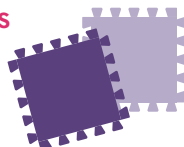
**↑37%** on the previous year.

Keysafe installations increased by

**↑39%** with **900** visits completed during 2021/22.



Fire safety sensors and falls detectors were the most frequently requested assistive technology peripherals in 2021/22.



### Strategic priority:

To promote early intervention, prevention and health improvement

#### What we did:

#### Supported children and young people with complex needs in self-care through on-line videos



- 2021/22 saw an increase in requests for occupational therapy for children and young people by 25%. The use of on-line videos increased our capacity and reduced waiting times for more specialist occupational therapy interventions which has transformed how families receive early support.

#### Supported safe care for people in care homes



In Lanarkshire, the Care Home Assurance Tactical Group (CHAT), composed of senior health board, local authority and care home representatives, was established in the early stages of the pandemic to support care homes negotiate the many challenges Covid presented and improve the healthcare for adults and older people living in care homes and to support staff.



**This included:**

- **Infection Prevention and Control (IPC)** resources were increased with advice, guidance and support. Where necessary focused work could be undertaken on the prevention of infection.
- While some measures changed or stepped down as the infection rate reduced, vaccination measures have been successful, CHAT continued to support care homes jointly with other arranged visits to ensure monitoring, assurance and support as well as strengthening the partnership working relationship.
- This group coordinated the COVID-19 and Flu vaccination programme for care home residents and staff ensuring they were prioritised. CHAT monitor individual care home data, support and encourage uptake to ensure high levels of compliance.

**Supported care home staff wellbeing**

- Recognising the challenges the care home workforce was facing in the early stages of the pandemic, a number of key staff working alongside Lanarkshire's care homes responded proactively; by forming a wellbeing group. The group was set up to tailor supports that would be effective, targeted and available to all care home staff, regardless of role or employer/owner.
- The group is made up of representatives from North and South Lanarkshire HSCPs, NHS Lanarkshire, Scottish Care and, most importantly, members of the frontline care home workforce themselves. Nursing staff, clinical psychologists and a communication adviser supported (and are part of this team too).
- The group's aim has been to ensure care home staff are supported. This has ranged from the provision of simple wellbeing tools, supporting and nurturing a culture of natural peer-to-peer support . . . to clear access to clinical support for those who require mental health assessment and intervention.

.....

**Note:** The Care Home Wellbeing Group were finalists at the 2022 Scottish Health Awards for the Care for Mental Health Award. The approach has been recognised as good practice across the UK.

**Progressed the Primary Care Improvement Plan (PCIP)**

PCIP supports the delivery of the national 2018 General Medical Services (GMS) contract which, in essence, aims to refocus the role of GPs as expert medical generalists - working with a wider team to provide more care in the community.

**Key achievements included:**

- **The community link worker (CLW) programme** was implemented and rolled out during the pandemic. A CLW is a non-clinical practitioner aligned to a cluster of GP practices who works directly with patients to help them navigate and engage with wider services. They often serve a socio-economically deprived community or assist patients who need support because of the complexity of their conditions.

**CLWs supported almost****5000 local people****since the service was set up in March 2021.**

- **Improved outpatient musculoskeletal physiotherapy**

**15% of total demand** for outpatient musculoskeletal physiotherapy is from patients with knee symptoms. The pandemic accelerated improvement work with this cohort of patients with the establishment of a new pathway. To date

**306 patients** with knee Osteo Arthritis (OA) are being managed through this work. This also builds on the MSK Website where information and evidence based advice and exercise for 18 common conditions, including knee OA, is available for patients and clinicians to help manage MSK conditions.

- **Achieved the vaccination transformation programme**

**All vaccinations are now provided by NHS Lanarkshire's vaccination service –**

with the exception of travel vaccinations which are delivered by certain community pharmacies. GP practices no longer have responsibility for providing vaccinations. This service was delivered and transferred on time, by the deadline of 1 April 2022.



## Strategic priority: Supporting carers

### What we did:

- Continued to **work in partnership with carers organisations**. Recognising the important contribution of informal/unpaid carers a Carers Partnership Group meets regularly consisting of a wide range of third sector organisations and is progressing the development of a new South Lanarkshire Carers Strategy.
- Contributed to the Care Inspectorate Carer Survey on carers experiences of adult social care services in supporting carers to maintain their quality of life.
- In January 2022, the Scottish Government announced additional funding for local Carers Centres to expand vital support services for unpaid carers during the winter period. Shared Care Scotland distributed this funding through Time to Live delivery partners. Lanarkshire Carers is the Time to Live delivery partner for Lanarkshire. Key findings from Winter funding impact report (April 2022) highlighted the following:

◦ **949** carers benefitted from Carers Winter Funding Package in Lanarkshire

◦ **781** individual grants awarded to carers

◦ **£268,554** worth of individual grants awarded, paid directly to carers within 14 days of receipt of payment information

◦ **£344** average grant amount awarded

◦ **123** new carers engaged with Lanarkshire Carers as a result of the funding



- South Lanarkshire Young Carers (SLYC) **Action for Children have 99 young carers registered with the service.**

Young carers have been supported to access funding to support them in their caring role. Awareness raising through partnered schools has identified new young carers. In February 2022 SLYC successfully applied for winter wellbeing funding which was used to provide breaks and enhancing gaming.



## Strategic priority:

The provision of suitable and sustainable housing and delivering intermediate care

### What we did:

Allocated

**20**

technology enabled homes



- Within the Blantyre Care development, 8 one-bedroom bungalows and 12 one- and two-bedroom flats were allocated to tenants based on assessed need and defined eligibility criteria. The homes were designed to be fully accessible and embrace modern technology solutions for independent living. These solutions range from simple ideas that you would find in any smart home (such as voice activated lights) to more advanced and specialised equipment (such as for fall detection).

**Note:** At the Chartered Institute of Housing Excellence Awards 2022, the technology-enabled housing within the Blantyre development won the award for Excellence in Health and Wellbeing, recognising the work undertaken during the period of this APR. South Lanarkshire's Health and Social Care Partnership have been working in collaboration with the council's Housing and Technical Resources and Cruden Building (Scotland) Limited on the multi-million-pound development, supported by funding from the Scottish Government.

## Case Study

Ms M, who moved into a tech enabled home said she loves it but couldn't believe it was just for her and gave the development a ringing endorsement. Due to her disability Ms M requires a wheelchair and said:

*“It is the most beautiful wee house that I have moved into. The kitchen is massive I thought they had made a mistake and given me a home like this, but it was for me. “I really love it. I feel a lot of contentment in here.” “I have had loads of visitors, and I am really grateful to all the friends who helped make my move so easy.”*

## To make things happen our key enablers:

### Supported our workforce

- Our workforce is our largest resource therefore maintaining the safety of the workforce, including provision of wellbeing support, has been paramount. Access to wellbeing supports have been made available to all staff such as wellbeing seminars, self-help guides and educational programmes alongside regular management contact to support physical and mental wellbeing.
- We protected our staff by making sure they had access to PPE and provided rest areas to support their wellbeing.



### Advanced our learning

- We advanced our learning and work with a number of academic institutions. Successful student placements with Glasgow Caledonian University (GCU) in 2021 by the physiotherapy service has led to offering **38 level 3 students** an unpaid placement within NHS Lanarkshire for eight weeks in 2022.



- Five clinical educators were seconded for one day a week over five months which led to changes in clinical practice and the educators redesigned the placement approach. Meanwhile, in the field of research, developments with GCU include falls and rehabilitation, physiotherapy and podiatry. Research with Strathclyde university include stroke and diabetic foot ulceration.

## Ensured organisational resilience

- Partnership debriefing allowed the sharing of information on the challenges and key lessons for partners involved in the response to the COVID pandemic within the Lanarkshire Resilience Partnership.
- Representatives across the HSCP were actively involved throughout NHS Lanarkshire's Strategic Command Structure. This ensured alignment of approach, support and communication throughout the period.

## Increased public access to the IJB by making use of technology

- To enhance openness and transparency the IJB have improved accessibility of meetings. From March meetings of the IJB and the Performance and Audit Sub-Committees were livestreamed with recordings made available on South Lanarkshire Council's YouTube channel.

## Reviewed our Integration Scheme

- A review of the South Lanarkshire Integration Scheme was undertaken in 2021/2022 completed in accordance with statutory requirements resulting in no material changes to delegated functions.

## 5. Strategic Overview

Performance improvement objectives are wide ranging and take account of complex national legislation and strategic priorities. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the framework for integrating health and social care. There is a range of other legislation, policies, guidance and proposals which have a bearing on the work that the IJB progresses, and these are listed in detail in the following document available here: <https://bit.ly/3W2lyMi>.



## 6. Governance and accountability

The governance framework within the IJB is set out in the South Lanarkshire IJB Code of Corporate Governance which comprises of the systems, processes, culture and values by which the IJB is directed and controlled.

### The IJB has well-established governance and decision-making arrangements in place.

The governance structure for South Lanarkshire HSCP provides a robust and streamlined process for efficient and effective Partnership decision making. The IJB holds the ultimate decision-making and commissioning authority, with its assurance responsibilities strengthened by the important scrutiny provided by its Performance and Audit Sub-Committee (PASC).

The Strategic Commissioning Group (SCG) is a multi-agency forum comprised of professional key leaders across the HSCP, South Lanarkshire Council, NHS Lanarkshire and Third, Independent 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.

In 2021/22 the IJB has reviewed and updated its Integration Scheme, had its Records Management Plan approved by the Keeper of the Records, and submitted a climate change and sustainability statement.

## 7. Risk

The IJB has undertaken significant work to understand the importance of risk appetite and risk tolerance relating to the implementation of its strategic priorities. It is recognised by the IJB that there cannot be a 'one size fits all' approach to this as it will be very much assessed depending on the strategic priority under consideration. For example, where statutory imperatives require to be fully discharged, the IJB may take a more cautious approach but conversely in terms of pursuing an early intervention and prevention strategy, the IJB may be more open and stretch its overall appetite/tolerance. With this in mind, the IJB will have a flexible approach to risk appetite and tolerance, which will be considered on a case-by-case basis and regularly reviewed by the IJB and the supporting Sub-Committee structure.

The IJB regularly reviews its Risk Register through its Performance and Audit Sub-Committee. As the IJB and the HSCP have matured it is currently undertaking an exercise to review all risks in line with the new Strategic Commissioning Plan 2022/2025. This aligns to the review of strategic directions which was undertaken and reported to the IJB on 29 March 2022. Going forward into 2022/23 our key risks highlight the challenges presented in this report.

They are identified as follows:

### Very High or High Risks

- Demand pressures
- Workforce availability
- Financial sustainability
- External provider resilience

### Medium/Lower Risks

- Public Protection
- Public Sector Duties
- Transformation
- National Care Service



## 8. Performance against national indicators

The IJB 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 IJB can make informed decisions on future priorities, using performance information to identify and drive improvement work.

A core suite of 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.

A summary of the MSG (Ministerial Steering Group) indicators in South Lanarkshire for currently available data showing the year-on-year comparison between April 2021 and March 2022 is detailed below.

**The performance trends below are reflective of the fact that COVID-19 restrictions significantly impacted more on access to services in the year 2020/2021 when compared with 2021/2022.**

### Ministerial Strategic Group (MSG) Indicators

MSG Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
Number of emergency admissions	39,661	40,996	40,460	32,537	37,044
Number of unscheduled hospital bed days (acute specialties)	229,726	233,385	238,503	200,687*	238,260
Number of A&E attendances	105,876	109,627	110,095	83,441	104,080
Acute bed days lost to delayed discharges	41,187	38,473	46,570	22,585	35,941
% of last six months of life spent in Community setting*	87.6%	88.5%	88.2%	90.8%	Not available
Balance of care: Percentage of 75+ population at home unsupported*	83.5%	83.0%	83.6%	84.7%	Not available

\*Please note that figures presented will not take into account the full impact of COVID-19 during 2020/21 and 2021/22.

National Indicator	2019/20	2021/22
Percentage of adults able to look after their health very well or quite well	92.1%	89.9%
Percentage of adults supported at home who agreed that they are supported to live as independently as possible	84.2%	82.2%
Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	75.3%	65.6%
Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	70.5%	64.3%
Total % of adults receiving any care or support who rated it as excellent or good	80.5%	70.2%
Percentage of people with positive experience of the care provided by their GP practice	73.2%	56.4%
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	78.1%	80%
Total combined % carers who feel supported to continue in their caring role	31.1%	28.7%
Percentage of adults supported at home who agreed they felt safe	82.0%	80.7%

National Indicator	2019/20	2020/21	2021/22	Comments
*Premature mortality rate per 100,000 persons	430.5	493.4	472*	Premature mortality rates have improved since last year but remain higher than 2019/20. Premature mortality rates are above Scotland levels during 2021 and remain heavily influenced by Covid.
*Emergency admission rate (per 100,000 population)	14,222	11,999	12,840	Emergency admission rates have increased since 2020/21. This can be attributed to the impact of the pandemic. This is true across Scotland as a whole. However, it is anticipated that the development of the Urgent Care Pathway will have a positive impact on unscheduled care performance.
*Emergency bed day rate (per 100,000 population)	123,085	97,662	115,799	Emergency Bed day rates have increased for SL residents and above the Scotland level. This indicator has been affected by the Covid emergency.
*Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	97	112	103	The rate of emergency readmissions is below the average level for Scotland, and the rate for SL residents has decreased since last year.

National Indicator	2019/20	2020/21	2021/22	Comments
*Proportion of last 6 months of life spent at home or in a community setting	88.2%	90.8%	*89.5%	One of the key strategies for the HSCP is shifting the balance of care from hospital to community settings. The Partnership continues to make steady progress towards this aim.
*Falls rate per 1,000 population aged 65+	21.5	19.3	*22.4	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 slightly decreased against this indicator. However, it is performing well against the Scotland rate.
*Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	79.9%	80.1%	76.1%	Performance has declined in this area but is above the Scotland level.
*Percentage of adults with intensive care needs receiving care at home	63.7%	63.4%	64.8%*	People want to stay at home for as long as possible rather than care home or hospital. We have steadily improved our performance and intend to improve through actions outlined in our Strategic Commissioning Plan 2022-2025.
Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1,156	544	910	This has been an indicator which has been a major focus for the HSCP. Working in partnership with NHS and Social Care has shifted reliance on hospital care. 2021/22 rates will be heavily impacted by Covid.
**Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.7%	19.0%	23.0%	SL H&SCP strategic commissioning plan outlines how we intend to develop strong community services to reduce the number of unplanned admissions.

\*For indicators 11, 12, 13, 14, 15, 16 and 18, Calendar year 2021 is used here as a proxy for 2021/22 due to the national data for 2021/22 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Figures presented may not fully reflect activity during 2021/22 due to the varying impact of COVID-19 at different points of the pandemic.

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

## 9. Financial Performance 2021/22

### Financial Performance 2021/22

IJBs across Scotland were operating in a volatile and challenging environment in 2021/2022. The South Lanarkshire IJB had to prioritise its health and social care response to the Covid-19 pandemic against the backdrop of workforce and financial challenges that impacted on its capacity to progress its planned service developments.

The financial envelope available to the IJB in 2021/2022 totalled **£633.837m**. The South Lanarkshire Council partner contribution was **£146.735m**. The NHS Lanarkshire partner contribution was **£487.102m** and included resource transfer funding and social care funding which was transferred to the South Lanarkshire Council partner to support expenditure across Social Care and Housing Services.

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 2021 the IJB agreed a financial plan 2021/2022 to ensure a balanced budget was achieved by 31 March 2022. The detail of this plan is available here: <https://bit.ly/3QvVAzL>.

### The IJB Financial Position at 31 March 2022

The financial monitoring report for the year ended 31 March 2022 confirmed an underspend of £63.9m (NHSL - £57.1m; SLC £6.8m). The total SLC underspend was £8.8m and £2m funding was returned to the SLC partner, resulting in an underspend of £6.8m for the IJB. The main underspends were as follows:

**£33.2m** of uncommitted 2021/2022 Covid-19 funding retained to meet Covid-19 costs in 2022/2023



**£9.8m** in respect of the Primary Care Improvement funding



**£3.0m** in respect of the Alcohol and Drug Partnership funding



**£1.2m** in respect of the additional funding from Scottish Government for Multi-Disciplinary teams



**£4.9m** on services hosted by South Lanarkshire IJB



**£5.0m** budgets within Health Care Services



## 10. Looking to the future

**£3.7m** in respect of the additional funding from Scottish Government for expanding Care at Home capacity



Alongside the continued demands of the pandemic, we planned for the future and undertook considerable engagement with stakeholders to develop a new Strategic Commissioning Plan 2022/2025 from August 2021 through to its approval on 25 March 2022. This activity has been favourably audited. Read full audit report here: [bit.ly/SLIJB-meeting-papers-20-september](https://bit.ly/SLIJB-meeting-papers-20-september).

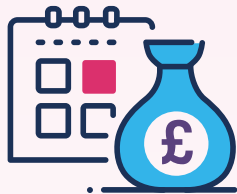
**£1.3m** in respect of the additional funding from Scottish Government for interim care



Our plan on a page provides a clear summary (overleaf).



**£0.9m** of uncommitted funding for future strategic commissioning plan priorities



**£0.9m** in relation to other funding received or generated, required in 2022/2023.



The Scottish Government allocated funding in March 2022 for Covid-19 costs incurred in 2021/2022 and for future years. The balance of the funding at 31 March 2022 of £33.2m was transferred to an earmarked reserve (ring fenced funding). The underspend of £9.8m on the Primary Care Improvement funding was also transferred to an earmarked reserve (ring fenced funding) at the year end.

In October 2021, the Scottish Government announced funding of £300m in response to winter planning and system pressure work that had been undertaken. The underspends in relation to this funding are referenced above and were transferred to both an earmarked reserve (voluntary) and the contingency reserve.





## Plan on a page

### Vision:

Working together to improve health  
and wellbeing in the community –  
with the community

### Values:

Empathy

Empower

Elevate



<https://vimeo.com/689689109/cb5228bd69>

### Context:

- Changing needs of the population
- Meeting the needs of all our communities fairly and equally
- Applying evidence of what works
- Best use of the public pound
- Feedback from our communities – what is important to people

## Our priorities

**Priority 1:** Sustaining statutory social care and core health care functions

**Priority 2:** Greater emphasis on early intervention, prevention and inequalities

**Priority 3:** Addressing mental health and addictions

**Priority 4:** Improving unscheduled care and optimising intermediate care

**Priority 5:** Supporting carers

**Priority 6:** Promoting self-care and self-management including technology enabled care

**Priority 7:** Improving transitional arrangements

**Priority 8:** Facilitating single point of access and increasing access to seven-day services

**Priority 9:** Investing in enablers to support integration

**Priority 10:** Promoting suitable and sustainable housing

**Priority 11:** Contributing to homelessness prevention and reduction

**Priority 12:** Responding to the impact of the COVID-19 pandemic



<https://vimeo.com/739607180>

## Key enablers

- Evidence
- Innovation
- Learning
- Partnerships
- Technology
- Leadership
- Our staff
- Our communities
- Our commitment



South  
Lanarkshire  
Health and Social Care  
Partnership



If you need this information  
in another language or format,  
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we can best meet your needs.

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