



Council Offices, Almada Street
Hamilton, ML3 0AA



Monday, 18 March 2024

Dear Member

South Lanarkshire Integration Joint Board

The Members listed below are requested to attend a meeting of the above Board to be held as follows:-

Date: Tuesday, 26 March 2024

Time: 10:00

Venue: By Microsoft Teams,

The business to be considered at the meeting is listed overleaf.

Yours sincerely

Paul Manning
Chief Executive
South Lanarkshire Council

Jann Gardner
Chief Executive
NHS Lanarkshire

Members

South Lanarkshire Council

Maureen Chalmers, Elise Frame, Eileen Logan, Margaret B Walker (Depute)

NHS Lanarkshire

Lesley McDonald (Chair), Ally Boyle, Donald Reid, Sylvia Stewart

Substitutes

South Lanarkshire Council

Allan Falconer, Hugh Macdonald, John Ross, Kirsty Williams

BUSINESS

1 **Declaration of Interests**

2 **Minutes of Previous Meeting** 5 - 14

Minutes of the meeting of the South Lanarkshire Integration Joint Board held on 12 December 2023 submitted for approval as a correct record. (Copy attached)

3 **Minutes of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee** 15 - 20

Minutes of the meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 21 November 2023 submitted for noting. (Copy attached)

Item(s) for Decision/Discussion

4 **Appointment of Standards Officer** 21 - 24

Report dated 26 February 2024 by the Director, Health and Social Care. (Copy attached)

5 **Integration Joint Board Membership Update** 25 - 28

Report dated 1 March 2024 by the Director, Health and Social Care. (Copy attached)

6 **Risk Management Update** 29 - 40

Report dated 1 March 2024 by the Director, Health and Social Care. (Copy attached)

7 **Financial Monitoring 2023/2024** 41 - 58

Report dated 8 March 2024 by the Director, Health and Social Care. (Copy attached)

8 **Proposed Re-provisioning of Care from Dewar House and McClymont House Residential Care Homes** 59 - 118

Report dated 18 March 2024 by the Director, Health and Social Care. (Copy attached)

9 **Integration Joint Board Financial Plan 2024/2025** 119 - 166

Report dated 18 March 2024 by the Director, Health and Social Care. (Copy attached)

10 **Performance Monitoring Report** 167 - 186

Report dated 1 March 2024 by the Director, Health and Social Care. (Copy attached)

11 **Sustainability and Value Programme - Primary Care Prescribing Update** 187 - 202

Report dated 1 March 2024 by the Director, Health and Social Care. (Copy attached)

- 12 **Chief Social Work Officer Annual Report 2022/2023** 203 - 258
Report dated 4 March 2024 by the Director, Health and Social Care. (Copy attached)
- 13 **Preventing and Managing Frailty** 259 - 288
Report dated 1 March 2024 by the Director, Health and Social Care. (Copy attached)
- 14 **National Care Service - Update** 289 - 294
Report dated 1 March 2024 by the Director, Health and Social Care. (Copy attached)
- 15 **Update on Integration Scheme Review** 295 - 308
Report dated 8 March 2024 by the Director, Health and Social Care. (Copy attached)

Urgent Business

- 16 **Urgent Business**
Any other items of business which the Chair decides are urgent.

For further information, please contact:-

Clerk Name:	Tracy Slater
Clerk Telephone:	07385370089
Clerk Email:	tracy.slater@southlanarkshire.gov.uk

SOUTH LANARKSHIRE INTEGRATION JOINT BOARD

Minutes of meeting held via Microsoft Teams on 12 December 2023

Chair:

Lesley McDonald, Non Executive Director, NHS Lanarkshire Board

Present:

University Health and Social Care Partnership (Non-Voting)

S Sengupta, Chief Officer; M Moy, Chief Financial Officer

NHS Lanarkshire Board (Voting Members)

Ally Boyle, Non Executive Director (*substitute for Donald Reid*); Philip Couser, Non Executive Director; Brian Moore, Non Executive Director (*filling Non Executive Director vacancies*)

South Lanarkshire Council (Voting Members)

Councillors Elise Frame, Eileen Logan, Margaret B Walker (Depute)

Attending (Non-Voting):

NHS Lanarkshire

L Ace, Director of Finance; J Cringles, Business Support Manager; C Cunningham, Head of Commissioning and Performance; E Duguid, Communications Manager; P McCrossan, Director for Allied Health Professionals; J Park, Director of Acute Services; C Rae, Head of Health and Social Care (Rutherglen/Cambuslang and East Kilbride); Dr M Russell, Medical Director; L Thomson, Nurse Director

Partners

L Craig, Carers' Representative; B McIntyre, Health Service Trade Union Representative; Dr K McIntyre, GP Representative; M Moncrieff, South Lanarkshire Health and Social Care Forum; S Smellie, South Lanarkshire Council Trade Union Representative

South Lanarkshire Council

P Manning, Executive Director (Finance and Corporate Resources); I Beattie, Head of Health and Social Care (Hamilton and Clydesdale); G McCann, Head of Administration and Legal Services; L Purdie, Chief Social Work Officer; T Slater, Administration Adviser

Also Attending (Non Voting):

Audit Scotland

M Ferris, Senior Audit Manager

South Lanarkshire Council

Councillor Allan Falconer (observing only)

S Gibson, Executive Director (Housing and Technical Resources); L Brunton, Rapid Rehousing Transition Plan (RRTP) Co-ordinator; J Fernie, Homelessness and Housing Support Manager

Apologies:

South Lanarkshire Council

Councillor Maureen Chalmers

NHS Lanarkshire Board

Donald Reid, Non Executive Director

NHS Lanarkshire

J Gardner, Chief Executive; Dr C McDougall, Consultant Physician

South Lanarkshire Council

C Sneddon, Chief Executive

Partners

R Ormshaw, Scottish Care; S Sweeney, VASLan

1 Declaration of Interests

No interests were declared.

2 Minutes of Previous Meeting

The minutes of the meeting of the South Lanarkshire Integration Joint Board held on 19 September 2023 were submitted for approval as a correct record.

The Board decided: that the minutes be approved as a correct record.

3 Minutes of Special Meeting

The minutes of the special meeting of the South Lanarkshire Integration Joint Board held on 18 October 2023 were submitted for approval as a correct record.

The Board decided: that the minutes be approved as a correct record.

4 Minutes of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee

The minutes of the meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 22 August 2023 were submitted for noting.

The Board decided: that the minutes be noted.

5 Minutes of the Special South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee

The minutes of the special meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 28 September 2023 were submitted for noting.

The Board decided: that the minutes be noted.

6 Planning for Winter 2023/2024

A report dated 21 November 2023 by the Director, Health and Social Care was submitted on the planning arrangements in place to ensure that health and social care services were prepared for winter 2023/2024.

Planning for winter 2023/2024 commenced in August 2023 and, as in previous years, was undertaken in accordance with national guidance and was a multi-agency approach. The plan was a dynamic document and was highly likely to be subject to change over the coming months. From a local resilience planning perspective, NHS Lanarkshire was undertaking work to take account of the increasingly likely eventuality of a number of concurrent risks aligning to create increased system pressure.

National guidance had been published on 24 October 2023 which set out the expectations for those areas that local winter plans would be expected to address.

Information was provided on the following work areas:-

- ◆ acute services/Unscheduled Care Winter Planning through Operation Flow 2
- ◆ discharge without delay
- ◆ social care provider sustainability
- ◆ General Practice and pharmacy opening
- ◆ General Practice sustainability
- ◆ Primary Care Out of Hours
- ◆ contingency arrangements for additional deaths
- ◆ Covid-19 and flu vaccine programme
- ◆ carers support
- ◆ staff wellbeing
- ◆ adverse weather
- ◆ concurrent resilience planning and risks
- ◆ communications

Information was also provided on:-

- ◆ the significant workforce challenges and the work being done to mitigate those
- ◆ the range of funding sources identified as being able to support planning for winter

Officers responded to members' questions in relation to:-

- ◆ the development of the frailty pathway and community-based urgent care arrangements
- ◆ the promotion and uptake of vaccinations
- ◆ the impact of recruitment challenges on winter planning
- ◆ communication and support to staff during adverse weather

The Director, Health and Social Care thanked everyone involved in the preparations for winter.

The Board decided:

- (1) that the planning arrangements, which had been put in place to ensure health and social care services were prepared for the winter months, and the associated costs, be noted;
- (2) that the potential need for additional support to mitigate the wider impacts of winter across all public services be noted; and
- (3) that the work ongoing with the Scottish Government to confirm the financial arrangements be noted.

7 South Lanarkshire Children's Services Plan 2023 to 2026 and Child Poverty Commitment 2023 to 2026

A report dated 27 November 2023 by the Director, Health and Social Care was submitted providing an update on the content of the South Lanarkshire Children's Services Plan 2023 to 2026 and the Child Poverty Commitment 2023 to 2026.

The Children and Young People (Scotland) Act 2014 required local authorities and linked health boards to prepare and publish a Children's Services Plan (CSP) every 3 years. The Child Poverty (Scotland) Act 2017 required local authorities and health boards to prepare Local Child Poverty Action Reports (LCPARs) as soon as reasonably practicable after the end of each CSP reporting cycle.

The CSP final report for 2020 to 2023 had been approved by South Lanarkshire Community Planning Partnership in September 2023 and was attached as Appendix 1 to the report. The new CSP 2023 to 2026 was attached as Appendix 2 to the report. The South Lanarkshire Child Poverty Commitment 2023 to 2026 was attached as Appendix 3 to the report.

Officers responded to members' questions in relation to:-

- ◆ performance measurement and reporting. The Chair undertook to give consideration to the most appropriate way of providing this information to members
- ◆ the pressure on mental health services for young people

The Director, Health and Social Care thanked everyone involved in this work.

The Board decided:

- (1) that the content of the South Lanarkshire Children's Services Plan 2023 to 2026 be noted;
- (2) that the final South Lanarkshire Children's Services Plan Report for 2020 to 2023 be noted; and
- (3) that the Child Poverty Commitment 2023 to 2026 be noted.

L Ace left the meeting during this item

8 South Lanarkshire Council's Strategic Housing Investment Plan 2024 to 2029

A joint report dated 1 December 2023 by the Executive Director (Housing and Technical Resources) and Director, Health and Social Care was submitted on South Lanarkshire Council's Strategic Housing Investment Plan (SHIP) 2024 to 2029, attached as Appendix 1 to the report.

The SHIP 2024 to 2029, which had been approved by the Council's Housing and Technical Resources Committee on 8 November 2023, was a rolling 5-year plan which identified affordable housing development priorities within the local authority area. It also guided the way in which Scottish Government funding and other resources were allocated to achieve current South Lanarkshire Local Housing Strategy (LHS) 2022 to 2027 outcomes. Local authorities were required to update the SHIP on an annual basis with sites added, removed or revised as appropriate.

The LHS 2022 to 2027, which had been approved at the Council's Executive Committee on 30 November 2022, highlighted a commitment by the Council and its partners to actively seek opportunities to develop housing across South Lanarkshire to meet housing need and support social and economic regeneration. The Executive Committee also approved a new affordable housing supply target for the Council, aimed at delivering an additional 1,300 homes by 31 March 2027. This would be delivered through a combination of new council homes and the acquisition of existing homes from the market, with the new sites set out within the SHIP.

As detailed in the report, a range of key considerations had been made as part of the development of this year's SHIP to ensure alignment with a range of Council priorities, which included town centre regeneration and appropriate provision of housing for those with particular needs.

Officers responded to members' questions on various aspects of the report, including:-

- ◆ the importance of communication
- ◆ homelessness challenges
- ◆ the role of Registered Social Landlords
- ◆ how outcomes could be demonstrated

It was agreed to circulate the undernoted reports to members for information:-

- ◆ Housing in Scotland: Current Context and Preparing for the Future – SOLACE Scotland
- ◆ Housing Scotland: Models of Housing with Care and Support – Scottish Federation of Housing Associations

The Board decided:

- (1) that the Council's Strategic Housing Investment Plan 2024 to 2029, attached as Appendix 1 to the report, be noted; and
- (2) that the key considerations made as part of the development of the Strategic Housing Investment Plan 2024 to 2029 be noted.

[Reference: Minutes of the South Lanarkshire Council Housing and Technical Resources Committee of 8 November 2023 (Paragraph 8) and the South Lanarkshire Council Executive Committee of 30 November 2023 (Paragraph 7)]

9 Rapid Rehousing Transition Plan (RRTP) Annual Review 2022/2023

A report dated 25 August 2023 by the Director, Health and Social Care was submitted on the South Lanarkshire Rapid Rehousing Transition Plan (RRTP) Annual Review 2022/2023.

Within South Lanarkshire, partnership working was well established between the Health and Social Care Partnership and housing sector. This was evidenced by the commitments within the Strategic Commissioning Plan, Local Housing Strategy and RRTP. All of those key strategies focused effort towards the following common priorities:-

- ◆ promoting suitable and sustainable housing
- ◆ contributing to homelessness prevention and reduction
- ◆ supporting people to remain in their own home and community

South Lanarkshire's RRTP 2019 to 2024 was developed in collaboration with a range of partners and stakeholders and was submitted to the Scottish Government in December 2018. In May 2019, the Scottish Government provided positive feedback, particularly on the partnership approach taken. However, the level of funding awarded was significantly less than anticipated and it was, therefore, necessary to revise a number of key strategic areas to focus on key priorities with other actions being set aside for future consideration.

The co-ordination and implementation of the RRTP was directed and monitored by the Homelessness Strategy Group which had representation from key partners including Health and Social Care. The Group was also responsible for overseeing the annual review of the RRTP, including evaluating progress against actions and measures, considering the appropriateness of actions and identifying priorities to be progressed during 2023/2024.

Information was provided on the current position and challenges in the context of national considerations.

The Council continued to deliver quality Homeless Prevention and Response Services, striving to prevent homelessness where possible.

L Brunton gave a presentation on the highlights of the Annual Review and the challenges and achievements in 2022/2023.

Officers responded to members' question in relation to:-

- ◆ those who were homeless, but had not registered
- ◆ the need for support from the Scottish Government
- ◆ plans for new build houses within rural areas and undertook to provide members with information on demand for housing in Stonehouse and Strathaven, and new build plans
- ◆ the importance of communication

The Board decided:

- (1) that the progress made in delivering the RRTP objectives be noted;
- (2) that the emerging challenges impacting on RRTP reported outcomes, alongside national comparative, be noted; and
- (3) that the priorities agreed by the Homelessness Strategy Group and the development of the final year RRTP action plan 2023/2024 be noted.

P McCrossan, B Moore, C Rae and S Smellie left the meeting during this item

10 Financial Monitoring 2023/2024

A report dated 22 November 2023 by the Director, Health and Social Care was submitted providing a summary of the financial position of the Health and Social Care Partnership (HSCP) for the period 1 April to 31 October 2023 in relation to Health Care Services and for the period 1 April to 3 November 2023 in relation to Social Care and Housing Services.

As at October/November 2023, an overspend of £0.679 million was reported (NHS Lanarkshire (NHSL) - £0.679 million; South Lanarkshire Council (SLC) - breakeven). Analysis of the NHSL overspend showed:-

- ◆ a net overspend across Health Care Services of £2.101 million, which was mainly due to prescribing costs which was not being offset by other underspends. Work was being progressed to identify funding solutions for this
- ◆ an underspend across the Primary Care Improvement Fund of £1.422 million. Any underspend across the Primary Care Improvement Fund remaining at 31 March 2024 was required to be transferred to a ring-fenced reserve

Key financial highlights were outlined in the report, with further supporting information provided in appendices 1 to 4. This included:-

- ◆ the revised recurring funding gap for 2024/2025 which, following approval of the recurring and non-recurring budget strategy by the IJB at its meeting on 18 October 2023, was £32.345 million (SLC - £20.754 million; NHSL - £11.591 million, a reduction of £5.501 million)
- ◆ the projected 2023/2024 prescribing overspend, with work ongoing to achieve the prescribing savings target
- ◆ the operational and financial impact of the ongoing significant demand and capacity challenges across the Health and Social Care system

The Board decided:

- (1) that the report be noted;
- (2) that, following the approval of the recurring and non-recurring budget strategy on 18 October 2023, the revised recurring funding gap for 2024/2025 of £32.345 million (SLC - £20.754 million; NHSL - £11.591 million) be noted, a reduction of £5.501 million from £37.846 million;
- (3) that the projected prescribing overspend across Health Care Services be noted; and
- (4) that the operational and financial impact of the ongoing significant demand and capacity challenges across the Health and Social Care system be noted.

[Reference: Minutes of 18 October 2023 (Paragraph 2)]

11 Performance Monitoring Report

A report dated 20 November 2023 by the Director, Health and Social Care was submitted providing a summary of performance against the key measures assigned to the integration of Health and Social Care in South Lanarkshire and the top 4 Strategic Commissioning Plan (SCP) priorities.

Following a recommendation by Audit Scotland in the South Lanarkshire Integration Joint Board (IJB) Annual Audit Report 2022/2023, it was proposed that additional measures be reported which aligned to the SCP priorities. This would allow the IJB to clearly define its target performance outcomes and monitor progress against those. Whilst the SCP had 12 high level priorities, it was proposed to focus on the top 4 priorities as follows:-

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

It was highlighted that this would be an iterative process with further developments anticipated.

The proposals were endorsed by the IJB (Performance and Audit) Sub-Committee on 21 November 2023.

A summary of performance was outlined in the report, with more detailed analysis provided in appendices 1 to 6.

The Board decided:

- (1) that the revised format of the Performance Monitoring report, endorsed by the IJB (Performance and Audit) Sub-Committee, be approved; and
- (2) that the current performance trends and service pressures be noted.

[Reference: Minutes of 19 September 2023 (Paragraph 9) and Minutes of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee of 21 November 2023 (Paragraph 7)]

12 Risk Management Update

A report dated 22 November 2023 by the Director, Health and Social Care was submitted providing an update on the Integration Joint Board (IJB) Risk Register and associated partner risks.

The IJB was required to have an approved Risk Management Strategy and Risk Register in place which detailed the organisation's approach to risk and how it would identify and manage risks to mitigate against subsequent impact. Information was provided on the governance and oversight arrangements in place.

It was recognised that a number of risks continued to have a significant impact on the delivery of health and social care services and, therefore, impacted the IJB's ambitions outlined in the Strategic Commissioning Plan (SCP) and associated commissioning intentions. A Risk workshop for IJB (Performance and Audit) Sub-Committee members was held on 22 August 2023 to allow members to review the Risk Register and Risk Management Strategy, taking into consideration the current challenges.

The revised Risk Register, which had been endorsed by the IJB (Performance and Audit) Sub-Committee on 21 November 2023, was attached as Appendix 1 to the report. The proposed risks within the revised Risk Register were as follows:-

- ◆ financial sustainability – very high
- ◆ workforce availability and capacity – very high
- ◆ winter pressures – very high
- ◆ failure to meet public protection and legislative requirements – high
- ◆ performance reporting did not capture performance across the whole health and social care system - high

Information was also provided on a number of national risks and the top risks of South Lanarkshire Council and NHS Lanarkshire which could have an impact on the IJB's overall aim of successfully delivering the intentions set out in the SCP.

The Risk Management Strategy was also being reviewed and would be submitted to a future meeting for consideration.

Officers responded to members' questions.

The Board decided: that the changes to the IJB Risk Register, endorsed by the IJB (Performance and Audit) Sub-Committee, be approved.

[Reference: Minutes of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee of 21 November 2023 (Paragraph 6)]

13 Review of Scheme of Delegation

A report dated 21 November 2023 by the Director, Health and Social Care was submitted on the revised Scheme of Delegation to Officers, attached as Appendix 1 to the report.

The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No. 2) Order 2015 came into force on 21 September 2015 and established the South Lanarkshire Integration Joint Board.

The Scheme of Delegation to Officers provided authority to deliver functions or take decisions on operational matters on behalf of the Integration Joint Board (IJB) whilst reserving decisions and responsibility for strategic oversight to the IJB.

A light-touch review had been undertaken and the revised Scheme of Delegation to Officers had been updated to reflect statutory changes and updates to both South Lanarkshire Council and NHS Lanarkshire's respective Schemes of Delegation.

The Chair referred to section 2.3 (a) and (b)(i) of the Scheme and proposed an amendment to reflect current practice, where consultation be undertaken with the Chair and Depute Chair of the IJB, and the Chief Executives and Directors of Finance of both South Lanarkshire Council and NHS Lanarkshire. The Board agreed to the proposal and that the Chair, Chief Officer and Standards Officer agree a form of wording.

The Chair advised the Board that this would be Geraldine McCann's last meeting of the Board as she was retiring. The Chair, on behalf of the Board, thanked Ms McCann for her contribution to the Board as Standards Officer and wished her well in her retirement.

The Board decided: that the revised Scheme of Delegation to Officers, attached as Appendix 1 to the report, be approved, subject to the proposed amendment by the Chair.

14 Public Bodies Climate Change Duties

A report dated 22 November 2023 by the Director, Health and Social Care was submitted providing an overview of the Integration Joint Board (IJB) Statutory Climate Change Duties Report for 2022/2023.

Part 4 of the Climate Change (Scotland) Act 2009 placed duties on all public bodies in Scotland to reduce greenhouse gas emissions, adapt to a changing climate and act sustainably. The Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015 required public bodies to prepare reports on compliance with Climate Change Duties.

Both South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL) had robust reporting arrangements in place. Information was provided on the governance structure and sustainability responsibility of the IJB in appendices 1 and 2 to the report.

The Statutory Climate Change Duties report for 2022/2023, attached as Appendix 3 to the report, had been submitted to the Scottish Government on behalf of the IJB by the Chief Officer and the IJB was asked to note the submission which had been endorsed by the IJB (Performance and Audit) Sub-Committee on 21 November 2023.

The Board decided: that the content of the Statutory Climate Change Duties Report for 2022/2023, which had been endorsed by the IJB (Performance and Audit) Sub-Committee on 21 November 2023, be noted.

[Reference: Minutes of 13 December 2022 (Paragraph 10)]

J Fernie and M Russell left the meeting during this item

15 Integration Joint Board Membership

A report dated 1 November 2023 by the Director, Health and Social Care was submitted advising of changes to the Integration Joint Board (IJB) membership.

Councillor Kirsty Williams had been confirmed by South Lanarkshire Council as a substitute voting member replacing Councillor Catherine McClymont.

Dr Lesley Thomson had stepped down from her position as Non Executive Director of NHS Lanarkshire Board and, therefore, as a voting member of the IJB. A replacement for Dr Thomson would be confirmed in due course.

Cleland Sneddon was retiring from his position as Chief Executive of South Lanarkshire Council and, therefore, as a non-voting member of the IJB and would be replaced by Paul Manning who would take up this position in January 2024.

The Board decided:

- (1) that the changes to the IJB membership, as detailed in the report, be noted;
- (2) that a note of thanks be recorded to Dr Lesley Thomson, Councillor Catherine McClymont and Cleland Sneddon for their contribution to the work of the IJB; and
- (3) to formally welcome Paul Manning as a non-voting member of the IJB.

16 Any Other Competent Business

Councillor Frame advised of her disappointment at the suitability of the venue being used for a public consultation event she had attended in relation to McClymont House.

The Director, Health and Social Care agreed that circumstances at the venue had been frustrating for all involved and that had been acknowledged at the event.

Chair's Closing Remarks

The Chair wished everyone a restful festive season, in particular paid and unpaid carers, who gave their time to make sure the most vulnerable in our communities were looked after 365 days of the year.

SOUTH LANARKSHIRE INTEGRATION JOINT BOARD (PERFORMANCE AND AUDIT) SUB-COMMITTEE

Minutes of the meeting held by Microsoft Teams on 21 November 2023

Chair:

Councillor Margaret B Walker, South Lanarkshire Council

Present:

NHS Lanarkshire Board (Voting Members)

Lesley McDonald (Depute) and Lesley Thomson, Non Executive Directors

South Lanarkshire Council (Voting Member)

Councillor Eileen Logan

Attending (Non-Voting):

Health and Social Care Partnership

S Sengupta, Chief Officer; M Moy, Section 95 Officer

NHS Lanarkshire

J Cringles, Business Support Manager; C Cunningham, Head of Performance and Commissioning; J Lyall, Chief Internal Auditor; C Rae, Head of Health and Social Care (Rutherglen/Cambuslang and East Kilbride)

South Lanarkshire Council

I Beattie, Head of Health and Social Care (Hamilton and Clydesdale); Y Douglas, Audit and Compliance Manager; G McCann, Head of Administration and Legal Services; L Purdie, Chief Social Work Officer; T Slater, Administration Adviser

Also Attending:

Audit Scotland

J Boyd, Audit Director; M Ferris, Senior Audit Manager

Apologies:

NHS Lanarkshire

Dr M Russell, Medical Director; L Thomson, Nurse Director

1 Declaration of Interests

No interests were declared.

2 Minutes of Previous Meeting

The minutes of the meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 22 August 2023 were submitted for approval as a correct record.

The Sub-Committee decided: that the minutes be approved as a correct record.

3 Minutes of Special Meeting

The minutes of the special meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 28 September 2023 were submitted for approval as a correct record.

The Sub-Committee decided: that the minutes be approved as a correct record.

4 Financial Monitoring 2023/2024

A report dated 30 October 2023 by the Director, Health and Social Care was submitted providing a summary of the financial position of the Health and Social Care Partnership (HSCP) for the period 1 April to 30 September 2023 in relation to Health Care Services and for the period 1 April to 6 October 2023 in relation to Social Work and Housing Services.

Information was provided on the updated Integration Joint Board (IJB) Financial Plan 2023/2024, updates to which had been approved by the IJB at a special meeting on 21 August 2023. At a further special meeting of the IJB on 18 October 2023, the recurring and non-recurring budget strategy to address the recurring Care at Home Service job evaluation costs was also approved.

As at October 2023, there was an overspend of £0.776 million (NHS Lanarkshire (NHSL) - £0.768 million; South Lanarkshire Council (SLC) - £0.008 million).

An update was provided on:-

- ◆ health care services in relation to:-
 - ◆ locality and other services
 - ◆ hosted services
 - ◆ the projected prescribing overspend and work to reduce the overspend
 - ◆ out of area services
- ◆ social care and housing services in relation to:-
 - ◆ residential, nursing and respite care services
 - ◆ care at home services
 - ◆ employee costs
- ◆ the notional set-aside budget
- ◆ a 2023/2024 budget update in relation to the local authority 2023/2024 pay award negotiations
- ◆ 2023/2024 Reserves
- ◆ the revised projected recurring funding gap for 2024/2025 of £32.345 million (SLC - £20.754 million; NHSL - £11.591 million), a reduction of £5.501 million from £37.846 million

Officers responded to members' questions in relation to:-

- ◆ the uncertainty and issues around prescribing and possible impact
- ◆ the work being undertaken to mitigate prescribing cost pressures

The Sub-Committee decided:

- (1) that the report be noted;
- (2) that, following approval of the recurring and non-recurring budget strategy on 18 October 2023, the revised recurring funding gap for 2024/2025 of £32.345 million (SLC - £20.754 million; NHSL - £11.591 million), a reduction of £5.501 million from £37.846 million, be noted;

- (3) that the projected prescribing overspend across Health Care Services be noted;
- (4) that the ongoing national local authority pay negotiations for 2023/2024 be noted; and
- (5) that the operational and financial impact of the ongoing significant demand and capacity challenges across the Health and Social Care system be noted.

[Reference: Minutes of the special Integration Joint Board of 21 August 2023 (Paragraph 2) and 18 October 2023 (Paragraph 2)]

5 Progress Report on Internal Audit Plan 2023/2024 and Agreed Actions

A report dated 29 October 2023 by the Director, Health and Social Care was submitted providing:-

- ◆ an update on progress with the delivery of the Internal Audit Plan for 2023/2024
- ◆ a summary of performance against the agreed actions to further develop the South Lanarkshire Integration Joint Board's (IJB's) governance framework

IJBs were required to establish an adequate and proportionate internal audit of the arrangements for risk management, governance and control of delegated resources. Internal Audit arrangements for the South Lanarkshire IJB were provided jointly by NHS Lanarkshire and South Lanarkshire Council.

The Internal Audit Plan 2023/2024 had been approved by the Sub-Committee at its meeting on 21 February 2023 and a summary of progress of audit activity was provided in Appendix 1 to the report.

Recommendations to further strengthen the IJB governance framework were made by the External Auditor and the Senior Management Team. Those developments contributed to the IJB's annual assessment of the governance arrangements.

On conclusion of the IJB External Audit for 2022/2023, 3 audit actions were agreed, with one SMT action highlighted. Progress on those actions was provided at appendices 2 and 3 of the report respectively.

The Sub-Committee decided: that the report and progress to date be noted.

[Reference: Minutes of 21 February 2023 (Paragraph 7)]

6 Risk Management Update

A report dated 13 October 2023 by the Director, Health and Social Care was submitted providing an update on the Integration Joint Board (IJB) Risk Register and associated partner risks.

The IJB was required to have an approved Risk Management Strategy and Risk Register in place which detailed the organisation's approach to risk and how it would identify and manage risks to mitigate against subsequent impact. Information was provided on the governance and oversight arrangements in place.

It was recognised that a number of risks continued to have a significant impact on the delivery of health and social care services and, therefore, impacted the IJB's ambitions outlined in the Strategic Commissioning Plan and associated commissioning intentions. A Risk workshop for Sub-Committee members was held on 22 August 2023 to allow members to review the Risk Register and Risk Management Strategy, taking into consideration the current challenges.

The revised Risk Register was attached as Appendix 1 to the report reflecting learning from the workshop, a number of national risks and including winter planning.

The Risk Management Strategy was also being reviewed and would be submitted to a future meeting of the Sub-Committee for consideration.

Officers responded to members' questions in relation to:-

- ◆ the inclusion of winter planning as a stand-alone item
- ◆ the inclusion of communication and engagement work as mitigating actions which would be incorporated in the next iteration of the Register

The Sub-Committee decided:

- (1) that the report be noted; and
- (2) that the revised IJB Risk Register be endorsed prior to submission to the IJB for approval.

[Reference: Minutes of 22 August 2023 (Paragraph 4)]

7 Performance Monitoring Report

A report dated 30 October 2023 by the Director, Health and Social Care was submitted providing a summary of performance against the key performance measures assigned to the Integration Joint Board (IJB) and the top 4 high level priorities identified within the Strategic Commissioning Plan.

The South Lanarkshire Integration Joint Board 2022/2023 Annual Audit Report made the following recommendation in relation to performance reporting:-

“In setting the IJBs strategic priorities, as outlined in the Strategic Commissioning Plan, there is an opportunity for the IJB to clearly define its target performance outcomes and monitor progress against these. Given the financial and operational pressures facing the IJB this will allow the organisation to clearly articulate its priorities and targeted outcomes and the extent to which these are achieved.”

In response to the recommendation, it was proposed that additional measures be reported to align with SCP priorities which would focus on the following top 4 priorities:-

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

A summary of performance was outlined in relation to the following areas, with more detailed analysis provided in the appendices to the report:-

- ◆ unscheduled care
- ◆ hospital occupancy and delayed discharge
- ◆ early intervention, prevention and inequalities
- ◆ mental health and addictions
- ◆ carers

Officers responded to members' questions in relation to:-

- ◆ the anticipated success of the Home First Service which had been performing well
- ◆ the impact of recruitment challenges on the continued development of the Home First approach
- ◆ the enhanced provision of end-of-life care within the community that was being provided by the Integrated Community Support Team (ICST)

The Director, Health and Social Care highlighted the national recognition the ICST had received winning the Integration Category at the Scottish Health Awards, together with awards and nominations for colleagues in other areas, as outlined in the report. Members extended their congratulations to all of the staff involved and recognised that those examples of excellence were reflective of the wider commitments of Health and Social Care Partnership teams and services to continuous quality improvement and innovation in the face of the significant challenges detailed within the IJB Risk Register.

The Director, Health and Social Care also gave an undertaking to provide an update on the impact of the Blantyre Life campus towards the end of the financial year, in conjunction with South Lanarkshire Council's Housing and Technical Resources.

The Sub-Committee decided:

- (1) that the revised Performance Monitoring Report be endorsed and submitted to the IJB for approval; and
- (2) that the current performance trends and service pressures be noted.

[Reference: Minutes of the 22 August 2023 (Paragraph 3)]

C Rae left the meeting during this item

8 Public Bodies Climate Change Duties

A report dated 5 October 2023 by the Director, Health and Social Care was submitted providing an overview of the Integration Joint Board (IJB) Statutory Climate Change Duties Report for 2022/2023.

Part 4 of the Climate Change (Scotland) Act 2009 placed duties on all public bodies in Scotland to reduce greenhouse gas emissions, adapt to a changing climate and act sustainably. The Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015 required public bodies to prepare reports on compliance with Climate Change Duties.

Both South Lanarkshire Council and NHS Lanarkshire had robust reporting arrangements in place. Information was provided on the governance structure and sustainability responsibility of the IJB in appendices 1 and 2 to the report.

The Statutory Climate Change Duties report for 2022/2023 was attached as Appendix 3 to the report and was scheduled to be submitted to the Scottish Government on 30 November 2023

The Sub-Committee decided:

- (1) that the Statutory Climate Change Duties Report for 2022/2023 be approved and submitted to the IJB for noting; and
- (2) that any final changes to the report be delegated to the IJB Chief Officer to make prior to submission.

9 Any Other Competent Business

There were no other items of competent business.

Report

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

Subject:	Appointment of Standards Officer
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1. Purpose of Report

1.1. The purpose of the report is to: -

- ♦ advise the Integration Joint Board (IJB) of the requirement to appoint a Standards Officer

2. Recommendation(s)

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

- (1) that Iain Strachan, Head of Administration and Legal Services, South Lanarkshire Council be nominated as Standards Officer of the Integration Joint Board;
- (2) that the responsibilities of the role, as outlined at Appendix 1, be noted; and
- (3) that the nomination be submitted to the Standards Commission for approval.

3. Background

- 3.1. In March 2016, the IJB adopted the Model Code of Conduct for Members of Devolved Public Bodies (as amended), which was created by the Ethical Standards in Public Life etc. (Scotland) Act 2000. At that time, Members were advised that Scottish Ministers were working on a standardised Code of Conduct for IJB Members (the Code of Conduct) which would be based on the Model Code and that all IJBs would be expected to adopt it subject to any amendments or branding of their choice approved by the Scottish Government.
- 3.2. On 28 June 2016, the IJB considered and adopted the Code which sets out a framework for members in the carrying out of their duties in order to meet the principles and requirements of the Ethical Standards in Public Life (Scotland) Act 2000.
- 3.3. The Code of Conduct for members of the South Lanarkshire IJB was subsequently issued to Scottish Government for approval at the end of June 2016.

4. Standards Officer

- 4.1. The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Amendment Regulations 2003 requires a Standards Officer to be appointed for the IJB and sets out the statutory responsibilities for that Officer. In addition, the Standards Commission for Scotland produced guidance which outlined the role of the Officer and the duties they might be expected to discharge. The guidance is not prescriptive as the Commission recognises that the Board will wish to have input to their internal governance arrangements.
- 4.2. On 13 September 2016, the Board formally nominated Geraldine McCann, a qualified solicitor, employed by South Lanarkshire Council as the Council's Head of Administration and Legal Services and the Council's Monitoring Officer as Standards Officer and on 17 August 2021, the Board formally nominated Margaret Mary Wilson, a qualified solicitor employed by South Lanarkshire Council as a Legal Services Adviser as Depute Standards Officer. Both appointments were, subsequently, approved by the Standards Commission.
- 4.3. The Board also approved the key responsibilities of the Standards Officer and Depute Standards Officers which are outlined in Appendix 1 attached.
- 4.4. Geraldine McCann, Standards Officer has recently retired from her position within the Council and, therefore, it is necessary to nominate another Officer to undertake this role. It is proposed that Iain Strachan, a qualified solicitor, employed by South Lanarkshire Council as Head of Administration and Legal Services be nominated to undertake the role of Standards Officer and that this nomination is forwarded to the Standards Commission for approval.

5. Employee Implications

- 5.1. There are no employee implications associated with this report.

6. Financial Implications

- 6.1. There are no financial implications associated with this report.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no implications for Climate Change, Sustainability or the Environment in terms of the information contained in this report.

8. Other Implications

- 8.1. The creation of the Standards Officer role is a statutory requirement and as such a failure to appoint a Standards Officer would be a breach of statutory duty.
- 8.2. There are no additional risk issues in terms of the information contained within this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function, or strategy and, therefore, no impact assessment is required.
- 9.2. There was also no requirement to undertake any consultation in terms of the information contained in this report.

10. Directions

10.1.

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Professor Soumen Sengupta
Director, Health and Social Care

26 February 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input type="checkbox"/>
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	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input type="checkbox"/>
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	<input type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

List of Background Papers

◆ None

Contact for Further Information

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

Margaret Mary Wilson, Depute Standards Officer

Phone: 01698 454501

E-mail: margaretmary.wilson@southlanarkshire.gov.uk

**The South Lanarkshire Integration Joint Board
Standards Officer
Key Responsibilities.**

1. The Standards Officer is responsible for ensuring that appropriate training is given or made available to Board Members on the Ethical Standards Framework, the Model Code of Conduct and any associated guidance issued by the Standards Commission.
2. The Standards Officer shall provide advice and support to Members on the interpretation and application of the Code of Conduct.
3. The Standards Officer shall be responsible for ensuring that the Integration Joint Board keeps and maintains a Register of Members Interests. The Standards Officer shall arrange for a reminder to be sent to all Members to update their Registers of Interests at least once per year.
4. The Standards Officer shall be responsible for ensuring that a Register of Gifts and Hospitality is established and maintained. The Standards Officer shall arrange for a reminder to be issued to all Members at least once per year to update the Register of Gifts and Hospitality.
5. The Standards Officer shall ensure that the Board has a method for obtaining and recording declarations of interest at the start of its meetings.
6. The Standards Officer may have an investigatory role if local resolution is attempted in respect of complaints or concerns about a member's conduct.
7. The standards Officer shall ensure that the Board's senior officers are aware of the requirements of the Members Code of Conduct.
8. The Standards Officer may be required to report to the Board on any matters relating to the Ethical Standards Framework that may require a review. Any concerns about compliance with the Code shall be reported to the Chief Officer.
9. The Standards Officer shall be the main point of contact for the Standards Commission and shall liaise with the Standards Commission whenever necessary in all matters relating to the Ethical Standards Framework including complaints.
10. The Standards Officer shall keep up to date with all relevant developments of the Ethical Standards Framework including trying to attend any events arranged by the Commission and reviewing the Professional Briefings and Case Decisions in order to appropriately advise Members.
11. The Standards Officer shall coordinate on behalf of the Board responses to any consultations issued by the Standards Commission in respect of the Code of Conduct or Guidance.

Report

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

Subject:	Integration Joint Board Membership Update
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1. Purpose of Report

1.1. The purpose of the report is to: -

- ♦ advise the Integration Joint Board (IJB) of changes to its membership

2. Recommendation(s)

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

- (1) to note that Ally Boyle, NHS Lanarkshire (NHSL) Non-executive Director has been confirmed as a voting member of the South Lanarkshire IJB by NHSL Board on 31 January 2024;
- (2) to note that Sylvia Stewart, in her capacity as NHSL Non-executive Director has been confirmed as a voting member of South Lanarkshire IJB by NHS Lanarkshire Board on 31 January 2024; and
- (3) to note that Donald Reid, NHSL Non-executive Director and voting member of South Lanarkshire IJB has been confirmed as a member of the IJB Performance and Audit Sub-Committee (PASC).

3. Updated Membership

3.1. IJB Voting Membership

3.1.1. Ally Boyle has been confirmed by NHS Lanarkshire Board on 31 January 2024 as a voting member replacing Lesley Thomson.

3.1.2. Sylvia Stewart has been confirmed by NHS Lanarkshire Board on 31 January 2024 as a voting member replacing Lillian Macer.

3.2. PASC Membership

3.2.1. Donald Reid has been confirmed as a member of South Lanarkshire IJB PASC.

4. Employee Implications

4.1. There are no employee implications associated with this report.

5. Financial Implications

5.1. There are no financial implications associated with this report.

6. Climate Change, Sustainability and Environmental Implications

- 6.1. There are no implications for Climate Change, Sustainability or the Environment in terms of the information contained in this report.

7. Other Implications

- 7.1. The proposals within this report will contribute to addressing External Audit Action 9 as reported to the South Lanarkshire IJB Performance and Audit Sub-Committee of 30 November 2021, in respect of the periodic review of governance documents to ensure that they remain fit for purpose to the operation of the IJB.

8. Equality Impact Assessment and Consultation Arrangements

- 8.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and, therefore, no Equality Impact Assessment is required.

9. Directions

9.1.

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Professor Soumen Sengupta
Director, Health and Social Care

1 March 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input type="checkbox"/>
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	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input type="checkbox"/>
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	<input type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- ◆ None

List of Background Papers

- ◆ South Lanarkshire Integration Scheme

Contact for Further Information

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

Jacquie Cringles, Business Support Manager - South Lanarkshire Health and Social Care Partnership

Ext: 3705 (Phone: 01698 453705)

Email: Jacqueline.Cringles@lanarkshire.scot.nhs.uk

Report

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

Subject:	Risk Management Update
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ provide an update on the Integration Joint Board's (IJB's) Risk Register and associated partner risks

2. Recommendation(s)

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

- (1) that the IJB Risk Register be approved.

3. Background

3.1. As a matter of good governance all public bodies are required to identify and take account of the impact of any potential risks in delivering their business.

3.2. The IJB requires to have an approved Risk Management Strategy and a Risk Register in place which details the organisation's approach to risk and how it will identify and manage risks to mitigate against subsequent impact.

3.3. The IJB has committed to promote an environment that is risk aware and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enables positive outcomes.

3.4. Governance and oversight arrangements are in place through a range of mechanisms detailed below:

- Quarterly updates on the Risk Register to the Performance and Audit Sub Committee (PASC) and IJB, alongside summary of the most recent published risk registers for NHS Lanarkshire and South Lanarkshire Council Social Work Resources rated as high or very high.
- Monthly meetings to review the risk registers of the IJB, NHS Lanarkshire and Social Work Resources to ensure all risks which may impact on the IJB are taken account of.
- Regular reporting of the Social Work Resources and NHS Lanarkshire Risk Registers to relevant committees and meetings plus oversight provided by Internal Audit colleagues.

- Annual risk workshop with PASC members which includes risk professional officers from NHS Lanarkshire, South Lanarkshire Council and the Internal Audit Consortium (4.2 below).
 - Reports to the IJB and PASC to highlight the subsequent impact or mitigation a policy or priority will have on the IJB delivering upon its Strategic Commissioning Plan (SCP) priorities or otherwise meet its statutory obligations (including setting and operating within a balanced budget).
- 3.5. As per the IJB's commitment to the ongoing assessment of risk, there will continue to be regular environment scanning undertaken to identify other risks which could impact on the business of the IJB. Where appropriate, this will be reported to the PASC and IJB in line with the current reporting arrangements.
- 3.6. Furthermore, the IJB Internal Audit Plan for 2024/25 will consider a number of areas which will assess the adequacy of reporting in relation to the following areas:
- The adequacy of performance monitoring to the IJB to provide relevant, reliable and sufficient data and timeous information on challenges, risks and responses.
 - Whether targets have been adjusted appropriately to reflect post-Covid realities and the SCP 2022-2025.
 - Whether performance reporting is used to update, and provide assurance on, the IJB Risk Register.
- 3.7. Future IJB Performance and Risk reports will include further information on work being undertaken with regard to the above areas.

4. Current position

- 4.1. The annual risk workshop for PASC members was held on the 22 August 2023. The workshop considered the current and forecast challenges for health and social care, nationally and locally, and was informed by horizon scanning undertaken by officers in advance. There was also discussion focused on the IJB's approach to risk tolerance and risk appetite, with a recognition that a dynamic approach to reviewing both by the IJB would be prudent given the external uncertainties and volatilities facing health and social care alongside the public sector more generally. Those insights and reflections have explicitly informed the updated IJB Risk Register (Appendix 1); quarterly reviewing of the IJB Risk Register by officers; the continued commitment to risk management being a routine item on both PASC and IJB agendas; and the review of the IJB Risk Management Strategy (for consideration at a future PASC meeting).
- 4.2. The update of the IJB Risk Register has taken cognisance of national risks for health and social care, notably those highlighted within reports presented to and briefing papers circulated to IJB members by officers – for example:
- The External Audit Annual Audit Report 2022/2023 which was presented to PASC on 28 September 2023 by the IJB's External Auditor, Audit Scotland.
 - Audit Scotland's national report on Integration Joint Board Financial Analysis 2021/22 (April 2023).
 - Audit Scotland's report on Local Government in Scotland Overview 2023 (May 2023).
 - Audit Scotland's report on The Scottish Government's Workforce Challenges (October 2023)
 - Audit Scotland's report on the NHS in Scotland 2023 (February 2024).

- 4.3. Reflective of the discussions at the annual risk workshop, the IJB Risk Register has subsequently been revised and refined to focus and provide visibility on risks identified and assessed as being very high or high pre-mitigation. Those risks as identified at February 2024 are as follows (scores below reflecting risk scoring after mitigation with controls):-
- Financial sustainability – very high
 - Workforce availability and capacity – very high
 - Performance delivery – very high
 - Failure to meet public protection and legislative requirements – high
 - Performance Reporting does not capture performance across the whole health and social care system – medium
 - Winter pressures – medium
- 4.4. Appendix 1 provides more information on each of these risks. Appendix 2 provides a summary of the top risks (designated very high or high) within the most recent risk registers of NHS Lanarkshire and Social Work Resources.
- 5. Employee Implications**
- 5.1. This report does not describe any new employee implications.
- 6. Financial Implications**
- 6.1. This report does not describe any new financial implications.
- 7. Climate Change, Sustainability and Environmental Implications**
- 7.1. There are no implications for climate change, sustainability or the environment in terms of the information contained in this report.
- 8. Other Implications**
- 8.1. Internal audit provides the PASC and IJB with independent assurance on risk management as well as internal control and corporate governance processes. For the South Lanarkshire IJB, internal audit is delivered on a joint basis by the Chief Auditors of NHS Lanarkshire and South Lanarkshire Council.
- 8.2. The Internal Audit Annual Assurance Report 2022/2023, which is a separate report to the PASC on 30 May 2023, includes the following opinion:
- 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 2023.*
- 8.3. This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the SCP, notably the following outcome:
- Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).
- 8.4. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and, therefore, no Equality Impact Assessment is required.
- 9.2. The report reflects ongoing engagement with and the expertise of risk professional officers from NHS Lanarkshire, South Lanarkshire Council and the Internal Audit Consortium.
- 9.3. No consultation was required in relation to the content of this report.

10. Directions

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Professor Soumen Sengupta
Director, Health and Social Care

1 March 2024

Link(s) to National Health and Wellbeing Outcomes

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Health and Social Care Services contribute to reducing health inequalities	<input type="checkbox"/>
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People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- ◆ None

List of Background Papers

- ◆ None

Contact for Further Information

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

Martin Kane, Service Development Manager
Email: Martin.Kane@southlanarkshire.gov.uk

South Lanarkshire IJB Strategic Risk Register

Appendix 1

No	Key Risk Area and Description	Lead Officer	Inherent Risk Score	Examples of Sample Controls	Residual Risk Score
1	Financial sustainability There is a risk that IJB expenditure exceeds available budget given cost and demand pressures alongside imperative to address recurrent deficit and given a volatile financial landscape. This could lead to inability to deliver sustainable progress in respect of the IJB's Strategic Commissioning Plan; create uncertainty for service users/patients and staff; compromise the delivery of statutory functions (notably public protection) and safe services; and undermine the IJB's ability to comply with the financial requirements set out in the Integration Scheme (and potentially contribute to financial challenges for NHSL and SLC).	Chief Officer Chief Financial Officer	Very high 25	<ul style="list-style-type: none"> • Annual budget setting process • Sustainability and Value Programme approach. • IJB Financial procedures • Financial procedures of the partner agencies • Chief Financial Officer oversight • Regular/standing financial reports to IJB and PASC augmented by workshops • Ongoing engagement with NHSL and SLC to ensure joined-up approach. • Internal and external audit processes • Budget Recovery Plans as required 	Very High 20
2	Workforce availability and capacity There is a risk that workforce supply challenges – national and local - are not sufficient to meet current service delivery models. This could lead to inability to deliver sustainable progress in respect of the IJB's Strategic Commissioning Plan; create uncertainty for service users/patients and staff; and compromise the delivery of statutory functions (notably public protection) and safe services.	SLC Head of Personnel NHSL Director of HR	Very high 25	<ul style="list-style-type: none"> • Lanarkshire Health and Social Care Workforce Plan 2022-25 • Lanarkshire Care Academy • Sustainability and Value Programme. • Service transformation, including redesign of Fieldwork Services; Occupational Therapy/Physiotherapy Review • NHSL-wide review of all major staff groups • Regular workforce monitoring. 	Very High 20

No	Key Risk Area and Description	Lead Officer	Inherent Risk Score	Examples of Sample Controls	Residual Risk Score
3	Performance Delivery There is a risk that performance delivery in relation to priorities and targeted outcomes outlined in the Strategic Commissioning Plan deteriorate given combination of required expenditure reduction, workforce supply challenges and service demands given current service delivery models and provision.	Head of Performance & Commissioning	Very High 25	<ul style="list-style-type: none"> Sustainability and Value Programme approach Lanarkshire Health and Social Care Workforce Plan 2022-25 Service transformation and reform Regular reporting to IJB and Performance and Audit Sub Committee 	Very High 20
4	Failure to meet public protection and legislative requirements There is a risk that financial and workforce instability alongside demand pressures compromises IJB ability to commission services sufficient to meet public protection and legislative requirements (including safe staffing).	Chief Social Work Officer Director of Nursing	Very high 20	<ul style="list-style-type: none"> Public Protection Chief Officers Group. PASC and IJB reporting and performance monitoring Sustainability and Value Programme. Service transformation and reform, including redesign of Fieldwork Services; NHSL-wide review of all major staff groups 	High 12
5	Performance Reporting does not capture performance across the whole health and social care system There is a risk to the IJB that performance reporting is too narrow in focus and does not adequately describe how the priorities and targeted outcomes outlined in the Strategic Commissioning Plan are being achieved.	Head of Performance & Commissioning	Very High 20	<ul style="list-style-type: none"> Updated performance monitoring in place. Annual performance report Regular reporting to IJB and Performance and Audit Sub Committee Internal and external audit. Introduction of new electronic systems by partners agencies (eg MORSE; and LiquidLogic) 	Medium 9

No	Key Risk Area and Description	Lead Officer	Inherent Risk Score	Examples of Sample Controls	Residual Risk Score
6	Winter pressures There is a risk of increased service challenges over winter period, e.g. due to impact of seasonal respiratory conditions and adverse weather. This could impact on workforce availability; service demands; service performance; and unexpected cost pressures.	Head of Performance & Commissioning	Very High 25	<ul style="list-style-type: none"> • Winter Plan 2023/24 • Resilience Planning and Local Resilience Partnership (LRP) • Learning from previous winter • Contingency and Business Continuity Plans • Operation Flow 	Medium 6

Updated: February 2024

Risk Matrix

Likelihood	Impact				
	1 -Negligible	2 -Minor	3 -Moderate	4 -Major	5 -Extreme
5 - Almost certain	5 Medium	10 High	15 High	20 Very high	25 Very high
4 - Likely	4 Medium	8 Medium	12 High	16 Very high	20 Very high
3 - Possible	3 Low	6 Medium	9 Medium	12 High	15 High
2 - Unlikely	2 Low	4 Medium	6 Medium	8 Medium	10 High
1 - Rare	1 Low	2 Low	3 Low	4 Medium	5 Medium

No	Risk	Partner
1	Ability of NHS Lanarkshire to deliver a balanced budget within periods 2023/24 and 2024/25	NHSL
2	Ability to maintain General Medical Services provisions	NHSL
3	Impact of Unpredictable Public Health Outbreaks on Current Services	
4	Nurse agency use – availability of staff and appropriate skill – mix	NHSL
5	Nursing Home Beds – increased costs and availability of workforce to deliver the model and the subsequent potential impacts of this on whole system patient flow	NHSL
6	Planned care – delays in delivering scheduled care and associated impacts	NHSL
7	Staff absence and wellbeing	NHSL
8	Sustaining a safe workforce	NHSL
9	Sustaining Primary Care Out of Hours Service	NHSL
10	Sustaining whole system patient flow	NHSL
11	Urgent and Unscheduled Care	NHSL
12	Funding and Budgetary Pressures (Reduction in funding/increased costs)	SLC
13	Workforce Availability and Capacity (Lack of capacity and skills to meet increased service demands)	SLC
14	Market and Provider Capacity (Procurement/Supply chain)	SLC
15	Meeting Public Protection and Legislative Duties (combined legislation/statutory duties Public Protection, Care Inspectorate/SDS)	SLC
16	The Council is unable to support households most impacted by the cost-of-living crisis resulting in increasing levels of poverty, debt and damage to health.	SLC
17	Winter Demand Pressures (Emergency Response)	SLC
18	The council is materially affected by the implications arising from the National Care Service Bill	SLC
19	The council does not fully deliver the strategic outcomes required of the IJB as outlined in their Strategic Commissioning Plan	SLC
20	Failure to fulfil emergency response commitment befitting the Council's status as a Category 1 (emergency) responder	SLC
21	Failure to comply with or meet the expected standards, scrutiny levels or improvement as identified by regulatory bodies	SLC
22	The provision of Council services is disrupted because of industrial action	SLC

Report

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

Subject:	Financial Monitoring 2023/2024
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ advise the Integration Joint Board of the financial position of the South Lanarkshire Health and Social Care Partnership (HSCP) for the period from 1 April to 31 January 2024 (Health Care Services) and 1 April to 29 December 2023 (Social Care and Housing Services)

2. Recommendation(s)

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

- (1) that the contents of the report be noted;
- (2) that the projected prescribing overspend across Health Care Services be noted;
- (3) that the review and realignment of reserves commitments across delegated health care services, as outlined at paragraph 8.1, is approved;
- (4) that the approval by SLC of the IJB retention of the projected underspend at 31 March 2024 across delegated social care and housing services of £1.272m be noted, as outlined at paragraph 8.2;
- (5) that the review and realignment of reserves commitments across delegated social care and housing services, as outlined at paragraph 8.2, is approved; and
- (6) that the operational and financial impact of the ongoing significant demand and capacity challenges across the Health and Social Care system be noted.

3. Background

3.1. This report is based on the financial monitoring reports received from the Director of Finance of NHS Lanarkshire (NHSL) and the Executive Director of Finance and Corporate Resources of South Lanarkshire Council (SLC). The position detailed in these reports is therefore based on the information contained in each partner's respective financial systems and includes accruals and adjustments in-line with their financial policies. This is the sixth financial monitoring report presented for the financial year 2023/2024.

3.2. As previously reported, the Integration Joint Board (IJB) Financial Plan 2023/2024 was updated to reflect the adjustments approved by the IJB on 21 August 2023 in respect of the revised financial outturn for 2022/2023.

3. Background (Cont.)

- 3.3. The recurring and non-recurring budget strategy approved by the IJB on 18 October 2023 to address the significant recurring annual Care at Home services job evaluation cost of approximately £7m per annum is also reflected in this financial monitoring report.

4. Overview Year To Date 2023/2024

- 4.1. As at December 2023 / January 2024, an underspend of £0.860m is reported (NHSL - £0.860m under; SLC – Breakeven).
- 4.2. The IJB is asked to note the key financial highlights to date in respect of 2023/2024 which are outlined in sections 5 and 6. Further supporting information is also outlined at appendices 1 to 4.

5. Key Financial Highlights 2023/2024 – Health Care Services

- 5.1. The key variances at 31 January 2024 in respect of Health Care Services are outlined at appendix 1.
- 5.2. Locality and Other Services
- 5.2.1 An underspend of £2.717m is reported, of which £1.978m (73%) relates to an underspend across employee costs due to the ongoing recruitment challenges. The underspend has increased by £0.740m from the total underspend of £1.977m reported at 31 December 2023.
- 5.2.2 The current vacancy factor across Locality and Other Services is 5%. This equates to 46 WTE posts. Action continues to be taken to recruit to vacant posts particularly in key service areas. Additional hours are also worked through bankaide, overtime and excess part-time hours, the cost of which is included within the financial position reported.
- 5.3. Hosted Services
- 5.3.1 An underspend of £2.112m is reported in respect of all Hosted Services led by the South Lanarkshire IJB which are outlined at appendix 2. The total underspend of £2.112m at 31 January 2024 is £1.031m more than the total underspend reported at 31 December 2023 of £1.081m. Management action has been progressed to address the overspends across hosted services previously reported. As at 31 January 2024, each Hosted Service is reporting an underspend.
- 5.3.2 In line with the Integrated Resources Advisory Group Finance Guidance, the lead partner for a Hosted Service is responsible for managing any overspends incurred. With the exception of ring-fenced funding, the lead partner can also retain any underspends which may be used to offset the overspends. This arrangement has been in place since 1 April 2016. On 28 March 2023, the IJB approved the proposal to continue to adopt for 2023/2024 the current approach for the management of underspends or overspends by the lead partner for the Hosted Service.
- 5.3.3 The total underspend of £2.112m includes a net underspend of £0.548m in respect of the Primary Care Improvement Fund. The net underspend at the year-end will require to be transferred to a ring-fenced reserve and is therefore not available to offset other Health Care Services overspends.

5. Key Financial Highlights 2023/2024 – Health Care Services (Cont.)

5.3. Hosted Services (Cont.)

5.3.4 An underspend of £1.564m is reported across the other Hosted Services as a result of an underspend across employee costs (£1.569m) which is partly offset by an overspend across non-employee costs (£0.005m). The net underspend of £1.564m reported at 31 January 2024 is available to offset other Health Care Services overspends.

5.3.5 As highlighted at paragraph 5.2, the underspend across employee costs is due to the ongoing recruitment challenges. The current vacancy factor across Hosted Services is 8.9% and equates to a total of 68 WTE posts.

5.3.6 The Hosted Services which are led by the North Lanarkshire HSCP are outlined at appendix 3. In-line with the Hosted Services agreement, a break-even position is reported.

5.4. Prescribing

5.4.1 As at 31 January 2024, an overspend on prescribing of £5.495m is being reported. At 31 December 2023, the overspend reported was £4.541m. This represents a increase of £0.954m. An overspend of £2.300m was reported last year at 31 January 2023. The year-end outturn at 31 March 2023 was an overspend of £3.750m.

5.4.2 The prescribing overspend of £5.495m has been calculated based on a combination of actual data received for the period April to 31 October 2023, estimated data for November 2023 to January 2024 and the impact of an additional non-recurring funding allocation of £1.613m to fund the pharmacy tariff increases for 2023/2024. The overall overspend is attributable to the number of medicines being prescribed and dispensed in community pharmacies since 1 April 2023 continuing to increase alongside prices remaining at higher levels.

5.4.3 The net prescribing overspend in 2023/2024 was originally projected to be £5.138m.

- Reliance is being placed on non-recurring reserves funding of £2.438m to manage part of the projected overspend in 2023/2024. The net annual prescribing budget for 2023/2024 is £68.064m. This has been increased on a non-recurring basis by £2.438m to £70.502m.
- The savings target agreed to address the balance of the overspend originally projected was therefore £2.700m.

5.4.4 Work to achieve the prescribing savings target and to reduce the prescribing overspend continues to be progressed at pace. This work ranges from reducing waste, inefficiencies and variation to quality prescribing and changing prescribing practice and culture. Work on savings programmes for scriptswitch and medicine reviews/switches continues from last year. The impact of this work is expected to materialise in a reduction in items being dispensed. At 31 January 2024, savings of £1.097m have been recorded to date and are included in the position reported. If this continues, the forecast annual savings expected by 31 March 2024 are projected to be £1.654m. As work progresses during the year, this forecast is expected to increase.

5.4.5 There is a high risk that the original prescribing savings target of £2.700m will not be achieved in full. Further prescribing costs may also be incurred during the remainder of this financial year. The achievement of prescribing efficiency savings will continue to be monitored and reported to the Senior Management Team, the Prescribing Medicines Management Board and the Sustainability and Value Workshops.

5. Key Financial Highlights 2023/2024 – Health Care Services (Cont.)

5.4. Prescribing (Cont.)

5.4.6 The prescribing overspend represents a high risk across Health Care Services and will continue to be closely monitored.

5.5. Out of Area Services

5.5.1 An overspend of £0.668m is reported at 31 January 2024 which is an increase of £0.050m from the overspend of £0.618m reported at 31 December 2023. Additional costs are continuing to be incurred in respect of the cost of services to support individuals with complex care needs.

5.6. Summary

5.6.1 As highlighted at paragraph 4.1, the net underspend across Health Care Services is reported to be £0.860m at 31 January 2024. This is analysed as follows:

- There is a net underspend across Health Care Services of £0.312m.
- There is a net underspend across the Primary Care Improvement Fund of £0.548m. Any underspend across the Primary Care Improvement Fund remaining at 31 March 2024 will require to be transferred to a ring-fenced reserve.

6. Key Financial Highlights 2023/2024 – Social Care and Housing Services

6.1. The key variances at 29 December 2023 in respect of Social Care and Housing Services are outlined at appendix 1. This position reflects the realignment of the recurring budgets and the non-recurring funding solutions approved by the IJB on 18 October 2023 to address the annual cost of the Care at Home job evaluation.

6.2. Residential, Nursing & Respite Care Services

6.2.1 An underspend of £1.070m is reported (Internal - £0.562m under; External - £0.508m under). This position reflects the realignment of the recurring budget of £2.100m to the Care At Home services budget approved by the IJB.

6.3. Care At Home Services

6.3.1 An overspend of £1.210m is reported (Internal - £0.287m over; External - £0.923m over). This position reflects the realignment of the recurring budgets and the non-recurring funding solutions approved by the IJB to address the Care at Home services job evaluation cost of £7.000m per annum. It also reflects the demand for the service.

6.4. Employee costs

6.4.1 The IJB Financial Plan 2023/2024 was approved on 28 March 2023 and included an estimate of the 2023/2024 pay award. The 2023/2024 pay award for the SLC partner has now been implemented. The additional Scottish Government funding made available to Local Authorities to support the 2023/2024 pay award is reflected in this IJB financial monitoring report.

6.4.2 The IJB Financial Plan 2023/2024 included reliance on employee turnover of £3.472m. This is in addition to the budgeted levels of employee turnover. Based on the position at 29 December 2023, the employee turnover continues to be in line with this financial planning assumption.

6.5. Summary

6.5.1 As highlighted at paragraph 4.1, a break-even position is reported across Social Care and Housing Services at 29 December 2023.

7. Notional Set-Aside Budget

- 7.1. The set-aside budget of £66.517m is a notional budget which represents the consumption of hospital resources by South Lanarkshire residents. In line with the accounting policy previously agreed, this notional set-aside budget will be included in the IJB Annual Accounts 2023/2024 as an estimate of expenditure. It is recognised that this will not necessarily reflect the actual usage of these hospital services by the IJB however it has been endorsed as an acceptable approach pending further updates from the Information Services Division (ISD).
- 7.2. The agreement in place from 2016/2017 to date in 2023/2024 has been that any physical transfer of resources from the set aside will be based on agreed costed service changes. Outside of these planned changes, it has been agreed each year to date that the NHS Board will deliver the set aside services in return for the budget offered. Although under s28(4) of the Public Bodies (Joint Working) (Scotland) Act 2014, the Health Board may require the integration authority to reimburse it for the additional amount used in providing set aside services, this has not been pursued by NHSL with the IJB.
- 7.3. All expenditure incurred on the set-aside services to date therefore has been met by NHSL. Instead, the focus has been on whole system working through the Unscheduled Care Board to develop future plans to cope with increased demand coupled with day-to-day integrated working to resolve the more immediate problems. This approach has allowed a constructive dialogue between the parties which focusses on the service changes that will make a difference.
- 7.4. It is recognised that activity levels in 2023/2024 may not be representative of previous normal activity levels due to the legacy impact of the Covid pandemic. It will be difficult to isolate the positive impact of the whole system approach adopted across Lanarkshire from the adverse legacy impact of the Covid pandemic.
- 7.5. The calculation of the notional set-aside allocation and the confirmation of actual activity levels remains a complex accounting process. The allocation will be updated on receipt of the validated activity levels from ISD. The NHSL Director of Finance, in consultation with the IJB Chief Financial Officer, continues to develop the monitoring arrangements for the Hospital Acute Services.
- 7.6. In recognition of the increasing demand across the notional set-aside services, an earmarked reserve (EM66) was established for £2.327m as a contribution towards the expected increase in 2023/2024 Unscheduled Care Services costs that the IJB is also responsible for. This reserve was drawn down in September 2023.

8. Probable Outturn 2023/2024

8.1. Health Care Services

- 8.1.1 Following the NHSL probable outturn exercise 2023/2024 and based on information currently available, a net overspend of £1.619m is projected across delegated health care services at 31 March 2024.
 - Underspends across a range of health care services in 2023/2024 totalling £9.852m are projected. This includes a projected underspend of £4.259m in respect of ring-fenced funding as a result of delays with service developments, recruitment or where previous years' reserves are being used first. The underspend of £4.259m in respect of the ring-fenced funding will require to be protected to fund the programmes of work it was issued for and will be transferred to ring-fenced reserves at 31 March 2024. The balance of the underspend of £5.593m is available to offset other overspends across health care services.

8. Probable Outturn 2023/2024 (Cont.)

8.1. Health Care Services (Cont.)

- As highlighted at paragraph 5.4, the main factor contributing to an overspend across health care services in 2023/2024 is prescribing costs. The prescribing overspend is projected to be £7.212m. This would be an increase of £1.717m from the overspend reported of £5.495m at 31 January 2024.

8.1.2 Recognising that an overspend at 31 March 2024 is being projected based on information currently available, the original commitments in respect of the balance of IJB reserves held for health care services totalling £20.613m at 31 December 2023 are being reviewed. The IJB is asked to approve that the outcome to date of this ongoing review includes the proposed realignment of the following reserves balances.

Ref	Description	£m
RF12	Remobilisation Fund	0.636
RF13	Integration Authority Support Fund	1.730
RF50	Telehealth	0.015
RF51	Video Medication Prompting	0.018
EM8	Telehealth Fund	0.150
EM38	Health and Social Care Fund	0.326
EM54	Social Care Fund	0.575
EM55	Childrens Care Fund	0.050
	Total	3.500

8.1.3 Part of the reserves realignment would address on a non-recurring basis the net projected overspend at 31 March 2024 of £1.619m. The balance of the reserves realignment of £1.881m would be available as non-recurring bridging funding in 2024/2025 whilst actions that result from the decisions taken by the IJB to set the balanced budget for 2024/2025 are implemented in-year.

8.2. Social Care And Housing Services

8.2.1 Following the SLC probable outturn exercise 2023/2024 and based on information available at 29 December 2023, a non-recurring net underspend of £1.272m was projected across delegated social care and housing services at 31 March 2024.

- The main factors contributing to underspends in 2023/2024 include employee turnover, reductions across property costs, contract review efficiencies, specialist placement review efficiencies and external care home placements.
- The main factors contributing to overspends in 2023/2024 include the outcome of the care at home services job evaluation and also demand for care at home services, adaptations services and direct payments.

8.2.2 As this underspend is in respect of the SLC contribution to the IJB, the underspend could have been retained by SLC. On 24 January 2024, the SLC Executive Committee approved that the underspend of £1.272m is retained by the IJB and is held in IJB earmarked reserves for future costs. This is in line with the approach to integrating health and social care budgets. This reserve is therefore available as non-recurring bridging funding whilst actions that result from the decisions taken by the IJB to set the balanced budget for 2024/2025 are implemented in-year.

8. Probable Outturn 2023/2024 (Cont.)

8.2. Social Care And Housing Services (Cont.)

8.2.3 The SLC partner has advised that, based on net favourable movements across January and February 2024 as a result of the implementation of the management and operational actions at pace, the projected underspend at 31 March 2024 will increase. As highlighted at paragraph 8.2.2, any further underspend in respect of the SLC contribution to the IJB could be retained by SLC. SLC would therefore require to consider if the further underspend was retained by SLC or by the IJB. This can only be considered by SLC when the final position is known.

8.2.4 The SLC partner is highlighting that recent pay claims presented have identified a risk that any pay deal for 2024/2025 will exceed the pay funding that has been included in the Council's Budget Strategy. The national pay negotiations are ongoing. If the retention of the further underspend by the IJB is approved by SLC, it is suggested that it would be prudent for the IJB to consider that this non-recurring funding is held as a contingency against higher than budgeted costs of pay in 2024/2025. This would be consistent with the approach adopted by SLC across non-delegated services.

8.2.5 Recognising that an underspend at 31 March 2024 is being projected based on information available at 29 December 2023, the original commitments in respect of the IJB reserves held for social care services totalling £1.363m were reviewed. To date £0.050m has been drawn down and a further £0.149m is required. The IJB is asked to approve that the outcome of this review includes the proposed realignment of the following reserves balances to be available as non-recurring bridging funding in 2024/2025 whilst actions that result from the decisions taken by the IJB to set the balanced budget for 2024/2025 are implemented in-year.

Ref	Description	£m
EM3	Social Care Contingency Fund	0.246
EM39	Financial Plan 2022/2023	0.818
EM42	Mental Health Officer Capacity	0.100
	Total	1.164

8.3. Ongoing Review

8.3.1 The projected outturn at 31 March 2024 in respect of health and social care services will continue to be monitored.

8.3.2 The IJB Reserves Plan will continue to be monitored and updated in consultation with the Director of Finance of NHSL and the Executive Director of Finance and Corporate Resources of SLC.

9. Reserves 2023/2024

9.1. The IJB reserves balance totals £37.940m (NHSL – £36.577m; SLC - £1.363m).

9.2. As at December 2023 / January 2024, the draw down from IJB reserves to date is £16.600m (NHSL - £16.550m; SLC - £0.050m). The balance of the IJB reserves is therefore £21.340m as detailed at appendix 4. Based on the outcome to date of the ongoing review of reserves highlighted at section 8, the current plan is summarised as follows:

Service	Current Commitment £m	Available To Realign £m	Total £m
Health Care	16.527	3.500	20.027
Social Care and Housing	0.149	1.164	1.313
Total	16.676	4.664	21.340

9.3. In 2022/2023, additional in-year funding for particular areas was not provided by the Scottish Government (SG) on the basis that reserves funding was available. Two examples of this change in approach were the Primary Care Improvement Fund and the Winter Plan. The amount of SG funding for 2023/2024 in respect of some service areas is being confirmed in allocation tranches as the year progresses and will take into consideration current reserves balances where available.

9.4. In order to provide greater consistency and transparency between the financial outturn position reported in financial monitoring reports with the outturn position reported in the annual accounts, External Audit recommended that the financial monitoring reports were enhanced to provide greater transparency of the core budgets and non-recurring reserves used to fund actual expenditure incurred in the delivery of services.

9.5. The funding in respect of the year-to-date expenditure incurred as at December 2023 / January 2024 is therefore analysed as follows:

Actual Expenditure Year To Date	Health Care Services £m	Social Care and Housing Services £m	Total £m
As at Dec 2023 / Jan 2024	396.705	165.553	562.258
Funded By			
Core Budget	380.155	165.503	545.658
Reserves	16.550	0.050	16.600
Total	396.705	165.553	562.258

9.6. At this stage of the financial year, the deficit on the provision of services and the total comprehensive income and expenditure as at December 2023 / January 2024 is £16.600m. The movement on reserves to date is a decrease of £16.600m, as highlighted at paragraph 9.2 and appendix 4. The projected outturn as at 31 March 2024 for each partner is highlighted at section 8 and includes planned spend against IJB reserves.

9.7. The current and projected commitments in respect of reserves funding continues to be reviewed in consultation with the Director of Finance of NHSL and the Executive Director of Finance and Corporate Resources of SLC, the outcome to date in respect of which is highlighted at section 8.

10. Employee Implications

- 10.1. The employee implications associated with the report are highlighted at sections 5 and 6.

11. Financial Implications

- 11.1. The financial implications are outlined in appendices 1 to 4.

- 11.2. Recognising the ongoing in-year financial challenges and risks, the following IJB Financial Regulation is highlighted:

*In exceptional circumstances, should the South Lanarkshire Council or the Health Board require the Board to identify resources to offset an in-year overspend, they (i.e. the partner) must do this by amending their contributions to the Board.
IJB Financial Regulation Section 5.17*

- 11.3. The intense budget and service pressures both nationally and locally have been noted previously and are ongoing. Based on the updated information in respect of 2024/2025, the total IJB funding gap is £33.037m. The IJB Financial Plan 2024/2025 is being reported to the IJB on 26 March 2024 for consideration and approval.
- 11.4. The IJB has a statutory responsibility to set a balanced budget. The IJB must operate within the budget available. Based on the current funding gap projections for 2024/2025, expenditure will require to be reduced to be contained within the available budget. The South Lanarkshire IJB is recognised as having a strong track-record of sound financial management and robust financial governance.

12. Climate Change, Sustainability and Environmental Implications

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

13. Other Implications

- 13.1. Risk management arrangements are in place for the IJB and each partner. The IJB risk register has been reviewed. The main risk associated with the in-scope budget is the uniquely high level of uncertainty in respect of projected costs and funding solutions.
- Prescribing volatility and uncertainty continues to represent a high-risk area within the NHSL element of the partnership's budget. Further prescribing efficiency savings will need to be achieved to reduce costs.
 - Both partners and external Health and Social Care providers continue to highlight higher than normal staff turnover rates and recruitment challenges.
 - Both partners require to continue to manage significant cost pressures across other non-IJB services.
- 13.2. The main risk associated with the IJB is that one or both partners may overcommit against recurring budgets. Financial risks are managed by the IJB, NHSL and SLC through their detailed budget management and probable outturn arrangements. Corrective action is therefore being taken as appropriate to address variances across Health and Social Care services. In particular, the approval by the IJB on 18 October 2023 of the recurring and non-recurring budget strategy to address the recurring Care at Home services job evaluation cost of £7m per annum is contributing to mitigating part of the risk of overcommitting against the SLC partner's budgets in 2023/2024.

13. Other Implications (Cont.)

- 13.3. Effective governance arrangements including managing the operational and financial risks associated with the budget consequences of the ongoing significant demand challenges across the Health and Social Care system is essential to ensuring that the IJB can fulfil its statutory duties. Failure to make the necessary changes to how public services are delivered will likely mean further budget pressures in the future. In essence, in order to protect services and supports for the most vulnerable and at-risk across our communities, other areas of activity have to be delivered differently, be reduced or stopped. The whole system approach also continues to be adopted by NHSL, SLC and North Lanarkshire Council.
- 13.4. The financial monitoring arrangements contribute to the mitigation of the following risks within the IJB Risk Register:
- Financial Sustainability (Very High)
 - Workforce availability and capacity (Very High)
 - Winter Pressures (Very High)
 - Failure to meet public protection and legislative requirements (High)
 - Performance Reporting (High)
- 13.5. This report relates to all national outcomes as effective governance arrangements will ensure that the IJB can fulfil its statutory duties. The contents of this report are material to the delivery of the IJB SCP 2022 - 2025, notably the following outcome:
- Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).
- 13.6. There are no other issues associated with this report.

14. Equality Impact Assessment and Consultation Arrangements

- 14.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.
- 14.2. Consultation was undertaken with both the Director of Finance for NHSL and the Executive Director of Finance and Corporate Resources of SLC in terms of the information contained in this report.

15. Directions

- 15.1 The extent to which the existing directions to each partner require to be varied is detailed in the table below:

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Professor Soumen Sengupta
Director, Health and Social Care

8 March 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input type="checkbox"/>
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	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input type="checkbox"/>
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	<input type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- ◆ IJB 12 December 2023 IJB Financial Monitoring 2023/2024

List of Background Papers

- ◆ none

Contact for Further Information

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

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Email: marie.moy@southlanarkshire.gov.uk

Health and Social Care Services Analysis

Appendix 1

South Lanarkshire Health and Social Care Partnership Budget	ANNUAL BUDGET 2023/2024 £m
Health Care Services	
Locality and Other Services	44.162
Addiction Services	14.440
Medical and Nursing Directorate	5.751
Prescribing	72.116
Out of Area Services	4.387
Area Wide Services	7.212
Hosted Services	151.347
Family Health Services	114.720
Set-Aside Budget	66.517
Health Care Services - Sub Total	480.652
Social Care Services	
Residential, Nursing & Respite Care Services	85.441
Supported Living Services	26.053
Day Care Services	12.669
Home Care Services	82.042
Equipment, adaptations and telecare	3.390
Assessment & Care Management	16.867
Other Services	4.396
Direct Payments	10.537
Expenditure Sub Total	241.395
Income	(6.968)
Social Care Services Net Total	234.427
Housing Services - General Fund	2.144
Housing Services HRA - Aids and Adaptations	2.132
Housing Services HRA - Care of Gardens	0.849
Housing Services HRA - Sub Total	2.981
Community Services (Grounds Maintenance)	0.084
Social Care and Housing Services Sub Total	239.636
TOTAL	720.288

YEAR TO DATE	
BUDGET	ACTUAL
Dec 2023 / Jan 2024	Dec 2023 / Jan 2024
£m	£m
37.778	35.062
10.875	9.235
4.449	4.038
60.047	65.542
3.656	4.324
5.795	5.651
124.805	122.693
94.728	94.729
55.431	55.431
397.564	396.705
62.644	61.574
16.503	16.458
7.888	7.778
55.113	56.323
2.133	2.309
12.399	12.502
3.549	3.388
6.796	6.993
167.025	167.325
(5.590)	(5.898)
161.435	161.427
1.842	1.842
1.343	1.343
0.849	0.857
2.192	2.200
0.084	0.084
165.553	165.553
563.117	562.258

YEAR TO DATE VARIANCE		
GENERAL Dec 2023 / Jan 2024 £m	RING-FENCED Dec 2023 / Jan 2024 £m	TOTAL Dec 2023 / Jan 2024 £m
2.717		2.717
1.639		1.639
0.412		0.412
(5.495)		(5.495)
(0.668)		(0.668)
0.144		0.144
1.564	0.548	2.112
0.000		0.000
0.000		0.000
0.312	0.548	0.860
1.070		1.070
0.045		0.045
0.110		0.110
(1.210)		(1.210)
(0.176)		(0.176)
(0.103)		(0.103)
0.161		0.161
(0.197)		(0.197)
(0.300)	0.000	(0.300)
0.308		0.308
0.008	0.000	0.008
0.000		0.000
0.000		0.000
(0.008)		(0.008)
(0.008)		(0.008)
0.000		0.000
0.000	0.000	0.000
0.312	0.548	0.860

Health and Social Care Services Analysis (Cont.)

Appendix 1 (Cont.)

South Lanarkshire Health and Social Care Partnership Budget	ANNUAL BUDGET 2023/2024 £m
FUNDED BY:	
SLC Funding	(187.461)
Total - SLC	(187.461)
NHS Lanarkshire Funding	(464.408)
Resource Transfer Paid By NHSL To SLC	(24.960)
Resource Transfer Paid By SLC To NHSL	(1.403)
Social Care Funding	(20.067)
Commissioned Services Funding	(5.389)
Total - NHSL	(516.227)
IJB Reserves - SLC	(0.050)
IJB Reserves - NHSL	(16.550)
Total - IJB Reserves	(16.600)
TOTAL	(720.288)

Hosted Services Led By South Lanarkshire IJB

Appendix 2

Led by the South Partnership	TOTAL			
	Annual Budget 2023/2024	YTD Dec 2023 / Jan 2024 Budget 2023/2024	YTD Dec 2023 / Jan 2024 Actual 2023/2024	YTD Dec 2023 / Jan 2024 Variance 2023/2024
	£m	£m	£m	£m
Community Dental Services	8.154	6.798	6.073	0.726
Brain Injury Unit	3.441	2.596	2.317	0.279
Out of Hours Services	9.980	8.084	7.942	0.142
Palliative Care Services	7.571	6.265	6.209	0.056
Physiotherapy Services	11.731	9.802	9.723	0.078
Primary Care Services	0.891	0.750	0.685	0.065
Occupational Therapy Services	8.964	7.499	7.285	0.214
Diabetic Services	4.606	3.905	3.901	0.004
Sub Total	55.339	45.698	44.134	1.564
Ring Fenced Funding				
Primary Care Improvement Fund	23.219	18.745	18.192	0.553
Primary Care Transformation Fund	0.002	0.002	0.006	(0.004)
Sub Total	23.221	18.747	18.199	0.548
TOTAL	78.560	64.445	62.333	2.112
South Share of North Hosted Services	72.787	60.360	60.360	0.000
Hosted Services Total	151.347	124.805	122.693	2.112

South Lanarkshire IJB - 48% Share			
Annual Budget 2023/2024	YTD Dec 2023 / Jan 2024 Budget 2023/2024	YTD Dec 2023 / Jan 2024 Actual 2023/2024	YTD Dec 2023 / Jan 2024 Variance 2023/2024
£m	£m	£m	£m
3.914	3.263	2.537	0.726
1.652	1.246	0.967	0.279
4.790	3.880	3.738	0.142
3.634	3.007	2.951	0.056
5.631	4.705	4.626	0.078
0.428	0.360	0.295	0.065
4.303	3.599	3.385	0.214
2.211	1.874	1.870	0.004
26.563	21.935	20.371	1.564
11.145	8.998	8.445	0.553
0.001	0.001	0.005	(0.004)
11.146	8.999	8.450	0.548
37.709	30.934	28.822	2.112

North Lanarkshire IJB - 52% Share			
Annual Budget 2023/2024	YTD Dec 2023 / Jan 2024 Budget 2023/2024	YTD Dec 2023 / Jan 2024 Actual 2023/2024	YTD Dec 2023 / Jan 2024 Variance 2023/2024
£m	£m	£m	£m
4.240	3.535	3.535	0.000
1.789	1.350	1.350	0.000
5.190	4.204	4.204	0.000
3.937	3.258	3.258	0.000
6.100	5.097	5.097	0.000
0.463	0.390	0.390	0.000
4.661	3.899	3.899	0.000
2.395	2.031	2.031	0.000
28.776	23.763	23.763	0.000
12.074	9.747	9.747	0.000
0.001	0.001	0.001	0.000
12.075	9.748	9.748	0.000
40.851	33.512	33.512	0.000

Hosted Services Led By North Lanarkshire IJB

Appendix 3

Led by the North Partnership	TOTAL			
	Annual Budget 2023/2024	YTD Dec 2023 / Jan 2024 Budget 2023/2024	YTD Dec 2023 / Jan 2024 Actual 2023/2024	YTD Dec 2023 / Jan 2024 Variance 2023/2024
	£m	£m	£m	£m
Sexual Health Services	3.418	2.871	3.001	(0.130)
Continence Services	2.468	2.058	2.781	(0.722)
Immunisation Services	3.362	3.038	4.394	(1.356)
Speech and Language Therapy Services	7.088	5.924	5.654	0.271
Children and Adolescents Mental Health Services	15.565	12.636	10.897	1.739
Childrens Services	13.284	11.141	11.978	(0.837)
Integrated Equipment and Adaptations Store	0.567	0.473	0.666	(0.194)
Dietetics Services	4.354	3.662	3.421	0.241
Podiatry Services	4.979	4.174	4.055	0.119
Prisoner Healthcare Services	2.032	1.695	2.349	(0.654)
Blood Borne Viruses Services	1.724	1.443	1.411	0.032
Hospital at Home	2.862	2.422	2.480	(0.058)
Mental Health and Learning Disability Services	89.915	74.213	70.295	3.918
TOTAL	151.639	125.750	123.381	2.369
North Share of South Hosted Services	40.851	33.512	33.512	0.000
Hosted Services Total	192.490	159.262	156.893	2.369

South Lanarkshire IJB - 48% Share			
Annual Budget 2023/2024	YTD Dec 2023 / Jan 2024 Budget 2023/2024	YTD Dec 2023 / Jan 2024 Actual 2023/2024	YTD Dec 2023 / Jan 2024 Variance 2023/2024
£m	£m	£m	£m
1.641	1.378	1.378	0.000
1.185	0.988	0.988	0.000
1.623	1.458	1.458	0.000
3.402	2.844	2.844	0.000
7.471	6.065	6.065	0.000
6.376	5.348	5.348	0.000
0.272	0.227	0.227	0.000
2.090	1.758	1.758	0.000
2.390	2.004	2.004	0.000
0.976	0.814	0.814	0.000
0.827	0.693	0.693	0.000
1.374	1.163	1.163	0.000
43.159	35.622	35.622	0.000
72.787	60.360	60.360	0.000

North Lanarkshire IJB - 52% Share			
Annual Budget 2023/2024	YTD Dec 2023 / Jan 2024 Budget 2023/2024	YTD Dec 2023 / Jan 2024 Actual 2023/2024	YTD Dec 2023 / Jan 2024 Variance 2023/2024
£m	£m	£m	£m
1.777	1.493	1.623	(0.130)
1.284	1.070	1.793	(0.722)
1.759	1.580	2.935	(1.356)
3.686	3.081	2.810	0.271
8.094	6.571	4.832	1.739
6.908	5.793	6.630	(0.837)
0.295	0.246	0.440	(0.194)
2.264	1.904	1.663	0.241
2.589	2.171	2.052	0.119
1.057	0.882	1.536	(0.654)
0.896	0.751	0.718	0.032
1.488	1.259	1.318	(0.058)
46.756	38.591	34.673	3.918
78.852	65.390	63.021	2.369

IJB Reserves Plan 2023/2024

Ref	Lead	Useable Reserve	Revised Balance As At 31 March 2023
Ring-Fenced Reserves			£m
RF2	NHSL	Alcohol and Drug Partnership Fund	1.276
RF10	NHSL	GP Information Technology Fund	0.750
RF11	NHSL	Community WIFI Fund	0.315
RF12	NHSL	Remobilisation Fund	3.074
RF13	NHSL	Integration Authority Support Fund	5.182
RF15	NHSL	Adult Social Care Winter Preparedness Fund	1.647
RF17	NHSL	ADP - Drug Death Task Force	0.290
RF18	NHSL	Community Living Change Fund	0.681
RF19	NHSL	West Of Scotland Trauma Fund	0.228
RF22	NHSL	Insulin Pump Fund	0.079
RF24	NHSL	Covid - Test & Protect Funding	0.044
RF26	NHSL	GPIT Reprovisioning	0.750
RF27	NHSL	Primary Care Improvement	2.595
RF28	NHSL	National Drugs Mission	0.222
RF29	NHSL	Residential Rehab	0.592
RF30	NHSL	WFA	0.207
RF31	NHSL	Buvidal	0.235
RF32	NHSL	Outreach	0.115
RF33	NHSL	Near Fatal Overdose	0.178
RF34	NHSL	Lived Experience	0.030
RF35	NHSL	Local Improvement	0.797
RF36	NHSL	MIST / Medication Assisted Treatment (MAT)	0.855
RF37	NHSL	Dental Remobilisation	0.354
RF39	NHSL	School Nursing	0.175
RF40	NHSL	Brain Injury	1.422
RF41	NHSL	DN Expansion	0.160
RF42	NHSL	ADP Task Force	0.191
RF43	NHSL	Urgent Care	0.062
RF44	NHSL	Discharge Without Delay	0.673
RF45	NHSL	Home First - MDT	1.770
RF46	NHSL	Additional 2-4 Allocation	0.314
RF48	NHSL	Staff Well Being	0.184
RF49	NHSL	Interface Care Programme	1.720
RF50	NHSL	Telehealth	0.015
RF51	NHSL	Video Medication Prompting	0.018
RF52	NHSL	Family Nurse Partnership	0.106
RF53	NHSL	Neurological Framework	0.024
RF55	NHSL	OT NES	0.002
RF56	NHSL	Insulin Pumps Funding	0.354
RF57	NHSL	Dental Childsmile	0.172
RF58	NHSL	CORRA Funding	0.052
RF59	NHSL	PCIF Pharmacy	0.468
RF60	NHSL	Resettlement Healthcare	0.054
RF61	NHSL	NES Pharmacy	0.166
RF62	NHSL	Pharmacy	0.051
Total Ring-Fenced Reserves			28.651

Appendix 4

2023/2024		
Transfers In	Transfers Out	Balance As At Dec 2023 / Jan 2024
£m	£m	£m
	(1.276)	0.000
		0.750
		0.315
	(2.438)	0.636
	(1.013)	4.169
		1.647
		0.290
	(0.681)	0.000
	(0.228)	0.000
	(0.079)	0.000
		0.044
		0.750
	(2.595)	0.000
	(0.222)	0.000
	(0.210)	0.382
	(0.078)	0.129
		0.235
		0.115
		0.178
		0.030
		0.797
	(0.303)	0.552
	(0.046)	0.308
	(0.175)	0.000
	(1.173)	0.249
	(0.160)	0.000
		0.191
	(0.062)	0.000
	(0.025)	0.648
	(1.770)	0.000
	(0.314)	0.000
		0.184
	(0.329)	1.391
		0.015
		0.018
		0.106
	(0.024)	0.000
		0.002
	(0.278)	0.076
	(0.040)	0.132
	(0.052)	0.000
		0.468
		0.054
	(0.166)	0.000
		0.051
0.000	(13.737)	14.914

IJB Reserves Plan 2023/2024 (Cont.)

Appendix 4 (Cont.)

Ref	Lead	Useable Reserve	Revised Balance As At 31 March 2023
Earmarked Reserves			£m
EM1	NHSL	Palliative Care Services	0.172
EM3	SLC	Social Care Contingency Fund	0.246
EM5	NHSL	Transitional Fund	0.186
EM8	NHSL	Telehealth Fund	0.150
EM19	SLC	Housing Services - General Fund	0.010
EM22	NHSL	GP IT Systems Replacement Fund	0.997
EM24	NHSL	Director of Nursing Fund	0.065
EM31	NHSL	Area Wide Services - Health Inequalities Health Promotion Posts	0.082
EM32	NHSL	Area Wide Services - Mental Health Initiatives - Health Improvement	0.007
EM33	NHSL	Area Wide Services - Vulnerable Population Post - Health Improvement Services	0.065
EM34	NHSL	Area Wide Services - Development of Health Promoting Culture	0.136
EM35	NHSL	Area Wide Services - Third Sector Initiatives To Improve Health	0.294
EM36	NHSL	Area Wide Services - Public Health Intelligence Data Analysts	0.059
EM37	NHSL	Area Wide Services - Inequalities Funding	0.023
EM38	NHSL	Health and Social Care Fund	0.326
EM39	SLC	Financial Plan 2022/2023	0.818
EM40	SLC	Integrated Care Fund	0.036
EM41	SLC	Self-Directed Support Development Team	0.093
EM42	SLC	Mental Health Officer Capacity	0.160
EM43	NHSL	Area Wide Services - 2021/2022 Underspend	1.217
EM45	NHSL	OT - Project Specific	0.048
EM47	NHSL	Band 6 Project Lead	0.032
EM48	NHSL	Band 5 OSM's South	0.027
EM49	NHSL	ADP Commissioned	0.300
EM50	NHSL	Professional Nursing	0.130
EM51	NHSL	Vaslan	0.240
EM52	NHSL	Care Opinion	0.033
EM53	NHSL	Veterans	0.043
EM54	NHSL	Social Care Fund	0.575
EM55	NHSL	Childrens Care Fund	0.050
EM57	NHSL	Medical Staffing	0.020
EM60	NHSL	GPIT Reprovisioning	0.186
EM61	NHSL	Clinical Fellow fundng	0.012
EM62	NHSL	Clinical Pharmacist re addictions	0.035
EM64	NHSL	Oversubstantive Posts (£2.438m)	0.089
EM66	NHSL	Unscheduled Care	2.327
Total Earmarked Reserves			9.289

2023/2024		
Transfers In	Transfers Out	Balance As At Dec 2023 / Jan 2024
£m	£m	£m
	(0.078)	0.094
	(0.050)	0.196
		0.186
		0.150
		0.010
		0.997
		0.065
		0.082
	(0.007)	0.000
	(0.065)	0.000
	(0.060)	0.076
		0.294
		0.059
		0.023
		0.326
		0.818
		0.036
		0.093
		0.160
		1.217
		0.048
	(0.032)	(0.000)
	(0.027)	0.000
		0.300
	(0.111)	0.019
	(0.080)	0.160
	(0.017)	0.016
		0.043
		0.575
		0.050
		0.020
		0.186
	(0.009)	0.003
		0.035
		0.089
	(2.327)	0.000
0.000	(2.863)	6.426

IJB Reserves Plan 2023/2024 (Cont.)

Appendix 4 (Cont.)

Ref	Lead	Useable Reserve	Revised Balance As At 31 March 2023
Contingency Reserves			£m
C1	NHSL	Contingency Reserves - NHSL	0.000
C2	SLC	Contingency Reserves - SLC	0.000
Total Contingency Reserves			0.000

General Fund	37.940
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Summary		
Ring-fenced	28.651	
Earmarked	9.289	
Contingency	0.000	
Total	37.940	

2023/2024		
Transfers In	Transfers Out	Balance As At Dec 2023 / Jan 2024
£m	£m	£m
		0.000
		0.000
0.000	0.000	0.000

0.000	(16.600)	21.340
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0.000	(13.737)	14.914
0.000	(2.863)	6.426
0.000	0.000	0.000
0.000	(16.600)	21.340

Report

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

Subject:	Proposed Re-provisioning of Care from Dewar House and McClymont House Residential Care Homes
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ provide details on the process and outcome of the consultation undertaken in relation to re-provisioning of residential care currently being provided from Dewar House and McClymont House residential care homes as part of work to address the IJB's recurring funding shortfall for adult and older people's social care;
- ♦ detail considered responses to main themes raised and alternative suggestions proposed through the consultation process; and
- ♦ present the recommendations on the future of Dewar House and McClymont House residential care homes.

2. Recommendation(s)

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

- (1) consider and give due regard to the consultation undertaken in relation to re-provisioning of residential care currently being provided from Dewar House and McClymont House residential care homes as part of work to address the IJB's recurring funding shortfall for adult and older people's social care;
- (2) consider the responses to the main themes raised and alternative suggestions proposed through the consultation process;
- (3) consider and give due regard to the Equality and Impact Assessment (including Fairer Scotland Duty Assessment) relating to the proposals in this report, and as referred to at Section 9 of this report;
- (4) approve the re-provisioning of residential care away from the two homes; and
- (5) in the event of (4) being agreed, issue direction to SLC to make arrangements to discontinue ongoing provision of residential care from these two facilities over a 7 month period (i.e. beyond the minimum 13 weeks required to notify the Care Inspectorate of intention to deregister) with no new admissions to be accepted.

3. Background

3.1. Sound governance and financial sustainability are fundamental to the delivery of the South Lanarkshire IJB Strategic Commissioning Plan (SCP) 2022-25, including the following transformational priorities highlighted by communities and stakeholders:

- Delivering upon our statutory responsibilities on their behalf
- Protecting the most vulnerable and at-risk in our communities

3.2. The Scottish Government's *Medium-Term Financial Strategy* published in May 2023 included the statement that tough and decisive action must be taken to ensure the sustainability of public finances and that future budgets can be balanced. In the *Pre-Budget Scrutiny 2024-25: The Sustainability of Scotland's Finances, November 2023* report, the Parliament's Finance and Public Administration Committee attached importance to affordability being a key factor in decision-making.

3.3. In its October 2023 overview report on *Local Government in Scotland*, Audit Scotland highlighted that increasing cost pressures jeopardise the sustainability of local services, stating that:

The scale of the challenge that lies ahead is greater than anything local government leaders (elected members and senior officers) will have ever experienced. Councils must work on three planning horizons: continue to deliver services here and now, identify and make improvements in the short term and plan for the longer-term radical change. This is an incredibly hard thing to do with an exhausted workforce but with councils' future funding position forecast to reduce in real terms, radical change is necessary so that councils can continue to serve their communities, respond to needs, meet demand and improve outcomes for people in the future.

3.4. Audit Scotland's report *Integration Joint Boards Financial Analysis 2021/2022* stated that IJBs have reached the point where 'significant transformation will be needed to ensure the (1) long-term capacity, (2) financial sustainability and (3) quality of services individuals receive'. Audit Scotland has highlighted that there remains a significant overall and recurrent budget gap across all IJBs; and that failure to make the necessary changes to how public services are delivered will likely mean further budget pressures in the future.

3.5. The South Lanarkshire IJB has a responsibility to set a balanced budget. As members have acknowledged, the IJB operates in a complex, challenging and changing environment. Sound governance and financial sustainability are integral to the achievement of the nine health and wellbeing outcomes and the implementation of the ambitions set out in the South Lanarkshire IJB SCP. The South Lanarkshire IJB is recognised as having a strong track-record of sound financial management and robust financial governance. However, the size of the funding gap is such that there will be unavoidable implications for what and how services and support are provided in the near future.

3.6. The South Lanarkshire IJB External Auditors, Audit Scotland, also stated the following in their 2022/2023 Annual Audit Report of the IJB:

- *With pressures on public sector funding and rising cost pressures, SLIJB face difficult decisions around the model and level of services it can provide in a financially sustainable and safe way.*
- *Management recognise that the scale of the challenge to make the IJB financially sustainable cannot be underestimated.*

- *In both delivery of the 2023/24 financial position as well as longer term financial sustainability the IJB face difficult decisions around the level and range of services the IJB can provide.*
- *All members have a responsibility for working constructively and demonstrating strong cohesive leadership to fulfil the IJB's duties and meet these challenges on behalf of local people.*

3.7. Through the extensive consultation process undertaken to shape the SCP, communities and stakeholders confirmed the following transformational priorities:

- Delivering upon our statutory responsibilities on their behalf.
- Protecting the most vulnerable and at-risk in our communities.
- Enabling and maintaining independent living in people's own homes wherever appropriate.

This is reflected in the SCP priorities, notably:

- Sustaining statutory social care and core health care functions.
- Promoting self-care and self-management including technology enabled care.
- Promoting suitable and sustainable housing.

3.8. The IJB has invested in and actively developed a range of services to be able to better support people with social care needs - and an increasing range of health needs - in their own homes and within their communities. This includes:

- £7.281m to implement the Home First Approach.
- £4.110m in multi-disciplinary teams including additional home-based palliative care services.
- £2.572m to support carers.
- £1.2m for Hospital at Home (hosted by the North Lanarkshire IJB).

3.9. As is highlighted in Appendix 3 and as members will be familiar with from regular performance monitoring reports, there is strong evidence of the increased numbers of people able to stay in their own home as a result of investments that the IJB has made and work that staff have progressed in developing transformed and more responsive services in the community. Also noted in Appendix 3 is reference to reports undertaken on behalf of, and involving, older people that reiterate the position that they would much prefer to stay at home – independently and for as long as possible.

3.10. Setting and delivering financial balance is fundamental to delivering upon the priorities within the SCP in a sustainable manner. As detailed within the Integration Joint Board Financial Plan 2024/2025 report that is separately presented to the March 2024 meeting of the IJB, South Lanarkshire IJB is faced with and needs to address a recurrent funding gap for adult and older people's social care services of now £19.543 million in order to meet its statutory obligation to set a balanced budget for 2024/25. The current and projected financial challenges inevitably mean that service levels cannot be maintained, and difficult decisions will need to be taken.

- 3.11. The recurrent funding gap of £19.543m includes recurring costs of £12.564m which were funded in 2023/2024 using non-recurring funding solutions. This was in line with the IJB Financial Plan 2023/2024 and the Budget Recovery Plan 2023/2024. The non-recurring funding solutions will not be available in 2024/2025 however the costs will recur again in 2024/2025.
- 3.12. In order to secure recurring financial sustainability, at its March 2023 meeting the IJB approved the adoption of the Sustainability and Value Programme approach to identify a range of potential savings options for consideration by the IJB. The agreed screening scale (attached at Appendix 4) has been designed to ensure that potential savings options are appraised, prioritised and then presented to the IJB for consideration in a manner consistent with statutory obligations and professional requirements. The screening scale reflects the advice of the HSCP's Medical Director, Nurse Director, Allied Health Professions Director and the South Lanarkshire Council (SLC) Chief Social Work Officer and illustrates the commitment to protect the most at risk and vulnerable people in South Lanarkshire.
- 3.13. At its September 2023 meeting the IJB was presented with a number of areas for consideration of transformational change and potential service redesign for further exploration with options to be then brought forward for further consideration. One such area was re-provisioning residential care - as it has been assessed as providing a potential opportunity to reduce expenditure (and thus contribute to addressing the overall budget shortfall) with potentially more limited implications for the care of individuals and communities in comparison to other options that were being developed or areas of service delivery; and in order to protect levels of resourcing for areas of critical risk (i.e. in respect of public protection and statutory duties).
- 3.14. SLC currently operates five residential care homes, four of which are delivered within SLC-owned buildings and the fifth in a property leased from an external provider. The five residential care homes have 170 beds.
- 3.15. Dewar House residential care home in Hamilton is registered for 16 beds. Dewar House is not owned by SLC but operated under lease, with the lease having now expired. The owner of the building has indicated that if the lease is continued then the lease and property costs in 2024/25 and beyond will increase. McClymont House residential care home in Lanark is registered for 27 beds, of which 9 beds have been decommissioned. The decision by SLC to decommission one of the wings with 9 beds reflects the decrease in demand for residential care services, the ongoing recruitment challenges and the pro-active action to minimise unnecessary operating costs.
- 3.16. It is recognised that the care provided currently – and over many years - by staff working within both Dewar House and McClymont House residential care homes is of a very high standard and appreciated by all involved. However, the need for this type of care has changed significantly over recent years locally (not least because of the developments referred to in 3.8 to 3.10) and nationally. The Care Inspectorate *Care Home Report: 1 April 2020 – 31 December 2022* stated that across Scotland the number of registered care home services has declined over the past five years, with 6% fewer in 2022 compared to 2018. That report also highlighted that over this five-year period, Scottish Government has developed and implemented policies designed to support people to be cared for in their own homes for longer.

- 3.17. At its October 2023 meeting, the IJB took the decision to consult on the option of re-provisioning residential care services, and specifically the commissioning of residential care service places from Dewar House and McClymont House care homes, as a recurrent contribution of £1.499m towards the overall financial gap for 2024/2025 (the latter being subject to a separate and inter-related report to the March 2024 meeting of the IJB). Savings can be made from not incurring costs of running the homes (£3.1m) offset in part by having an allowance for alternative care options for the current residents.
- 3.18. As part of this, the IJB also agreed to stop admissions to Dewar House and McClymont House effective from 19 October 2023 pending the outcome of the consultation. This was done as it was recognised that it would not be in the best interests of a person assessed as requiring residential care to admit them to a care home where they would imminently be asked to participate in a consultation about the future of the home, due to the uncertainty and potential disruption for that person. This decision was not an indication of intent to close either residential care home.
- 3.19. At that meeting it was confirmed that the consultation process would follow the national *Planning with People* and relevant COSLA guidance; and would involve direct engagement with residents, relatives, staff and wider stakeholders in the respective geographical areas.
- 3.20. Alongside gauging the views and concerns of the public, the consultation process would also seek suggestions for realistic alternatives for the £1.499m recurrent contribution that ceasing to commission residential care within Dewar House and McClymont House Care Homes would contribute to the overall budget shortfall for adult and older people's social care in South Lanarkshire.
- 3.21. In taking those decisions – and without pre-judging the outcome of the above consultation process or making any assumptions about subsequent recommendations to the IJB - members recognised that:
- Local authorities have a duty of care for all residents in care homes in Scotland, including those whose care package is not funded by the local authority. In the event of a care home closure the local authority has responsibility for the well-being of all residents.
 - In any care home closure it is recognised that, as a matter of good practice, where there are individual residents who have particularly complex care needs – including people with dementia and those in receipt of palliative care – early advice and co-operation with appropriate health care professionals is important to enable the local authority to discharge its duty of care.
 - SLC has a statutory duty to regularly review the care needs of these residents, and that this would continue during the consultation period. The purpose of these reviews is to ensure residents' needs are assessed to identify any changes, and then to ensure those needs are met.
 - SLC has considerable experience in safely transferring residents between care homes; and in discharging the council's responsibilities in accordance with the national *Good Practice Guidance on the Closure of a Care Home*.

4. Consultation

Overview of Process

- 4.1. At its October 2023 meeting, the IJB was presented with a proposed process for consulting with the residents of Dewar House and McClymont House, their relatives/next of kin, the staff working there (involving the trade unions), and more broadly the people of Clydesdale and Hamilton localities. It was also noted that given the key role that colleagues in third sector/community groups play in supporting people at home to avoid loneliness and isolation, they would also be consulted.
- 4.2. At that meeting it was confirmed that the national *Planning with People* guidance, would be followed; and in this way, the *National Standards for Community Engagement* would be adhered to.
- 4.3. In order to obtain further assurance of the integrity of the process and any subsequent decision by the IJB, officers took advice from Healthcare Improvement Scotland – Community Engagement and SLC Community Engagement Section. Based on the advice received, it was confirmed that an independent consultation advisory panel that includes community representation would be convened as best practice. The membership of the independent consultation advisory panel would not include any voting members of the IJB; elected members of SLC; or anyone belonging to or representing a group who is an interested party to the consultation. The panel would be chaired by a community representative and provide advice to the officers undertaking the consultation with reference to national guidance; and scrutinise each stage of the process, affirming its impartiality and ensuring that those being consulted had their views heard and given due consideration. The Equalities Impact Assessment (EQIA) would also be informed by the work of the independent consultation advisory panel as part of the overall process. More detail about the independent consultation advisory panel, its composition and remit can be found at:
- https://www.slhscp.org.uk/downloads/download/94/independent_advisory_panel
- 4.4. The consultation process ran from November 2023 to February 2024. Alongside gauging the views and concerns of the public, the consultation process sought to seek suggestions for realistic alternatives for the £1.499m recurrent contribution that ceasing to commission residential care within Dewar House and McClymont House care homes would contribute to the overall budget shortfall for adult and older people's social care in South Lanarkshire of £19.543m.
- 4.5. The process was completed to timetable with each of the component parts undertaken as planned. A full report on the consultation process has been prepared (Appendix 1).
- 4.6. A request made during the consultation process was for the consultation report to be made available to those who participated prior to the agenda pack of reports for the March 2024 being circulated to IJB members. That suggestion was accepted and formally added into the timetable with the agreement of the Independent Advisory Panel. The consultation report was made publicly available on-line on 15 March 2024 (see 9.16).

https://www.southlanarkshire.gov.uk/view/news/article/2134/Findings_of_care_home_consultation_published

- 4.7. Publication of the consultation report followed the completion of the rigorous oversight and review undertaken by the Independent Advisory Panel. The Independent Advisory Panel concluded that the consultation on the future of Dewar House and McClymont House was open, transparent and had been conducted in accordance with national guidance (see 9.18).
- 4.8. The appended report captures the main themes/areas of concern expressed through the consultation process and proposed alternatives for addressing the budget shortfall.
- 4.9. As would be expected from a consultation of this nature, the report reflects strong public and staff opinion in favour of keeping the care homes open, with robust views and opinions of participants recorded.
- 4.10. The main themes/areas of concern expressed through the consultation process were as follows:
- Impact on Residents
 - Impact on Families of Residents
 - Impact on Staff
 - Impact on Local Communities
 - Quality of Care in Dewar House and McClymont House
 - Views on Alternative Provision
 - Views on Justification for Closure

Each of these will now be considered in turn.

4.11. Impact on Residents

- 4.11.1 It is understood that many residents, their families and members of the community will be anxious about what potential closure would mean for those currently cared for within both residential care homes.
- 4.11.2 Local authorities have a duty of care for all residents in care homes in Scotland; and in the event of a care home closure the local authority has responsibility for the well-being of all residents.
- 4.11.3 It is recognised and acknowledged that wherever possible it is better to minimise the number of times an individual has to move between different care settings. SLC has a statutory duty to regularly review the care needs of residents within its care homes and then to ensure those needs are met. As such, transfers of individual residents do happen routinely when their assessed care needs require it, and HSCP staff have a track-record of supporting such moves smoothly and safely with families and carers.
- 4.11.4 There are different types of care home, providing different types of care subject to their registration with the Care Inspectorate. Residential homes help people with personal care and support them to engage in physical activity, whereas nursing homes have qualified nurses on-site around the clock to provide clinical care as needed.
- 4.11.5 Both Dewar House and McClymont House are residential care homes. As a result of this, when a resident's needs changes and they are assessed as requiring nursing care, this necessarily requires a move to a nursing home. Currently, a number of the residents in Dewar House have been assessed as requiring nursing care and accordingly, they require to move to a more appropriate setting with steps being taken to facilitate a transfer to a provider who is registered to provide the type of care required.

- 4.11.6 Similarly, while there is never an optimal time to close a care home, there is national *Good Practice Guidance on the Closure of a Care Home* that sets out the responsibilities of local authorities in such instances. This includes recognition that, as a matter of good practice, where there are individual residents who have particularly complex care needs – including people with dementia and those in receipt of palliative care – early advice and co-operation with appropriate health care professionals is important to enable the local authority to discharge its duty of care. It should be noted that for some residents the alternative care arrangements may be more appropriate given their increasingly complex care needs going forward if they are placed in an external ‘dual-registered’ care home (as there would be no further need to move them again if their assessed needs increase to require nursing care).
- 4.11.7 HSCP staff have considerable experience in safely transferring residents when care homes have closed (both in-house and external); and in discharging the council’s responsibilities in accordance with the national *Good Practice Guidance on the Closure of a Care Home* when doing so. In all circumstances, alternative places were secured for all the residents affected; and with close consultation between social work staff, the residents and their respective families, and with the receiving care homes. Good communication with the receiving care home ensures that there can be transfer of information related to the individual’s needs, thereby minimising disruption and distress.
- 4.11.8 In relation to timescales, SLC would be required to provide the Care Inspectorate with a minimum of 13 weeks notice of an intended change in registration if a decision was taken to close the care homes.
- 4.11.9 Given the above, if a decision was taken to close the care homes, it would not be expected for there to be any adverse impact on the health and social care outcomes for each of the 21 long-term residents directly affected. However, it is recognised that the anticipation of having to move to another care home due to closure could be distressing to and the process of closure may be disruptive for some residents.
- 4.12. Impact on Families of Residents
- 4.12.1 It is understood that many residents, their families and the members of the community will be anxious about what potential closure would mean for families of those currently cared for within both residential care homes.
- 4.12.2 As per 4.11.3. above, transfers of individual residents do happen routinely when their assessed care needs require it, and HSCP staff have a track-record of supporting such moves smoothly and safely with families and carers.
- 4.12.3 Whenever a care home is to close, all reasonable steps are taken to seek to minimise the impact on families. Typically, this involves a named social worker assessing the needs of the individual and thereafter working with relatives to identify suitable alternative placements based on the assessed needs and respective family preferences in respect of the type of home, availability and the geographical location. Until such assessments have been undertaken, it is not possible to determine what would constitute the best move for the individual.
- 4.12.4 There are 11 ‘dual registered’ care homes in the Hamilton area (687 beds in total, with the monthly care home return of March 2024 indicating 38 vacancies). There are 8 care homes in the Clydesdale area, providing a combination of nursing and residential care beds (382 beds in total, with the monthly care home return of March 2024 indicating 42 vacancies).

4.12.5 As per 4.11.7. above, HSCP staff have considerable experience in safely transferring residents when care homes have closed (both in-house and external); and in discharging the council's responsibilities in accordance with the national *Good Practice Guidance on the Closure of a Care Home* when doing so. In all circumstances, alternative places were secured for all the residents affected; and with close consultation between social work staff, the residents and their respective families, and with the receiving care homes.

4.12.6 Many of the families of the 21 long-term residents that would be directly affected by closure of the residential care homes raised concerns throughout the consultation process about the impact of increased travel if residents move to care homes in other areas.

4.12.7 As above, HSCP staff have a track-record of supporting resident moves to alternative care homes smoothly and safely with families and carers. However, it is recognised that the anticipation of having to move a family member to another care home due to closure could be distressing to and stressful for some members of the families of those residents directly affected.

4.13. Impact on Staff

4.13.1 It is understood that many residents, their families and the members of the community will be anxious about what potential closure would mean for the dedicated HSCP staff who currently work within both residential care homes.

4.13.2 It is recognised that the care provided currently – and over many years - by staff working within both residential care homes is of a very high standard and appreciated by all involved. It is to the credit of all those staff that such value is placed on their work by residents, families and the local community.

4.13.3 While the need for residential care has changed significantly over recent years there are many areas of social care within the HSCP where capable and committed staff such as these are required and would continue to be valued.

4.13.4 SLC operate a no-redundancy policy and would work with all the staff to identify suitable alternative employment opportunities in the event that a decision was taken to close the homes. The impact of displaced employees and any associated costs would be managed in line with natural turnover and redeployment to other social care posts and in line with the SLC Collective Agreement to redeploy employees. As well as offering alternative posts in social care – including additional/new training where required - other opportunities would also exist across and in other SLC Resources.

4.13.4 Throughout the process to-date, trades unions have been involved in local discussions and will continue to be so in individual discussions with staff members if requested and/or where required.

4.14. Impact on Local Communities

4.14.1 As is highlighted in Appendix 3, there is strong evidence of the increased numbers of people able to stay in their own home as a result of investments the IJB has made in developing new and additional services in the community. For example, Lanarkshire's Technology Enabled Care (TEC) team now provides an integrated approach to sustaining people to live more independently at home and within their community. It supports and facilitates hospital or integrated care discharges and

may also be urgently requested as part of adult support and protection planning or end of life care. Demand for assistive technology has continued to increase during 2023/2024 with 24% of hospital discharge requests supported through the Home First pathway and telecare installations taking place within 24 hours of the request being approved. The installation of digital alarms also continues to make good progress with 2,717 digital alarms installed during this period, contributing to the overall total of 5,872 alarms installed to date.

4.14.2 Given the greater level of services and supports within the community that enable an increased number of people to live at home for longer, when a member of the community cannot continue to be supported to continue to live at home, their care needs are now generally more complex and with the requirement being for nursing care (rather than the residential care provided by both of these care homes).

4.14.3 As described previously, a range of additional services and supports have already been introduced into local communities that are offering alternatives to a traditional residential care model and supporting more people to be able to be cared for in their own homes for longer than was previously the case. As well as providing additional employment opportunities for people in the local community, this has also extended the range of services that local people within the localities within which these residential care homes are located can access.

4.14.4 It is however recognised that there will still be the requirement for people to move into 24/7 care when their needs dictate this. There are alternative options for residential care across South Lanarkshire and in both locality areas within which these two residential care homes are located.

4.14.5 As per 4.13.3 there are many areas of social care within both of the localities within which Dewar House and McClymont House are located where capable and committed staff such as those who currently work within both care homes are required and would continue to be valued.

4.15. Quality of Care in Dewar House and McClymont House

4.15.1 As has been highlighted throughout this process and this report, the high quality of care provided by the staff in both Dewar House and McClymont House is recognised and very much appreciated by all involved. This is supported by the high grades typically received from the Care Inspectorate when both care homes have been routinely inspected.

4.15.2 As detailed in 3.13, the future of both residential care homes has been consulted upon as they have been identified as providing a potential opportunity to reduce expenditure (and thus contribute to addressing the overall budget shortfall for adult and older people's social care) with potentially more limited implications for the care of individuals and communities in comparison to other options that were being developed or areas of service delivery; and in order to protect levels of resourcing for areas of critical risk (i.e. in respect of public protection and statutory duties). This reflected the IJB's commitment to ensuring the safety of the most vulnerable and at risk people in our communities as expressed within its Sustainability and Value approach.

- 4.15.3 Recurring funding of £1.499m could be released by re-provisioning the care currently provided from Dewar House and McClymont House. This would be alongside other challenging action that is having to be taken and a range of additional difficult options that are separately being presented to the March 2024 meeting of the IJB to secure a balanced budget and address the recurrent funding shortfall of £19.543m for adult and older people's social care in South Lanarkshire.
- 4.15.4 As per 3.9. and 3.16. above, given the greater level of services and supports within the community that enable an increased number of people to live at home for longer, when a member of the community cannot continue to be supported to continue to live at home, their care needs are now generally more complex and with the requirement being for nursing care (rather than the residential care provided by both of these care homes).
- 4.15.5 The layout and room sizes of McClymont House places limitations on who can be admitted there. For example, there are no overhead tracking hoists in place and insufficient room for moving and handling equipment. Therefore, the care home cannot accommodate people who need a higher level of support with mobility.
- 4.16. Views on Alternative Provision
- 4.16.1 The monthly care home return of March 2024 indicated that across the independent sector in South Lanarkshire there were 2,082 care home beds with 97 available vacancies.
- 4.16.2 All care homes in Scotland are subject to the same national standards of care as set out and regulated by the Care Inspectorate and are subject to external inspection.
- 4.16.3 In the event that the care in any registered care service – SLC or independently provided service – is identified as being below standard by the Care Inspectorate, there are well established processes to ensure the necessary action is taken to allow the care to be provided to the appropriate standard.
- 4.17. Views on Justification for Closure
- 4.17.1 As detailed above, the future of both residential care homes has been consulted upon as they have been identified as providing a potential opportunity to reduce expenditure (and thus contribute to addressing the overall budget shortfall for adult and older people's social care) with potentially more limited implications for the care of individuals and communities in comparison to other options that were being developed or areas of service delivery; and in order to protect levels of resourcing for areas of critical risk (i.e. in respect of public protection and statutory duties). This then reflects the IJB's commitment to ensuring the safety of the most vulnerable and at risk people in our communities as expressed within its Sustainability and Value approach.
- 4.17.2 As detailed above, recurring funding of £1.499m could be released by re-provisioning the care currently provided from Dewar House and McClymont House. This would be alongside other challenging action that is having to be taken and a range of additional difficult options that are separately being presented to the March 2024 meeting of the IJB to secure a balanced budget and address a recurrent funding shortfall of £19.543m for adult and older people's social care in South Lanarkshire.

- 4.17.3 The operational decision taken not to reopen the closed wing in McClymont House was taken principally because of ongoing staff recruitment challenges - despite numerous attempts, it has not been possible to recruit sufficient numbers of staff.
- 4.17.4 As per 3.9. and 3.16. above, given the greater level of services and supports within the community that enable an increased number of people to live at home for longer, when a member of the community cannot continue to be supported to continue to live at home, their care needs are now generally more complex and with the requirement being for nursing care (rather than the residential care provided by both of these care homes).
- 4.18. The proposed alternatives suggested through the consultation for the £1.499m recurrent contribution that re-provisioning the care currently provided from Dewar House and McClymont House Care Homes would contribute to the overall budget shortfall for adult and older people's social care in South Lanarkshire of £19.543m have been thematically categorised as:
- Make savings from other parts of the system.
 - Increase the income.
 - Increase the viability of these care homes.
 - Gradual closure.

Each of these will now be considered in turn, with the full range of suggested alternatives proposed through the consultation provided in Appendix 5.

4.19. Make savings from other parts of the system

- 4.19.1 Upon consideration none of the suggestions here provided a viable alternative for contributing £1.499m towards addressing the recurring budget shortfall for adult and older people's social care, noting that:
- SLC and South Lanarkshire Leisure and Culture are exploring a range of property options to close premises to address separate and respective funding deficits.
 - Management action is already being taken to in relation to procurement to separately contribute to addressing the overall funding deficits.
 - Savings options separately developed to contribute to the overall IJB funding deficit already include a proposed reduction in managerial and associated support staff.
 - As Audit Scotland have highlighted, use of non-recurrent monies such as reserves do not provide a recurring solution for recurring financial deficits. If available however, non-recurrent monies could be used to extend the implementation period for closure (see 4.25.).

4.20. Increase the income

- 4.20.1 Upon consideration none of the suggestions here provided a viable alternative for contributing £1.499m towards addressing the recurring budget shortfall for adult and older people's social care, noting that:
- While the buildings meet the standards required for the types of residents that they can admit (noting 4.15.5.), substantial and costly modifications would be required to meet updated specifications as set out by the Care Inspectorate within *Care Homes for Adults – The Design Guide* (noting that these may not also be practically feasible.) This in itself would not increase income, given levels of demand and levels of self-funders (see 4.21. and 4.22. below).

- The closure of the former McClymont day centre building has already contributed a necessary budget saving as part of the approved budget recovery actions that were required in 2023/24, and so re-opening would increase costs to the IJB and increase the budget shortfall. It should also be noted that the provision of day services was moved out of this building due to inability to recruit sufficient staff.
- SLC has a process whereby requests for the community asset transfer of publicly owned land or buildings can be assessed. The future of the building and site of Dewar House would be a matter for its owners. In order to address the budget deficit, no funding would be available from the IJB for the costs of services nor staff to deliver social care services.

- 4.21. The IJB – through SLC – effectively subsidises residents of in-house residential care homes. A financial assessment is undertaken to confirm the contribution each resident will make to their care costs. Contributions therefore vary. The income brought in basically reduces the level of subsidy that each resident in effect receives. There is inevitably a degree of fluctuation in the number of self-funders that are resident within in-house residential care homes from year-to-year. Importantly though, there is not a direct relationship between the number of (staffed) beds and the proportion of residents that are self-funders (i.e. those residents with assets [including property] that have been assessed as being over the higher capital limit, who pay the total of their care home fees).
- 4.22. Responsibility for setting social care charges was retained by local authorities when the Public Bodies (Joint Working) (Scotland) Act 2014 was enacted. As part of the SLC Budget Strategy for 2024/2025 it has been agreed to reduce the subsidy of the in-house residential care home service as of 1 April 2024. The level of income projected is based on a projected number of 42 self-funders regardless of what the decision of the IJB ultimately is – i.e. have projected and so assumed 42 self-funders in terms of the additional income that an increase in charging would generate to reduce the SLC (and indeed also the IJB) budget gap whether there are five or three in-house residential care homes; and on the basis that 42 self-funders can be accommodated within three or five in-house residential care homes in the event that either of those are the outcomes of this process. This is projected to generate an additional £1.580m of income from self-funders, with SLC using half of this to address its recurrent funding deficit; and SLC then allocating the other half to the IJB. Under legislation SLC (nor NHS Lanarkshire) is not able to specify how the IJB should utilise monies allocated to it. This additional charging related allocation has already been factored into the IJB's Financial Plan 2024/25 as a contribution to the IJB's funding shortfall for adult and older people's social care (and so avoiding the equivalent amount of reductions to services) separate from the £1.499m contribution that is still required and associated with the potential closure of both care homes.
- 4.23. In respect of the closed wing in McClymont House (4.17.3) if the HSCP were able to secure the staff required to re-open those residential care beds (which is unlikely based on experience to date) and if the assessed demand was such that those beds could be filled (which trends indicate is unlikely), it is highly unlikely that all of those beds would be filled exclusively by self-funders. As such, the most likely outcome of re-opening residential care beds (in the event that we were able to secure the staff) is that the overall costs to the IJB – and the overall subsidy to residents as a whole – would increase.

4.24. Increase the viability of these care homes

4.24.1 Upon consideration none of the suggestions here provided a viable alternative for contributing £1.499m towards addressing the recurring budget shortfall for adult and older people's social care, noting that:

- SLC does not employ nurses and there is not the capacity to operate a "dual registration" care home.
- As per the IJB Financial Plan 2024/25, NHS Lanarkshire is also requiring to take action and make decisions to address substantial budget deficits. Given that there are no charges to service users for step-down or intermediate care, this would increase the costs to the IJB and so increase the budget deficit. Neither of these buildings would be able to provide equivalent specification of accommodation as is available at Blantyre Life.
- Sufficient alternative provision is already available for respite. Doing this would increase the costs to the IJB and so increase the budget deficit.

4.25. Gradual closure

4.25.1 While not providing a viable alternative for contributing £1.499m towards addressing the recurring budget shortfall for adult and older people's social care, it was recognised that this could be an option – and could assist with responding to some of concerns expressed earlier (4.11.9. and 4.12.7) – but that the length of an extended implementation period for closure would be dependent on the availability of non-recurrent monies to bridge the funding deficit during 2024/25 until the recurrent savings could then be realised. This would have implications for the overall IJB Financial Plan 2024/25.

Proposals

4.26. Having considered the alternative suggestions above alongside the main themes/areas of concern expressed through the consultation, as well as the outcomes of the EQIA (inclusive of the Fairer Scotland Duty Assessment), the recommendation is to re-provision residential care away from the two homes - i.e. to close both Dewar House and McClymont House Care residential care homes - so as to contribute a needed £1.499m recurring contribution to the IJB's budget shortfall for adult and older people's social care of £19.543m.

4.27. However, further consideration has been given to:

- Scope to mitigate potential distress and stress that may be experienced by the 21 long-term residents (4.11.9.) and members of their families (4.12.6 and 4.12.7.) due to the anticipation of having to move due to closure.
- The proposed alternative suggestions through the consultation in relation to the use of non-recurrent reserves (4.19.1.) and for gradual closure (4.25.).

4.28. Given 4.27. it is further recommended that subject to identification and re-allocation of sufficient available non-recurrent funding by the IJB Chief Financial Officer that the closure period for both homes be extended beyond the minimum required 13 weeks to instead 7 months. This extended closure period should provide added reassurance for the 21 long-term residents and their families that this process would not be unduly rushed; that necessary care would be both given to finding an appropriate placement for each resident; and to then supporting those residents and their families through a move in a manner that minimises any potential distress and

stress. The value of such a mitigating measure (recognising the added short-term financial cost) has been reinforced by the EQIA that has been completed.

5. Employee Implications

- 5.1. A reduction in the recurring budget is anticipated to affect 70.75 whole time equivalent SLC posts. The impact of displaced employees and any associated costs will be managed in line with natural turnover and redeployment to other Social Care or alternative suitable posts in other SLC resources and in line with the SLC Switch 2 Agreement to redeploy employees. All staff who are potentially affected and trade unions have been involved in the consultation and will be kept informed of any decisions.

6. Financial Implications

- 6.1. As per 3.10, setting and delivering financial balance is fundamental to delivering upon the priorities within the SCP in a sustainable manner. As detailed within the IJB Financial Plan 2024/2025 report that is separately presented to the March 2024 meeting of the IJB, South Lanarkshire IJB is faced with and needs to address a recurrent funding gap for adult and older people's social care services of £19.543 million in order to meet its statutory obligation to set a balanced budget for 2024/25.
- 6.2. Recurring funding of £1.499m could be released by re-provisioning the care currently provided from Dewar House and McClymont House. This would be alongside other challenging action that is having to be taken and a range of additional difficult options that are separately being presented to the March 2024 meeting of the IJB to secure a balanced budget and address a significant recurrent funding shortfall for adult and older people's social care in South Lanarkshire. Given the proposal at 4.25. only part year savings can be released in 2024/25 and accordingly, this will need to be offset by non-recurring bridging funding. The proposal to extend the closure period for both homes beyond the minimum required 13 weeks to instead 7 months would require non-recurring bridging funding of £0.875m in 2024/2025. This non-recurring bridging funding is accounted for in the IJB Financial Plan 2024/2025 which is being presented to the IJB as a separate item for consideration and approval at its March 2024 meeting.
- 6.3. At its March 2023 meeting, the IJB endorsed the development and implementation of the Sustainability and Value Option Appraisal Screening Scale (Appendix 4) designed to ensure that options to address the budget gap for adult and older people's social care (as well as health care) are appraised, prioritised and then presented for consideration in a manner consistent with statutory obligations and professional requirements. The aim of the Sustainability and Values Options Appraisal approach is to protect those activities that belong within the "red" zones by firstly securing the optimum value of budget and expenditure reductions within the benchmarking and efficiencies "green" zone and also the service redesign or reduction with no/limited impact on outcomes "yellow" zone; and then considering budget and expenditure reductions within the service redesign or reduction with impact on outcomes "amber" zone.
- 6.4. Re-provisioning residential care was originally assessed as a "green" proposition when initially presented to the IJB at its September 2023 meeting. While this is still strictly correct – not least as all those currently long-term residents in McClymont House and Dewar House will continue to receive care in line with their assessed needs – having reflected upon the EQIA and given that the consultation having identified that anticipation of having to move due to closure may be potentially distressing to and stressful for some residents and some members of the families of

residents directly affected, the option is now categorised as “yellow”. It should be noted that there are a number of “amber” options within the additional difficult proposals that are separately being presented to the March 2024 meeting of the IJB to secure a balanced budget and address a significant recurrent funding shortfall for adult and older people’s social care in South Lanarkshire.

- 6.5. The IJB Financial Plan 2024/25 (which is separately presented to the March 2024 IJB meeting) recognises that if the recurrent £1.499m is not realised from this proposal, then alternative area(s) of further saving would be required in order to ensure the IJB is able to set a balanced budget.
- 6.6. At the February 2024 IJB budget workshop, the IJB Standards Officer explained that, as part of the duty to set a balanced budget, IJB members do have the ability to put forward alternative options to the IJB for consideration if they find any part of the savings options presented to be unacceptable. Alternative options need to have been assessed and confirmed as competent and deliverable, as well as fully costed, in order to be properly considered. Individual IJB members should therefore discuss proposed alternative options in advance of the IJB meeting with the Chief Officer and the IJB Chief Finance Officer to allow these to be checked for competency and deliverability as well as being fully costed. This would allow a given IJB member to present their alternative as a competent and deliverable amendment to the paper at the IJB meeting. Copies of any such amendments should be provided to the Clerk to allow for distribution to the IJB members. A briefing note explaining the alternative options process was circulated to IJB Members on 4 March 2024.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no direct implications for climate change, sustainability or the environment in terms of the information contained in this report.
- 7.2. In addition to generating revenue savings for the IJB, the associated asset release would also avoid future capital expenditure by the SLC partner on property investment.
- 7.3. In respect of McClymont House, opportunities for the building and/or the site to be disposed of and/or used for other purposes and to reduce the council’s carbon footprint would be progressed by SLC Housing and Technical Resources.
- 7.4. As members will recall from the October 2023 meeting of the IJB, exploratory discussions have identified the potential for the site of McClymont House and the former McClymont Day Centre building to be considered for redevelopment, with the potential for the site to be moved to the SLC Housing Revenue Account (HRA). Recognising the need to maintain appropriate levels of specialist housing provision within the Lanark area and subject to approval of the recommendations by the IJB (as well as then a subsequent decision by SLC for the site to be moved to the HRA), officers from SLC Housing and Technical Resources and the HSCP would work together to develop proposals for the development of this site that deliver a progressive housing approach (as per the SLC Strategic Housing Investment Plan 2024 to 2029 presented to the IJB at its December 2023 meeting).
- 7.5. It should be noted that there are budget implications for the SLC partner in terms of managing properties once vacant (e.g. demolition). Subject to approval of the proposed recommendations, the detailed appraisal of these opportunities would be taken forward by SLC Property Services.

8. Other Implications

8.1. The proposals within this report contribute to the mitigation of the following risks within the IJB Risk Register:

- Financial Sustainability (Very high).
- Performance Delivery (Very high).
- Failure to meet public protection and legislative requirements (High).

8.2. There are no other implications associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

9.1. A full EQIA has been completed and was subject to review by the Independent Advisory Panel. That EQIA included completion of a Fairer Scotland Duty Assessment and has been shared with the IJB.

9.2. The EQIA identified the importance of providing reassurance to the 21 long-term residents and their families that this process would not be unduly rushed; that necessary care would be both given to finding an appropriate placement for each resident; and to then supporting those residents and their families through a move in a manner that minimises any potential distress and stress. Recognising the added short-term financial cost, this has informed the recommendation set out in 4.28. above, i.e. that that subject to identification and re-allocation of sufficient available non-recurrent funding by the IJB Chief Financial Officer that the closure period for both residential care homes be extended beyond the minimum required 13 weeks to instead 7 months.

9.3. As per 3.20, the consultation process has been designed and undertaken with reference to the national *Planning with People* and relevant COSLA guidance; and as approved at the October 2023 meeting of the IJB.

9.4. The consultation report attached at Appendix 1 details the consultation undertaken.

9.5. As is highlighted in the report at Appendix 1, the consultation process was subject to oversight and review by an Independent Advisory Panel. The Independent Advisory Panel also reviewed the EQIA that was completed (9.1.).

9.6. The consultation process involved 6 public meetings – 3 in Hamilton and 3 in Lanark; meetings with relevant community groups; meetings with staff; and individual meetings for every resident and/or their respective relatives of both care homes who wished one. A dedicated email address was also set-up to which written contributions were welcomed and captured.

9.7. Correspondence from members of the families of residents and other interested individuals was acknowledged, logged and responded to through appropriate channels dependent on the nature of the questions posed. This was important in terms of making sure that all enquiries were treated fairly and consistently regardless of who they were from.

- 9.8. The public meetings were advertised through media releases that were subsequently reported upon by local newspapers and their respective social media platforms; on the SLC social media platform; on a dedicated HSCP web page; and individual letters to residents/relatives.
- 9.9. Over the course of the consultation process, there were 10 public notices on the HSCP webpage, each of which was viewed between 2,000 and 5,000 times. These notices highlighted where to access information on the consultation and associated material (e.g. details of public meetings).
- 9.10. The summary written notes of all points raised in the public meetings were posted on the dedicated web page, alongside the production and ongoing updating of a Frequently Asked Questions (FAQ) briefing (example attached at Appendix 2). At the third public meeting held in each of Hamilton and Lanark, the main emerging themes that had been identified at that point in the process were shared alongside factual clarifications where appropriate and requested.
- 9.11. It is acknowledged that concerns were expressed through the consultation in respect of the process, including the extent of communication; and that regardless of the consultation being undertaken, a decision had already been made.
- 9.12. Recognising difficulties experienced and frustration expressed at the start of the process (particularly in relation to the first public meeting) action was taken to reinforce communication arrangements. For example, a technical (firewall) issue was found to have impeded outgoing e-mails advertising the public meetings at the start of the process. While this had been only one part of the communications which were used to advertise what were well-attended public events, once identified action was taken to both resolve the specific matter and mitigate against such future issues. Notably, in addition to re-sending the email and letter by hard copy, all families were contacted by telephone to confirm that they had received the hard copy.
- 9.13. During the process it was also recognised that some of the questions stimulated through the consultation might relate to specific operational detail or individual circumstances, much of which would not/or may not be appropriate to publish in a public forum. Alongside ensuring that any such matter would be dealt with through the appropriate channels, it was also reaffirmed that given that unit managers have the closest relationship with residents and their families they would remain available to discuss any concerns directly if required and as appropriate.
- 9.14. Throughout the process and across communications (see Appendix 2) the position was consistently stated that no decision had been made; and that the final decision would be made at the March 2024 IJB meeting once members had had the opportunity to properly consider the report on the consultation as one part of their overall deliberations on the formal paper presented on the future of both residential care homes. It was also consistently stated through the process that the consultation report would be approved by the Independent Advisory Panel (9.1.).
- 9.15. As per 4.6, a request made during the consultation process was for the consultation report to be made available to those who participated prior to the agenda pack of reports for the March 2024 being circulated to IJB members. That suggestion was accepted and formally added into the timetable with the agreement of the independent advisory panel. The consultation report was made publicly available on

the HSCP website on 15 March 2024, with residents, their families and staff informed of its availability on that date.

9.16. As described within the consultation report, a self-evaluation was undertaken of the process as per the recommended approach within the Healthcare Improvement Scotland Community Engagement quality framework guidance. This involved a number of quality statements being reflected upon and a rating then being ascribed. The consensus assessment of the self-evaluation was that the neutral and negative ratings did not apply to any of the quality statements. Reflective of a commitment to continuous quality improvement, consideration was also given to those aspects of the process which could have been strengthened so as to identify learning for any future consultation activity.

9.17. In validating and confirming the consultation report, the Independent Advisory Panel stated:

The consultation on the future of Dewar House and McClymont House residential care homes has been carried out in accordance with Planning with People guidance and took cognisance of the seven National Standards for Community Engagement. It was conducted in line with the plans shared with the members of the Independent Advisory Panel, and has taken account of their additional comments following the first public consultations. To the best of our knowledge, it represents the views expressed by those consulted, including those who would be most affected by any decision the IJB takes in relation to the future of the two care homes.

10. Directions

Subject to the IJB agreeing to recommendations at Section 2, a direction would be issued to SLC to make arrangements to discontinue ongoing provision of residential care from both of these facilities over a 7 month period (i.e. beyond the minimum 13 weeks required to notify the Care Inspectorate of intention to deregister) with no new admissions to be accepted.

Professor Soumen Sengupta
Director, Health and Social Care

18 March 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input type="checkbox"/>

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	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

SL IJB Budget Recovery Plan 2023/2024 Update - 18 October 2023

List of Background Papers

None

Contact for Further Information

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

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Head of Commissioning and Performance

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Consultation report on the future of Dewar House and McClymont House Residential Care Homes

Helen Alexander & Laura Dover

Released on 15th March, 2024

Executive Summary

This consultation was approved by the South Lanarkshire Integration Joint Board (IJB), to inform decisions on the future of two of South Lanarkshire Council's residential care homes (Dewar House and McClymont House). Their proposed closure was in response to the challenging financial position for all IJBs across Scotland.

The consultation plans were developed using the Scottish Government's Planning with People guidance, and feedback was obtained in meetings with the general public, individual residents and their families, groups of staff, and local community organisations. A dedicated email account was also created to capture written submissions.

Consultation responses showed that people were concerned about the impact on the current residents, their families, the staff of both care homes and local communities. They challenged the arguments put forward to justify closure, questioned the IJB's financial management, and suggested a range of alternatives to closure. The overwhelming conclusion from those who took part in the consultation was that Dewar House and McClymont House should not be closed.

An Independent Advisory Panel (IAP) was convened by the South Lanarkshire Health and Social Care Forum i.e. community volunteers and third sector organisations who empower people to have a voice in the planning and development of local services. The IAP advised on the consultation process and, based on their scrutiny of this report, concluded that:

The consultation on the future of Dewar House and McClymont House residential care homes has been carried out in accordance with Planning with People guidance and took cognisance of the seven National Standards for Community Engagement. It was conducted in line with the plans shared with the members of the Independent Advisory Panel, and has taken account of their additional comments following the first public consultations. To the best of our knowledge, it represents the views expressed by those consulted, including those who would be most affected by any decision the IJB takes in relation to the future of the two care homes.

1.0 Introduction

At its meeting on 18th October, 2023, the South Lanarkshire Integration Joint Board (IJB) approved a Budget Recovery Plan 2023/2024. This included approval to undertake a consultation on the future of two of South Lanarkshire Council's residential care homes (Dewar House and McClymont House). The IJB was not asked to take a decision about any residential care home closure. The IJB cannot consult on a decision that has already been taken.

The context for this consultation was the increasingly challenging financial position of Integration Joint Boards and other public sector organisations, as recognised in a series of Scotland-wide reports.

'All IJBs are facing unprecedented financial sustainability and workforce challenges as they seek to balance the impact of Covid-19, the remobilisation of services and rising demand. This is exacerbated by the uncertainty of future funding.'

- [Accounts Commission \(2023\) Integration Joint Boards: Financial analysis 2021/22](#)

'Frank discussions are needed with local communities about the future of council services. Difficult decisions will need to be made. While councils received more money in total in 2022/23 than in the previous year, councils had less money to spend in real terms.'

- [Accounts Commission \(2024\) Local government in Scotland: Financial bulletin 2022/23](#)

2.0 Independent Advisory Panel

As advised by Healthcare Improvement Scotland – Community Engagement (HIS-CE), an Independent Advisory Panel (IAP) was established to provide oversight of all consultation activity and ensure robust scrutiny of the process.

The panel's remit was to oversee the development and implementation of consultation plans, in line with *Planning with People*¹ guidance, thus ensuring a fully inclusive process. It provided advice to the officers carrying out the consultation. The Terms of Reference outlined its aim as:

To oversee the development and implementation of consultation plans and processes in relation to South Lanarkshire IJB's Sustainability and Value Programme and to provide independent assurance to the IJB that consultation is being carried out in line with national guidance. Should any member(s) indicate that they cannot give this assurance, they are required to submit a statement so that the IJB can take their views into account.

¹ Scottish Government (2023) *Planning with People*. <https://www.gov.scot/publications/planning-people-community-engagement-participation-guidance/documents/>

The panel's first task was to determine whether or not it had the right membership or if any representative was missing. To ensure it could provide impartial advice, it was led by the chair of South Lanarkshire's Health & Social Care Forum (SLHSCF). This is an independent group of community volunteers and third sector organisations who work to empower patients, service users, carers and the general public to have a voice in the planning and development of local health and social care services. SLHSCF convened the panel with Voluntary Action South Lanarkshire (VASLan) and agreed that no voting IJB members, elected members, or people who would be consulted with could be members of the Panel. Further details on the Independent Advisory Panel and its remit can be found at: https://www.southlanarkshire.gov.uk/slhscp/downloads/download/95/independent_advisory_panel

The IAP first met on 15th November, 2023 during which they received background information on the need for the Sustainability and Value Programme, including the proposed residential care home closures, and the draft consultation plans. They provided comment on the plans which were adjusted accordingly. They met again in December to finalise their Terms of Reference and receive verbal feedback on the first two public consultation events. At their next meeting officers provided feedback on the main themes from all the consultation events to date and the Panel commented on an early draft of the Equalities Impact Assessment (EQIA). The Panel considered a draft of this report following their meeting on the 23rd February, 2024, and their comments have been addressed in this version.

3.0 Consultation Process

Following *Planning with People* guidance, separate plans were developed to consult with the main groups likely to be affected by the proposed closure of Dewar House and McClymont House. Details of the consultation process, including Frequently Asked Questions and the approved plans can be found at: https://www.slhscp.org.uk/info/19/public_consultation.

A list of the main contacts for each resident in both care homes was obtained from the managers, and an initial letter was sent on 19th October, 2023 to inform relatives that the IJB had approved a consultation on the proposed closure. A Frequently Asked Questions (FAQ) document was posted to the South Lanarkshire HSCP (SLHSCP) website in November, and a letter sent to inform relatives of this. The consultation plan was then posted to the website. On the same day a press release went out with details of the public consultation events. A letter for relatives was also sent on 22nd November, but, unknown to officers at the time, was not received by the majority of them. (This was later found to be related to an issue with South Lanarkshire Council's firewall. The letter was re-issued.) The consultation plans were also shared with local elected members from Clydesdale and Hamilton in advance of the first public meeting.

There were five social media posts on both Facebook and X (formerly Twitter) about the November and January consultation events. The impact of these posts is gauged via 'impressions'. Impressions are defined as 'the number of times the post was shown on

screen'. Each Facebook post gained between 2,056 and 4,764 impressions averaging 3,099. Each X post gained between 2,614 and 6,089 impressions averaging 3,508.

Table 1 – How the consultation was carried out

Participants	Consultation dates	Engagement method	No. attendees
Residents and relatives	4.12.23 to 2.2.24	Individual/family meetings in care homes	4 residents* 29 relatives**
Staff	13 & 14.12.23, 2.2.24	Focus groups, with trade union representation	29
General Public	Lanark: 27 & 28.11.23, 23.1.24	Public meetings***	67 + 18 + 67
	Hamilton: 4 & 6.12.23, 29.1.24	Public meetings***	15 + 5 + 17
Community Groups	24.1.24	Public meeting	6
Open to everyone	27.11.23 to 2.2.24	Written submissions to a dedicated email in-box	22 submissions

* An independent advocacy worker also spoke to three of these residents to elicit their views

** 1 to 3 members of 12 McClymont House residents' families and 6 Dewar House residents' families

*** There were elected members/MSPs present at all six public events

Given the frailty of the residents, most families opted not to involve them in meetings. A public consultation section of the SLHSCP website went live in December, 2023 with updated FAQs. All the public meeting notes were posted to this part of the website, following each event. The email in-box (slhscpconsultations@southlanarkshire.gov.uk) remained open until the feedback deadline on 2nd February, 2024. The key dates for producing this report are shown in Table 2.

Table 2 – Timeline for producing the consultation report

27 th November, 2023 to 2 nd February, 2024	Feedback gathered from residents/families, staff, the public and community groups
2 nd February, 2024	End of consultation feedback capture End of email feedback
16 th February, 2024	Analysis of consultation feedback completed
21 st February, 2024	Self-evaluation of consultation process
23 rd February, 2024	Draft consultation report sent to Independent Advisory Panel Draft consultation report sent to IJB Chair/Vice-Chair/SMT for information
29 th February, 2024	Deadline for Independent Advisory Panel comments on consultation report
6 th March, 2024	Consultation report sent with IJB pre-meeting papers
12 th March, 2024	IJB pre-meeting

15 th March, 2024	Consultation report sent to consultation participants
19 th March, 2024	IJB papers published on website
26 th March, 2024	IJB meeting to set 2024/25 budget and decide the future of Dewar House and McClymont House

4.0 Key Themes from the Consultation

There was considerable commonality across the different modes of engagement, so the results are presented under the key themes that emerged from them all. An initial review of feedback in late December 2023 created a degree of familiarity with the content, which was the basis for generating the list of key themes. These were extracted from the notes of all the meetings and email submissions by the report authors. They were then refined using all the notes once the submission deadline had passed. The content of each note was arranged under the key themes in an Excel spreadsheet, then the entries under each theme were reviewed to generate sub-themes around which the results were structured. Both authors reviewed each other's coding and sub-themes and adjustments were made as necessary.

4.1 Impact on Residents

4.1.1 How people should be treated

There was a strong sense that the residents of Dewar House and McClymont House deserved to be treated with dignity and respect. Some mentioned this directly, whilst others noted the residents were the most vulnerable people in society or that in many other cultures elders were more highly respected. They felt the residents were being treated like 'parcels', 'pieces of a jigsaw', 'furniture' or an inconvenience. One compared this treatment of elderly residents to the outrage there would be if children were involved, and another suggested their vulnerability made them an easy target. It was pointed out that our growing elderly population will need this kind of care at some point, amidst a range of options for care.

<i>"There should be respect and dignity at the end of mum's life."</i>	<i>"Our elderly are not budget-saving tools; they're valuable human beings."</i>	<i>A resident expressed some anger at people in her position being "looked down on" and "treated like ..." [made a dismissive gesture with her hand]</i>
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4.1.2 Residents deserve to have their wishes respected

A number of families felt the injustice of older people having contributed all their lives or worked all their days, paid their taxes, yet were being unsettled because of financial constraints that weren't their responsibility.

"She's worked all her days ... paid her taxes and will be left with nothing."

Four residents (one through an independent advocate) clearly expressed their preference to remain where they were living.

<i>"I want to stay here"</i>	<i>"Not happy about the closure ... [I'm] settled here"</i>	<i>"I feel confident here"</i>	<i>"This is the place for me"</i>
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4.1.3 Residents are in their own homes

A recurring theme across the different engagement methods was that residents and their families considered Dewar House or McClymont House to be their home, often their last or forever home. They had made the decision to move into the care home and were now being evicted from the only home that many of them remembered and in which they felt safe.

Many people referred to being told that people in South Lanarkshire wanted to maintain their independence at home and responded that these residents no longer had their own homes, having had to sell their family homes to pay for their care. They noted that all their capital/life savings had been paid to the council, so they had contributed to the upkeep and fabric of their (care) home.

<i>"Everyone wants to stay in their own home, but it's not possible for all."</i>	<i>"If at some point I can't stay in my own home I would want to be cared for somewhere safe where I live"</i>	<i>"She won't see her friends and family, they can't all travel as often, it would be new staff as well."</i>
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Moving into a care home was sometimes needed for people's safety, when those with dementia couldn't be looked after in their own home or were not able to look after themselves. A few people noted that some residents had already been through this before and for one it had taken two years to settle in after a move. A fear was expressed that South Lanarkshire Council would shut their other care homes too.

4.1.4 How a move would affect residents' health & wellbeing

Many participants mentioned how a move of placement would detrimentally affect the current residents. Some believed that the residents' life would be shortened or that they would not survive the transition.

Although the potential closure had not been shared with all residents, families said the health of some who knew about it had already been affected. It was felt that knowing about the possibility of closure would distress some and if moving them became necessary, distress would be caused to all. Participants said that it would be difficult to move people who have dementia because they needed to have people and things around them that they recognised. Many participants detailed how a lack of continuity of care would increase the confusion, distress and worry caused by a move, while familiar surroundings could help reduce confusion and anxiety.

<i>"We think the [health issues] are due to the"</i>	<i>"The thought of having to endure this is ... already"</i>	<i>Staff "know how to manage residents who"</i>
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stress and anxiety of closure.”

affecting her mental health.”

have dementia and settle them.”

Participants felt there likely would be a reduction in the number of visits that residents received following a move, if this took them further away from family, friends and their local community, increasing their isolation and loneliness. The rurality of Clydesdale and its poor public transport links would make travelling to other care homes difficult, particularly in winter. Thus residents being moved may not see people from one week to the next.

Some participants didn't believe what they were told by officers about South Lanarkshire Council social work staff being able to move people safely between care homes and added that moving elderly people from their homes wasn't something to be proud of. Many said that any move would be detrimental to residents' health, with transfer trauma leading to an increased risk of falls or accidents and mental health issues, especially for those with dementia or Alzheimer's. This was in contrast to the improvements in health and wellbeing which family members described as taking place when their relative moved into the care home. One family member was sure their parent would have died if they hadn't moved to the care home because they weren't eating and couldn't get upstairs on their own.

“He was a danger to himself ... since he's been there, life has been much better for him.”

4.1.5 Importance of relationships and social contact

The current residents had family and social networks that could be disrupted by a move. Many family members come and see residents easily at the moment and family was really important or reassuring to residents. Many had friends who visited regularly, either because they were brought up in the local area, or had established links since moving there. It was concerning that local friends of a similar age may not be able to travel to a new care home, and important bonds between residents would be broken, something that had helped one resident settle in.

Ties to the local area were also felt to be under threat, particularly for those who had lived there all their lives or knew the area well. Living in an area residents were familiar with meant they could be part of their own community and staff could stimulate their memory with 'local banter'. The relationships that had been established with staff had taken time to build and some residents didn't have time left in their lives to start again. The ability to recognise staff was important for residents, who often didn't know their names, and staff were able to keep medication to a minimum because they knew the residents so well. Some residents had become used to carers who treated them like they would their own mother and staff said residents felt like part of their family, while noting that some of them didn't have anyone else.

4.2 Impact on Families of Residents

4.2.1 Emotional distress caused

During meetings, family members of residents were often highly emotional and the distress and anxiety that they were experiencing as a result of the potential closure of their relative's

home was palpable. Some felt that SLHSCP had lacked empathy towards them and didn't understand the impact on them when considering the closure of Dewar House and McClymont House.

4.2.2 Effect on health and wellbeing

The most prevalent concern expressed by family members was that closure of Dewar House and McClymont House would result in a substantial negative impact on the physical and mental health of residents. These fears of harm to the wellbeing of residents was described by many family members as having a significant impact on their own wellbeing.

"It's difficult to stay strong, I'm worried it could affect our physical and mental wellbeing to the point that we can't cope enough to be here for family."

"I feel guilty about having her in a care home but it got dangerous with her falls, her home was feeling like a prison, and McClymont House has made it easier to live with that."

Family members shared in detail the significant health issues the residents experienced, which for many included dementia, and described residents as frail and vulnerable. It was common for family members to describe their relative's 'journey' prior to their move to Dewar House or McClymont House as highly stressful and upsetting. There were a variety of reasons for this including worry about the escalation in their relative's care needs; fears for their relative's safety; taking on more caring responsibilities; Care at Home provision being inadequate for their relative's needs; bad experiences with other care homes; and guilt relating to what was often a difficult decision to place their relative in residential care.

4.2.3 Contrast between existing and potential future care provision

Families had peace of mind knowing that their relative was safe and cared for in Dewar House or McClymont House. Family members of both care home residents described them as welcoming and family-oriented places with staff who care for them as well as the residents, therefore providing a positive environment to visit and bring younger family members to. They were concerned that they did not know where residents would move to in the event of closure, feared that the closure would be rushed, felt that they and the resident did not have choice or control over the process and might be forced to accept any alternative provision that became available. Family members expressed concern that there was insufficient alternative care available locally, and that if there was local availability in the independent sector, it was less accessible and the care would not be of the same standard as is provided in Dewar House and McClymont House.

"I'm finding this very difficult to discuss. Dewar House is Mum's home. None of us live locally and I can't put a price on knowledge that Mum is in good hands. The staff know her so well."

4.2.4 Maximising quality time with residents

Some families talked about residents being in the last years of their lives. They emphasised the importance of maximising the time spent with residents, making memories with them and preserving their wellbeing as much as possible during this time. Accordingly, being able to visit regularly, take them on outings where possible, and avoid unsettling them by a move

were vital for family members. The location of Dewar House was seen as an advantage for family members, being centrally located within Hamilton and having good public transport links. Many of the families of McClymont House residents live in Lanark or the surrounding area and frequently referenced the ease of visiting their relative without driving as the care home is central within Lanark and accessible by walking or public transport. This proximity allowed family members, including extended family, to visit multiple times a week and to get there quickly in an emergency. By contrast, they described poor transport links from Lanark to other parts of South Lanarkshire, particularly for non-drivers.

“It’s not safe or fair to expect families to use the precious moments we should be spending with Mum on travelling further to see her.”

In particular, family members referenced the time it would take to travel to the remaining South Lanarkshire Council-run care homes in East Kilbride and Rutherglen, and the difficulties of making this journey in bad weather or by public transport. This gave rise to concerns that if residents of McClymont House had to leave the Lanark or Clydesdale area for care, residents would have less contact with their loved ones and experience loneliness and isolation and associated negative health outcomes, as well as the wider family losing time with the resident.

“Quality of time with Mum will suffer if she is placed outwith Lanark. It has been heaven to be able to enjoy time with Mum and take her on days out, adding travel time will set us back.”

4.2.5 Additional costs of possible alternatives

Family members worried about the cost of increased travel both by car and on public transport, particularly in the current context of an increased cost of living, and the increased pressure this could place on them in terms of balancing visits with work and other family responsibilities. These concerns were particularly acute for family members who lived outwith Lanark in the wider Clydesdale area where public transport links were poorer than to Lanark itself.

“Travelling distances to other homes outwith the Clydesdale areas are excessive and will take hours travelling to visit. I will struggle to afford this on a regular basis and, as with this whole concept of closing McClymont, it is my mother who will suffer.”

4.3 Impact on Staff

4.3.1 Views on potential closure

On the whole, staff who participated in the consultation were not in favour of the closure of Dewar House and McClymont House. They demonstrated a high degree of commitment to their roles and workplaces and an exceptional level of care and concern for the care home residents. Staff often spoke about valuing their team and manager and feeling valued in return.

It was evident that the potential closure of Dewar House and McClymont House was a source of anxiety for staff. For many, this was due to the uncertainty as to where they would

be redeployed to in the event of closure and the lack of control they felt over the process. Staff said that this uncertainty had already resulted in some members of their team leaving for new posts and as a result they were experiencing challenges at work due to relying on more agency staff. Some members of staff had been in the same post for significant periods of time, felt settled in their workplace and had expected to be there until retirement.

“I feel appreciated and part of the team. I have a relationship with residents and relatives too and I feel valued by them, it doesn’t matter if you are cleaning or providing care as everyone is valued.”

“We chose to work here for a reason, that choice is being taken away from us. The worry about what will happen is affecting health and home life and there are no answers about what next year is going to bring.”

4.3.2 Redeployment

Some staff had already experienced redeployment due to previous closures of South Lanarkshire Council care homes and they tended to reflect on this as a negative experience. They also felt that, given care home closures in recent years, there was a possibility that further closures would result in them being redeployed again. Some were worried that older members of staff would have a particularly difficult time with starting a new post.

“I was very upset when I was redeployed, I had to wait a long time while others were going to new posts. I don’t want to go through that again, it made me feel like a nobody.”

“When we were first redeployed we felt resented by existing staff as some of them lost out on posts. Being redeployed again will cause upset.”

“The process is taking a toll already and I couldn’t face going through this again if I moved to another care home which closed, I’ve known others who went through redeployment more than once.”

4.3.3 Travel to alternative posts

A major concern raised by both Dewar and McClymont staff was that they would struggle with the increased travel that might be involved if they were redeployed to one of the other Council care homes in East Kilbride or Rutherglen, in terms of increased cost, safety and the impact on their work-life balance. Most staff said that they live near to the care home they currently work in. However, many said that they didn’t drive and would have to make a long journey on public transport involving multiple changes of bus or train in some cases. This was particularly acute for staff at McClymont House, where staff referred to a lack of other Council services locally for them to be redeployed to and poor public transport links to the rest of South Lanarkshire, especially from the towns and villages surrounding Lanark. Staff at both homes felt there were safety risks of travelling long distances late at night, both in terms of relying on public transport or driving when tired, as well as longer days and reduced rest time affecting their health and wellbeing. They also had concerns that public transport might not run at times which suited their shift pattern, and questioned whether the manager for their new post would be understanding if they were late for their shift as a result of travel issues. Staff also had concerns about the negative impact of the increased travel in taking away from time with their own families and caring responsibilities.

"I don't want to leave Dewar House, I live locally and have my own caring responsibilities too so it's good to not have far to travel, the shift pattern suits me. I don't think I want to work in the other care homes."

"I'm already getting up at 5 to be ready for my shift starting at 7, I would be getting up even earlier if I was having to travel further."

"There's no public transport on Sundays or in the evenings here, how would we be able to get to and from shifts on time?"

In Dewar House, staff have a 12-hour shift pattern as opposed to the 8-hour shift pattern in other care homes, and the staff who participated in the consultation were overwhelmingly in favour of this, stating that it benefits their residents due to the continuity it provides throughout the day and allows for smoother handovers between shifts. Staff also said that this shift pattern benefits their work-life balance and they had organised their personal lives and family routines around it. They were concerned that there would be limited redeployment opportunities for them with the same shift pattern and their concerns about increased travel were amplified by the possibility that their commute would not only be longer but more frequent as a result, and that the travelling would leave them with insufficient time to rest between late and early shifts.

4.3.4 Availability and suitability of alternative posts

Staff voiced concerns that there would not be enough suitable alternative posts within South Lanarkshire Council for them in the context of savings being made across a number of services, and the reduced number of South Lanarkshire Council-owned care homes following previous closures. Staff had mixed views about whether they would be willing to be redeployed to Council posts outwith Social Work. Trade unions as well as members of the public noted that if this could result in the loss of skilled and experienced staff to Social Work, and to the Lanark area in the case of McClymont House. It was felt that the investment in training and upskilling of staff over the years would be wasted if they were redeployed to posts which didn't suit them. Staff also worried that they may only be offered one post and that a post which the Council deemed suitable for them in terms of grade would not suit their preferences or circumstances. Some said that they hoped there would be support for them in meetings with Personnel if they were to be redeployed and that the process would involve discussion and understanding of their personal situation.

4.3.5 Concern for residents

Staff described feeling that their colleagues and the other residents were part of their extended family, and these sentiments were also shared by residents and their families. Some staff mentioned that the potential closure had impacted their relationship with some families and they found this difficult. Staff expressed sadness at losing the relationships they had developed with residents and had concerns that residents were vulnerable people who would be harmed by having to move.

"The thought of moving residents out of Dewar House is heart-breaking. Staff will really feel it."

"The work can be hard and the residents' level of need is very high but I would still rather be here than anywhere else."

4.4 Impact on Local Communities

4.4.1 Loss of assets / services

The most frequently cited impact on local communities in Clydesdale was the loss of a Lanark asset. Some participants made general comments about how poorly served they felt Clydesdale was, while others said they were being deprived of services again. Lost assets referred to included Lockhart Hospital, Law Hospital, private care homes, Police Office, elderly day care and reduced day care for disabled people.

There was a concern that neither Dewar House nor McClymont House would be available for those needing them in future, particularly the growing older population. There was a lack of alternative council facilities near McClymont House and it was suggested that mismanagement of public money had contributed to the potential closure of Dewar House.

4.4.2 Lack of equity

Issues of fairness and discrimination were raised by people from Clydesdale, who felt they were not being given an equal share of services with other areas, despite paying the same council tax as others in South Lanarkshire. Some drew a clear association with the rurality of their area, suggesting there was a bias towards more densely populated centres further north, whilst others specifically referred to the inequitable distribution of council care homes that would result should the closure proposal be approved.

“Feel forgotten by the council, with an impression of being more concerned about the urban areas further north.”

It was also noted that people from Clydesdale were often expected to travel long distances to access services, whereas people from elsewhere were unwilling to come to their area. One said that investment in step-down facilities had been concentrated in the Hamilton locality and there had been no money for care at home, which increased the impetus to retain the facilities they currently had.

4.4.3 Economic / environmental impact

A number of Clydesdale participants were worried about the loss of local job opportunities in the care sector as well as losing the existing skilled workers from the area. This extended into the town of Lanark which would suffer from reduced footfall in shops, the hospitality industry and local amenities. Local churches would be impacted if current McClymont House residents were no longer in the parish and their families went out of the area at weekends to visit those who had moved away.

“The impact on the environment and economy will be enormously increased.”

Lanark would lose a sustainable local solution that currently minimised the carbon footprint, and families travelling further by car would increase emissions. People moving to one of the council's other residential care homes would require four bus journeys from Lanark compared to being able to walk at the moment.

4.4.4 Hamilton and Clydesdale geographies

While the location of Dewar House was viewed as a strength, being in a central location with good train and bus links, people from Clydesdale felt their rurality was not fully

understood by the people making decisions. Lanark was a hub for the surrounding villages, with people coming from a wide area to access facilities. Public transport in Clydesdale was not good and became worse or stopped in bad weather.

4.4.5 Community use of care homes

Both Dewar House and McClymont House had visits from local schools and nurseries, and this intergenerational work encouraged strong community connections. Children would lose the opportunity to socialise with elderly residents and hear their stories and life experiences.

“Visits to the care home contribute to the wellbeing of both elderly residents and children.”

In McClymont House the residents were included in Lanimer Day celebrations and some said its use by people who all lived locally and had known each other for a long time made it feel like an extended family. Dewar House had been used during the pandemic to provide food parcels to their local communities and temporarily accommodate hospital patients.

4.4.6 Strength of local feeling

In addition to noting that a local petition against the closure of McClymont House had gathered thousands of signatures, the response to the IJB proposal for these two care homes was described as an ‘uproar’ and demonstrative of ‘very angry’ local communities. A petition had also been started opposing the closure of Dewar House.

4.5 Quality of Care in Dewar House and McClymont House

4.5.1 Benefits from high quality care

Some family members were certain that their relative would not be alive if they’d not been admitted to a care home, and one described the contrast between her mum not wanting to live before and the new life she now had. Other relatives described the peace of mind and not having to worry about how residents were being looked after or their safety.

“We don’t have to worry about her being looked after here.”

4.5.2 Best possible care

The regard in which both Dewar House and McClymont House were held by residents, relatives and the public was clear in the many comments relating to the high standard of care provided. The care homes were described as ‘fabulous’, ‘exceptional’, a ‘jewel in the crown’ and where ‘magic happens’. Participants felt they should be showcased, not closed, and pointed out they would want to be in such a care home themselves if they needed one.

“I cannot imagine a better place for elderly, vulnerable people.”

Reference was made to the care homes being the best in Scotland or Lanarkshire, and both were considered much better than private provision.

“In Dewar House she can wander safely, listen to music, other residents pop in and out.”

“McClymont House is in the top 5% of care homes in Scotland.”

Good Care Inspectorate ratings for both Dewar House and McClymont House were mentioned frequently as something to be proud of. These grades being better than other local care homes reinforced the view that any move would be to inferior provision.

4.5.3 Treated with dignity

The concept of dignity was felt to be extremely important for residents, sometimes manifesting in relation to pride in their appearance which was respected by the staff delivering care. Rooms were personalised and felt like residents' homes and those who were physically limited or bed-bound were moved and treated with dignity.

Staff played a key role in this, and were hugely praised for all their efforts in aspects such as reassuring residents in distress, managing anxiety, monitoring or tailoring diets, and caring for those at the end of their lives. Not only did staff say they felt the residents were like part of their own families, but residents and relatives felt the same way. The relationships that had been developed were considered very important to residents' wellbeing, and extended to talking about shared knowledge of the local area and people living there. The staff were 'superb', 'compassionate', 'terrific' and went 'above and beyond their duties on a daily basis'.

Staff themselves highlighted that they 'don't cut corners' and were proud of the care they provided. Overnight staff noted that not all residents slept through the night so they had to know them well to meet their needs. All staff were highly trained, not only the care workers, and brought different qualities and skills to their roles. Dewar House staff specifically mentioned how their 12-hour shift pattern provided continuity for most of the time residents were up and about.

“This is the older person's home and they are surrounded by people every day who genuinely care.”

4.5.4 Lovely / homely environment

Efforts to make the environment of both care homes as homely as possible and suitable for the residents who lived there were widely applauded. Although the age of Dewar House and McClymont House were recognised, the intimacy resulting from their relatively small capacity was considered a big advantage.

Dewar House was said to be in need of some refurbishment, but the floor plan was considered ideal for people with advanced dementia and it had good sized rooms all on one level. McClymont House was described by some as bit dated, but residents commented that it felt like a lovely hotel, whilst family members said it was like coming to visit a resident's own house. There were lots of activities and entertainment provided and easy access to events in the local community.

“Dewar House is smaller, intimate, feels like a family place.”

4.6 Views on Alternative Provision

4.6.1 Quality and suitability of alternative care

As discussed in the previous section, the care at Dewar House and McClymont House was highly praised by residents, their families and members of the public. They often contrasted this with the quality of care they believed would be on offer in independent sector care homes; some participants stated that the Council-owned care homes received better grades from the Care Inspectorate than the independent homes in their local area. Some family members described negative experiences of these care homes.

“[Mum's previous care home] was horrible – too clinical, had a mix of people with different conditions, it smelled bad and bedroom doors were kept open. I knew Mum would hate it and ask to be taken out of it.”

Many participants were of the view that staff in the independent sector would not have such good terms and conditions as Council staff, would not be as well-trained and would not have the same time to devote to residents due to lower staffing levels. They also said staff turnover in the independent sector was higher than in the Council, which would mean less continuity for residents, who benefitted from having consistent faces and staff knowing them and their needs. One benefit related to staff continuity was maintaining minimum doses of medication through frequent review/adjustment, whereas maximum doses could keep residents compliant. Some participants objected to independent sector care on principle.

“Private sector staff aren't rewarded adequately or treated well. It's inherently wrong that SLC is pushing for more private care to help balance its budget. I'm angry that the taxes we pay are going to be used to pay for private care and fund their profits.”

Views on the physical environment of some independent care homes were expressed, with some participants describing them as significantly larger, colder, noisier and more impersonal. Similar concerns were raised about the quality of care and environment in nursing homes and some family members were concerned that many do not employ enough nurses to provide the level of care required. Family members were clear that they would not be willing to accept a reduction in the quality of care given to residents.

“I don't want to be made to feel ashamed about the care we've chosen for our mother.”

“We went to look at other homes and I came out crying from both, I couldn't put Mum in there.”

Care at Home provision was also discussed frequently by participants. Many said that while older people might prefer to be cared for in their own homes, this was not always a safe or viable option for them and in particular would not be possible for the current residents of Dewar House or McClymont House, most of whom have already sold their own home to fund their care. Families often related difficult experiences with Care at Home prior to their relative being admitted to a care home, and described issues with the timing of visits and increased pressure on them to take on additional caring responsibilities.

“We understand that home care and hospital at home are available but Mum had home care and it didn’t work for her, she refused them and wasn’t being looked after. She wouldn’t be alive if she wasn’t in McClymont.”

4.6.2 Availability of alternative provision

Participants raised concerns about the precariousness of the residential care market. They were concerned that the remaining South Lanarkshire Council-owned care homes may also be closed in the future, leaving the independent sector as the sole provider of residential care. Similarly, participants were worried about the volatility of the independent sector and suggested private care homes could close if they were no longer profitable, leading to residents and staff potentially being displaced again.

Participants from the Lanark area were particularly concerned that there is insufficient residential care provision locally to accommodate the residents from McClymont House, again referencing recent closures of other homes which they were worried would further limit options for their residents. They felt it was inequitable to close the only Council-owned care home in a rural locality and stated that the remaining care homes in the area already have significant waiting lists. This contributed to their concerns that residents would have to move out of the area for residential care, as discussed previously.

“The examples of a growing reliance on private sector provision in other regions has shown how precarious the sector currently is, especially in rural areas. It is not the case that the market will cater for the needs of rural areas and provision will become increasingly focused on large, more centralised private units away from those areas.”

4.7 Views on Justifications for Closure

4.7.1 Financial Management

Some participants thought that the deficit in the South Lanarkshire Health and Social Care budget must have come about as a result of poor financial management or planning on the part of the IJB. Other participants acknowledged the national and inflationary context surrounding the deficit but did not believe that savings should be made through closing Dewar House and McClymont House, suggesting that the IJB should look at other options and that older people should not suffer as a result of the financial position. Some participants said too much money was being spent on senior management and not enough on frontline staff. It was felt by many participants that the projected saving from the closure of Dewar House and McClymont House of around £1.5million was too small to be worth pursuing given the potential impact on residents, families, staff and communities.

“SLC would lose more by closing Dewar House than it would save.”

“...the amount of saving that could be reached from any closure here would be a pittance compared with the disruption, pain and anguish to the families affected – as well as a loss of vital social care services in the Clydesdale area.”

4.7.2 Savings from closing McClymont and Dewar

Participants frequently expressed that they did not understand how the closure of Dewar House and McClymont House would achieve any financial saving. They observed that the cost of residents' care would still have to be met in alternative settings and questioned how this would cost less if residents moved to care homes in the independent sector with higher fees. It was also suggested that the cost of installing equipment in individual homes for people's care could cost more than admitting them to a residential home. Families of residents wanted to know who would cover the increase in care home fees once their relative's own funds ran out, and how a saving would be made if the increase was covered by the Council.

Participants from the Lanark area did not agree with the financial information provided regarding the costs of reopening the closed wing of McClymont House and believed it would be more cost-effective to reopen it, suggesting that it could bring in funds or be used to alleviate delayed discharges. With regard to Dewar House, participants raised questions about the terms of the lease and wanted to know why it was becoming more expensive. Some participants also stated that if £1.5million could be saved, the full amount would not be realised this year and therefore they did not believe that imminent closure was justified.

"The cost of the displaced resources should be included in the financial information as the people in McClymont and Dewar are just being displaced and there would still be a cost to their care, it's not a balanced picture without including this."

4.7.3 Need for residential care

It was common for participants to express the view that residential care provision was still needed, and, as discussed in the previous section, many felt that it was important that it continue to be provided by the public sector. In particular, many family members of residents and staff said that residential care rather than nursing care was suitable for many people, and that if residents did need nursing care then their assessment would indicate that. Residential care was regarded by some as a necessary intermediate stage between Care at Home and nursing care, and the benefits of care homes in reducing isolation while still enabling residents to have a level of independence were mentioned. Staff also discussed the homely environment provided in Dewar House and McClymont House which could be comforting for residents and their family for residents at the end of their life.

"People deteriorate in hospital. A care home is homely and can help build their confidence."

"Home care is not the be all and end all. Of course everyone wants to stay at home but there will come a point when they can't. There's a need for residential care as a stage in between care at home and nursing care."

The possibility of dual-registered homes was frequently discussed and participants wanted to know why it was not possible within an integrated system to bring nursing staff into residential homes to allow people's care to increase with their needs and avoid them having to move. While participants were aware that services were available to support people in their own homes, some had struggled to access support for their relatives or had found that it was not suitable for their needs. Overwhelmingly, participants did not agree that demand for residential care was reducing and said they were aware of people looking for places in

both Dewar House and McClymont House on a regular basis. They also made reference to long waiting lists for other care homes and a likelihood that demand would rise in the future due to the growing older population. Some participants said they were concerned by the overall trend of withdrawal from residential care by the IJB and that the long-term implications for the future of older people's care were worrying.

"We're told there is no demand for residential care but we get constant demand for places here from public and social work, there are people looking for respite as well but we don't offer that."

"It beggars belief that Scottish local authorities won't be providing residential care... if Mum was to move into another SLC owned care home there would be no guarantee that it wouldn't also close."

"All of our futures are in their hands and SLC and the IJB need to understand the long term issues."

4.7.4 Fitness for purpose of residential care homes

While some participants said that the Dewar House and McClymont House buildings were ageing and required modernisation or maintenance in some areas, generally family members felt that the physical environment in both homes was of a good standard and suitable for the people who live there. Some families said that their relative had all the mobility equipment required to meet their needs and that they didn't consider smaller room sizes or communal bathing facilities as a problem. The cost of recent maintenance work on McClymont House was also mentioned and participants felt that it did not make sense to close the building given this investment.

4.8 Alternative Suggestions to Avoid Closure

A number of people were unhappy about being asked to suggest alternatives to closing Dewar House or McClymont House, finding this 'insulting' or 'disrespectful'. They said it was our job to give people options.

"It's really poor that we're being asked for suggestions."

4.8.1 Savings from other parts of the system

Many suggestions related to finding savings from other parts of the budget, including closing one of the three care homes in the northern part of South Lanarkshire. Efficiencies could be realised by reducing the number of care homes and moving residents to Clydesdale instead of closing McClymont House. Others pointed to the number of council buildings that were not fully occupied, partly because so many staff were working from home. Some could be closed or their heating/lighting bills reduced.

"Fairness should ensure it does not leave one community with no council care home whilst another has two."

There were calls to make savings by reducing the number of managers or senior staff, or using reserves to cover the funding gap. Income from other providers sharing costs and services should be explored, and goods could be purchased more cheaply than limited procurement options allowed.

4.8.2 Increased income to keep Dewar House and McClymont house open

Options to keep the two care homes open included minor upgrades to the buildings such as making the rooms bigger with en-suite bathrooms, or, like independent care homes, creating smaller rooms, but more of them. Many felt the fees charged for the care homes should be increased, either because the low rate did not cover the costs, or families did not have a problem paying more to stop closure. Some offered only a slight increase to the charge, and one questioned whether or not the small number of residents who would pay fees could meet the running costs. It was also suggested that the Winter Fuel Payment that each resident received should be paid directly to the care homes.

"I understand the rate is set by COSLA. It's a very low rate for the care."

In relation to McClymont House, there was currently an empty wing with nine beds, which participants said there was a demand for. The heating and lighting was still being paid and people thought opening it would generate income, with only three extra staff needed.

"Meet the growing demand for spaces for the elderly."

"It's wasting money at the moment to heat and light it."

Many people felt the existing day services rooms in McClymont House should be reopened, either to provide a safe space for older people or because its accessible facilities were ideal for disabled people. Other community organisations could be offered use of the space too, or people would pay to hire it as a community hall. Providing lunch, breakfast and after-school clubs or a foodbank were also suggested.

Some participants suggested community organisations were able to access grants that the council could not, and were able to fundraise to support service provision. A small number were interested in exploring a community buy-out, or local communities volunteering to help run both care homes. Others expressed caution that volunteers could not always be relied on as many were getting older.

In light of the high quality of care currently provided, people felt these care homes could be used to train others in best practice, again generating revenue. One participant asked if research and development was an avenue worth pursuing e.g. to explore new medicines or models of care, with associated research funding.

4.8.3 Increased viability of Dewar House and McClymont House

Some of the alternative suggestions related to a change of use for these care homes. Dual registration, where nurses would be brought in so that they could be run as both residential and nursing homes was popular, since it was the model being adopted by independent care homes. Exploring nursing options could include employing private nurses and the new Care Home Assistant Practitioners (CHAPs), who were qualified for some clinical duties.

"[CHAPs] complete a lot of duties usually reserved for those with a nursing degree."

Beds in the two care homes could also be used as a step-down facility so that people could be discharged more quickly from hospital, when they were not yet fit to go home. Delayed discharges were known to be expensive for the NHS, and if the acute service savings could be transferred with the patients, hospital beds could be freed for those needing them more. The beds could also be used for respite to avoid admissions to hospital.

4.8.4 Gradual closure

If these care homes had to close, many felt it would be unfair to move the current residents, so they should be allowed to remain for as long as they had left to live. Closure could be gradual over a longer period of time so no-one had to be 'thrown out'.

"People should be allowed to stay here until they die."

5.0 Evaluation of the Consultation Process

Three separate sources were used to evaluate the care home consultation; views expressed during the consultation process, responses to a self-evaluation survey, and views of the Independent Advisory Panel.

5.1 Views Expressed by Participants

Participants in the consultation expressed views on the process itself and the associated decision-making of the Integration Joint Board. The overriding message from participants was that they believed the decision to close Dewar House and McClymont House had already effectively been made, and the consultation was a ‘tick box’ or ‘paper’ exercise to allow the closure to go ahead. Many said they did not believe that their contribution to the consultation or its outcome would have any impact on the IJB’s decision. Some participants said that this lack of trust related to the meeting of the IJB on the 19th September, at which they felt officers were in favour of closure and expected it to be approved. Many family members of residents were upset at being given one week’s notice of potential closure being discussed at an IJB meeting, which they felt was insufficient. They perceived it as an attempt to limit the opportunities for families and the wider public to raise objections and thereby progress the closures of the two homes ‘by stealth’.

“I feel that the consultation is a formality, there would need to be genuine consideration of other options to save the £1.5m for McClymont and Dewar not to close... It doesn’t feel like there are genuine other options being considered, they would need to find more savings if not all of the options were going to be pursued.”

“This could all have been avoided but it’s been badly managed, all smoke and mirrors and dishonesty, it’s created mistrust of SLC and NHS and the consultation process. It’s just a box ticking exercise in case there’s a legal challenge.”

“If there was no community reaction McClymont would have closed. IJB wanted to do it without consultation but now has to pay lip service to it, consultation feels like a token effort and appears as though closure is a done deal.”

Participants also expressed general distrust of the IJB, South Lanarkshire Council and NHS Lanarkshire, and they did not believe all of the information provided by officers regarding Dewar House and McClymont House and the IJB’s finances. Some family members of residents did not believe that South Lanarkshire HSCP would be sufficiently competent to move residents to other care provision without difficulty. These sentiments were echoed by some participants from the Lanark area who mentioned issues with the running of their local health centre which they felt demonstrated mismanagement of services. Staff from Dewar House and McClymont House shared this distrust of the process and doubted that their participation in the consultation would have an impact on the IJB’s decision. They described being told in September 2023 that the closure would go ahead, and that this position was revised to the effect that there would be a consultation on the closure, leaving them confused as to whether the final decision had been made.

Some participants also related this distrust in the consultation and the IJB to the sense that the process lacked transparency and that communication with them had been poor. The

short notice they received of the consultation and the public meetings was viewed by some as intentional in order to prevent people from attending and having their views heard. In addition, some family members were not convinced that the explanation provided for this (a firewall issue which prevented emails from leaving the SLC IT system) was genuine. As a result of these communication issues, some family members said that they found out about the potential closure and the consultation for the first time through the press or on social media and they felt that this should have been communicated to them directly.

The venue used for the public meetings in Lanark on the 27th and 28th November was felt by participants to be an unsuitable environment for them to make their views heard: it lacked privacy and there were problems with the audio-visual equipment and background noise which made it difficult for them to hear. It was also suggested that more efforts should have been made to publicise the meetings. Family members of residents who had been in contact with the council to make complaints or ask for information often said that the timescales for responding to these were excessive. Staff also felt that communication with them since the start of the process had been unsatisfactory and that they wanted more information about the process and the possible outcomes for them.

“All enquiries are being treated as FOI so responses are delayed. There was a poor start to the process and it has poisoned relationships.”

“Communication with staff hasn’t been great... I understand there’s lots of changes happening but we are Council staff and supposed to be treated with dignity and respect. It feels like that’s out the window.”

Families of residents frequently said that they felt the IJB, South Lanarkshire Council and NHS Lanarkshire had displayed a lack of empathy and care towards them and the residents throughout the process. They often said that they felt the IJB and South Lanarkshire Council were only concerned about finances and that the wellbeing of the residents did not matter to the organisations involved.

“The Council have lost the human aspect; they’re just looking at money. Mum is a human being.”

Both families and staff members suggested that the voting members of the IJB and senior managers should visit Dewar House and McClymont House as it was perceived that they did not understand or appreciate the care that is provided to residents. Some participants felt that officers at public meetings had been patronising towards them and wanted to know why the Chief Officer had not attended any of the public meetings to speak to them personally and hear their views.

“There’s a feeling of distrust and that this is all a charade, the decision has already been made by a faceless person.”

“The people who are making these decisions just don’t care. The district nurses who come in here are horrified, they say it’s the last place that should be closing.”

5.2 Self-Evaluation of the Consultation Process

The IJB was advised by Healthcare Improvement Scotland – Community Engagement to access its tools during the consultation, including its self-evaluation questions. A slightly adapted version of this was created, consisting of 13 statements, and the officers most involved in the consultation completed it (those leading and attending the public meetings, undertaking the individual resident/relative meetings and staff focus groups, and processing the written email submissions). They each brought their own responses to a meeting on 21st February, 2024, discussed the reasoning behind their ratings/free text answers, and agreed a final consensus version of the survey tool. The rating scale consisted of five points, but the consensus view was that the neutral (don't know) and two negative ones (disagree, somewhat disagree) did not apply to any statement.

'Agree' was the highest rating that could be given in the self-evaluation and the group felt most content with 'adherence to statutory requirements', 'the range of methods used', and having 'sought out good practice on community engagement to guide the consultation'.

Comments in support of these highest ratings included the efforts made by everyone involved to plan and undertake a good consultation, the wealth of documentary evidence related to the process followed, and feedback from some of the participants.

In other aspects such as giving people 'adequate information to participate fully', people being 'kept informed of progress during the consultation' and the process being 'informed by the draft Equality Impact Assessment', the group felt things had gone well, but there was some room for improvement and learning for future consultations.

In terms of things that could be improved, the group set this in the context of the overall quality of the consultation process. Aspects identified included adhering to stricter timelines for sharing information, consulting with residents/families and staff before holding any public meetings, improving reach to local organisations, and one of the venues being noisy (although there was limited availability due to it taking place close to the Christmas period). The group also felt it would have been helpful to convene a co-ordinating group to oversee the consultation, as this could have ensured a shared understanding of the plans and progress over time and shaped what would be disseminated, when, and to whom. More dedicated resources and delegated authority to one senior leader would have made the consultation process more efficient. It was also clear during the consultation process that members of the public were confused about who was responsible for aspects of the proposed closure and the budgets between SLHSCP, the Council and the NHS.

5.3 Views of the Independent Advisory Panel

In addition to advising on the consultation process, the Independent Advisory Panel members received the final report and provided comment on it. Their suggestions for change were considered and addressed. Once they had fully considered the draft report, all members of the Panel agreed the following statement:

The consultation on the future of Dewar House and McClymont House residential care homes has been carried out in accordance with Planning with People guidance and took cognisance of the seven National Standards for Community Engagement. It was conducted in line with the plans shared with the members of the Independent Advisory Panel, and has taken account of their additional comments following the first public consultations. To the best of our knowledge, it represents the views expressed by those consulted, including those who would be most affected by any decision the IJB takes in relation to the future of the two care homes.

6.0 Conclusions

This consultation was approved by the South Lanarkshire Integration Joint Board (IJB) to inform decisions on the future of two of South Lanarkshire Council's residential care homes (Dewar House and McClymont House). Independent oversight of the process has confirmed that it was conducted properly, and in line with national guidance.

The overwhelming conclusion from those who took part in the consultation was that Dewar House and McClymont House should not be closed. People were concerned about the impact on the current residents, their families, the staff of both care homes and local communities. They challenged the arguments put forward to justify closure, questioned the IJB's financial management, and suggested a range of alternatives to closure.

7.0 Acknowledgements

The South Lanarkshire Integration Joint Board is very grateful to all the people who took time to contribute their views to this consultation, in some cases accessing a variety of methods. It is recognised that the process challenged everyone involved, and put particular strain on residents, families and staff.

Particular thanks go to members of the Independent Advisory Panel who checked the consultation process at various points, and who have approved this report as a true reflection of what was said. Their job was not an easy one, and it took courage for many simply to participate.

Finally, the consultation was only possible with the knowledge, skills and commitment of a number of staff within SLHSCP. There are too many to name individually, but their input was hugely appreciated.

FAQs (Last updated January 2024 prior to close of consultation period) Appendix 2

1. *What reassurance can you provide to people about the wellbeing of McClymont and Dewar House residents?*

We understand that residents, their families and the wider communities will be very worried about the future of these Care Homes and recognise that the consultation process may be an anxious time. South Lanarkshire Council has a duty of care to the residents of its care homes and will continue to review and meet their needs and prioritise their wellbeing throughout the consultation process and beyond it, regardless of the outcome. We also act in full accordance with the obligations set out by the Care Inspectorate, an independent body which scrutinises the quality of care across Scotland to ensure it meets a high standard. We will adhere to the standards expected of us in all circumstances.

2. *Why is the Sustainability and Value programme needed?*

This is directly linked to the broader financial position, which is well-publicised and not confined to South Lanarkshire. Factors include national financial pressures, often fuelled by significant inflation increases across all areas of spending. Our current position aligns with the wider national context explained in Audit Scotland's Integration Joint Boards Financial Analysis 2021/22. The national auditor states that IJBs have reached a point where significant transformation will be needed to ensure the long-term financial sustainability and quality of services individuals receive.

3. *Aren't there any other options the IJB could consider to make savings?*

The funds which could be released from Dewar House and McClymont House totals approximately £1.5 million, but in order to achieve a balanced budget the IJB will have to make recurring savings of approximately £21 million for 2024/25 and a further £9 million for 2025/26. Accordingly, the IJB has given approval for officers to fully explore a range of savings options which will be subject to similar scrutiny and consultation with the public within its Sustainability and Value proposals. The IJB used a screening tool to assess the impact of a number of options for service change. While none of the options are decisions we would want to make, some of the proposals seen by the IJB were assessed as high risk in that they would cause the Council to fail to meet its legal responsibilities to public protection. Therefore, application of the screening tool does not allow officers to recommend such proposals. The IJB is committed to ensuring the safety of the most vulnerable and at risk people in our communities.

4. *Other than the financial position, what are the reasons for considering the future of McClymont and Dewar House within the Sustainability and Value programme?*

The IJB has received consistent feedback through its extensive community engagement that enabling and maintaining independent living in people's own homes as far as possible is a key priority for people in South Lanarkshire. In response, the IJB has commissioned a range of social care and community health care services which have enabled people to stay at home much longer than was previously the case. When their needs are such that we can no longer safely support the person at home, their increasing level of frailty means that they are best cared for in a nursing home environment. Accordingly, the number of people assessed as requiring residential care with no requirement for nursing care is falling. Meanwhile, the need for nursing home beds has increased slightly over the same time period. The reduction in demand for residential care is a trend which is also replicated across Scotland.

The layout and size of McClymont House places limitations on who can be admitted there. For example, there are no overhead tracking hoists in place and insufficient room for moving and handling equipment. Therefore, the Home cannot accommodate people who need a higher level of support with mobility. Although the quality of care at present continues to be of a very high standard, this will impact our ability to deliver the quality and variability of care required now and for the future.

Dewar House is not owned by South Lanarkshire Council but operated under lease, with the lease having now expired. If continued, the lease and property costs for 2023/2024 and beyond will increase. There is no IJB revenue budget available to fund an increase in lease costs and SLC would likely have to incur potential repairs and maintenance costs to ensure health and safety requirements continue to be met. Given the extent of the budget shortfall as outlined above, consideration of the future of McClymont and Dewar is amongst a range of proposals to achieve savings and the IJB will bring forward additional proposals in the near future with the aim of ensuring financial sustainability.

5. *Why has the closed wing in McClymont House not reopened and what would be the cost of re-opening it?*

The operational decision not to reopen the closed wing in McClymont House was taken principally because of ongoing staff recruitment challenges. Despite numerous attempts, we have been unable to recruit sufficient numbers of staff. This is a position reflective of the well-publicised recruitment challenges nationally.

If we were able to secure the staff required to re-open these residential care beds (which, based on experience to date, is unlikely) and if the assessed demand was such that those beds could be filled (which trends also indicate is unlikely), it is not possible to predict the exact number of residents who would be self-funding, and therefore an accurate cost cannot be provided. What we do know is that based on experience to date, it is unlikely that all of those beds would be occupied exclusively by self-funding residents. Therefore, the most likely outcome of re-opening the closed wing is that the overall costs to the IJB would increase.

6. *Could capacity in McClymont House or Dewar House be used for another purpose, for example to prevent delayed discharge from hospital?*

Repurposing beds within McClymont House or Dewar House to facilitate hospital discharge would not allow the IJB to make the required savings as described above. Furthermore, Care Homes can only be used to facilitate hospital discharge where the patient is happy with this arrangement.

However, in most cases patients want to be discharged to their own homes with a Care at Home package in place. Other uses for the vacant wing in McClymont House were considered, such as short-term intermediate care, but the layout and size of the Home is not suitable for the mobility needs involved due to the limitations outlined above. The IJB has been progressing its Discharge Without Delay programme to address delayed discharge with a focus on areas which have been shown to have made a marked difference such as Home First and Hospital at Home, which has recently been extended into the Clydesdale area. We are also working closely with colleagues in NHS Lanarkshire hospitals to reduce the time patients spend in hospital which will further reduce delayed discharge.

7. *Are McClymont House and Dewar House going to be closed?*

No decision has been made to close any of the South Lanarkshire Council-owned residential care homes. At the special meeting on the 18th October 2023, the IJB gave approval for officers to consult with residents, families and other interested groups about the future provision of residential care from these care homes. IJB members have been assured that a detailed consultation process, separate from previous exercises, will consider viewpoints and suggested alternatives, including the future provision of care at these two residential care homes.

8. *Why are no new residents being admitted to McClymont House and Dewar House?*

Admissions to McClymont House and Dewar House have been paused following the IJB meeting on 18th October. This has been done pending the outcome of the consultation process and is not an indication of intent to close either Care Home. It would not be in the best interests of a person assessed as requiring residential care to admit them to a Care Home where they would imminently be asked to participate in a consultation about the future of the home, due to the uncertainty and potential disruption for that person.

9. *How will the consultation process be carried out?*

South Lanarkshire IJB has a strong track record of engaging with its communities and is committed to applying best practice to ensure people's voices are heard. The consultation process will cover the full Sustainability and Value programme of which the McClymont and Dewar House consultation is part. The consultation process will adhere to the Scottish Government and COSLA's 'Planning With People' guidance and will involve residents; their carers and families; staff and their trade unions; and third sector and community groups. Individual parties will be contacted directly with further details and officers will ensure that the process meets the needs of those being consulted with. The process will run from November 2023 with the aim of concluding by the end of February 2024 to ensure sufficient time to engage meaningfully.

10. *Can you reassure people that the consultation process will be fair and transparent?*

The national 'Planning With People' guidance, which will be followed at every stage of the process, is designed to ensure that best practice and open dialogue are maintained throughout the consultation process. In order to obtain further assurance of the integrity of the process and any subsequent decision by the IJB, the consultation process will also be overseen by an independent advisory panel which will be chaired by a community representative.

11. *Tell me more about the independent advisory panel*

The membership of the advisory panel will not include any voting members of the IJB; elected members of South Lanarkshire Council; or anyone belonging to or representing a group who is an interested party to the consultation. The panel will provide advice to the officers undertaking the consultation with reference to national guidance and will scrutinise each stage of the process, affirming its impartiality and ensuring that those being consulted have their views heard and given due consideration.

More detail about the independent advisory panel, its composition and remit can be found here:

https://www.slhscp.org.uk/downloads/download/94/independent_advisory_panel

12. How will the partnership open and maintain a dialogue with residents, relatives and staff during this process?

This FAQ is, in itself, part of our commitment to transparency. We will provide key updates as appropriate. We recognise some of the questions you may have will relate to specific operational detail or individual circumstances, much of which would not/or may not be appropriate to publish in a public forum. These will be dealt with through the correct channels and we would assure all interested members of the public and stakeholders that individual parties will be contacted directly, and details of suitable venues, times, and dates will be arranged, ensuring the needs of those being consulted are met. Unit managers have the closest relationship with residents and families and they will remain available to discuss any concerns. This has been made clear in all correspondence. We will continue to directly engage with residents, families and staff throughout the process.

1. Data relating to the increasing numbers of people who are able to remain at home during last six months of life.

a) Percentage of people who spend the last 6 months of life in a community setting

The percentage of people who spend their last six months in a community setting has steadily increased and it is clear more people want to stay in their own home for as long as possible. As the range of services in the community setting increases, it is expected that the numbers of people who spend the last six months in the community will similarly increase (Figure 1).

The table below (Figure 1) confirms the HSCP is increasing the proportion of South Lanarkshire residents who spend the last six months of life in the community. The percentage of people who spend the last six months of life in a large hospital has fallen since 2013/14 to 8.1% during 2020/21, ahead of the target of 10.0%. Fewer people spend their last six months in either hospitals or hospice/palliative care units. It should be noted that the data provided for 2021/22 (highlighted in red) is provisional.

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

Figure 1: Last 6 months of life by setting

b) Percentage of people living independently at home

Figure 2 shows the percentage of people over 75 who are not thought to be in any other setting, or receiving any Home Care, has increased since 2013/14. Despite the increase in the 75+ age group, the percentage of people living independently at home has increased from 81.6% in 2013/14 up to 84.9% in 2021/22.

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

Figure 2 Balance of Care

Balance of care improvement figures, shown above, were based on the over 75 population which generally comprise those with the more complex needs.

Use of Hospital Beds

The chart below (Figures 3) demonstrates that as well as increased numbers of people living independently at home, so too there has been an overall reduction in the use of hospital beds.

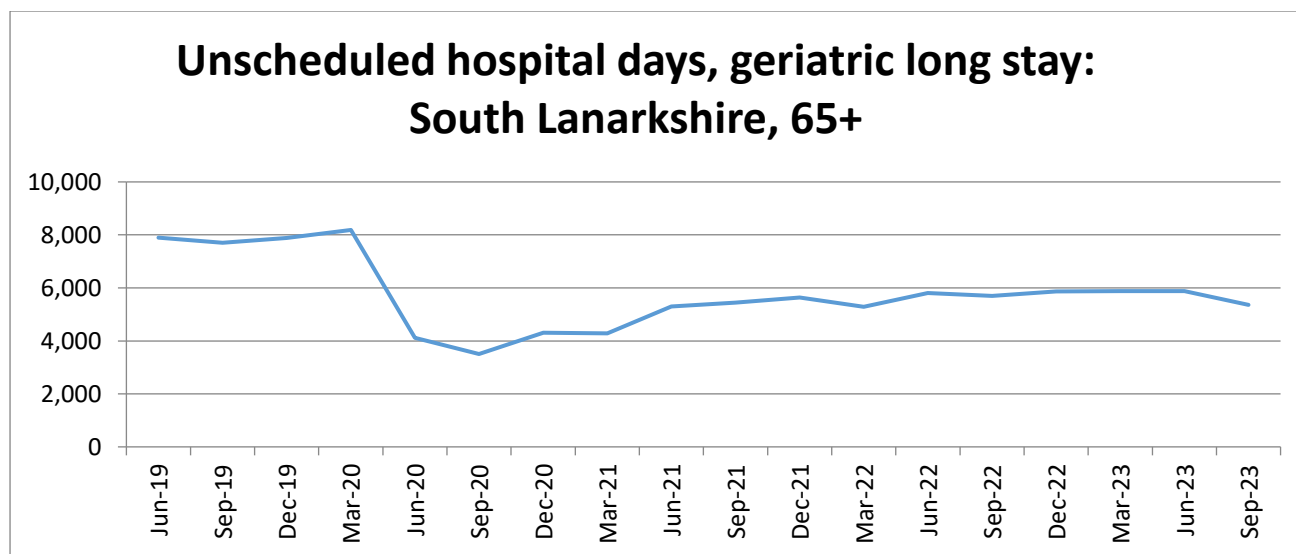


Figure 3

c) Strategic Commissioning Plan Consultation Processes

Strategic Commissioning Plans were created for three year cycles in each of 2016 – 19, 2019 – 2022 and 2022 – 2025. Consistently across the consultation processes for each of these plans, local communities have voiced support for increasing the range of services to support people to live independently thereby reducing the reliance on hospital and residential care.

d) Independent Studies Relating to Older People's Views on Institutional Care

Whenever people are in their own homes and living independently, the overwhelming view of studies undertaken is that people would want to stay in their own home for as long as possible. This is evidenced in the undernoted reports.

Aclan, R., George, S., Block, H. et al. Middle aged and older adult's perspectives of their own home environment: a review of qualitative studies and meta-synthesis. BMC Geriatr 23, 707 (2023).

<https://doi.org/10.1186/s12877-023-04279-1>

[Link](#)

Stones D, Gullifer J. 'At home it's just so much easier to be yourself': older adults' perceptions of ageing in place. Ageing and Society. 2016;36(3):449-481.

doi:10.1017/S0144686X14001214

[Link](#)

Croucher K, 'Housing Choices and Aspirations of Older People – Research from the New Horizons Programme', Communities and Local Government, 2008

[Link](#)

With Respect to Old Age – Royal Commission on Long Term Care for the Elderly, 1999

Hatcher D, Chang E, Schmied V, Garrido S. Exploring the Perspectives of Older People on the Concept of Home. J Aging Res. 2019 Jun 18;2019:2679680. doi: 10.1155/2019/2679680. PMID: 31316834; PMCID: PMC6604296.

[Link](#)

Systematic review of literature since 2008 (English language, international qualitative, 46 papers with a total of 5183 participants) on the concept of home. Most participants over 65. Concluded that older people have a greater sense of independence and autonomy if they remain in their own home and recommended exploring alternative housing options for older people to residential care.

Qualitative study with 23 participants over the age of 85 living independently in rural Australia. Participants said that their home allowed them to maintain autonomy and self-identity and perceived residential care as likely to erode their sense of control and identity.

Report commissioned by Communities and Local Government based on findings from eight focus groups involving people aged 48-64 and 65+ from different parts of England. Most participants expressed a preference for staying in their current home.

Commission report which explored the landscape of care provision for older people and made recommendations about future funding arrangements. Gathered a large volume of evidence from public hearings, representative organisations, older people, carers, research seminars and written submissions from members of the public. Amongst its conclusions was an acknowledgement of the value of allowing people to stay in their own homes for as long as they are able to.

Qualitative study with 21 older adults in Sydney, Australia who live in their own homes which explored their perspectives on the concept of home. Participants described their homes as critical to maintaining independence, comfort, freedom and links with their community. However, challenges for people with dementia for living at home, and the potential for some aspects of home being maintained to allow people to successfully adjust to relocation, were acknowledged.

It is recognised that it will always be necessary to provide some degree of care to people as they become more frail – whether this be in their own home or in a residential/nursing care setting. In keeping with this, when people are in receipt of care, then so too do their views change in relation to studies that have been undertaken.

O'Neill M, Ryan A, Tracey A, Laird L.
 “You're at their mercy”: Older peoples' experiences of moving from home to a care home: A grounded theory study.
 Int J Older People Nurs. 2020;
 15:e12305.
<https://doi.org/10.1111/opn.12305>
[Link](#)

Qualitative study with 23 participants with an average age of 82 who were due to permanently move into residential care in the UK. Findings include the loss of autonomy experienced by participants during the transition to a care home and emphasise the need to empower older people to plan for their long-term care needs.

Janine L. Wiles, Annette Leibing, Nancy Guberman, Jeanne Reeve, Ruth E. S. Allen, The Meaning of “Aging in Place” to Older People, The Gerontologist, Volume 52, Issue 3, June 2012, Pages 357-366,
<https://doi.org/10.1093/geront/gnr098>
[Link](#)

Qualitative study with 121 participants (older adults between 56-92 years) in two case study communities in New Zealand (one urban and one rural). Explored participants' views on the concept of ‘ageing in place’. Concluded that older people wanted to have choices about their living arrangements and access to services. While factors associated with their house was important, participants also discussed the importance of their wider community and the sense of attachment or connection it brings.

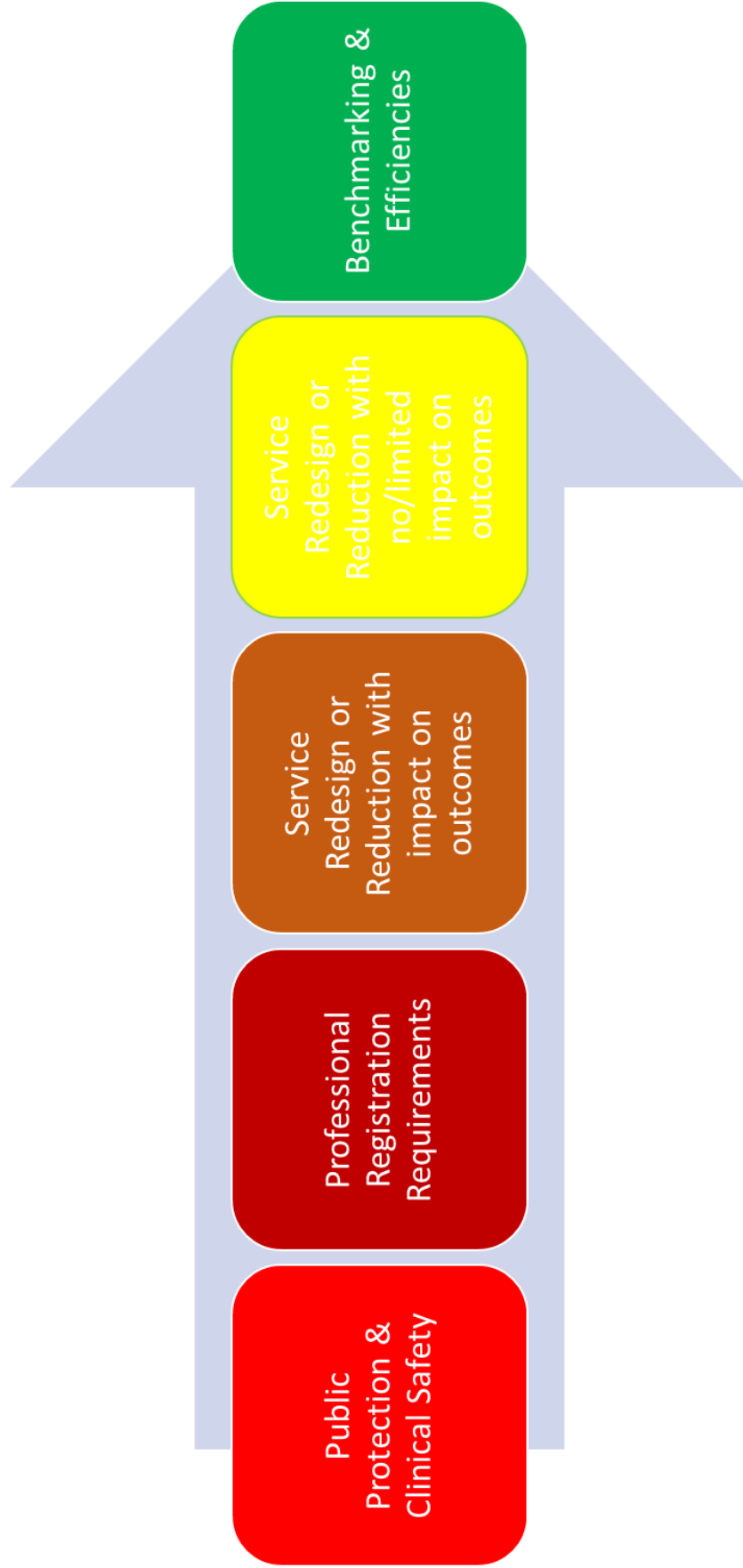
Means, R. (2007), Safe as Houses? Ageing in Place and Vulnerable Older People in the UK. Social Policy & Administration, 41: 65-85.
<https://doi.org/10.1111/j.1467-9515.2007.00539.x>
[Link](#)

Paper examines three UK studies on vulnerable older people's experiences of ‘ageing in place’ and recommends improving the housing circumstances of older people; investing in a wider range of specialist support and developing residential options that provide a homely environment. In its discussion, the paper acknowledges that older people's relationship to their home evolves with their circumstances and argues for a more nuanced approach than the assumption they will want to stay in their current home as they age.

When people are in care homes, studies have found that their views change in relation to whether they believe that to be an appropriate setting.

CALLAGHAN L, TOWERS A-M.
 Feeling in control: comparing older people's experiences in different care settings. Ageing and Society.
 2014;34(8):1427-1451.
 doi:10.1017/S0144686X13000184
[Link](#)

Quantitative study with a sample of 618 people over 65 which found that residents of care homes and extra-care housing reported feeling more control of their daily life than people living at home in receipt of home care.



- Make savings from other parts of the system

Proposed Alternatives	Response
Close one of the three care homes in the northern part of South Lanarkshire instead.	There were building-related reasons for choosing Dewar House and McClymont House. The layout and room size of McClymont House places limitations on who can be admitted there. Dewar House is not owned by SLC but operated under lease, with the lease having now expired. The owner of the building has indicated that if the lease is continued then the lease and property costs in 2024/25 and beyond will increase.
Close other SLC buildings that are not fully occupied.	SLC and SLLC are already exploring a range of property options to close premises to address separate and respective funding deficits.
Reduce heating/lighting in all buildings to reduce costs.	SLC already exploring all property options to address separate and respective funding deficits.
Reduce the number of managers/senior staff.	Savings options separately developed to contribute to the overall IJB funding deficit already include a proposed reduction in managerial and associated support staff.
Use reserves to cover the funding gap.	Use of non-recurrent monies such as reserves do not provide a recurring solution for the recurring financial deficit. If available, non-recurrent monies could be used to extend the implementation period for closure. The use of any available reserves has been incorporated into and detailed within the overall IJB Financial Plan 2024/25.
Share costs with other providers who could come in to use the care home buildings.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit; and may also have registration implications.

Proposed Alternatives	Response
Purchase goods more cheaply than current procurement process allows.	Procurement options already and separately being pursued to address overall funding deficits.

- Increase the income

Proposed Alternatives	Response
Make minor modifications to the buildings to meet current standards.	The buildings meet the standards required for the types of residents that they can admit, noting that the layout and room size of McClymont House places limitations on who can be admitted there.. Substantial and costly modifications would be required to meet updated specifications as set out by the Care Inspectorate within <i>Care Homes for Adults – The Design Guide</i> , noting that these may not also be practically feasible. This in itself would not increase income, given levels of demand and levels of self-funders.
Create smaller rooms, but more of them (like the independent sector).	The layout and room size of McClymont House already places limitations on who can be admitted there. Substantial and costly modifications would be required to materially enhance capacity which may not be practically feasible. This in itself would not increase income, given levels of demand and levels of self-funders. Also, the Care Inspectorate <i>Care Homes for Adults – The Design Guide</i> states that bedrooms should be designed to allow people to have as much independence as possible.
Increase the fees.	As part of the SLC Budget Strategy for 2024/2025 it has been agreed to reduce the subsidy of the in-house residential care home service as of 1 April 2024, noting that the majority of residents are not self-funding. This is projected to generate an additional £1.580m of income from self-funders, with SLC using half of this to address its recurrent funding deficit; and SLC then allocating the other half to the IJB. This additional charging related allocation has already been factored

Proposed Alternatives	Response
	into the IJB's Financial Plan 2024/25 as a contribution to the IJB's funding shortfall for adult and older people's social care (and so avoiding the equivalent amount of reductions to services) separate from the £1.499m contribution that is still required and associated with the potential closure of both care homes.
Direct Winter Fuel Payments to the care homes.	No mechanism for doing this.
Re-open the closed wing in McClymont House.	The operational decision taken not to reopen the closed wing in McClymont House was taken principally because of ongoing staff recruitment challenges - despite numerous attempts, it has not been possible to recruit sufficient numbers of staff. If the HSCP were able to secure the staff required to re-open those residential care beds (which is unlikely based on experience to date) and if the assessed demand was such that those beds could be filled (which trends indicate is unlikely), it is highly unlikely that all of those beds would be filled exclusively by self-funders. As such, the most likely outcome of re-opening residential care beds (in the event that staff were able to be secured) is that the overall costs to the IJB – and the overall subsidy to residents as a whole – would increase.
Re-open day services in McClymont House.	The closure of the day centre building has already contributed to the recurrent budget recovery actions that were required in 2023/24, and so re-opening would increase costs and so increase the budget shortfall. It should also be noted that the provision of day services was moved out of this building due to inability to recruit sufficient staff.
Charge the local community to hire the day services area in McClymont House.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit.

Proposed Alternatives	Response
Charge community to use the day services area in McClymont House for lunch / breakfast / after school clubs, foodbank, laundry other uses.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit.
Explore community buy-out or fundraising.	SLC has a process whereby requests for the community asset transfer of publicly owned land or buildings can be assessed. The future of the building and site of Dewar House would be a matter for its owners. In order to address the budget deficit, no funding would be available from the IJB for the costs of services nor staff to deliver social care services.
Charge for training people in best practice in these care homes.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit.
Generate research income for research & development in these care homes.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit.

- Increase the viability of these care homes

Proposed Alternatives	Response
Change to dual registration.	SLC does not employ nurses and there is not the capacity to operate a "dual registration" care home.
Explore employing Care Home Assistant Practitioners (CHAPs) for clinical duties.	CHAPs require a level of clinical supervision from trained nurses and, as above, SLC does not employ nurses.
Use these care homes as step-down facilities to avoid delayed discharges – transfer the acute service savings with the patients.	As per the IJB Financial Plan 2024/25, NHS Lanarkshire is also requiring to take action and make decisions to address a substantial budget deficits. Given that there are no charges to service users for step-down or intermediate care, this would increase the costs to the IJB and so increase the budget deficit. Neither of these care homes would be able to provide equivalent specification of

Proposed Alternatives	Response
	accommodation as is available for intermediate care within Blantyre Life.
Use these care homes for respite to avoid hospital admissions.	Sufficient alternative provision is already available for respite. Doing this would increase the costs to the IJB and so increase the budget deficit.
Privatise these care homes.	It would be for SLC to decide what it wished to do with site or building of McClymont House; and similarly, the owners of Dewar House.
Move the visitation service to McClymont House.	This would not realise the required level of savings to contribute an equivalent sum to address the recurring budget deficit.

- Gradual closure

Proposed Alternative	Response
Stop admissions to these care homes but recognise the process to close the home may take longer than the typical three to six-month period. There is likely to be a time whereby the home is no longer operationally viable and would have an end date of no later than 31 March 2025.	This could be an option but would mean a reduced level of saving for a period (so the difference would need to be identified on a non-recurrent basis) and so have implications for the overall IJB Financial Plan 2024/25.

Report

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

Subject:	Integration Joint Board Financial Plan 2024/2025
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ outline the implications of the 2024/2025 grant settlement for each partner
- ♦ outline the Integration Joint Board (IJB) Financial Plan for 2024/2025 which sets out the budget for each partner and includes details of each partner's budget pressures, key financial assumptions and key risks
- ♦ outline the 2024/2025 contributions from each partner and the management and operational actions and proposed savings options to address the funding gap
- ♦ note the requirement to vary the directions with each partner for 2024/2025
- ♦ approve the delegation of authority to the IJB Chief Officer to finalise the 2024/2025 funding allocations as part of the budget process, in consultation with the NHS Lanarkshire (NHSL) Director of Finance and the South Lanarkshire Council (SLC) Executive Director of Finance and Corporate Resources
- ♦ note the requirement to continue to progress the Sustainability and Value Programme to secure financial sustainability in the medium term
- ♦ note the requirement to update the IJB Board Medium Term Financial Forecast and to consider the financial implications in the longer term

2. Recommendation(s)

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

- (1) that the statutory responsibility to set a balanced budget for 2024/2025 is noted;
- (2) that the 2024/2025 financial planning assumptions agreed with the NHSL Director of Finance and the SLC Executive Director of Finance and Corporate Resources be noted;
- (3) that the contributions from NHSL and SLC to the IJB for the financial year 2024/2025 as highlighted at section 4 be noted;
- (4) that, as outlined at paragraph 4.4.3, the joint approach developed for North Lanarkshire and South Lanarkshire University Health and Social Care Partnerships (HSCPs) to identify health care savings options is endorsed;
- (5) that the net funding gap of £33.037m (NHSL - £13.494m; SLC - £19.543m) be noted;

2. Recommendation(s) (Cont.)

- (6) that the IJB consider and give due regard to the Equality Impact Assessments and the Fairer Scotland Duty Assessments relating to the proposals in this report and as referred to at Section 9 of this report;
- (7) that the proposed savings options of £3.966m for NHSL and £10.182m for SLC, as detailed at section 4, which addresses £14.148m of the net funding gap of £33.037m, be approved;
- (8) that, following consideration of the separate report to the IJB in respect of the outcome of the public consultation on the re-provisioning of the internal residential care services, the savings option of £1.499m is considered and approved, as detailed at paragraph 4.3.3;
- (9) that the management and operational actions of £7.128m for NHSL and £7.862m for SLC, as detailed at section 4, which addresses £14.990m of the net funding gap of £33.037m, be noted;
- (10) that, in line with the joint approach agreed by the IJB Chief Officers, the reliance on the achievement by the North Lanarkshire IJB of the Mental Health Redesign saving of £2.400m be noted;
- (11) that the reliance on the non-recurring bridging funding outlined at paragraph 4.6.4 be approved;
- (12) that the proposal to continue to adopt for 2024/2025 the current approach for the management of underspends or overspends by the lead partner for the Hosted Service as outlined at 4.1.16 be approved;
- (13) that the IJB Financial Plan 2024/2025, which sets out a balanced budget in-year, be approved subject to a mid-year review by October 2024 of the IJB financial assumptions, in consultation with both partners, to test the original assumptions, projections and information for ongoing validity with a view to reprioritising where appropriate;
- (14) that the requirement to vary directions on behalf of the IJB, which is detailed in a separate report, be noted;
- (15) that the delegation of authority to the IJB Chief Officer to finalise the 2024/2025 funding allocations as part of the budget process, in consultation with the NHSL Director of Finance and the SLC Executive Director of Finance and Corporate Resources, as outlined at paragraph 4.7, be approved;
- (16) that, in order to secure financial sustainability in the medium term, the Sustainability and Value Programme approach and the Sustainability and Value Option Appraisal Screening Scale at appendix 7 continue to be endorsed; and
- (17) that the requirement to update the IJB Medium Term Financial Plan and to also consider the financial implications over the longer term be noted.

3. Background

- 3.1. As a result of the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board (IJB) has a statutory responsibility to set a balanced budget. The funds for the IJB are delegated from NHSL and SLC for the purpose of delivering the delegated functions as set out in the Integration Scheme. Additionally, the Health Board will also 'set aside' an amount in respect of large hospital functions covered by the Integration Scheme.
- 3.2. Sound governance and financial sustainability are fundamental to the delivery of the South Lanarkshire IJB Strategic Commissioning Plan 2022-25, including the following transformational priorities highlighted by communities and stakeholders:
 - Delivering upon our statutory responsibilities on their behalf.
 - Protecting the most vulnerable and at-risk in our communities.

3. Background (Cont.)

- 3.3. As the delegated funds come from NHSL and SLC, the level of funding available to the IJB is heavily influenced by these organisations' grant settlements from the Scottish Government. Both NHSL and SLC face challenges balancing their respective budgets due to budget pressures exceeding the provisional level of funding available. This is consistent with the pressures across public services nationally.
- 3.4. The South Lanarkshire IJB is recognised as having a strong track-record of sound financial management and robust financial governance. However, the size of the funding gap for 2024/2025 is such that there will be unavoidable implications for what and how services and support are provided. In essence, in order to protect services and supports for the most vulnerable and at-risk across our communities, other areas of activity have to be delivered differently, be reduced or stop. The current and projected financial challenges inevitably mean that service levels cannot be maintained and difficult decisions will need to be taken.
- 3.5. In its published 2022/2023 Audit of the Scottish Government Consolidated Accounts (November 2023), Audit Scotland stated that the delivery of public services in their current form is not affordable, with inflationary pressures and public sector pay settlements having a significant impact. Audit Scotland has also been clear over many years now that the NHS in Scotland faces significant and growing financial pressures, including from those costs of inflation and recurring pay awards. These pressures are making a financial position that was already difficult - and has been exacerbated by the Covid-19 pandemic - even more challenging.
- 3.6. In its October 2023 overview report on Local Government in Scotland, Audit Scotland highlighted that increasing cost pressures jeopardise the sustainability of local services, stating that:-

The scale of the challenge that lies ahead is greater than anything local government leaders (elected members and senior officers) will have ever experienced. Councils must work on three planning horizons: continue to deliver services here and now, identify and make improvements in the short term and plan for the longer-term radical change. This is an incredibly hard thing to do with an exhausted workforce but with councils' future funding position forecast to reduce in real terms, radical change is necessary so that councils can continue to serve their communities, respond to needs, meet demand and improve outcomes for people in the future.

- 3.7. In its February 2024 report on NHS in Scotland 2023, Audit Scotland highlighted that the NHS needs to move away from short-term firefighting to long-term fundamental change, stating that:-

Significant service transformation is required to ensure the financial sustainability of Scotland's health service. Rising demand, operational challenges and increasing costs have added to the financial pressures on the NHS and, without reform, its longer-term affordability.

- 3.8. The Scottish Government's Medium-Term Financial Strategy published in May 2023 included the statement that tough and decisive action must be taken to ensure the sustainability of public finances and that future budgets can be balanced.

3. Background (Cont.)

- 3.9. In the Pre-Budget Scrutiny 2024-25: The Sustainability of Scotland's Finances, November 2023 report, the Parliament's Finance and Public Administration Committee attached importance to affordability being a key factor in decision-making.
- 3.10. All public bodies are facing huge financial pressure as a result of public sector pay deals and significant increases in inflation.
- 3.11. The South Lanarkshire IJB External Auditors, Audit Scotland, also stated the following in their 2022/2023 Annual Audit Report of the IJB:
- *With pressures on public sector funding and rising cost pressures, SLIJB face difficult decisions around the model and level of services it can provide in a financially sustainable and safe way.*
 - *Management recognise that the scale of the challenge to make the IJB financially sustainable cannot be underestimated.*
 - *In both delivery of the 2023/24 financial position as well as longer term financial sustainability the IJB face difficult decisions around the level and range of services the IJB can provide.*
 - *All members have a responsibility for working constructively and demonstrating strong cohesive leadership to fulfil the IJB's duties and meet these challenges on behalf of local people.*
- 3.12. Correspondence dated 19 December 2023 from the Scottish Government's Director of Health and Social Care Finance to all Health Boards stated that "the financial pressures across health and social care are, by far, the most challenging since devolution" and then reinforced the need for:
- A clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets.
 - An improved forecast outturn position compared to your forecast outturn position reported at the start of 2023-24.
- 3.13. In order to secure recurring financial sustainability, on 28 March 2023, the IJB approved the adoption of the Sustainability and Value Programme (SAVP) approach to identify a range of potential savings options for consideration by the IJB.
- 3.14. The agreed screening scale, attached at appendix 7, has been designed to ensure that potential savings options are appraised, prioritised and then presented to the IJB for consideration in a manner consistent with statutory obligations and professional requirements. The screening scale reflects the advice of the HSCP's Medical Director, Nurse Director, Allied Health Professions Director and the SLC Chief Social Work Officer and illustrates the commitment to protect the most vulnerable people in South Lanarkshire.

3. Background (Cont.)

- 3.15. The IJB were previously advised on 18 October 2024 that the statutory duties and regulatory requirements in respect of key public protection and clinical safety services must be met and are not optional. As highlighted at appendix 8, this includes Adult Public Protection Services, Mental Health Services and Assessment and Care Management Services. Professional registration requirements must also be complied with. The demand across these statutory responsibilities has also increased over recent years. A reduction in the budget across these statutory service areas cannot therefore be considered.
- 3.16. IJB Members and IJB Voting Members participated in workshop sessions held on 9 and 15 August 2023 respectively. Whilst not decision-making forums, these interactive sessions provided the opportunity for IJB Members to consider, inform, scrutinise and challenge potential pipeline proposals presented in draft at the sessions. The third workshop held on 30 January 2024 provided an update on the funding gap for 2024/2025 and the progress to date. The workshop on 26 February 2024 presented the IJB Members with the options to set a balanced budget in advance of a briefing pack being circulated and ahead of the reports being issued for the IJB meeting on 26 March 2024.
- 3.17. At the workshop on 26 February 2024, the IJB Standards Officer outlined the duty to set a balanced budget and referred to the legislation, statutory guidance and the approved South Lanarkshire IJB Integration Scheme and Financial Regulations. This responsibility is re-enforced in the IJB Member's Code of Conduct. The IJB Standards Officer also explained that, as part of the duty to set a balanced budget, IJB Members do have the ability to put forward alternative options to the IJB for consideration if they find any part of the savings options presented to be unacceptable.
- 3.18. Alternative options need to have been assessed and confirmed as competent and deliverable, as well as fully costed, in order to be properly considered. Individual IJB Members should therefore discuss proposed alternative options in advance of the IJB meeting with the Chief Officer and the IJB Chief Finance Officer to allow these to be checked for competency and deliverability as well as being fully costed. This would allow a given IJB Member to present their alternative as a competent and deliverable amendment to the paper at the IJB meeting. Copies of any such amendments should be provided to the Clerk to allow for distribution to the IJB members. A briefing note explaining the alternative options process was circulated to IJB Members on 4 March 2024.
- 3.19. The Medium Term Financial Forecast Update report (Item 4) and the Sustainability and Value Programme Update report (Item 5) were presented to the IJB Performance and Audit Sub-Committee (PASC) on 20 February 2024. Both reports can be accessed at the following hyperlink:
- https://www.southlanarkshire.gov.uk/slhscp/downloads/download/100/ijb_meetings_dates_agendas_and_minutes_2024
- 3.20. The Scottish Government's Budget 2024/2025 was announced on 19 December 2023. The Local Government Settlement for 2024/2025 was initially announced on 21 December 2023 with the most recent update being received on 29 February 2024. In order to ensure the IJB complies with its statutory responsibility, this report recommends an IJB Financial Plan for the IJB to consider and approve in order to deliver a balanced budget for 2024/2025.

4. Financial Plan 2024/2025

4.1 Financial Planning Assumptions 2024/2025 – Projected Costs

- 4.1.1 The key highlights in respect of projected costs for social care services and health care services in 2024/2025 are noted below.
- 4.1.2 During 2023/2024, costs of £12.564m were funded using non-recurring funding solutions. This was in line with the IJB Financial Plan 2023/2024 and Budget Recovery Plan 2023/2024. The non-recurring funding solutions will not be available in 2024/2025 however the costs will recur again in 2024/2025.
- 4.1.3 The 2024/2025 pay award for each partner is still subject to ongoing national negotiation. There is therefore a significant risk that the final cost of the agreed pay award for both partners may exceed the estimated cost included within the IJB Financial Plan 2024/2025 at this stage.
- It is expected that an increase in the recurring cost as a result of the NHS pay award agreement will be met by additional recurring Scottish Government funding, consistent with previous years. In line with the Scottish Government guidance for planning purposes, a projected cost for the 2024/2025 pay award is not included in the IJB Financial Plan 2024/2025. The Scottish Government will work with NHSL Directors of Finance to finalise this position once the outcome of the national pay negotiations is known.
 - In respect of the Local Authority pay award, additional Scottish Government funding is not normally made available to meet the cost of the pay award however in 2022/2023 and 2023/2024, additional funding was allocated to meet part of the cost of the pay award. Consistent with previous years, a projected additional employee cost of £2.715m in 2024/2025 is included in the IJB Financial Plan 2024/2025. There is however a financial risk that the national pay award agreed could be higher than the pay award modelled for planning purposes. Discussions are ongoing nationally in respect of the Local Authority pay award.
- 4.1.4 The additional cost of the adult social care pay uplift across commissioned services is projected to be £13.737m. This reflects the Scottish Government announcement on 5 September 2023 in respect of the £12 per hour pay uplift for 2024/2025 for adult social care workers in the private and third sectors, in line with the real living wage foundation rate. Additional funding nationally of £230m will be transferred from the Health and Social Care Portfolio to Local Government to support this uplift. A further £11.5m nationally will also be transferred to meet the inflationary uplift on free personal nursing care rates. As highlighted at paragraph 4.2.2 and consistent with previous years, the share of the additional national funding of £13.737m will be added to the delegated social care services budget to address this cost.
- 4.1.5 National negotiations in respect of the National Care Home Contract (NCHC) rate for 2024/2025 are ongoing between Local Government, COSLA, Scotland Excel, sector representatives and Trade Unions. In addition to the living wage increase referred to at paragraph 4.1.4, a projected increase in the cost of the services commissioned from the independent sector is estimated to be £1.200m. There is a risk that the projected increase in cost could be higher.

4. Financial Plan 2024/2025 (Cont.)

4.1 Financial Planning Assumptions 2024/2025 – Projected Costs (Cont.)

- 4.1.6 Due to demand, additional nursing care home placements were made in 2023/2024. The recurring full year effect of this cost in 2024/2025 is an additional £0.797m. This relates to existing nursing care home placements. Consistent with previous years, a further cost of £0.796m is included in the financial plan to reflect the projected part year cost of an additional 5 placements per month. This relates to projected demographic growth. The total increase in costs included is £1.593m.
- 4.1.7 The recurring full year effect of 2023/2024 social care service activity is £1.000m.
- 4.1.8 Adult social care costs are projected to increase by £0.500m as a result of the transition of service users to reflect changing support requirements.
- 4.1.9 Analogue community alert alarms will become obsolete by the planned 2025 switch over to digital services by the UK Telecommunications industry. The move from the current analogue to digital provision will increase the recurring cost of the service by £0.771m. Additional recurring costs of £0.200m are also included in respect of the Home Care Workforce Scheduling system, the contract in respect of which was awarded in October 2023. The local recurring social care cost pressures therefore total £0.971m.
- 4.1.10 A recent actuarial valuation of the Strathclyde Pension Fund concluded that the level of employer pension contributions for Local Authorities will be reduced. Instead of the current contribution of 19.3%, there will be a reduction of 12.8% in the contribution rates to 6.5% for 2024/2025 and 2025/2026. In 2026/2027, the rate will increase back up to 17.5%. The net recurring reduction from 2026/2027 will therefore be 1.8%. The level of costs incurred across the delegated Adult and Older People social care services will therefore be £7.700m lower in 2024/2025. On 21 February 2024, SLC approved that an adjustment would be made between the delegated Adult and Older People services budget and the non-delegated Children and Families services budget on a temporary basis in 2024/2025 to contribute towards their continued social care services cost pressures. The total Social Work Resources Budget for 2024/2025 will remain the same.
- 4.1.11 In order to forecast prescribing expenditure for 2024/2025, an exercise was undertaken to consolidate pharmacy and medical cost projections and trend analysis. Including the 2023/2024 recurring overspend, the cost pressure in 2024/2025 is projected to be £12.335m. Prescribing cost volatility continues to represent the most significant risk within the NHSL element of the health care services budget. Action continues to be taken to review prescribing activity.
- 4.1.12 Additional posts were recruited during 2023/2024 on a permanent basis to meet increasing health care service demands. The recurring cost of these additional posts is projected to be £1.916m.
- 4.1.13 The additional recurring cost of diabetes insulin pumps provided during 2023/2024 is £1.400m.
- 4.1.14 The additional recurring cost across out of area services is £0.634m. There are also a range of other local recurring health care cost pressures including additional walking aids (£0.126m), re-banding costs (£0.106m) and other supply costs (£0.158m) totalling £0.390m.

4. Financial Plan 2024/2025 (Cont.)

4.1 Financial Planning Assumptions 2024/2025 – Projected Costs (Cont.)

4.1.15 The projected health care costs of the following ring-fenced funding allocations are included at sections A and B of appendix 1.

Primary Care Improvement Fund	£16.689m
Mental Health Outcomes Framework	£2.292m
Multi-disciplinary Teams	£2.013m
Alcohol and Drug Partnership	£1.150m
School Nurse Posts	£0.776m
Family Nurse Partnership	£0.773m
District Nurse Posts	£0.560m
Total	£24.253m

The ring-fenced funding allocations are not increased to reflect the cost of the pay award. Plans in respect of ring-fenced allocations will therefore require to be reviewed to reflect the potential impact of the cost of the 2024/2025 pay award to ensure costs are contained within the funding available.

4.1.16 The IJB is asked to approve the approach that the lead partner will continue to manage overspends or underspends on Hosted Services for 2024/2025.

4.1.17 In August 2023, the World Health Organisation declared that Covid-19 is no longer a global health emergency. Public Health have also advised there is no requirement to record covid-19 as a notifiable infectious disease.

4.1.18 The increase in costs has been projected based on the information available. There is however uncertainty in respect of some 2024/2025 cost projections due to ongoing national negotiations. A range of estimates have therefore been considered in the preparation of the IJB Financial Plan 2024/2025. The likelihood of further additional potential cost pressures continues to be monitored and assessed.

4.1.19 The increase in projected costs for health and social care services in 2024/2025 is therefore summarised as follows:

	Reference	Social Care Services £m	Health Care Services £m	Total £m
Projected Costs 2024/2025	Appendix 1	34.280	40.928	75.208

4. Financial Plan 2024/2025 (Cont.)

4.2 Financial Planning Assumptions 2024/2025 – Projected Funding

- 4.2.1 The key highlights in respect of projected funding for social care services and health care services in 2024/2025 are noted below.
- 4.2.2 As highlighted at paragraph 4.1.4 and consistent with previous years, the share of the additional national funding of £13.737m will be added to the delegated social care services budget to address the additional projected cost of the adult social care pay uplift across commissioned services. This funding is therefore additional and not substitutional to the delegated social care services recurring budget in line with Scottish Government requirements.
- 4.2.3 Responsibility for setting social care charges was retained by local authorities when the Public Bodies (Joint Working) (Scotland) Act 2014 came into effect on 1 April 2016. The 2024/2025 charging policy in respect of the following delegated social care services was approved by the SLC partner on 21 February 2024.
- Reduce the Subsidy of the In-House Residential Care Home Services (£1.580m).
 - Increase the Taper for Non-Residential Care Services from 60% to 70% (£0.294m).
 - Reduce the subsidy of the In-House Day Services (£0.040m).
 - Introduce a new charge for the installation of key safes at each service user's home (£0.086m).

Additional recurring income totalling £2.000m per annum is projected, of which £1.000m (50%) is being allocated to the delegated social care services recurring budget. £1.000m (50%) is being retained as a contribution to the SLC funding gap in 2024/2025 which includes children and family social care cost pressures.

- 4.2.4 The funding received in 2023/2024 for sustainability, the 2023/2024 pay rise and other items in respect of the delegated health care services has been confirmed as recurring and will be added to the starting baseline for 2024/2025.
- 4.2.5 NHSL will receive an additional £6.9m to take it to within 0.6% of its target share of health service resources. Although this is an improvement of 0.2% from 0.8%, NHSL's total funding will continue to be 0.6% below their NRAC share.
- 4.2.6 There was no additional baseline uplift for 2024/2025 to fund the projected increase across prescribing, supplies and other service costs. As highlighted at paragraph 4.1.3, the Scottish Government will work with NHSL Directors of Finance to finalise the position in respect of the cost and funding of the 2024/2025 pay award once the outcome of the national pay negotiations is known.
- 4.2.7 As outlined at paragraph 4.1.15, the Scottish Government ring-fenced funding allocations for 2024/2025 are projected to total £24.253m.

4. Financial Plan 2024/2025 (Cont.)

4.2 Financial Planning Assumptions 2024/2025 – Projected Funding (Cont.)

4.2.8 On 21 February 2024, the Scottish Government confirmed consequential funding nationally of £150m for NHS Boards to reduce budget deficits forecasted at 31 March 2024.

- As a result of NHSL's stronger financial position, this consequential funding is not required to achieve breakeven in respect of the current financial year 2023/2024. The Scottish Government have therefore agreed that the NHSL share of the funding of £18.469m (12%) can be carried forward to contribute to the 2024/2025 projected funding gap.
- Recognising the cost pressures across the whole system, the NHS Lanarkshire Health Board agreed to allocate the funding to the Health Board, the North Lanarkshire IJB and the South Lanarkshire IJB based on both the recurring baseline budgets and also the national allocation formula. This is similar to the approach adopted for a general allocation uplift and also recognises the South Lanarkshire IJB 48% and North Lanarkshire IJB 52% agreement.
- Additional funding of £3.181m will therefore be available in 2024/2025 to contribute to the cost pressures across health care services. It is expected that this funding is non-recurring.

4.2.9 The increase in funding provided for health and social care services and the projected funding gap is detailed at appendix 1 and summarised as follows:

	Social Care Services £m	Health Care Services £m	Total £m
Projected Costs 2024/2025	34.280	40.928	75.208
Less Recurring Scottish Government Funding	(13.737)	(24.253)	(37.990)
Sub Total	20.543	16.675	37.218
Less Additional Income Non-recurring Scottish Government Funding	(1.000) -	- (3.181)	(1.000) (3.181)
Projected Funding Gap 2024/2025 - Net	19.543	13.494	33.037

4. Financial Plan 2024/2025 (Cont.)

4.3. Sustainability and Value Programme Approach – Social Care Services

- 4.3.1 As highlighted at paragraphs 3.13 and 3.14, the IJB approved the adoption of the SAVP approach to identify recurring savings across social care services.
- 4.3.2 Options to reduce social care service expenditure and budgets have been developed. The projected expenditure and budget reductions are outlined at appendix 2 and total £10.182m for consideration and approval by the IJB.
- 4.3.3 Consistent with the national 'Planning with People' guidance, public consultation was undertaken in respect of the re-provisioning of two internal residential care services. The outcome of the public consultation and the recommendation in respect of the potential savings option of £1.499m (Dewar House - £0.713m; McClymont House - £0.786m) is the subject of a separate report to the IJB on 26 March 2024. The IJB is being asked to approve the re-provisioning of residential care away from the two homes. In the event that this recommendation is agreed, a direction would be issued to SLC to make arrangements to discontinue the ongoing provision of residential care from these two facilities over a 7 month period (i.e. beyond the minimum 13 weeks required to notify the Care Inspectorate of intention to deregister) with no new admissions to be accepted. The proposed saving is highlighted at appendix 3. To manage the implementation strategy, it is proposed to allocate non-recurring bridging funding of £0.875m as outlined at paragraph 4.6.4.
- 4.3.4 Management and operational actions, projected to total £7.862m, are being progressed to control social care services expenditure and reduce budgets. The focus is on reducing expenditure through financial efficiencies with the disciplined application of processes including tighter fiscal grip and control, the acceleration of the full cost benefits of earlier approvals and the rationalisation of external contracts. The management and operational actions being taken are outlined at appendix 4 for noting.

4.4. Sustainability and Value Programme Approach – Health Care Services

- 4.4.1 In order to transform and reform services to achieve financial balance and provide the best possible care within the resources available, the new NHSL Transformation & Reform Programme for whole-system redesign has been established. The following five workstreams have been established with an immediate objective to develop proposals for reformed service models to be delivered within the budget for 2024/2025 onwards.
- Unscheduled Care
 - Planned Care
 - Mental Health Care
 - Primary Care
 - Supporting Corporate Services
- 4.4.2 The outcome of the NHSL SAVP will contribute to the overall health care funding gap with achievable savings being attributed to the South Lanarkshire IJB, North Lanarkshire IJB and NHSL Health Board fairly and transparently.

4. Financial Plan 2024/2025 (Cont.)

4.4. Sustainability and Value Programme Approach – Health Care Services (Cont.)

- 4.4.3 Recognising the necessity to move at pace, a joint approach has also been developed by the Chief Officers and the officers for North Lanarkshire and South Lanarkshire University HSCPs to identify health care savings options. This will ensure efficiency of time and effort to identify and develop the savings options and will also ensure consistency and coverage when proposed as options to each IJB where approval is required. The joint approach also helps to mitigate the significant resource and capacity required to deliver change on this scale and at pace.
- 4.4.4 As highlighted at paragraphs 3.13 and 3.14, on 28 March 2023, the IJB approved the adoption of the SAVP approach to identify recurring savings across health care services.
- 4.4.5 Options to reduce health care service expenditure and budgets have been developed. The projected expenditure and budget reductions are outlined at appendix 5. The recurring savings are projected to total £3.966m for consideration and approval by the IJB.
- 4.4.6 In order to manage health care services expenditure during 2024/2025, management and operational actions, projected to total £7.128m (Recurring £4.187m; Non-recurring £2.941m), are being progressed as outlined at appendix 6 for noting.
- 4.4.7 NHS Lanarkshire's Mental Health services are hosted within the North Lanarkshire IJB.
- As outlined at paragraph 4.4.3, in line with the joint approach agreed by the IJB Chief Officers, a Mental Health Redesign is being led by the North Lanarkshire IJB.
 - In line with the current national resource allocation formula, the saving achieved would be allocated on the basis of the South Lanarkshire IJB 48% and North Lanarkshire IJB 52% agreement. The full year effect of this recurring saving could therefore be up to £2.400m.
 - The IJB is asked to note the reliance on the achievement of this saving which is being progressed by the North Lanarkshire IJB.
- 4.4.8 The total health care savings projected for 2024/2025 are summarised as follows:

2024/2025	£m
Recurring	10.553
Non-recurring	2.941
Total	13.494

- 4.4.9 In order to identify recurring savings, as previously reported, work is being progressed across a range of service areas to identify and evaluate opportunities to streamline management structures, maximise joint working and reduce duplication. The development of options in respect of health care services that have been consistently underspending over recent years are also being actively considered. The outcome of the ongoing service redesign options will be reported to the IJB during 2024/2025 and will identify recurring savings for consideration and approval by the IJB. A minimum recurring target saving of £2.941m requires to be identified to ensure a recurring funding solution is implemented by 31 March 2025.

4. Financial Plan 2024/2025 (Cont.)

4.5. 2023/2024 Notional Set-Aside Allocation

- 4.5.1 Consistent with previous years, the 2024/2025 notional set-aside budget will be adjusted as appropriate. This will include reflecting recurring service level agreement adjustments and any physical transfer of resources.
- 4.5.2 The agreement in place from 2016/2017 to date in 2023/2024 has been that any physical transfer of resources from the set aside will be based on agreed costed service changes. Outside of these planned changes, it has been agreed each year to date that the NHS Board will deliver the set aside services in return for the budget offered. The notional value of the set-aside budget for 2024/2025 is £70.324m.
- 4.5.3 Although under s28(4) of the Public Bodies (Joint Working) (Scotland) Act 2014, the Health Board may require the integration authority to reimburse it for the additional amount used in providing set aside services, this has not been pursued by NHSL with the IJB.
- 4.5.4 All expenditure incurred on the set-aside services to date therefore has been met by NHSL. Instead, the focus has been on whole system working through the unscheduled care board to develop future plans to cope with increased demand coupled with day-to-day integrated working to resolve the more immediate problems. This approach has allowed a constructive dialogue between the parties which focusses on the service changes that will make a difference.
- 4.5.5 The system reform assumptions in the Scottish Government Medium Term Health and Social Care Financial Framework which was published in October 2018 included material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway is key to delivering this objective.
- 4.5.6 Partnerships were advised that by the start of 2019/2020, the set aside arrangements were to be fit for purpose and enable this approach. However, there continues to be a significant time lag in being able to quantify reliably the hospital resource use in any year. The impact of the Covid-19 pandemic on the set-aside services activity levels over recent years is also not representative of normal demand and will be unique to the emergency response to the pandemic. There also continues to be a significant commitment to improving the delayed discharge performance statistics which is ensuring that bed capacity across Acute Services is maximised. It may be difficult to isolate the positive impact of the whole system approach adopted across Lanarkshire from the adverse impact of the response to the Covid-19 pandemic.
- 4.5.7 The calculation of the notional set-aside allocation and the confirmation of actual activity levels remains a complex accounting process. The allocation will be updated on receipt of the validated activity levels from ISD.

4. Financial Plan 2024/2025 (Cont.)

4.6. Non-recurring Bridging Funding 2024/2025

- 4.6.1 To contribute to financial stability across services, management and operational actions are being accelerated. Subject to IJB approval on 26 March 2024, the proposed savings options will be implemented at pace during 2024/2025.
- 4.6.2 In respect of the social care services savings, it is recognised that a part year effect only of specific savings will be achieved during 2024/2025 with the full year effect being available in 2025/2026. On 20 February 2024, the PASC endorsed the allocation of the year-end underspend across social care services of £1.272m and the reserves of £1.164m as non-recurring bridging funding whilst actions that result from the decisions taken by the IJB to set the balanced budget for 2024/2025 are implemented in-year.
- 4.6.3 In order to address the balance of the social care services funding gap of £0.812m, part of the 2024/2025 projected underspend of £1.272m is being included as a non-recurring funding solution. The balance of the non-recurring bridging funding is therefore as follows:

Non-Recurring Bridging Funding	£m
Projected Underspend At 31 March 2024 - Balance	0.460
IJB Reserves - Social Care Services	1.164
Total	1.624

- 4.6.4 The IJB is asked to approve that the balance of the non-recurring bridging funding of £1.624m is allocated as follows:
- £0.875m is allocated to support the proposed decommissioning of the care homes, which is the subject of a separate report to the IJB on 26 March 2024.
 - £0.749m is allocated to support the implementation of the proposed savings recognising that they will take time to implement, in particular the savings in respect of the external care home placements, fleet services review, property costs reduction and management cost reduction.
- 4.6.5 In respect of the External Care At Home Services Reduction (HSCP17), it will not be possible to deliver this saving in full in 2024/2025. Reliance will therefore require to be placed on in-house turnover during the implementation phase of this saving. An indicative employee turnover target of £1.256m is therefore estimated.
- 4.6.6 Based on the total funding gap of £20.543m, the minimum part year effect of social care services savings and actions that require to be achieved in 2024/2025 is therefore £16.851m (82%).
- 4.6.7 The SLC partner has advised that, based on net favourable movements across January and February 2024 as a result of the implementation of the management and operational actions at pace, the projected underspend at 31 March 2024 will increase. Any further underspend in respect of the SLC contribution to the IJB could be retained by SLC. SLC would therefore require to consider if the further underspend was retained by SLC or by the IJB. This can only be considered by SLC when the final position is known.

4. Financial Plan 2024/2025 (Cont.)

4.6. Non-recurring Bridging Funding 2024/2025

- 4.6.8 The SLC partner is highlighting that recent pay claims presented have identified a risk that any pay deal for 2024/2025 will exceed the pay funding that has been included in the Council's Budget Strategy. The national pay negotiations are ongoing. If the retention of the further underspend by the IJB is approved by SLC, it is suggested that it would be prudent for the IJB to consider that this non-recurring funding is held as a contingency against higher than budgeted costs of pay in 2024/2025. This would be consistent with the approach adopted by SLC across non-delegated services.
- 4.6.9 As highlighted at paragraph 4.4.8, the health care services savings projected for 2024/2025 totalling £13.494m include non-recurring funding options of £2.941m.
- 4.6.10 The achievement of approved social care and health care services savings will be monitored during 2024/2025.

4.7. Delegated Authority

- 4.7.1 The 2024/2025 budget allocations will be finalised as part of the detailed budget setting process undertaken by each partner in April 2024. The IJB is asked to approve the delegation of authority to the IJB Chief Officer to finalise the 2024/2025 funding allocations, in consultation with the NHSL Director of Finance and the SLC Executive Director of Finance and Corporate Resources.

4.8. Financial Monitoring 2024/2025

- 4.8.1 The External Auditors recommended that the progress in achieving the financial strategy should be routinely reported to the IJB to ensure that the IJB is aware of potential budget overspends. Reliance is placed on the financial management and budgetary control processes embedded within each partner's existing reporting arrangements. The progress in respect of the implementation of the IJB Financial Plan for 2024/2025 will be included in the IJB financial monitoring reports throughout 2024/2025.
- 4.8.2 It is also recommended good practice that scenario planning is undertaken to assess the impact of changes to the underlying financial planning assumptions. The key principles of the IJB Medium Term Financial Forecast are being updated and will be reported to a future meeting of the PASC. A mid-year review of the IJB Financial Plan 2024/2025 will be undertaken by October 2024.

5. Employee Implications

- 5.1. In order to achieve sustainable financial balance, services require to be remodelled in consultation with both partners. In respect of the management and operational actions and the options approved by the IJB, where posts are affected, the process each partner has in place will be followed. This includes review of vacant posts, voluntary redeployment, the SLC SWITCH2 policy and the NHSL organisational change and redeployment processes, as appropriate.
- 5.2. Meetings with NHSL staff side and SLC Trade Unions are taking place as required to advise of the options being considered that have staffing implications as appropriate. In line with the implementation of transformational change proposals approved by the IJB, each partner's workforce strategy will also be updated to reflect the agreed redesign of services, as appropriate.

6. Financial Implications

- 6.1. The IJB has a statutory duty to set a balanced budget for 2024/2025. Setting and delivering financial balance is fundamental to delivering upon the priorities within the Strategic Commissioning Plan in a sustainable manner.
- 6.2. The IJB Financial Plan 2024/2025, which sets out the 2024/2025 budget for each partner, are as detailed in section 4 and appendices 1 to 6 of this report. The proposals to achieve financial sustainability in 2024/2025 are summarised as follows:

Proposals	NHSL		SLC		Total	
	£m	%	£m	%	£m	%
Recurring	10.553	78%	18.731	96%	29.284	89%
Non-recurring	2.941	22%	0.812	4%	3.753	11%
Total	13.494	100%	19.543	100%	33.037	100%

- 6.3. The financial implications remain indicative at this stage until the year-end outturn for the current financial year 2023/2024 is confirmed and the detailed budget setting processes in relation to the IJB are concluded.
- 6.4. IJBs continue to operate in a complex, challenging and changing environment, both locally and nationally. The scale of the challenge to make the IJB financially sustainable cannot be underestimated. The intense budget and service pressures on Local Government, NHS Boards and IJBs partners, across Scotland and locally, has been emphasised previously.
- 6.5. Due to current and future uncertainty and the Scottish Government's short-term financial planning cycle, the financial projections continue to be difficult to forecast and are subject to a high degree of financial risk, particularly in respect of pay negotiations, NCHC negotiations and projected service demand. It is anticipated that the public sector in Scotland will continue to face a range of challenges in the short and medium term. There is therefore significant uncertainty about current and future additional costs and current and future Scottish Government funding. Based on the current funding gap projections for 2024/2025, expenditure will require to be reduced to be contained within the available budget.
- 6.6. The Medium Term Financial Forecast is being updated to reflect the outcome of the financial planning assumptions for 2024/2025 for both partners and the IJB and will also be updated to reflect further updates from the Scottish Government when available.
- 6.7. There continues to be ongoing consultation with the NHSL Director of Finance and the SLC Executive Director of Finance and Corporate Resources in respect of the IJB Financial Plan 2024/2025. The available resources will be targeted to best effect to ensure the jointly agreed strategic commissioning intentions are achieved.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. The potential opportunities for positive impacts on climate change, sustainability and the environment arising from the management and operational actions and the options being considered by the IJB have been identified.

8. Other Implications

8.1. Delivering savings of the magnitude detailed in the IJB Financial Plan 2024/2025 will undoubtedly impact adversely on performance, waiting times and outcomes for the people who require access to services. The risks associated with this report are highlighted at section 4. The IJB Financial Plan 2024/2025 contributes to the mitigation of the following risks within the IJB Risk Register as follows:

- Financial Sustainability (Very High)
- Failure to meet public protection and legislative requirements (High)

8.2. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 – 2025, notably the following outcome:

- Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

Setting and delivering financial balance is fundamental to delivering upon the priorities within the IJB Strategic Commissioning Plan 2022-2025 in a sustainable manner.

8.3. Ongoing demographic and demand pressures across health and social care services and the ability to continue to deliver services which are safe represent financial and operational risks for both partners and the IJB. Engagement with both partners, wider national networks and the Scottish Government in relation to future funding available will continue.

8.4. In order to ensure the delivery of Health and Social Care Services is financially sustainable in the short, medium and longer term, transformational change must be progressed in order to implement modern approaches to integrated service delivery and to realign funding to key service priorities.

8.5. There continues to be a high level of financial risk and uncertainty, particularly in respect of pay negotiations, NCHC negotiations and service demand. The IJB Medium Term Financial Forecast 2024/2025 will continue to evolve as the funding allocations are confirmed by SLC, NHSL and the Scottish Government.

8.6. In relation to the proposed IJB Financial Plan 2024/2025 recommended to the IJB for consideration, approval and noting as appropriate, work has been carried out by each partner to assess its deliverability. Through this exercise, risks which may impact on service delivery have been considered.

- The main risk associated with the IJB revenue budget is that either or both partners may overcommit against recurring budgets.
- On a non-recurring basis, this risk may be mitigated by the impact of vacancies and other non-recurring underspends however labour market supply challenges present a significant risk to the delivery of the IJB Strategic Commissioning Plan 2022 - 2025 intentions across the health and social care partnership.
- The total funding for 2024/2025 has not yet been confirmed by the Scottish Government. There is therefore a risk in respect of the totality of the Scottish Government funding for 2024/2025 and in future years particularly in respect of the ongoing pay negotiations.
- The overall funding available for the Primary Care Improvement Plan and prescribing volatility continue to represent the most significant risks within the Health element of the partnership's budget.

8. Other Implications (Cont.)

- 8.7. Financial risks are managed by the IJB, NHSL and SLC through their detailed budget management and probable outturn arrangements.
- 8.8. There are provisions within the IJB Financial Regulations which set out an agreed process to be followed in the event that an overspend is forecast on either partner's in scope budget.
- The IJB Chief Officer and the IJB Chief Financial Officer will agree a budget recovery plan with the relevant partner to balance the overspending budget. (*IJB Financial Regulations Section 5.15 and 5.16*).
 - In exceptional circumstances, should SLC or the Health Board require the Board to identify resources to offset an in-year overspend, they (that is, the partner) must do this by amending their contributions to the Board. (*IJB Financial Regulations Section 5.17*).
 - If the recovery plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the overspending partner has the option to:
 - (i) make an additional one-off adjustment to the resources it is making available to the Board,
 - or
 - (ii) provide additional resources to the Board which are then recovered in future years from subsequent underspends in that partner's contribution, (subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this). (*IJB Financial Regulations Section 5.19*).
- 8.9. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. As highlighted at section 3, IJB workshops were held to brief IJB Members in advance of the IJB Financial Plan 2024/2025 being presented to the IJB on 26 March 2024 for consideration and approval. The constructive feedback offered during these sessions is reflected in the IJB Financial Plan 2024/2025 proposed and will continue to be reflected in the further development of the Sustainability and Value Programme approach.
- 9.2. Equality Impact Assessments and Fairer Scotland Duty Assessments have been undertaken as required in respect of the proposed savings options and the management and operational actions attached at appendices 2 to 6 for consideration and approval or for noting, as appropriate. The Equality Impact Assessments and Fairer Scotland Duty Assessments have been shared with the IJB.
- 9.3. Consistent with the national 'Planning with People' guidance, consultation was undertaken in respect of the proposal to re-provision internal residential care services. This is the subject of a separate report to the IJB on 26 March 2024.

9. Equality Impact Assessment and Consultation Arrangements (Cont.)

- 9.4. The development of the options for IJB approval were informed and shaped by the dialogue that officers had with key stakeholders internally and externally. In addition to the regular engagement and dialogue with the South Lanarkshire Health & Social Care Forum, an additional meeting was convened on 8 February 2024 to seek feedback on the ongoing relevance of the IJB Strategic Commissioning Plan 2022-2025 priorities and to consider the SAVP approach and the transformation that is required including what could – or should – we do more or less of.
- 9.5. The following key observations were highlighted during the meeting:
- Early intervention and prevention should continue to be promoted and capacity should be built within the community, as well as within organisations. Support for social prescribing should also increase to help offset demand for services at an earlier stage. The good track record across the third sector of supporting people with lower-level care needs was acknowledged.
 - Care packages need to be reviewed to ensure packages that are no longer required cease. Technology and different ways of working need to be embraced.
 - Better communication on self-directed support is needed for the public to manage expectations.
 - GP access and capacity is an issue. Lanarkshire has the lowest number of GPs in Scotland per head of population. Although this is recognised as a national issue, efforts are being progressed locally to seek to address this.
 - Cognisance needs to be taken of the rurality of Clydesdale and also the lack of minor injuries support and services within the Clydesdale locality.
 - There should be a programme of recycling equipment and adaptations.
 - The work being done as part of 'Care Academy' will help to grow and recruit our own staff. The recent 'Future Fridays' (Monklands Project) event could be replicated to give young people the opportunity to consider the wide range of career options available across health and social care services. The beneficial impact of modern apprenticeships within care services was also recognised as very important.
 - Benchmarking should go beyond Scotland and the UK and consider what is happening in other countries.
- 9.6. The Chief Executive of NHSL and the Chief Executive of SLC have both been consulted on the prioritisation of services and the proposed options to reduce expenditure as outlined in the IJB Financial Plan 2024/2025.
- 9.7. The Director of Finance of NHSL and the Executive Director (Finance and Corporate Resources) of SLC have both contributed to the development of the IJB Financial Plan 2024/2025.
- ## **10. Directions**
- 10.1. As part of the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is required to direct NHSL and SLC to deliver integrated service provision in line with the IJB Strategic Commissioning Plan 2022 - 2025. These directions will be varied to reflect the IJB Financial Plan 2024/2025.

10. Directions (Cont.)

- 10.2. The directions will note that, following approval by the IJB, the partners will require to implement agreed efficiency savings and management actions and also to rely on reserves as appropriate in order to address the funding gap. The directions are set out in a separate report to the IJB for the following partners as appropriate.

Direction to:	
1. No Direction required	<input type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input checked="" type="checkbox"/>

Professor Soumen Sengupta
Director, Health and Social Care

18 March 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input type="checkbox"/>
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	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input type="checkbox"/>
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	<input type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- ◆ IJB 28 March 2023 IJB Financial Plan 2023/2024

List of Background Papers

- ◆ None

Contact for Further Information

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

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	Ref.	Recurring / Non-recurring	2024/2025 Social Care Services	2024/2025 Health Care Services	2024/2025 Total
Section A Projected Increase In Costs			£m	£m	£m
Legacy Costs 2023/2024	4.1.2	Recurring	12.564	0.000	12.564
Employee Costs	4.1.3	Recurring	2.715	0.000	2.715
Adult Social Care Pay Uplift in Commissioned Services - Projected Cost	4.1.4	Recurring	13.737	0.000	13.737
National Care Home Contract Rate Increase	4.1.5	Recurring	1.200	0.000	1.200
Nursing Care Home Services Demand	4.1.6	Recurring	1.593	0.000	1.593
2023/2024 Activity – Full Year Effect	4.1.7	Recurring	1.000	0.000	1.000
New Service Demand (Including Transitions)	4.1.8	Recurring	0.500	0.000	0.500
Local Cost Pressures – Social Care Services	4.1.9	Recurring	0.971	0.000	0.971
Prescribing Costs	4.1.11	Recurring	0.000	12.335	12.335
Additional Posts – Health Care Services	4.1.12	Recurring	0.000	1.916	1.916
Diabetes Insulin Pump Costs	4.1.13	Recurring	0.000	1.400	1.400
Out Of Area Costs	4.1.14	Recurring	0.000	0.634	0.634
Local Cost Pressures - Health Care Services	4.1.14	Recurring	0.000	0.390	0.390
Scottish Government Outcomes 2024/2025	4.1.15	Recurring	0.000	24.253	24.253
Section A Total Projected Increase In Costs			34.280	40.928	75.208

**South Lanarkshire IJB
Financial Plan 2024/2025**

Appendix 1 Cont.

	Ref.	Recurring / Non-recurring	2024/2025 Social Care Services	2024/2025 Health Care Services	2024/2025 Total
Section B Projected Increase In Funding			£m	£m	£m
Adult Social Care Pay Uplift Funding (Living Wage)	4.2.2	Recurring	(13.737)	0.000	(13.737)
Scottish Government Ring-fenced Funding Allocations 2024/2025	4.2.7	Recurring	0.000	(24.253)	(24.253)
Additional Charging Income Approved By SLC	4.2.3	Recurring	(1.000)	0.000	(1.000)
Consequential Funding	4.2.8	Non-recurring	0.000	(3.181)	(3.181)
Section B Total Projected Increase In Funding			(14.737)	(27.434)	(42.171)
Section C Projected Funding Gap 2024/2025			19.543	13.494	33.037
Section D Financial Strategy To Address Funding Gap			£m	£m	£m
Social Care Savings Options - IJB Budget Approval	Appendix 2	Recurring / Non-recurring	(10.182)	0.000	(10.182)
Public Consultation – Re-provision Residential Care Services – Internal	Appendix 3	Recurring	(1.499)	0.000	(1.499)
Management and Operational Actions – Social Care Services	Appendix 4	Recurring	(7.862)	0.000	(7.862)
Health Care Savings Options - IJB Budget Approval	Appendix 5	Recurring	0.000	(3.966)	(3.966)
Management and Operational Actions – Health Care Services	Appendix 6	Recurring / Non-recurring	0.000	(7.128)	(7.128)
Service Redesign - Led By North Lanarkshire HSCP	4.4.7	Recurring	0.000	(2.400)	(2.400)
Section D Total Financial Strategy To Address Funding Gap			(19.543)	(13.494)	(33.037)

Proposed Social Care Savings Options – IJB Approval

Appendix 2

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP11	<p>Locality Team Redesign - Occupational Therapy Services <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i></p> <p>As at February 2024, there are 23.65 vacant Social Worker posts. Recognising the challenges associated with recruiting Social Workers, action has already been taken to move to a multi-disciplinary approach within the Assessment and Care Management team. This is on the basis that there is a range of roles within the Assessment and Care Management team that can be undertaken by individuals who are not qualified Social Workers.</p> <p>It is proposed to accelerate the development of the multi-disciplinary approach and to strengthen the Assessment and Care Management Team capacity by redeploying up to 6 FTE Occupational Therapists (OT) to vacant posts. The OT establishment would therefore be reduced from 23 FTE to 17 FTE. As at February 2024, there are 22.44 FTE OT staff in post. OT staff redeployed to the Assessment and Care Management team would be moved into roles that would reflect and make best use of their skill set within the scope of their registration. OT staff redeployed would not undertake tasks that have to be undertaken by a qualified social worker.</p> <p>The Occupational Therapy budget would be reduced by £0.341m. This is based on 6 FTE Grade 3 Level 4 posts including oncosts. The full year effect of the saving is £0.341m.</p>	6	0.341	

Proposed Social Care Savings Options – IJB Approval (Cont.)

Appendix 2 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP12	<p>Fieldwork Team Redesign - Community Support Services <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i></p> <p>The in-house community support service is not registered with the Care Inspectorate nor are the staff registered with the SSSC. This is a legacy service intended to provide low and moderate level support for adults living with a learning disability. As part of the Day Services Review the IJB previously agreed to this service being remodelled to support care management activity for adults with substantial and critical needs who use day services.</p> <p>Community Support Teams are located within each local office. There are currently 3.8 FTE Senior Community Support posts and 8.91 FTE Community Support Worker posts totalling 12.71 FTE posts. There are currently 4.31 FTE (34%) vacancies within the Community Support Team. It is proposed to reconfigure the Community Support Team by removing the existing 12.71 FTE posts and instead establishing 5 FTE Social Work Assistant (SWA) posts. Each SWA post would be aligned to each adult day care lifestyles facility. The establishment of SWA posts would strengthen the focus of the care management role and would define where the responsibility lies for assessment, support planning, case recording and referral prioritisation. Each SWA post would provide advice, redirect to other community-based supports as an alternative to formalised services and support financial charging arrangements. Recognising that there are 4.31 FTE vacancies in respect of the 12.71 FTE budgeted posts, the actual staff in post would reduce from 8.4 FTE to 5 FTE, a reduction of 3.4 FTE. The reduction in posts will be managed through vacancies, turnover and redeployment within the service.</p> <p>The Community Support Team annual budget would reduce from £0.499m to £0.226m. The full year effect of the saving is £0.273m.</p>	7.71	0.273	

Proposed Social Care Savings Options – IJB Approval (Cont.)

Appendix 2 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP13	<p>Property Costs Reduction (<i>Benchmarking & Efficiencies</i>)</p> <p>There are no Social Work Services operating from the Red Deer Centre. The building is owned by SLC. The most recent conditions survey advises that circa £1.1m requires to be invested to bring the property up to standard with this potential cost increasing to circa £3m to future proof the building. Plans are being developed by Housing & Technical Resources in respect of potential options for the site.</p> <p>9 community groups are using the Red Deer Centre free of charge. There is no assessed social care services requirement for these group activities to be delivered from the Red Deer Centre. This is a legacy arrangement. Recognising that the Red Deer Centre may become unavailable at a future date, discussions have been ongoing since November 2023 with the 9 community groups and support has been offered to help the groups identify alternative premises. This offer of help remains available from the Council.</p> <p>It is therefore proposed to remove the Red Deer Centre annual budget of £0.229m (Service Level Agreement with Community and Enterprise Resources - £0.115m; Property and other costs - £0.114m). The full year effect of the saving is £0.229m.</p>	-	0.229	
HSCP14	<p>Fleet Services Review (<i>Benchmarking & Efficiencies</i>)</p> <p>Following the approval by the IJB on 18 October 2023 to continue to operate day services from 10 facilities across South Lanarkshire, a review of the annual budget of £2.474m for the provision of transport by South Lanarkshire Council Fleet Services is being undertaken in consultation with Community Resources. The current transport service provided by Fleet Services will be redesigned to reflect the decision not to re-open the eight day service facilities and to propose a fit for purpose transport model which takes better account of personal assets and self-directed support arrangements. The minimum target saving of £0.480m is proposed.</p>	-	0.480	

Proposed Social Care Savings Options – IJB Approval (Cont.)

Appendix 2 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP15	<p>Stairlift Provision Reduction (Service Redesign or Reduction with no/limited impact on outcomes)</p> <p>The annual budget for the provision of stairlifts is approximately £0.900m. The most recent data available is analysed as follows:</p> <ul style="list-style-type: none"> Approximately 421 stairlifts were provided (Curved – 186; Straight – 235). The cost incurred was approximately £0.931m (Curved - £0.630m; Straight - £0.301m). The average cost of a curved stairlift is £3,400. The average cost of a straight stairlift is £1,281. There are also ongoing safety check, maintenance and repair costs for each lift accounted for within the overall budget. <p>It is proposed to reduce the stairlift budget by £0.100m. This will result in some service users waiting longer for the installation of a stairlift. The full year effect of the saving is £0.100m.</p>	-	0.100	
HSCP16	<p>Equipment Provision Reduction (Service Redesign or Reduction with no/limited impact on outcomes)</p> <p>The equipment purchased from Equipu for service users at home includes both new and recycled items. The most recent data available is analysed as follows:</p> <ul style="list-style-type: none"> A total of 13,440 items of equipment were purchased ranging from £0.99 up to £6,347. This included 11,206 items of equipment purchased ranging from £0.99 up to £25 at a total cost of £0.147m. <p>It is proposed to reduce the equipment provision budget by £0.100m. The impact will be mitigated through the application of eligibility criteria and the further increased use of recycled equipment. Notwithstanding this, some service users may require to wait longer to receive equipment. Service users may choose to purchase their own equipment particularly when the cost of the item is less than £25. The full year effect of the saving is £0.100m.</p>	-	0.100	

Proposed Social Care Savings Options – IJB Approval (Cont.)

Appendix 2 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP17	<p>External Care At Home Services Reduction <i>(Service Redesign or Reduction with impact on outcomes)</i></p> <p>In respect of the external care at home services, it is proposed that the budget is reduced by £5.459m in 2024/2025. In order to achieve this target saving, in addition to reviewing the net costs across this service, the external care at home hours commissioned would require to be reduced by up to 864 hours per month. By 31 March 2025, the total reduction across external care at home services would therefore be up to 10,368 hours per annum. The part year effect of this reduction in 2024/2025 would be £5.459m. The full year effect of this reduction in 2025/2026 would be £11.9m i.e. an additional £6.4m.</p> <p>The implementation of the budget reduction across the external care at home services will require to be flexible to take cognisance of existing care support arrangements, changes in demand and provider capacity. The external care at home core service capacity is approximately 30,552 hours per week. The average care package is 15 hours per week. The annual budget is £32.534m for directly commissioned services. The internal care at home core service capacity is approximately 24,556 hours per week. The average care package is 10 hours per week. The annual budget is £37.392m. An element of the internal budget includes the costs of the infrastructure which supports both internal and external care at home services such as management staff, contract management and dedicated care management teams in each locality. There is therefore an additional HCSP overhead within this budget which is attributable to the externally commissioned services.</p> <p>It will not be possible to deliver this saving in full in 2024/2025. Recognising the requirement to transition towards the implementation of this saving, reliance will require to be placed on in-house turnover and also non-recurring bridging funding during the implementation phase.</p>	-	5.459	

Proposed Social Care Savings Options – IJB Approval (Cont.)

Appendix 2 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP17 (Cont.)	<p>External Care At Home Services Reduction (Cont.) <i>(Service Redesign or Reduction with impact on outcomes)</i></p> <p>The strategy to establish Home First Teams across all localities is ensuring a self-directed support plan is in place to deliver care to those assessed as having critical and substantial needs. Home First uses a re-ablement approach to optimise independence over a six week period, enabling people to remain in their own homes, or supporting discharge from hospital with the support of health, social care and third sector provision to meet any ongoing needs identified. As Home First gradually embeds across all four localities, there is an emerging pattern of a reduction of ongoing care at home support, with an average of a 30% reduction. Pathways are being fully established and recruitment is ongoing to scale the Home First teams up to fully operational levels. Home First intervention is having a positive impact on managing demand through early assessment activity and is reducing care hours across both internal and external care packages. Existing external care at home packages are also being reviewed to reduce care hours committed in line with the care package size for the internal care at home service. The use of moving and handling equipment to reduce the need for two carers and the increased use of technology in assessment and provision of care is also ensuring the size of the care package is optimal.</p> <p>The demand for Care at Home Services will continue to be monitored to ensure the available capacity is directed to critical and substantial needs as per current SLC policy. There will be an increase in the waiting lists for access to care at home services and this will impact on both service users being discharged from hospital and waiting in the community. Every action will be taken to mitigate this.</p>			

Proposed Social Care Savings Options – IJB Approval (Cont.)

Appendix 2 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP18	<p>External Care Home Placements – Manage Demand <i>(Service Redesign or Reduction with impact on outcomes)</i></p> <p>Progressing full implementation of the ‘Home First’ approach to care at home is therefore pivotal to success in reducing demand on ongoing requirements and associated budget savings. Until such time as the approach is fully embedded, there may be additional waits for access to care at home services which would impact equally on those awaiting discharge from hospital as well as those waiting for care in their own homes. Work is also ongoing with acute colleagues as part of ‘Operation Flow’ to reduce the current levels of demand for services, provide more ‘planned dates of discharge’ where support for discharge is required and thereafter, to avoid ‘on the day’ cancellations. As well as reducing demand on care at home, this would also improve flow across the system.</p> <p>The approach to date has been to fund an additional 5 nursing care home placements per month to reflect annual demographic growth. The part year effect of these additional nursing care home placements would cost an additional £0.796m. It is proposed to manage the demand in 2024/2025 and not make an additional 5 placements per month.</p> <p>There will be an increase in the waiting lists for access to long term care placements and this will impact on both service users being discharged from hospital and waiting in the community. Every action will be taken to mitigate this. The requirement to accelerate the work within - and with - Acute Services across all patients as part of Operation FLOW in order to reduce lengths of stay and reduce hospital occupancy is critical to ensuring the overall delayed discharge position is managed and flow is improved.</p> <p>The full year effect of the saving is £0.796m.</p>	-	0.796	

Proposed Social Care Savings Options – IJB Approval (Cont.)

Appendix 2 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP19	<p>External Care Home Placements – Existing <i>(Service Redesign or Reduction with impact on outcomes)</i></p> <p>On average, the cost of 55 new nursing care home placements starting each month is offset by existing nursing care home placements ending. It is proposed to reduce the nursing care home budget by £1.592m. This would be achieved by making 45 nursing care home placements each month instead of 55. The net effect is a reduction in capacity of 10 placements per month. This assumes decrement will still be on average 55 placements per month. This also reflects the increased range of services in the community that are available to allow more people to be able to stay at home independently for longer.</p> <p>There will be an increase in the waiting lists for access to long term care placements and this will impact on both service users being discharged from hospital and waiting in the community.</p> <p>Every action will be taken to mitigate this. The requirement to accelerate the work within - and with - Acute Services across all patients as part of Operation FLOW in order to reduce lengths of stay and reduce hospital occupancy is critical to ensuring the overall delayed discharge position is managed and flow is improved.</p> <p>The full year effect of the saving is £1.592m.</p>	-	1.592	

Proposed Social Care Savings Options – IJB Approval (Cont.)

Appendix 2 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP20	<p>Non-Recurring Year-End Underspend <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i></p> <p>Based on the period 10 position, an underspend of £1.292m at 31 March 2024 was projected across social care services. As this underspend is in respect of the SLC contribution to the IJB, the underspend could have been retained by SLC. On 24 January 2024, the SLC Executive Committee approved that the underspend is retained by the IJB and is held in IJB earmarked reserves for future costs. This is in line with the approach to integrating health and social care budgets.</p> <p>It is proposed that £0.812m of the projected underspend is allocated to address the funding gap. This is a non-recurring funding solution. The balance of the projected underspend of £0.480m will be held in IJB earmarked reserves as non-recurring bridging funding whilst actions that result from the decisions taken by the IJB to set the balanced budget for 2024/2025 are implemented in-year.</p>	-	-	0.812
Total Proposed Social Care Savings Options - IJB Approval		13.71	9.370	0.812
			10.182	

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP21	<p>Re-provisioning Residential Care Services – Internal <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i></p> <p>Following the extensive consultation process undertaken to shape the IJB SCP 2022-25, communities and stakeholders confirmed that enabling and maintaining independent living in people’s own homes wherever appropriate was a key priority. An important aspect of this involves the IJB and the SLC partner working together to deliver more support and interventions at home alongside the building of and adapting of flexible and connected homes for the future, reflective of a progressive housing approach.</p> <p>In recognition of this, the IJB has invested in a range of services to be able to support people with social care needs - and an increasing range of health needs - in their own homes. As such, going forward, when people are at a level of frailty such that they require 24/7 care, it is highly likely that they will require nursing care. Even if there is not an immediate assessed need for nursing care at time of admission to 24/7 care, it is probable that they will require nursing care at a time in the near future. Such care cannot be provided by staff in residential care establishments as they do not have any clinical qualifications. It is also proving difficult to find sufficient staffing to be able to staff the residential care homes to the required statutory level. Currently, when people in residential ‘social care’ establishments are assessed as requiring ongoing nursing care, they have to be transferred to a nursing home which has that level of care available.</p> <p>As the number and complexity of services available to people in their own homes increase, then so too there is a reduced requirement for 24/7 social care support – as delivered in residential care homes. The SLC partner currently operates five residential care services, four of which are delivered within SLC-owned buildings and the fifth in a property leased from an external provider. The five care homes have a total of 170 registered beds, 25 of which are decommissioned.</p>	70.75	1.499	

Public Consultation Option (Cont.)

Appendix 3 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP21 (Cont.)	<p>Re-provisioning Residential Care Services – Internal (Cont.) <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i></p> <p>Having regard to the increased range of services available to people in the community and the current capacity of and reducing demand for the five residential care homes, the IJB approved a consultation process in respect of the commissioning of residential care service places from Dewar House and McClymont House Care Homes. This consultation process followed the ‘Planning with People’ and ‘COSLA’ guidance and involved direct engagement with residents, relatives, staff and wider stakeholders in the respective geographical areas. The SLC partner also notified the Care Inspectorate that the engagement process in the respective homes was being undertaken.</p> <p>The outcome of the above consultation process is the subject of a separate report to the IJB on 26 March 2024. The IJB is being asked to approve the re-provisioning of residential care away from the two homes. In the event that this recommendation is agreed, a direction would be issued to SLC to make arrangements to discontinue the ongoing provision of residential care from these two facilities over a 7 month period (i.e. beyond the minimum 13 weeks required to notify the Care Inspectorate of intention to deregister) with no new admissions to be accepted. Subject to the IJB decision, the full year effect of the saving would be £1.499m. This is the net saving after taking into account the cost of additional nursing care placements. In order to manage the lead-in period to any closure of the facilities if approved, it is proposed to allocate non-recurring bridging funding of £0.875m as outlined at paragraph 4.6.4.</p> <p>It should also be noted that any impact on displaced employees and any associated costs would be managed in line with natural turnover and redeployment to other Social Care posts and in line with the SLC Collective Agreement to redeploy employees. There are 70.75 FTE members of staff working in these two care homes. Staff who could be potentially affected and Trade Unions have already been advised of the proposals and will continue to be updated throughout the process.</p>			

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP01	<p>Stop Interim Care Home Placements (<i>Benchmarking & Efficiencies</i>)</p> <p>A recurring budget of £0.850m was allocated to provide additional interim care home beds. This funding was used to provide pathways for people to be discharged from hospital in a timely and safe fashion to support hospital and system flow. The interim care home placement duration ranged from a minimum of 3 days up to a maximum of 6 weeks.</p> <p>Reliance is now being placed on the impact of reablement and the Home First Programme approach to support more people to remain at home or to return home directly following discharge from hospital. When assessed as being required, reliance is also being placed on the identification of and the smooth and timely transition to a suitable long term care home placement. Blantyre Life is also now available and provides short term rehabilitation for some people who may previously have been placed in a care home on an interim basis. An exit strategy in respect of existing interim care home placements was agreed and has been implemented. The full year effect of the saving is £0.850m.</p>	-	0.850	
HSCP02	<p>Change In Circumstances – Existing Care Home Placements (<i>Benchmarking & Efficiencies</i>)</p> <p>This budget reduction recognises that over recent years changes to the financial circumstances of existing residents in external care home placements is resulting in a reduction in the council contribution towards care home fees. The full year effect of the saving is £0.796m.</p>	-	0.796	

Management and Operational Actions - Social Care Services (Cont.)
Grip and Control (Cont.)

Appendix 4 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP03	Emergency Care Home Placement Duration <i>(Benchmarking & Efficiencies)</i> The duration of emergency care home placements in nursing care homes will be minimised for service users who are assessed as requiring long term nursing care support arrangements. This avoidance of unproductive delay provides benefit to the Adult and their family. The net effect is a reduction in the council contribution towards the nursing care home costs. A saving of £0.825m is projected.	-	0.825	
HSCP04	Budget Release – Post Covid <i>(Benchmarking & Efficiencies)</i> The removal of the £2 payment allowance per shift worked has been agreed and was implemented from 18 January 2024. This reflects the declaration by the World Health Organisation in August 2023 that COVID 19 is no longer a global health emergency. Public Health have also advised there is no requirement to record COVID as a notifiable infectious disease. The additional payment is no longer applicable. The full year effect of the saving is projected to be £0.600m.	-	0.600	

Management and Operational Actions - Social Care Services (Cont.)
Grip and Control (Cont.)

Appendix 4 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP05	<p>Maximising Self-Directed Support Options (Respite Services) <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i></p> <p>Direct payments to carers total approximately £1.2m per annum. Following a review and benchmarking of the allocation method for carer's respite budgets, the model has now been aligned with other Health and Social Care Partnerships. A reduction in expenditure of £0.250m is projected. The revised approach includes a financial benchmark applied to both the supported person and the carer's support plans. The eligibility threshold for support is set at substantial or critical. The revised approach which has been adopted is more up-to-date, consistent, proportionate and equitable. It also provides better flexibility in terms of choice and control, includes the opportunity to choose one of the self-directed support options and is in line with the principles of the carer's statutory guidance and the carers charter. The full year effect of the saving is £0.250m.</p>	-	0.250	
HSCP06	<p>Previous Years Income Recovery <i>(Benchmarking & Efficiencies)</i></p> <p>Following confirmation of financial guardianships, increased income recovery levels from residents in care home placements in respect of prior year care costs has been achieved. The income budget will be increased by £0.500m. The full year effect of the saving is £0.500m.</p>	-	0.500	
Sub Total – Grip and Control		-	3.821	-

Management and Operational Actions - Social Care Services (Cont.)
Accelerate Full Cost Benefits Of Earlier Approvals Across Redesigned Services

Appendix 4 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP07	Management Cost Reduction <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i> The management structure across reduced and redesigned services will be reduced to reflect operational changes during 2023/2024. On completion of the review, the management structure will reduce by up to 8 FTE posts. The part year effect of the target saving will be £0.221m. The full year effect of the saving will be £0.442m. The reduction in posts will be managed through vacancies, turnover and redeployment within the service.	8	0.442	
HSCP08	Property and Transport Cost Reduction <i>(Benchmarking & Efficiencies)</i> Following IJB approval on 18 October 2023 to continue to operate day services from 10 facilities across South Lanarkshire, operational costs are reduced by £0.620m following the closure of 8 day service facilities. The full year effect of the saving achieved will be £0.620m.	-	0.620	
Sub Total - Accelerate Full Cost Benefits Of Earlier Approvals Across Redesigned Services		8	1.062	-

Management and Operational Actions - Social Care Services (Cont.)
Rationalisation Of External Contracts

Appendix 4 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP09	<p>Maximising Self-Directed Support Options (External Day Services) <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i></p> <p>A care review for service users attending external day services is being progressed to ensure compliance with the agreed self-directed support fiscal framework. This may impact on those service users whose care package costs exceed the resource funding allocation. The full year effect of the saving is £0.250m.</p>	-	0.250	
HSCP10	<p>Procurement Reviews <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i></p> <p>Services are commissioned through a range of contracts including care at home and supported living services, the national care home contract and a range of specialist and bespoke provision. The SLC partner spends approximately £105m on contracted services. In 2021, the Commissioning and Review team was established to review the existing contractual arrangements in respect of care services, including out-of-area placements. Recurring procurement efficiencies are being achieved.</p> <p>A target of £2.729m was set in respect of the financial year 2024/2025. Procurement reviews have progressed to secure this saving and effective from 1 April 2024, £1.611m (59%) of the target saving of £2.729m will be in place. Ongoing reviews to achieve the balance of the target of £1.118m are being progressed. This includes the review and reconfiguration of the in-house supported living services and the review of external specialist residential care services.</p>	-	2.729	

Management and Operational Actions - Social Care Services (Cont.)
Rationalisation Of External Contracts (Cont.)

Appendix 4 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP10 (Cont.)	<p>Procurement Reviews (Cont.) <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i></p> <p>The existing additional support, high level care packages and specialist support arrangements across the four localities are also being reviewed. This includes consideration of the age profile of existing service users and the suitability of alternative placements that continue to meet care needs at a lower cost. The Commissioning and Review team will continue to strengthen the connections between commissioning, procurement and quality assurance. The robust oversight of contracted services will continue to be maintained and further service redesign opportunities to improve outcomes for vulnerable service users will be identified. The total projected saving is therefore £2.729m.</p>			
Sub Total - Rationalisation Of External Contracts		-	2.979	-
Total Management and Operational Actions – Social Care Services		8	7.862	-

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP22	<p>Prescribing Efficiencies (Service Redesign or Reduction with no/limited impact on outcomes)</p> <p>A Lanarkshire-wide review of prescribing activity is being led by the NHSL Executive Medical Director. 48% of the total South and North Lanarkshire savings achieved will be allocated to the South Lanarkshire IJB. The savings target of at least £1.920m is based on the outcome of the following reviews:</p> <ul style="list-style-type: none"> ▪ Poly Pharmacy Reviews £0.960m ▪ Review of medicines with low therapeutic value £0.720m ▪ Script Switch savings £0.240m <p>This Prescribing Efficiencies Programme will bring South Lanarkshire's prescribing levels closer to the level of a comparable Health Board. A range of initiatives have been progressed at pace to support prescribing expenditure reductions. The FYE of this recurring saving is £1.920m.</p>	-	1.920	
HSCP23	<p>Non-Pay Cost Reduction (Benchmarking & Efficiencies)</p> <p>A review has been undertaken of non-pay expenditure. Underspends have been identified which have consistently been reported over a number of years including transport costs and travel and subsistence costs. A recurring saving of £0.836m is therefore proposed.</p>	-	0.836	

Proposed Health Care Savings Options – IJB Approval (Cont.)

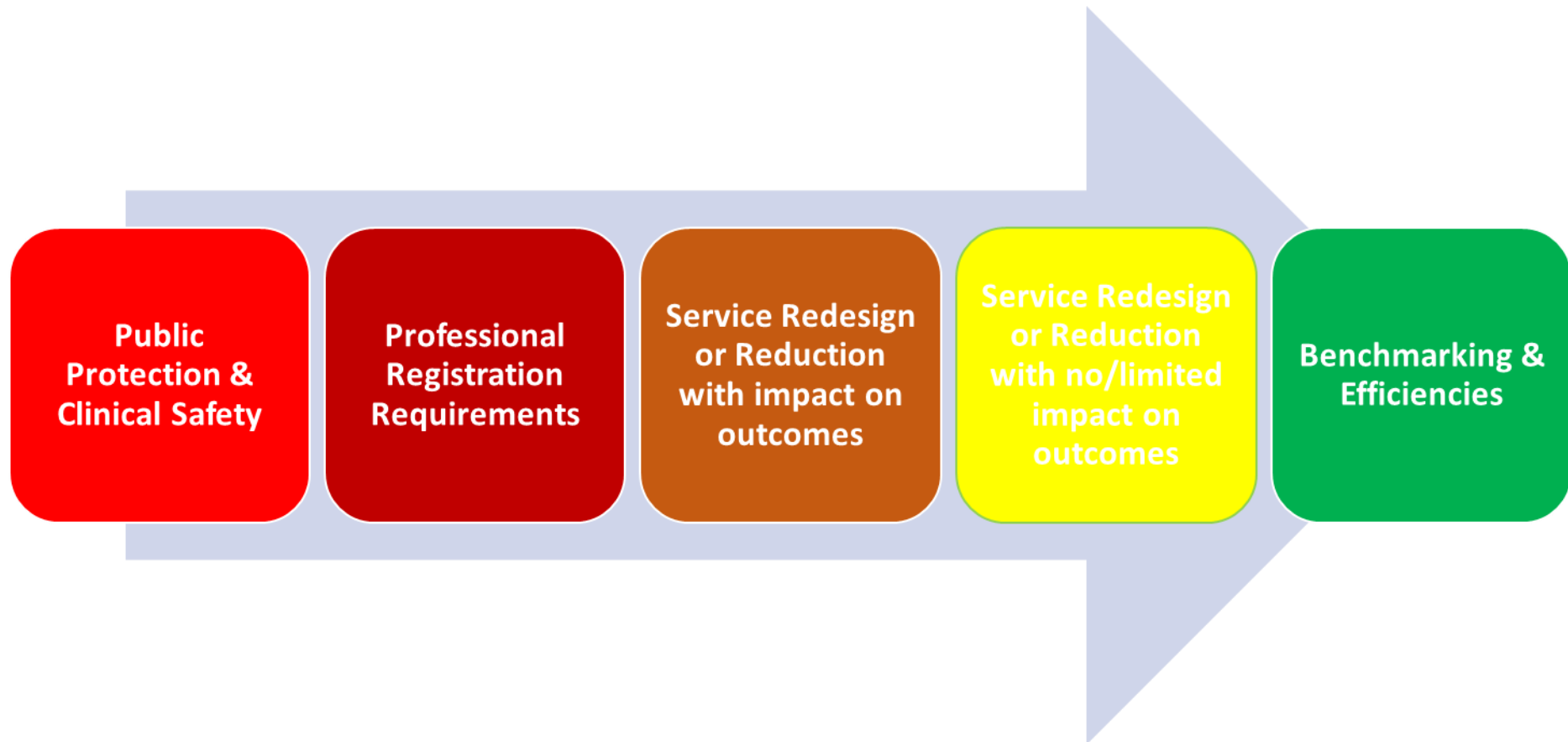
Appendix 5 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP24	<p>Physiotherapy Services and Occupational Therapy Service Redesign <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i></p> <p>On 19 September 2023, the IJB approved the exploration of transformational change and potential service redesign of the Occupational Therapy (OT) and Physiotherapy (PT) Services. OT Services support people of all ages who have challenges in completing daily activities due to physical, mental or cognitive conditions. It works with people of all ages with a wide range of conditions to maximise their independence and participate in activities that are important to them. PT Services similarly support people to regain movement and function which has been lost or impaired as a result of injury, illness or disability. Both services work across primary, community and inpatient healthcare settings. An underspend across both services has been reported over recent years. Due to the complementary nature of PT and OT services, it is proposed to move towards combining the two services into a joint Rehabilitation Service. A Short Life Working Group was established and included Professional, HR and Trade Union colleagues. An implementation strategy is proposed to transition towards the following over the next 18 months:</p> <ul style="list-style-type: none"> ▪ A joint Rehabilitation service with a combined leadership structure. ▪ Maximise efficiencies of service delivery models within the combined structure. <p>The FYE of the proposed saving is £1.210m, which equates to 6% of the overall combined budget. This saving will be recurring.</p>	20 (Approx.)	1.210	
Total Proposed Health Care Savings Options - IJB Approval		20	3.966	-

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP25	<p>Over-established Posts (Service Redesign or Reduction with no/limited impact on outcomes)</p> <p>Over recent years, additional posts have been recruited to in order to manage demand. Within the existing staffing establishment, action will be taken to align recurring funding as a result of current and emerging vacant posts to the over-established posts. The FYE of this action is projected to be £1.993m. This saving will be recurring.</p>	-	1.993	
HSCP26	<p>Financial Management (Benchmarking & Efficiencies)</p> <p>Alongside more disciplined spend controls, work is being expediated in relation to efficiency and productivity measures, as well as consideration of the use of technology. All budget holders and clinical leads will be expected to work together to ensure services continue to be delivered safely within their means with no overspends. There will also be additional authorisation of discretionary spend, vacancies, staffing hours and agency use. Action is also being taken to review and reduce core costs, including the optimal alignment of funding available to key service priorities. The FYE of this saving is projected to be £2.194m.</p>	-	2.194	
HSCP27	<p>Reliance On Reserves (Service Redesign or Reduction with no/limited impact on outcomes)</p> <p>The commitments in respect of the IJB reserves held for health care services totalling £20.027m at 31 January 2024 were reviewed. On 20 February 2024, the PASC endorsed the realignment of reserves balances totalling £3.5m. Based on the January 2024 financial position, it is projected that £1.619m of this reserves funding will be required to achieve a break-even position on 31 March 2024. The balance of the reserves funding of £1.881m would therefore be available to contribute to the funding gap in 2024/2025.</p>	-	-	1.881

Management and Operational Actions – Health Care Services (Cont.)
Appendix 6 (Cont.)

Ref.	Name and Brief Description of Saving	Saving		
		FTE	Recurring £m	Non-Recurring £m
HSCP28	Employee Turnover <i>(Service Redesign or Reduction with no/limited impact on outcomes)</i> Recruitment and retention challenges for the NHSL partner are expected to be ongoing in 2024/2025. The local recruitment and retention challenges are consistent with the national challenges being experienced across health care services. Action is continuing to be taken to progress recruitment however it is recognised that despite these best efforts, there will be an underspend across employee costs in 2024/2025 as a result of vacancies. Reliance is therefore being placed on a projected underspend of £1.060m across employee budgets in 2024/2025. This is a non-recurring funding solution in 2024/2025.	-	-	1.060
Total Management and Operational Actions – Health Care Services		-	4.187	2.941
			7.128	



1. Assessment and Care Management Teams

Description Social Workers, Social Work Assistants, Occupational Therapists and Mental Health Officers, mainly based in the community, with smaller hospital teams.	
Purpose This is the core Social Work Service, responsible for delivering the Council's statutory duties in respect of Social Work legislation (the Social Work Scotland Act, Community Care Act, Self-directed Support legislation, Mental Health legislation, Adults with Incapacity Act, Adult Protection Act) and associated activities e.g. reviews for Care at Home services, functional assessments related to physical impairments.	
Budget Value = £14.943m	To save £1m = 19 Social Workers
Impact of budget cut on service users, staff and compliance with legal requirements This service is already stretched due to a high level of job vacancies and difficulty recruiting to these posts. Underspend is contributing to non-recurring solutions in-year. Any permanent reduction in posts would result in the Council failing to deliver its statutory responsibilities for its most vulnerable citizens, be intolerable for staff, and leave the service open to legal challenge and judicial review. The Council would fail to meet its legal requirements for public protection and assessment and care management.	
Risk Rating – Red	

2. Direct Payments

Description This is a statutory requirement in line with Self Directed Support arrangements and is allocated post assessment.	
Purpose To ensure the person has choice and control over the management of their assessed needs.	
Budget Value = £10.537m	To save £1m = This is not achievable as this budget is committed to support people's care.
Impact of budget cut on service users, staff and compliance with legal requirements This is a statutory duty. Of the four Self Directed Support Act options available, the first option of a direct payment totals £8.872m, 84% of the budget. In respect of Local Government Benchmarking, SLC is at the lower end of the performance scale.	
Risk Rating – Red	

3. Reduce or Stop Various Procured and Contracted Services

Description Independent providers of services for carers, Self-Directed Support advisory services, Advocacy, and Mental Health, employing staff living in Lanarkshire.	
Purpose Meeting the need of various vulnerable groups within South Lanarkshire. Independent advocacy provision and carer assessments are linked to statutory functions.	
Budget Value = £4.396m	To save £1m = Require the budget to reduce by 23%.
Impact of budget cut on service users, staff and compliance with legal requirements Some service users will struggle to access the support that maintains their independence, while others such as unpaid carers will find it harder to continue providing unpaid care, which is likely to adversely affect their health and wellbeing. Contractual efficiencies already contribute to the in-year budget plan and the Council's commissioning team is reviewing all legacy and out-of-date contracts. All new contracts have already been through best value procurement processes. Council would fail to meet its legal requirements for assessment of carer needs and duty to provide independent advocacy.	
Risk Rating – Red	

4. Reduce or Stop Home First re-ablement Service

Description In-house support for older people to continue to live in their own homes, optimising their independence to either avoid hospital admission or facilitate hospital discharge, employing a high volume of staff who live in Lanarkshire.	
Purpose Meeting the need for older people to receive personal and social care, but not nursing care, at home in South Lanarkshire.	
Budget Value = £6.366m	To save £1m = Reduce 21 Care at Home staff
Impact of budget cut on service users, staff and compliance with legal requirements This budget reduction would severely limit the achievement of the required objectives to maximise people's independence and maintain them at home. It would also have an adverse impact on delayed discharge and increase waiting lists in the community.	
Risk Rating – Red	

5. Housing Services and Community Services

Description	
The budget delegated to the IJB is respect of Housing Revenue Account.	
Purpose	
The Housing Revenue Account is a ring-fenced account that records the income and expenditure in relation to a local authority's own direct provision of housing.	
Budget Value = £2.981m	To save £1m = This is not an option.
Impact of budget cut on service users, staff and compliance with legal requirements	
This is not an option.	
Risk Rating – Red	

Report

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

Subject:	Performance Monitoring Report
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1. Purpose of Report

1.1. The purpose of the report is to:-

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

2. Recommendation(s)

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

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

3. Background

- 3.1. As part of good governance, accountability and visibility, members of the IJB will be familiar with the standing item with regards to performance at both Sub Committee and IJB meetings. This report has evolved since the inception of integration arrangements in 2016 and up until recently, has broadly focused on a number of strategic measures (called the MSG - Ministerial Steering Group - targets) with regards to the emergency pathway, balance of care and periodically other measures from the recognised national suite of integration measures which are reported annually through the IJB Annual Performance Report. These figures are also published quarterly by Scottish Government.
- 3.2. The current performance report reflects the recommendation from the 2022/23 External Audit Annual Report and added additional measures aligned to the Strategic Commissioning Plan (SCP) priorities.
- 3.3. The IJB Internal Audit Plan for 2024/25 will include an audit of performance reporting that will consider a number of areas which will assess the adequacy of reporting in relation to the following areas:
- the adequacy of performance monitoring to the IJB to provide relevant, reliable and sufficient data and timeous information on challenges, risks and responses

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

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

- 3.4. Whilst the SCP has 12 identified high level priorities, it was agreed that revisions to the performance report focus on the top four priorities from the 12. In doing so, this keeps the performance aligned to the previous agreement to focus on a top four and is also how Locality Implementation Plans have been structured.
- 3.5. In following this logic, this report focuses on performance measures around the following four priorities:
 - improving unscheduled care and optimising intermediate care
 - greater emphasis on early intervention, prevention and inequalities
 - addressing mental health and addictions
 - supporting carers
- 3.6. It is important to note that this will be an iterative process, with further development of this performance framework anticipated, given other related activity currently underway. For example, NHS Lanarkshire, is soon to review and update performance arrangements with the current Integrated Performance & Quality Report (IPQR). It is anticipated this may contribute to a further update to the data set provided to future meetings of the IJB and the Performance and Audit Sub-Committee.

4. **Current Performance Trends**

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

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

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

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

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

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

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

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

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

- 4.5. As indicated at 3.4 Locality Implementation Groups continue to progress locality implementation plans and the four priorities. Subgroups have been set up including representation by partner groups. Progress highlights include:
- Co-location of Lanarkshire Carers staff and locality based HSCP staff on a regular basis which increases learning.
 - South Lanarkshire Leisure & Culture work alongside Health Improvement colleagues to universally promote and support the appropriate use of Physical Activity Prescription which supports prevention and early intervention. For example, information sessions were provided for Community Addiction Recovery Service (CAREs) and Community Mental Health staff have been provided with 46 staff attending sessions. Following this, the CAREs Occupational Therapy and Peer Support Worker will take part in a 6-month pilot to support service users to access leisure facilities by being provided with a staff membership which allows them to attend and use the facility with the service user for four weeks.
 - Falls awareness week saw a co-ordinated approach with social media messages and events in key locations with Scottish Fire & Rescue adding a falls self-referral card to information they provide on household visits.
 - Delivery of 'Worried about Money' Training – 75 staff have been trained to date. A further session will take place in March 2024.
 - Community Led Support training offered across South Lanarkshire to HSCP staff and 3rd sector staff.
 - Increase in Housing First applications for people experiencing mental health and/or problematic substance use are being managed by the Central Homeless Team, providing awareness session for staff working in mental health and substance use services and supports.

5. Best Practice Examples

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

- 5.2. Most recently:

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

6. Employee Implications

- 6.1. Staff have been recruited against agreed mobilisation plans.

7. Financial Implications

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

8. Climate Change, Sustainability and Environmental Implications

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

9. Other Implications

- 9.1. This report relates to all national outcomes. Effective performance monitoring will contribute to the achievement of the outcomes of the IJB Strategic Commissioning Plan 2022-2025.
- 9.2. There are no additional risks associated with this report at this stage. Effective performance monitoring contributes to the mitigation of the following risks within the IJB Risk Register most notably higher risk themes relating to:
- Financial sustainability
 - Workforce availability and capacity
 - Performance delivery
 - Failure to meet public protection and legislative requirements.
- 9.3. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 – 2025, notably the following outcome:
Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).
- 9.4. There are no other issues associated with this report.

10. Equality Impact Assessment and Consultation Arrangements

- 10.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.
- 10.2. There was no requirement to undertake any consultation in terms of the information contained in this report.

11. Directions

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Professor Soumen Sengupta
Director, Health and Social Care

1 March 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- None

List of Background Papers

- None

Contact for Further Information

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

Craig Cunningham
Head of Commissioning and Performance
Email: craig.cunningham@lanarkshire.scot.nhs.uk

Appendix 1 – Unscheduled Care Performance

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

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

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

Fig. 1.2 Performance against targets

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

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

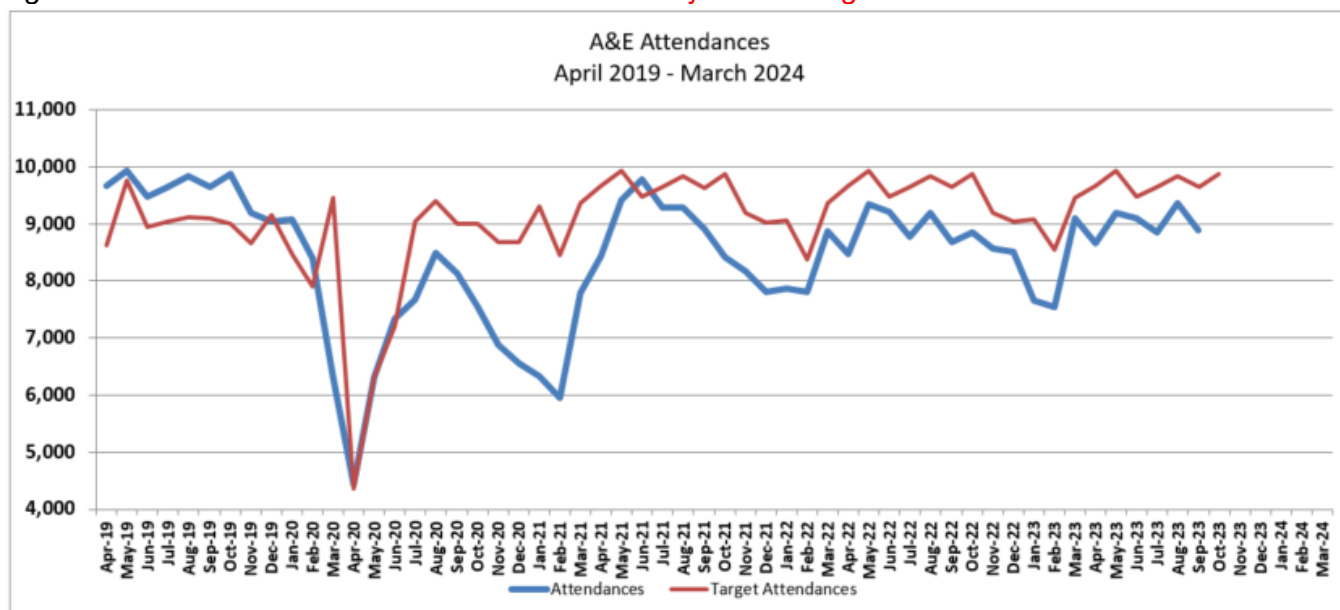


Fig. 1.4 Emergency Admissions - *unvalidated data and subject to change*

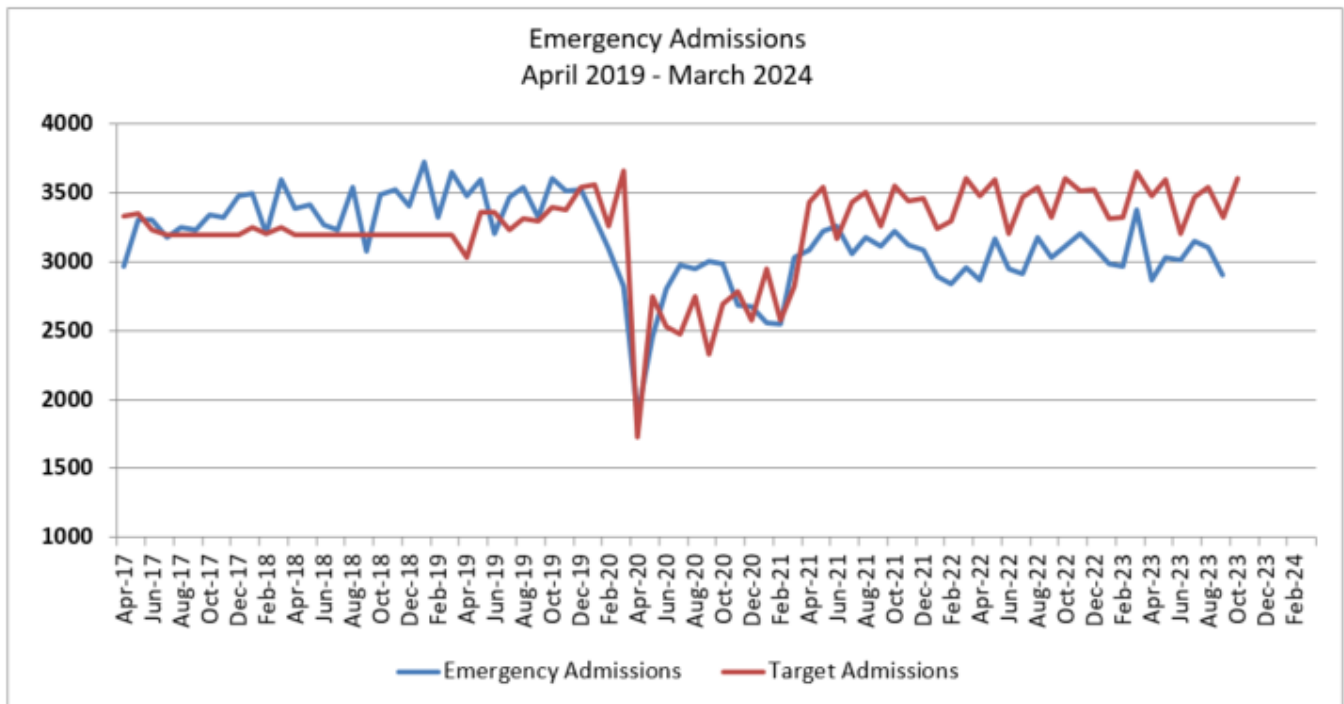


Fig. 1.5 UC bed days Acute - *unvalidated data and subject to change*

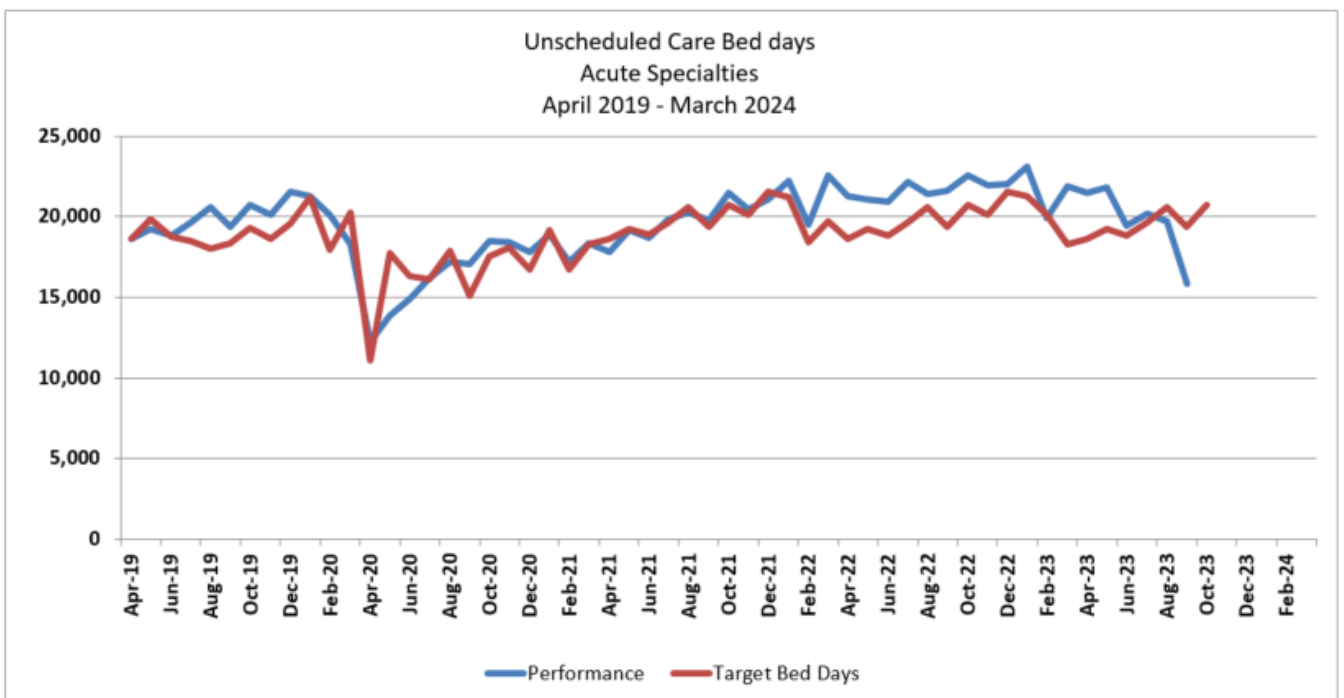


Fig. 1.6 UC bed days Acute, Geriatric Long Stay (GLS) & Mental Health (MH) - *unvalidated data and subject to change*

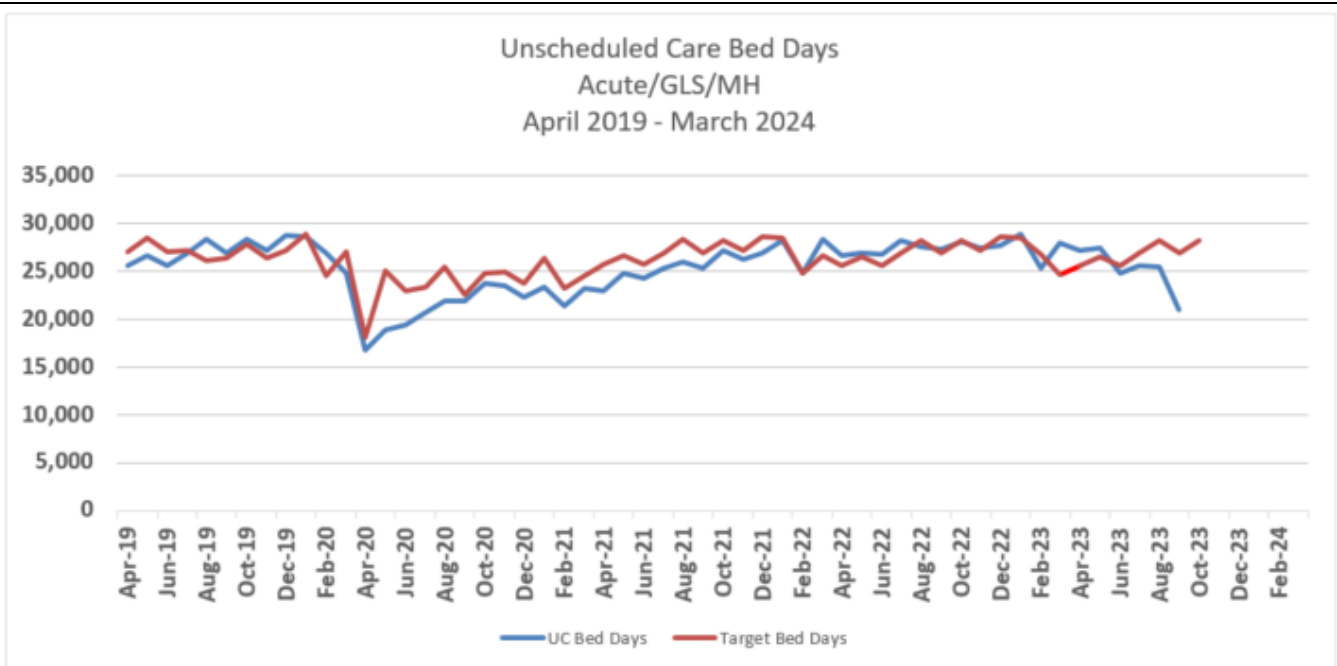


Fig. 1.7 Delayed discharge bed days- Standard Delays - *validated data*

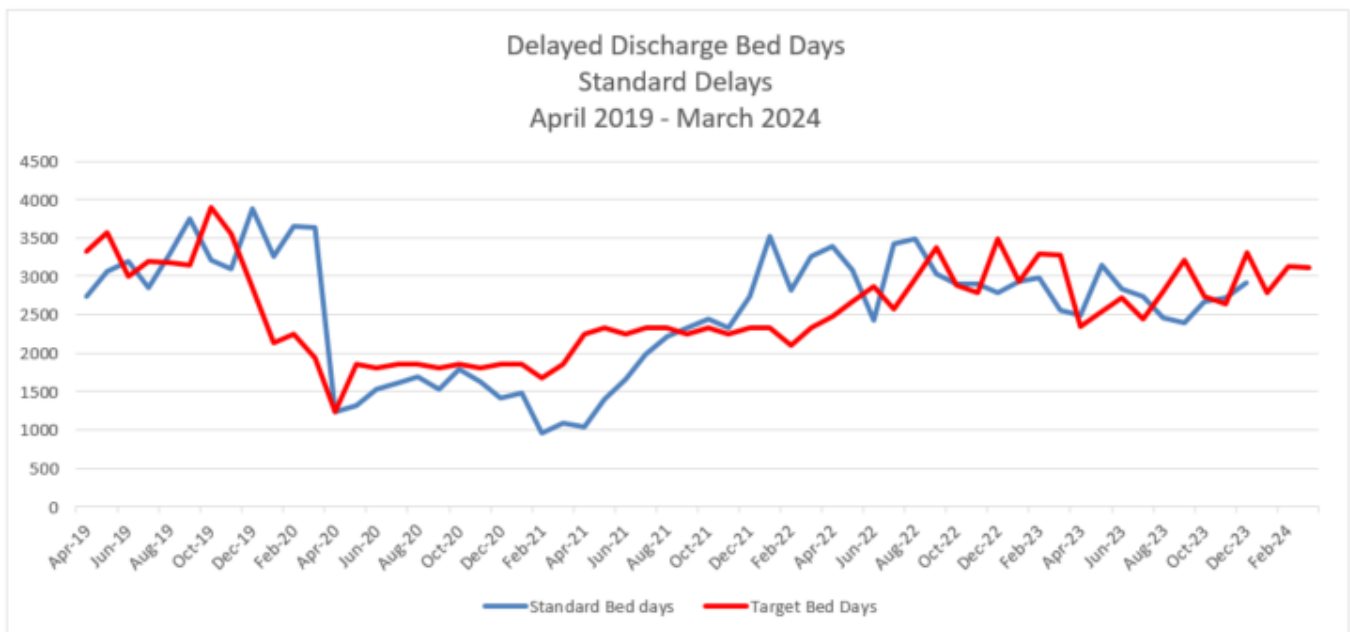


Fig. 1.8 National Benchmarking- Standard Delays, 18+ - *validated data*

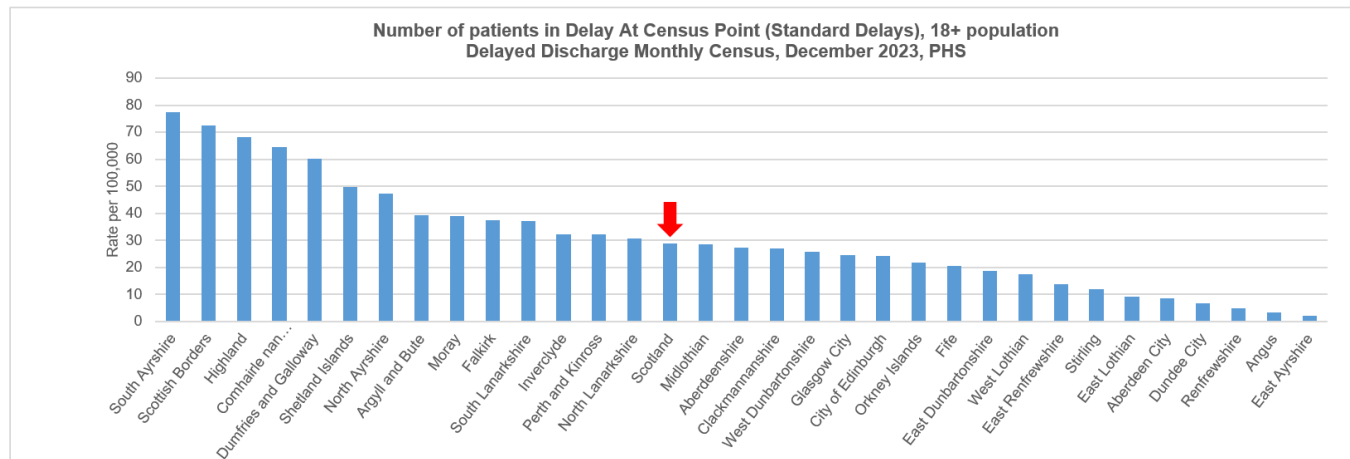


Fig. 1.9 National Benchmarking- Standard Delays, 75+ - *validated data*

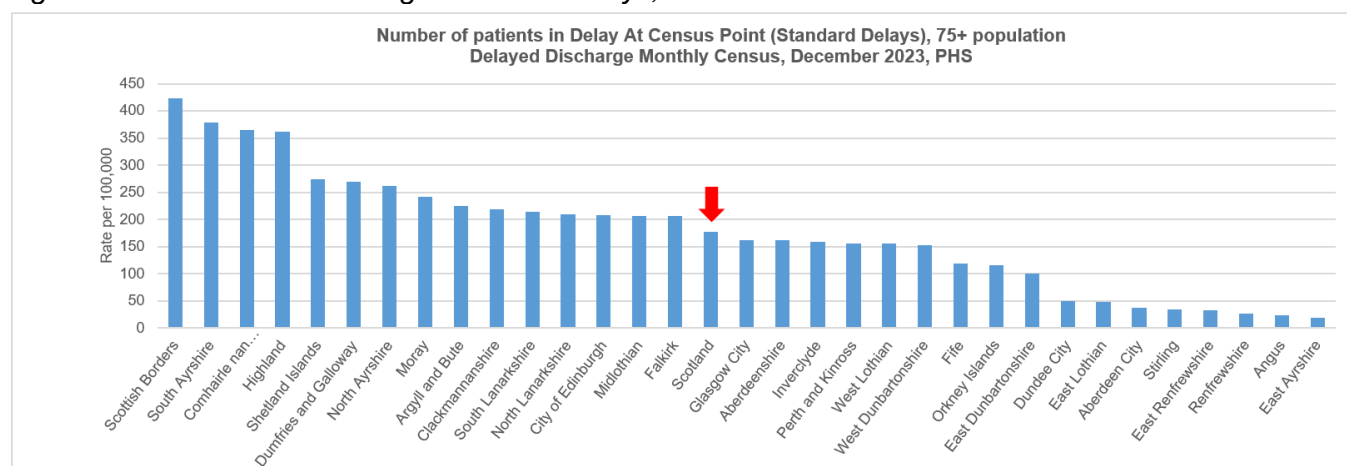


Fig. 1.10 Inpatient discharges - *unvalidated data and subject to change*

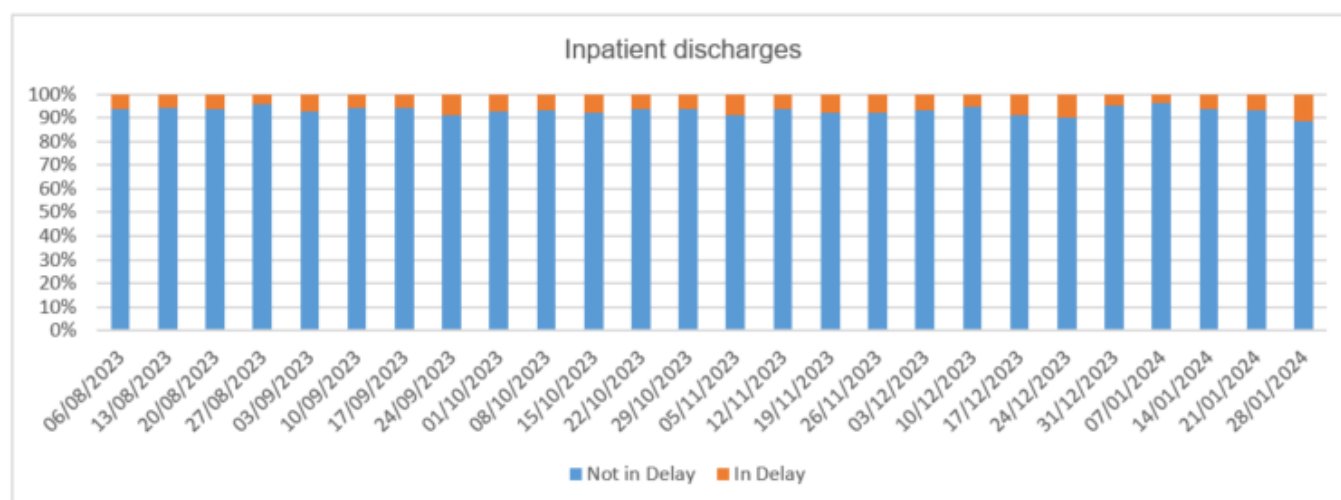


Fig. 1.11 Percentage of current inpatient, aged 65+, who have a PDD (planned date of discharge)- *unvalidated data and subject to change*

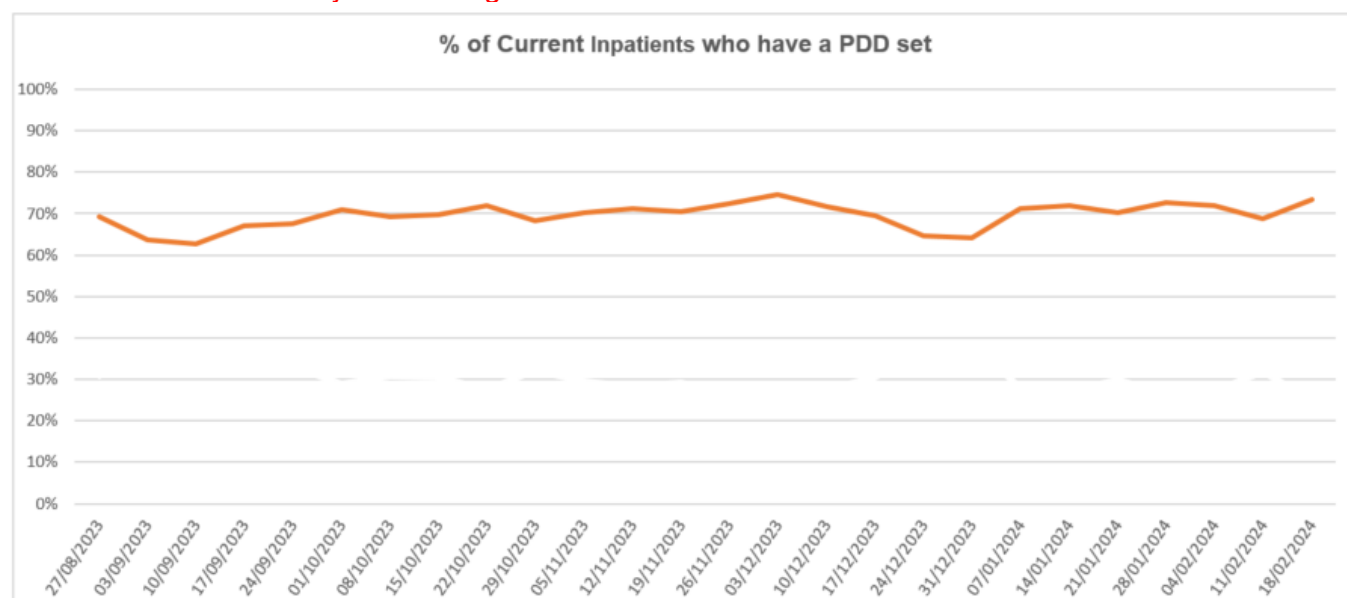


Fig. 1.12 Percentage of hospital social work (SW) which are unplanned - *unvalidated data and subject to change*

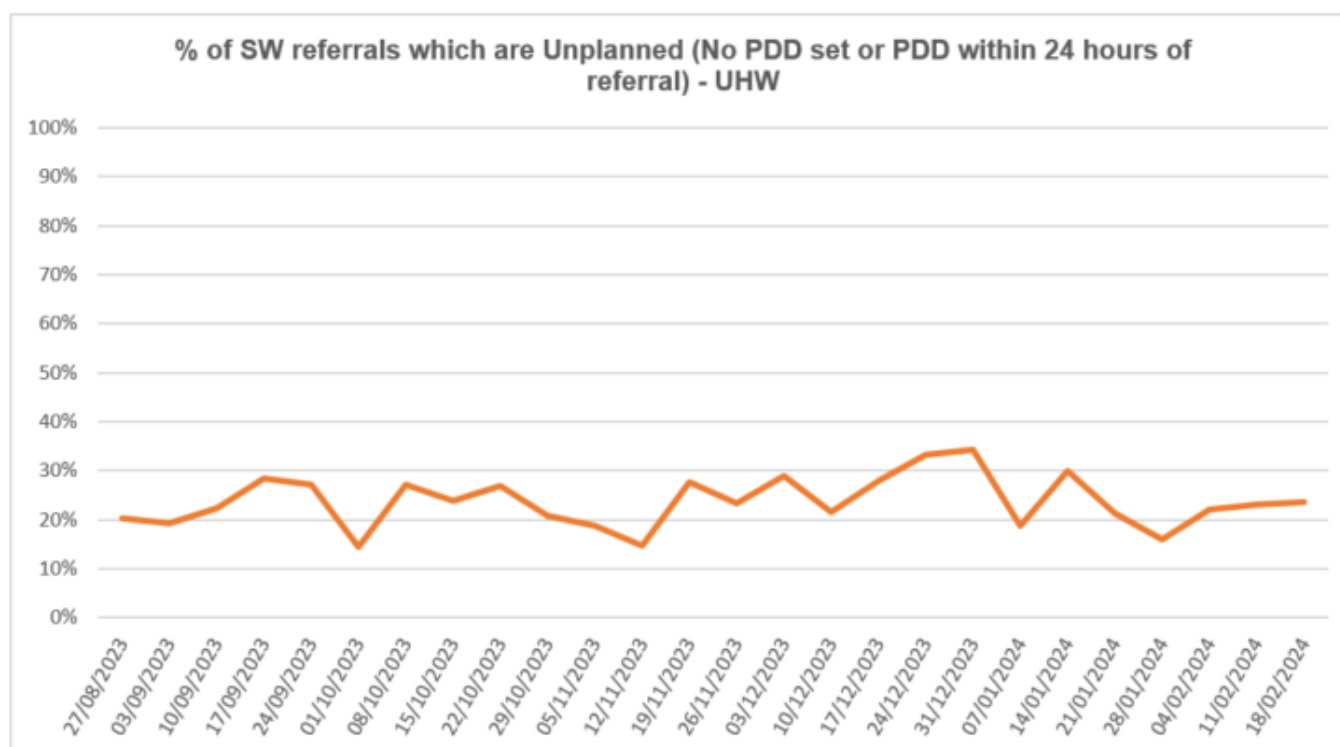


Fig. 1.13 Last six months of life by setting - *unvalidated data and subject to change*

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

Fig. 1.14 Balance of Care - *validated data*

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

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

Key Issues

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

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

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

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

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

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

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

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

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

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

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

Appendix 2 – Operation Flow – February Update

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

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

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

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

Recent highlights include :-

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

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

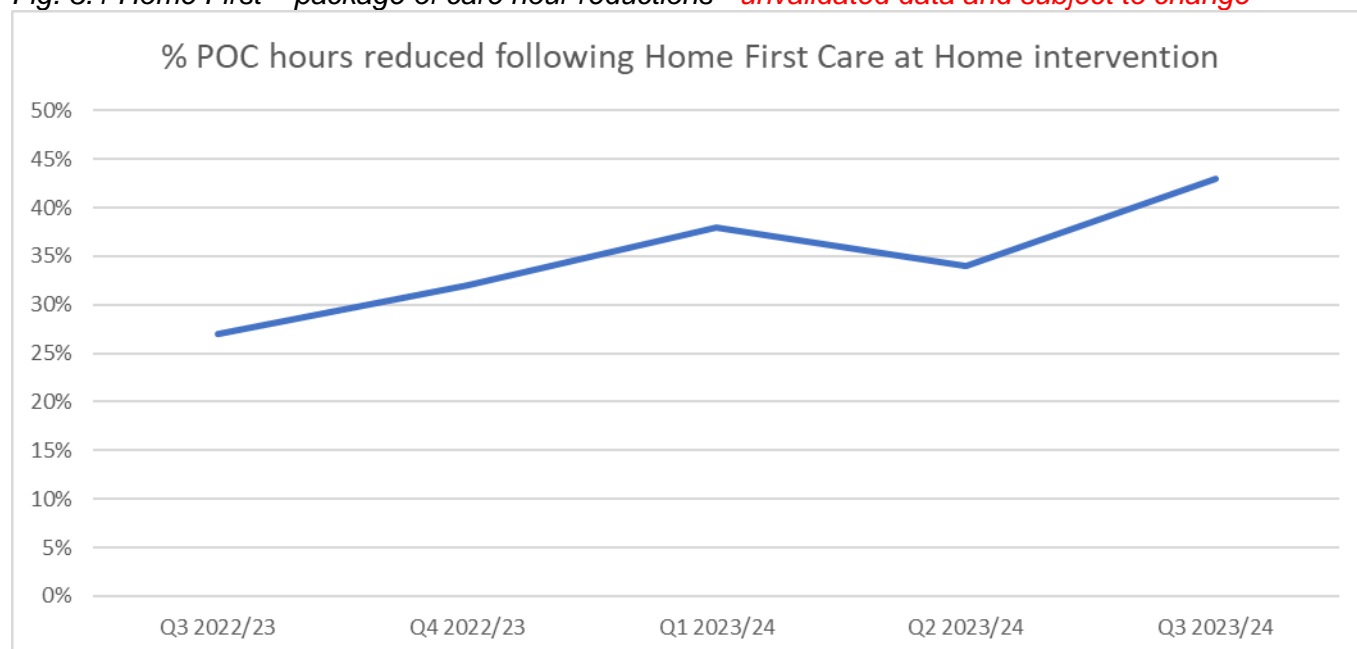
Initial underpinning key principles for FNC+ Plus have also been agreed and include so far:

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

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

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

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



Key Issues

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

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

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

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

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

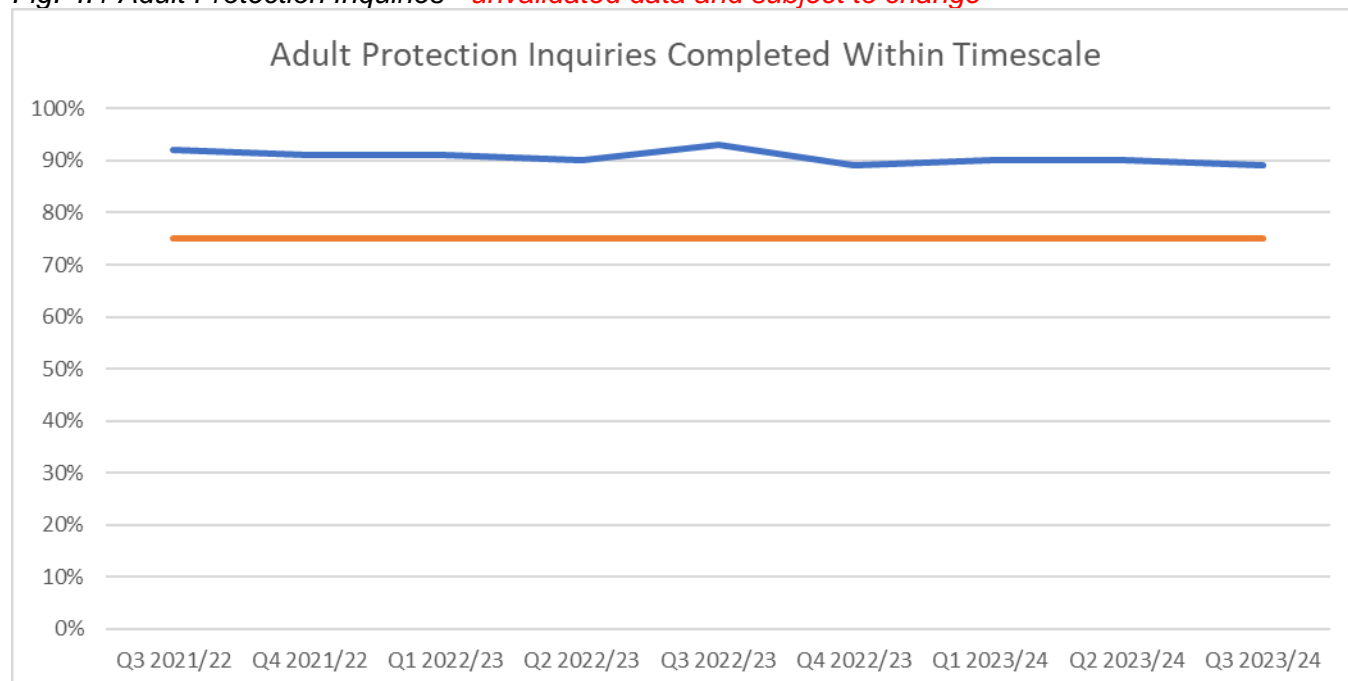


Fig. 4.2 Adult Protection Investigations - *unvalidated data and subject to change*

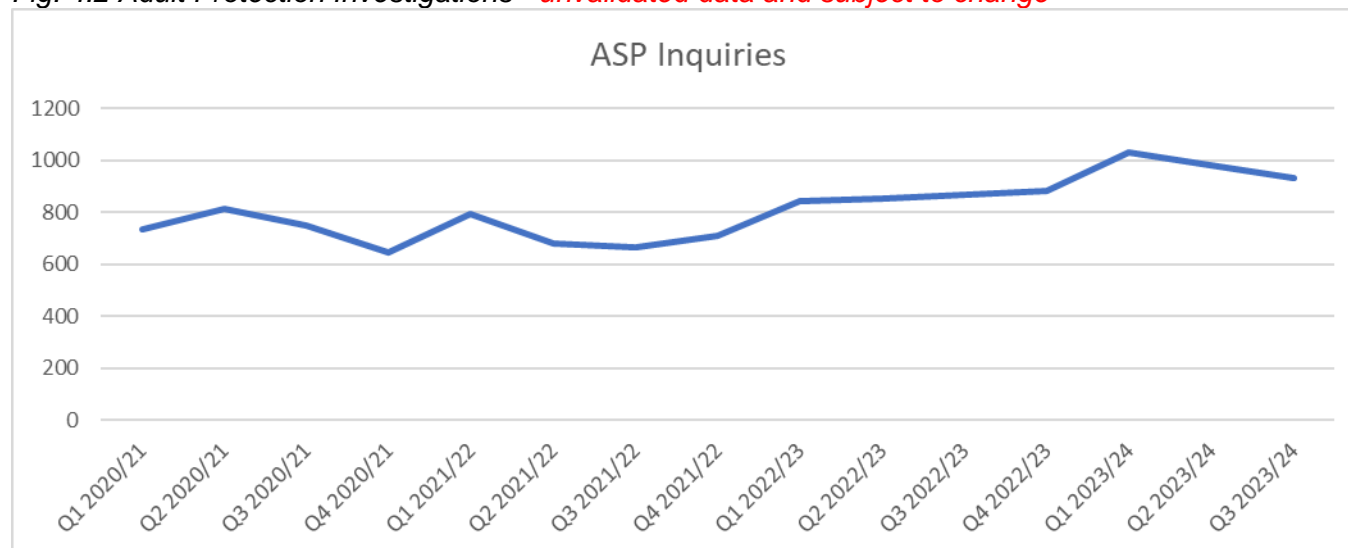


Fig. 4.3 AWI - *unvalidated data and subject to change*

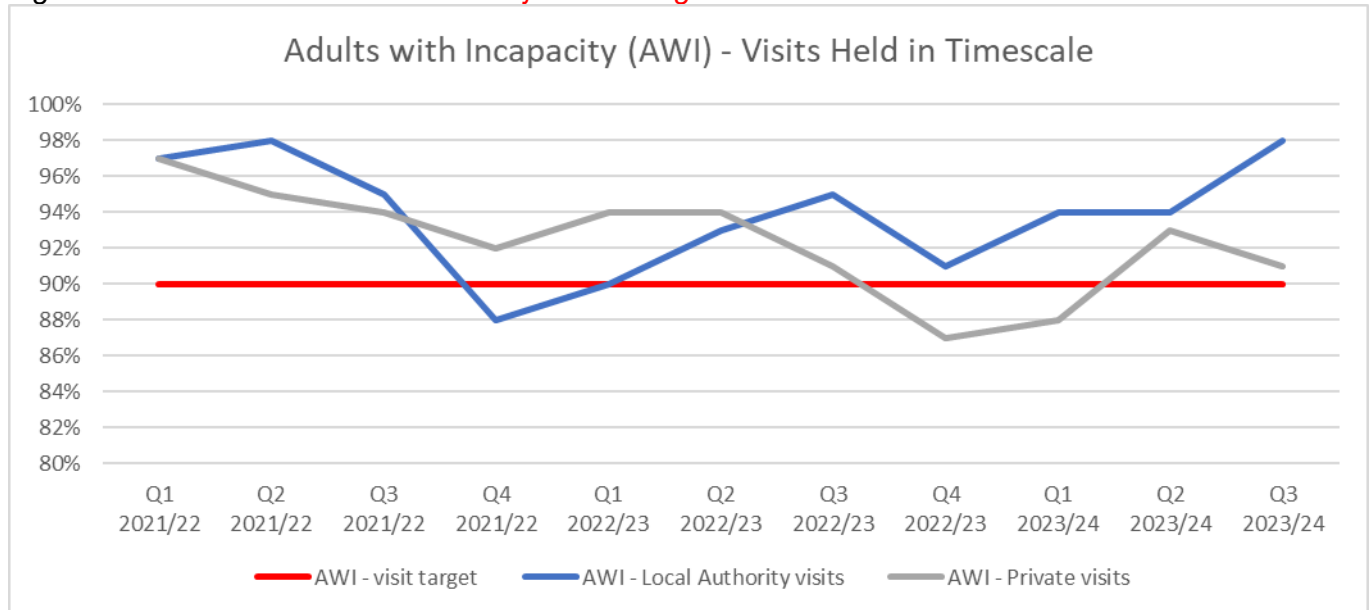


Fig. 4.4 MAT Standards - *unvalidated data and subject to change*

MAT STANDARD	RAG RATING	UPDATE DECEMBER 2023
1 All people accessing services have the option to start MAT from the same day of presentation.	GREEN	<p>Update for Urgent Response Team (URT) South Lanarkshire December 2023;</p> <ul style="list-style-type: none"> Total percentage of patient prescribed – 57% Total percentage for patient engaged within 24 hours – 88% <p>Current MAT standards implementation support team (MIST) guidelines advise that these should be 75% review of the current URT standing operating procedure (SOP) and model has started, reviewing both the prescribing part of the service alongside the peer support wrap around model.</p> <p>Completion date 31/03/2024</p> <p>Professional leadership and supervision structure being discussed and reviewed.</p> <p>Estimated completion date 31/03/2024</p>
2 All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.	GREEN	<p>Review of the Community Addiction Recovery Service (CAReS) Triage team has identified a requirement to change the standard process in line with locality duty worker. Team Leaders working group being setup to take this forward to better understand the process of the duty worker requirements. Band 2 admin clerical officer being recruited to support the Triage process alongside support from the existing CAReS Peer Support workers where required.</p> <p>Estimated completion date 31/03/2024</p>

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

		<p>physically within practices to build relationships and new Long Term Conditions monitoring infrastructure will take MAT and history of addiction into account.</p> <p>Discussions are ongoing with community pharmacy about options for enhancing delivery via this route.</p>
<p>8</p> <p>All people have access to independent advocacy and support for housing, welfare and income needs.</p>	AMBER	<p>MAT Lead gathering advocacy data from the appropriate service for the MAT numerical submission SOP (standard operating procedure) completed for MAT submission.</p> <p>Completion date 31/03/2024</p>
<p>9</p> <p>All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</p>	AMBER	<p>Joint meeting/working group with CAREs, CMHT and commission team continue.</p> <p>Interim Clinical director leading short life working group, meeting at the end of March. Agreed that cases where there is a requirement for joint working will be highlighted to CMHT and CAREs Service Manager.</p> <p>Estimated completion date 31/03/2024</p>
<p>10</p> <p>All people receive trauma informed care.</p>	AMBER	<p>Working in conjunction with the Trauma training plan:</p> <ul style="list-style-type: none"> • Trauma informed patient care plans. • Peer support workers with lived experience attached to locality areas to support patient care. • Team leaders have completed SLIT training. • Staff have access to staff wellbeing and spiritual care within NHSL. <p>Completion date 31/03/2024</p>

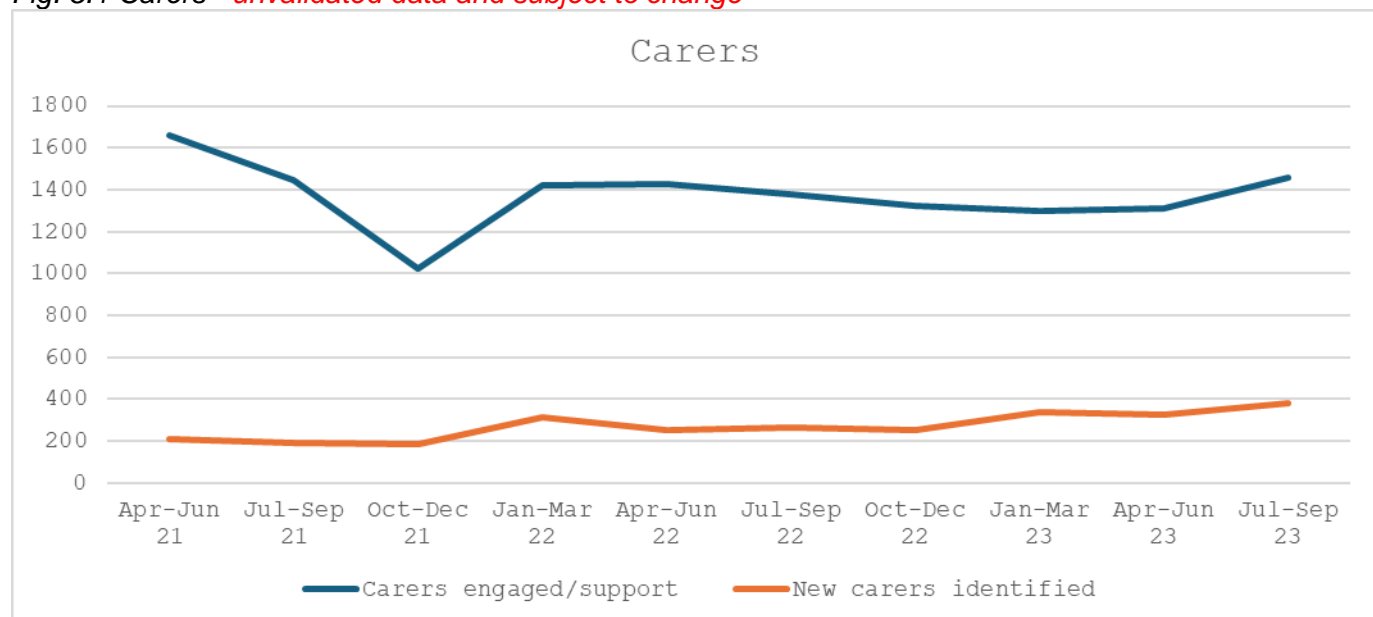
Key Issues

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

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

Appendix 5 – Carers Support

Fig. 5.1 Carers - *unvalidated data and subject to change*



Key Issues

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

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

Report

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

Subject: Sustainability and Value Programme - Primary Care Prescribing Update

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ outline the progress of the Primary Care Prescribing Efficiencies Project and underlying workstreams
- ◆ review the financial savings made for the year 2023/2024
- ◆ outline the next steps for 2024/2025

2. Recommendation(s)

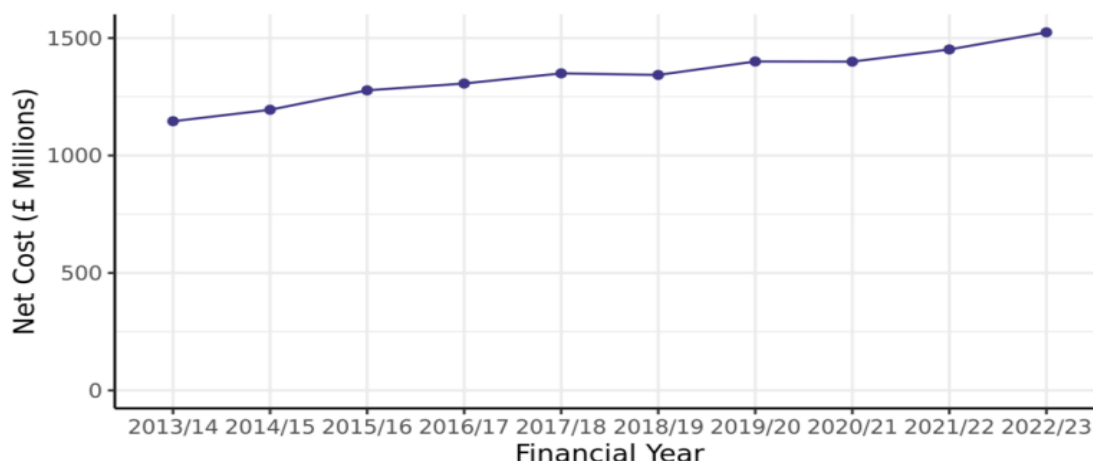
2.1. The Board is asked to approve the following recommendation(s):-

- (1) that the projected savings for the financial year 2023/2024 be noted; and
- (2) that the project workstream activities planned for 2024/2025 be noted.

3. Background

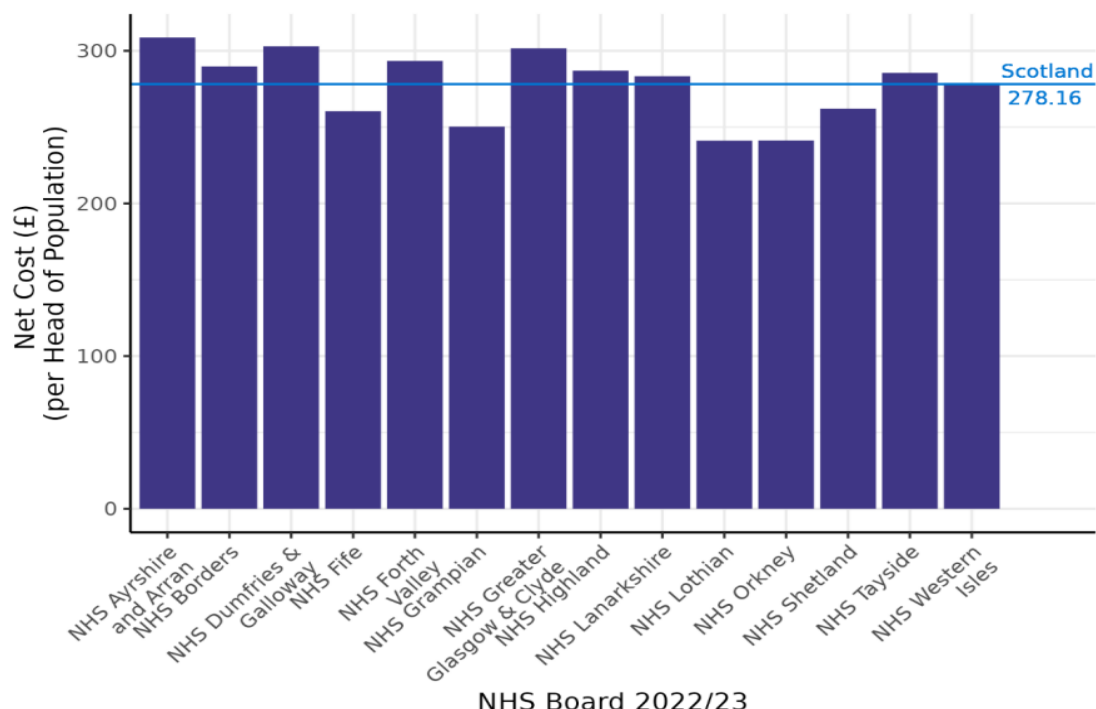
3.1. Analysis published by Public Health Scotland in September 2023 has shown that prescribing volumes have increased over the last 10 years, with an overall increase of 11.6% from 98.8 million items in 2013/2014 to 110.3 million items in 2022/2023. The cost of items reimbursed (the Net Ingredient Cost) increased by 5.8% between 2021/2022 and 2022/2023 and increased by 33% over the last 10 years (Figure 1).

Figure 1 - Total (Net) cost (£) in NHS Scotland: 2013/14 - 2022/23 (Public Health Scotland)



- 3.2. Prescribing costs vary between different health board areas and are influenced by a variety of factors including population demographics and the prevalence of chronic disease.

Figure 1 - Average total (net) cost (£) per head of population by NHS Board: 2022/23
(Public Health Scotland)



- 3.3. Lanarkshire has consistently significantly higher costs per patient in most main therapeutic areas of prescribing compared to the Scottish average and generally lies around 6.5% higher in annualised costs per 1,000 patients than the Scottish average. The prescribing data generally follows the national trend but at a higher level. Previous work carried out by the Locality Quality Medicines Actions Groups and the Prescribing Quality and Efficiency Strategy achieved their targets, but this has not been impactful enough to change the trend.
- 3.4. In 2022/23 both South and North Lanarkshire IJBs ended the year with a prescribing overspend: North Lanarkshire £1.750m; and South Lanarkshire £3.750m.
- 3.5. The total primary care prescribing budget across both Lanarkshire IJBs in 2023/2024 was £148.522m, with the budget allocated within South Lanarkshire being £72.116m. The budget had received the 2% allocation uplift in 2023/2024 but the numbers of items dispensed has increased by 3.43% and the price per item had increased in the first 6 months from an average of £9.65 per item to £10.32.
- 3.6. In South Lanarkshire, the prescribing overspend forecast at March 2023 was £5.4m. This was due to a small (2% per annum) consolidated increase in item numbers, combined with significant unfunded inflationary pressures affecting all health boards in Scotland. South Lanarkshire's position is exacerbated by a historic overspend compared to North Lanarkshire (where the prescribing budget was increased a number of years ago).
- 3.7. Audit Scotland's Integration Joint Boards Financial Analysis 2021/2022 report stated that IJBs have reached the point where 'significant transformation will be needed to ensure the (1) long-term capacity, (2) financial sustainability and (3) quality of

services individuals receive'. Audit Scotland have highlighted that there remains a significant overall and recurrent budget gap across all IJBs; and that failure to make the necessary changes to how public services are delivered will likely mean further budget pressures in the future.

- 3.8. The IJB's approved Sustainability and Value Programme includes a Prescribing Services Efficiencies Project with a view to bringing South Lanarkshire's prescribing levels closer to the level of a comparable health board i.e. NHS Lothian. This included reducing prescribing spending by £2.7m through 2023/2024 (as part of a £5.4m primary care prescribing target pan-Lanarkshire), noting that this would reduce the level of overspend but not eliminate it.

4. Primary Care Prescribing Efficiencies Project

- 4.1. The purpose of this project is to further assess the causes for Lanarkshire's high prescribing costs and to develop and implement change ideas with associated action plans. These changes should support Realistic Medicine through shared decision-making where possible, improve patient safety and ensure value for the NHS. Its objectives are:-

- For a pan-Lanarkshire reduction in spending of £5.4m - with at least £2.7m of this in South Lanarkshire - in the financial year 2023/2024.
- To evaluate potential cost saving of individual proposed change measures identified in Prescribing Efficiencies Workshop and prioritise those with greatest recurring financial impact.
- To effect cultural change by adopting a visible pan-Lanarkshire approach to efficiencies highlighting the responsibility of all stakeholders (including patients) to use resources responsibly.
- To support and enable collaboration at the interface between primary and secondary care to achieve our shared aim of reducing waste and improving levels of formulary adherence.
- Provide guidance and visible support for prescribers to implement and embed these changes i.e. clear and open communication with patients and their representatives.

- 4.2. In order to achieve this a three-stage approach has been designed (Appendix 1). This approach has been made necessary by a recognition that while NHS Lanarkshire has run a successful Prescribing Quality and Efficiency Programme for a number of years, diminishing returns were being achieved from the traditional approach of medication switched to cheaper equivalent products. A move to focusing on the volume of prescribing is therefore required - requiring a change in patient and prescriber culture alongside work reviewing existing repeat prescribing to deprescribe items which are not required by patients. The outcomes of this work are summarised in a Benefits Map (Appendix 5).

- 4.3. This is a multi-year programme, and given current financial challenges, this year was managed as a transitional year whereby initial traditional cost-efficiency work was rapidly undertaken to achieve savings and allow time for the development of a new approach. An operational Primary Care Prescribing Efficiencies Risk Register has also been developed and managed throughout the duration of 2023/2024

- 4.4. A development programme was begun in early spring 2023, working with a variety of stakeholders - including GPs, pharmacists and patients - to gain buy-in to a new approach and collaboratively design the programme. The main areas of change required in order to achieve cost savings of this magnitude are themed below, with examples of some of the change ideas detailed.

4.4.1 Reduce waste inefficiencies and variation

- Identify high spend medications where we are able to safely switch to an alternative on a pan-Lanarkshire basis.
- Increase Formulary compliance by making the Preferred Formulary option the default setting on Vision.
- Examine Script Switch use and improve the acceptance rate.
- Resume project in Care Homes to test stock order of formulary wound dressings.
- Test use of Script Switch in Pharmacotherapy hubs.
- Develop agreed process of medication ordering within Care Homes and standardize this pan-Lanarkshire.
- Liaise with Public Health Scotland LIST analysts to map areas over-ordering and help guide targeted change measures.
- Collaborate with Care at Home Service and District Nursing to develop and test an alert system to identify patients with high volumes of unused medications or who are not compliant with medications for review by practice pharmacist.

4.4.2. Quality Prescribing

- Address high volume continence and stoma prescribing.
- The Out of Hours Drugs and Therapeutics Committee has re-convened, and prescribing efficiencies are a standing agenda item.
- Targeted delivery of the Prescribing Quality and Efficiencies Strategy by Locality Prescribing Management Teams prioritizing practices with highest prescribing spend.
- Develop and test multidisciplinary team models to increase polypharmacy reviews and de-prescribing.
- The Clydesdale locality, which has the highest diabetes prescribing spend, has a pharmacist carrying out targeted reviews and the Prescribing Adviser has met with the Diabetic Service Leads.

4.4.3. Prescribing Culture

- Develop and test Health Board guidance for prescribers to avoid prescribing specific drugs of low therapeutic value.
- Refresh and promote GP locum-specific prescribing guidance.
- Deliver a pharmacy-led training workshop at GP specialist trainee training days, commencing August 2023.
- Develop and test a process for working across the Primary / Secondary Care interface to increase alignment to the NHS Lanarkshire Formulary.
- Improve signposting to alternative management options (social prescribing).
- Facilitate improved communication with Community Pharmacy.

4.5. Appendix 2 outlines the project plan workstreams and their current status of activity.

4.6. Looking ahead, cost reduction work in 2024/2025 will focus on polypharmacy reviews – i.e. consultations with people who are on multiple medications to determine whether they still need to be on all of them. A data-driven approach will be taken, to ensure that the resource is targeted in areas where the greatest yield will result. Past evidence shows that an average of £120 per annum can be saved from annual prescribing costs.

4.7. Simulation training will be an important tool in upskilling pharmacists to have complex risk/benefit-orientated conversations with patients. An infrastructure for this

has been built, with 20 pharmacists trained in simulation facilitation and additional training for a smaller group in creating relevant scenarios.

- 4.8. In addition, targeted local work will take place, with bespoke reports created for each GP practice, highlighting where their prescribing varies from comparators and enabling conversations to take place between practice teams and locality prescribing advisors on how prescribing practice might change to reduce future prescribing costs.
- 4.9. A list of medications of low therapeutic value has also recently been launched. This is a range of medicines from which evidence suggests patients are unlikely to benefit and NHS Lanarkshire has been the first Health Board in Scotland to implement such a list. Reviews will take place of patients already on these medications and they will be stopped where possible. The implementation approach taken to this work is summarised in Appendix 6.
- 4.10. The year 2024/2025 will also be characterised with a stronger focus on non-medicines spend, with NHS Lanarkshire working collaboratively with a national group to identify potential savings from non-medicines prescribing e.g. dressings, catheters and stomas.
- 4.11. It is becoming more difficult to estimate future savings as work moves towards changing the overall trajectory of prescribing, rather than easily countable switches. Through the course of 2023/2024 the monitoring of expenditure and the projecting of potential savings was further complicated by a significant delay in obtaining data due to a national issue with the Prescribing Information System for Scotland (hosted by Public Health Scotland) and difficulties in the rollout by NHS National Health Services Scotland of the national Digital Pharmacy Payments Programme. For planning purposes, however, a savings target of £1.92m for South Lanarkshire has been set composed of:

▪ Polypharmacy Reviews	£0.960m
▪ Review of medicines of low therapeutic value	£0.720m
▪ Script Switch savings	£0.240m

5. Employee Implications

- 5.1. There are 18.6 WTE Prescribing Support Pharmacists across the 10 localities of Lanarkshire. This equates to 9.2WTE in the South Lanarkshire area.
- 5.2. There are no direct employee implications contained in this report.

6. Financial Implications

- 6.1. The target for reducing prescribing spend in South Lanarkshire was £2.7m for 2023/2024. Previous finance monitoring reports to the IJB and its Performance and Audit Sub-Committee have highlighted that there was a high risk that savings target would not be achieved; and noted that prescribing overspend represents a high risk across Health Care Services and will continue to be closely monitored.
- 6.2. At the end of January 2024, £1.097m had been recorded as being achieved and if this continues the forecast annual savings expected by March 2024 is £1.654m (Appendix 3). While this is significantly more than has been achieved in any previous financial year (Appendix 4), it clearly falls some way short of the targeted savings.
- 6.3. Difficulties in the rollout by NHS National Health Services Scotland of the national Digital Pharmacy Payments Programme meant that no data was available on

2023/24 prescribing beyond May 2023 until December 2023. This made a programme which adapted to savings achieved in real-time very challenging to deliver.

- 6.4. At a local level there was also a slower-than-anticipated start to key pieces of cost saving work, resulting in lower accrued savings during this financial year. This was due to a combination of workforce challenges alongside delays in interface work with secondary care on some key drug switches. The collaborative approach adopted in respect of this also resulted in a more resource-intensive approach (eg in respect of respiratory medications) being taken, which, while optimal from a patient care perspective, means that some of this work will not complete until the end of March 2024. It is expected that the recurring savings will however be obtained in through 2024/2025 and beyond.
- 6.5. A prescribing overspend of £5.495m is forecast based on actual prescribing data available to October. This position has been calculated based on a combination of actual data received for the period April to October 2023 together with estimated data for November to January 2024.
- 6.6. A total of £2.439m has been released from IJB reserves to reduce the overspend in 2023/2024. This budget has been spread from July 2023 and had it not been released the reported overspend at January 2024 would be £7.392m.
- 6.7. It should be noted that October 2023 (the most recent month of actual data available) was the first month since April 2022 where the cost per item dispensed was lower than the corresponding month in the previous year; it remains to be seen whether this welcome decrease represents the start of a sustained downward trend in addition to the reduction in items dispensed per patient which future polypharmacy work will target.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no implications for Climate Change, Sustainability or the Environment in terms of the information contained in this report.

8. Other Implications

- 8.1. The work detailed here contributes to the mitigation of the following risks within the IJB Risk Register as follows:
 - Financial Sustainability (Very High)
- 8.2. The prescribing overspend is the single biggest threat to the IJB's financial sustainability. As has been highlighted in finance monitoring reports to the IJB and the Performance and Audit Sub-Committee, prescribing volatility and uncertainty continues to represent a high-risk area within the health care element of the IJB's budget. Based on the current recurring funding gap projections for 2024/2025, expenditure will require to be reduced to be contained within the available budget and so further prescribing efficiency savings will need to be achieved to reduce costs.
- 8.3. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 – 2025, notably the following outcome:
 - Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. An Equality Impact Assessment was carried out in the beginning of the project and has informed its work.
- 9.2. A general communications and engagement plan was developed to support the project, with a range of stakeholders engaged throughout and at key points (including GPs, pharmacists and patients).

10.

10.1

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Professor Soumen Sengupta
Director, Health and Social Care

1 March 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/> Error! Bookmark not defined.
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

- ◆ None

List of Background Papers

- ◆ <https://publichealthscotland.scot/media/22089/2023-09-19-dispenser-payments-and-prescription-cost-analysis-report.pdf>

Contact for Further Information

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

Dr Veronica Rainey, Associate Medical Director,
South Lanarkshire University Health and Social Care Partnership
email: raineyve@lanarkshire.scot.nhs.uk

PRIMARY CARE PRESCRIBING EFFICIENCIES PROJECT

PHASE ONE (April 23 onwards)

Form an operational group to deliver project outcomes. This reports to the PMMB to provide Governance.

Meet with Prescribing Team from NHS Lothian for comparison and shared learning.

Discuss project and plans with GP Sub-Committee.

Identify high spend medications where we are able to safely switch to an alternative on a pan Lanarkshire basis.

Medicines Governance team will examine ScriptSwitch compliance and consider plans to improve this.

Develop and test Health Board guidance to prescribers to avoid prescribing specific drugs of low therapeutic value.

Targeted intense delivery of PQES by Locality Prescribing Management Teams prioritizing practices with highest prescribing spend.

Collaborate with Homecare Service to develop and test an alert system to identify patients with high volumes of unused medications or whom are not compliant with medications for review by practice pharmacist.

PHASE TWO (July 23 onwards)

Increase Formulary compliance by making Preferred Formulary option the default setting on Vision.

Identify and map areas of high over-ordering and review the processes in those areas.

Develop agreed process of medication ordering within Care Homes and standardize this Pan Lanarkshire.

Test use of Script Switch in Pharmacotherapy hubs.

Develop and test method for ensuring there is a clear exit strategy for stopping medication which is communicated clearly to the patient.

Test a process to monitor procurement orders via PCOS for sundries in Treatment Room.

Test stock ordering of Formulary dressings in Care Homes.

PHASE THREE (October 23 onwards)

Develop and test methods to standardise processes and access to alternative management options (Social Prescribing).

Develop and test a process for working across the Primary /Secondary Care interface to increase alignment to the Primary Care Formulary.

Develop and test MDT models to increase polypharmacy reviews and de-prescribing.

Improve links and communication with sessional GPs and GP locums.

Develop and test processes to improve communication with Community Pharmacy.

Develop and test method for training GPSTs on prescribing in Primary Care and Formulary compliance.

Primary Care Prescribing Efficiencies Project Summary of the Project Workstream Activities to date

Overall projected savings for South Lanarkshire to 31st March 2024 = £1.8Million

Completed project workstreams:

- Medication Switches: Oxycodone MR to Oxypro MR switch, Ethosuximide to Epesri switch
- Training on quality prescribing for trainee prescribers (including GP, nursing and AHP trainees)
- Increase ScriptSwitch compliance -savings made as of January 2024 £684,908 and at 136.98% of the target
- Scriptswitch use across all pharmacy hubs
- Publication of guidance on products of low therapeutic value which should not routinely be prescribed in Lanarkshire (estimated savings from this to be £1.5M)
- Care Home Pathway standardisation project rolled out
- Increase the use of social prescribing by developing an easily accessible and up to date directory of services (Vaslan Locator Tool and VanL tool “ALISS”)

Ongoing project workstreams:

- Fostair® MDI to Luforbec® MDI switch- progressing quickly now as a different approach was required to increase uptake
- Acetylcysteine and Carbocysteine to Acepiro switch
- Increase number of polypharmacy reviews in practices (estimated savings £120 per review)
- Increase number of polypharmacy reviews in care homes
- Review and reduce over-ordering from community pharmacies
- Quantity limits for scripts (noted a 4 month saving of over £10k)
- Care Homes Medicines Waste Policy
- Care Homes Stock order test of change
- Collaborate with Care@Home Service to develop and test an alert system to identify patients with high volumes of unused medications
- Develop Stoma Prescribing Guidelines (also consideration for non-medicines prescribing guidelines)
- OOH stock supply project, reducing waste in inefficiencies
- Review Formulary adherence and processes around prescribing on Vision/eMIS

Main focus and plans for 2024/25:

- Move forward intently with all polypharmacy reviews across localities
- Complete Benefits mapping profiles and dashboard reporting system
- Continue with ongoing project workstreams
- Begin new identified workstreams based on workshop held on 22nd February
- Identifying work with prisons services

Appendix 3

Primary Care Prescribing Efficiencies Project



Dashboard Data as of 31 January 2024

NHS LANARKSHIRE

Date:

31/01/2024

LOCALITY SUMMARY											
LOCALITY	AIRDRIE	BELLSHILL	CAMGLEN	CLYDESDALE	COATBRIDGE	EAST KILBRIDE	HAMILTON	MOTHERWELL	NORTH	WISHAW	NHSL
Prescribing Management Team Projected efficiencies from Practice Individual Prescribing Plans (to end of financial year)	£177,830	£283,683	£130,667	£145,918	£202,331	£273,537	£328,513	£157,415	£197,008	£368,821	£2,265,724
SCRIPTSWITCH (to 31/01/24)	£50,790	£42,736	£126,754	£64,298	£53,995	£109,540	£168,190	£36,862	£66,590	£50,486	£770,241
Prescribing Management Team Projected efficiencies from Central Action Prescribing Plan (to end of financial year)	£37,949	£68,583	£59,129	£61,755	£64,029	£65,400	£113,451	£37,162	£37,991	£58,791	£604,239
Polypharmacy Reviews	£4,920	£2,640	£2,280	£840	£2,040	£1,920	£1,560	£960	£3,000	£5,880	£26,040
Total projected efficiencies	£271,489	£397,641	£318,830	£272,811	£322,395	£450,397	£611,714	£232,400	£304,589	£483,978	£3,666,244
AVERAGE COST PER PATIENT	£197.22	£191.70	£183.74	£217.92	£199.88	£188.55	£196.71	£180.54	£178.19	£217.22	

NHSL 2023/24 Target	£5,400,000
NHSL Total projected efficiencies to date	£3,666,244
% target made to date	68%

SUMMARY BY BNF CHAPTER											
THERAPEUTIC AREA	AIRDRIE	BELLSHILL	CAMGLEN	CLYDESDALE	COATBRIDGE	EAST KILBRIDE	HAMILTON	MOTHERWELL	NORTH	WISHAW	NHSL
1. Gastrointestinal	£ 17,175	£ 22,581	£ 7,066	£ 2,161	£ 13,483	£ 9,385	£ 12,585	£ 5,503	£ 8,098	£ 8,577	£ 106,614
2. Cardiovascular	£ 4,359	£ 9,777	£ 4,782	£ 5,041	£ 6,329	£ 12,176	£ 12,196	£ 2,323	£ 26,064	£ 8,496	£ 91,543
3. Respiratory	£ 31,524	£ 21,891	£ 37,473	£ 10,834	£ 24,980	£ 22,700	£ 42,822	£ 13,049	£ 5,426	£ 30,484	£ 241,183
4. CNS (Pain)	£ 17,259	£ 15,096	£ 7,174	£ 8,150	£ 14,508	£ 9,976	£ 53,539	£ 11,442	£ 22,947	£ 13,459	£ 173,550
5. CNS (Other)	£ 40,457	£ 103,646	£ 25,773	£ 72,787	£ 54,153	£ 55,520	£ 100,787	£ 30,553	£ 57,509	£ 79,718	£ 620,901
6. Infections	£ 345	£ 977	£ 1,246	£ -	£ 213	£ 1,034	£ -	£ 29	£ 616	£ 3,467	£ 7,927
7. Endocrine	£ 25,326	£ 20,085	£ 20,864	£ 8,570	£ 10,671	£ 66,709	£ 30,191	£ 31,599	£ 14,538	£ 34,815	£ 263,369
8. Obs/Gynae/Urinary	£ 4,316	£ 4,229	£ 4,506	£ 4,462	£ 3,558	£ 6,794	£ 11,837	£ 2,892	£ 5,867	£ 11,389	£ 59,849
9. Nutrition and blood	£ 3,276	£ 10,225	£ 4,270	£ 11,799	£ 11,674	£ 8,849	£ 7,302	£ 7,121	£ 5,435	£ 21,759	£ 91,709
10. Musculoskeletal	£ 1,427	£ 3,290	£ 1,538	£ -	£ 406	£ 509	£ 1,453	£ 390	£ 421	£ 3,549	£ 12,982
11. Eye	£ 1,488	£ 1,693	£ 45	£ 1,394	£ 2,866	£ 4,969	£ 4,316	£ 1,202	£ 11,328	£ 6,689	£ 35,991
12. ENT	£ 1,354	£ 830	£ 235	£ 44	£ 730	£ 750	£ 167	£ 10	£ 407	£ 2,440	£ 6,967
13. Skin	£ 1,206	£ 1,510	£ 1,867	£ 694	£ 1,920	£ 2,632	£ 8,001	£ 1,620	£ 3,967	£ 6,507	£ 29,924
14. Anaesthesia	£ -	£ 168	£ 4,702	£ -	£ -	£ 414	£ 154	£ -	£ -	£ -	£ 5,438
15. Dressings (wound management)	£ 34	£ 5,891	£ -	£ 56	£ 21	£ -	£ 12,013	£ 524	£ -	£ 636	£ 19,175
16. Appliances - incontinence	£ 2	£ 3,633	£ 198	£ 201	£ 3,702	£ 3,981	£ 12,163	£ 415	£ 2,515	£ 26,538	£ 53,349
17. Appliances - stoma	£ 8,611	£ 7,134	£ 148	£ 65	£ 7,785	£ 35,337	£ 9,544	£ 4,711	£ -	£ 10,826	£ 84,161
18. Polypharmacy	£ 5,084	£ 13,859	£ 1,523	£ 602	£ 3,093	£ 2,480	£ 965	£ 7,744	£ 4,564	£ 44,791	£ 84,705
19. Carehome Reviews	£ 2,943	£ 2,976	£ 1,351	£ -	£ 11,318	£ -	£ 2,482	£ 4,798	£ 6,170	£ 23,290	£ 55,328
20. Miscellaneous	£ 11,644	£ 34,190	£ 5,905	£ 19,058	£ 30,922	£ 29,320	£ 5,998	£ 31,491	£ 21,136	£ 31,390	£ 221,055
TOTAL	£177,830	£283,683	£130,667	£145,918	£202,331	£273,537	£328,513	£157,415	£197,008	£368,821	£2,265,724

SOUTH HSCP

Date:

31/01/2024

LOCALITY SUMMARY					
LOCALITY	CAMGLEN	CLYDESDALE	EAST KILBRIDE	HAMILTON	SOUTH HSCP
Prescribing Management Team Projected efficiencies from Practice Individual Prescribing Plans (to end of financial year)	£130,667	£145,918	£273,537	£328,513	£878,635
SCRIPTSWITCH (to 31/01/24)	£126,754	£64,298	£109,540	£168,190	£468,782
Prescribing Management Team Projected efficiencies from Central Action Prescribing Plan (to end of financial year)	£59,129	£61,755	£65,400	£113,451	£299,734
Polypharmacy Reviews	£2,280	£840	£1,920	£1,560	£6,600
Total projected efficiencies	£318,830	£272,811	£450,397	£611,714	£1,653,752
AVERAGE COST PER PATIENT	£183.74	£217.92	£188.55	£196.71	

CENTRALLY DIRECTED ACTIONS ALL LOCALITES											
LOCALITY	AIRDRIE	BELLSHILL	CAMGLEN	CLYDESDALE	COATBRIDGE	EAST KILBRIDE	HAMILTON	MOTHERWELL	NORTH	WISHAW	NHSL TOTAL
Ethosuximide to Epesri	£ -	£ 9,906	£ 4,769	£ 14,602	£ 3,639	£ 15,015	£ 5,863	£ 3,032	£ 8,417	£ 2,931	£ 68,174
Fostair pMDI to Lufrobec pMDI	£ 30,672	£ 52,187	£ 48,356	£ 38,243	£ 52,937	£ 41,964	£ 93,941	£ 28,323	£ 17,428	£ 48,572	£ 452,621
Oxycodone MR to Oxypro MR	£ 4,657	£ 5,924	£ 4,072	£ 8,855	£ 6,004	£ 8,326	£ 12,911	£ 3,610	£ 10,964	£ 5,275	£ 70,598
Mucolytics to Acepiro	£ 2,620	£ 566	£ 1,932	£ 56	£ 1,449	£ 96	£ 736	£ 2,197	£ 1,182	£ 2,014	£ 12,846
Total	£ 37,949	£ 68,583	£ 59,129	£ 61,755	£ 64,029	£ 65,400	£ 113,451	£ 37,162	£ 37,991	£ 58,791	£ 604,239

CENTRALLY DIRECTED ACTIONS ALL LOCALITES										
LOCALITY	AIRDRIE	BELLSHILL	CAMGLEN	CLYDESDALE	COATBRIDGE	EAST KILBRIDE	HAMILTON	MOTHERWELL	NORTH	WISHAW
Ethosuximide to Epesri	completed	completed	completed	completed	completed	completed	completed	completed	completed	completed
Fostair pMDI to Lufrobec pMDI	completed	completed	in progress	in progress	completed	in progress	in progress	in progress	in progress	in progress
Oxycodone MR to Oxypro MR	completed	completed	completed	completed	completed	completed	completed	in progress	completed	completed
Mucolytics to Acepiro	in progress	in progress	in progress	in progress	in progress	in progress	in progress	in progress	in progress	in progress

Appendix 4

Prescribing Savings From Previous Years

South Lanarkshire savings as of March 2021: **£834,828**

NHS LANARKSHIRE - SOUTH	Date:		31/03/2021				
	LOCALITY						
SUMMARY	CAMGLEN	CLYDESDALE	EAST KILBRIDE	HAMILTON	NHSL - SOUTH	Target	Achievement
PRESCRIBING TEAM: Locality total efficiencies recorded (to end of year)	£98,067	£112,187	£122,967	£223,490	£556,710	£476,200	117%
ScriptSwitch (to 31/03/21)	£39,886	£64,814	£70,580	£102,838	£278,118		
TOTALS	£137,952	£177,001	£193,547	£326,328	£834,828		
Annualised CPP - Dec 2020	£181.59	£208.15	£188.13	£196.76			

South Lanarkshire savings as of March 2022: **£972,352**

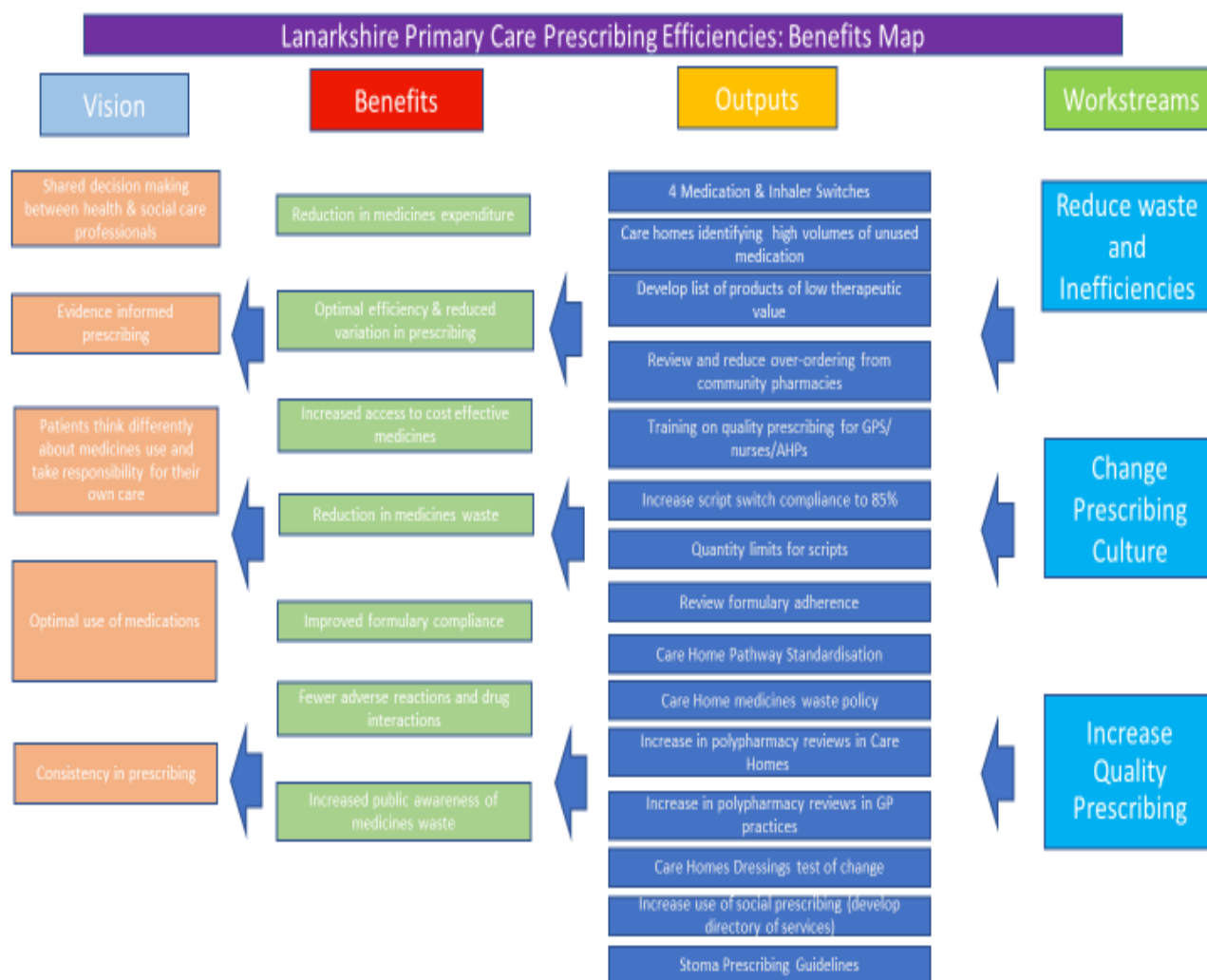
NHS LANARKSHIRE - SOUTH	Date:		31/03/2022				
	LOCALITY						
SUMMARY	CAMGLEN	CLYDESDALE	EAST KILBRIDE	HAMILTON	NHSL - SOUTH	Target	Achievement
PRESCRIBING TEAM: Locality total efficiencies recorded (to end of year)	£131,702	£116,653	£138,078	£267,152	£653,585	£564,809	116%
ScriptSwitch (to 31/03/22)	£61,765	£70,216	£67,025	£119,761	£318,767		
TOTALS	£193,467	£186,869	£205,103	£386,913	£972,352		
Annualised CPP - NOV 2021	£183.89	£217.59	£188.86	£198.57			

South Lanarkshire savings as of March 2023: **£1,043,350**

NHS LANARKSHIRE - SOUTH	Date:		31/03/2023				
	LOCALITY						
SUMMARY	CAMGLEN	CLYDESDALE	EAST KILBRIDE	HAMILTON	NHSL - SOUTH	Target	Achievement
efficiencies recorded (to end of year)	£127,650	£129,427	£176,368	£203,814	£637,260	£482,400	132%
ScriptSwitch (to 31/03/23)	£83,743	£74,354	£85,382	£162,611	£406,090		
TOTALS	£211,393	£203,781	£261,750	£366,425	£1,043,350		
Annualised CPP - March 22	£183.74	£217.92	£188.55	£196.71			

Primary Care Prescribing Efficiencies Project: Benefits Map Exercise

The Primary Care Prescribing Efficiencies Leads have agreed this Benefits Map for the work. From this map, Benefits profiles are being created for 2024/25 along with a Benefits Realisation Dashboard which will track and report progress against intended impact of the project.

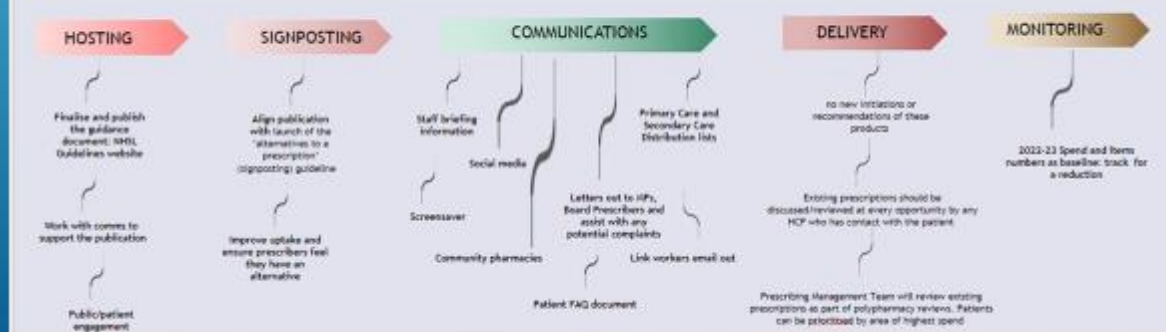


Primary Care Prescribing Efficiencies Products of Low Therapeutic Value: Implementation Plan 2024

Implementation of the Guidance for Products of Low Therapeutic Value within Primary Care and Secondary Care

Scope:
All services within Lanarkshire Primary Care & Secondary Care with a remit of prescribing
All people receiving prescriptions for products within the guidelines
All staff working within Lanarkshire Primary & Secondary Care Prescribing
Services out with NHS Lanarkshire, including Community and Voluntary Sector organisations

Primary Care Prescribing Efficiencies Leads to liaise with stakeholders to implement the plan within the timelines: JANUARY 2024 ONWARDS



Report

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

Subject:	Chief Social Work Officer Annual Report 2022/2023
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ outline the content of the Chief Social Work Officer Annual Report 2022/2023

2. Recommendation(s)

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

- (1) that the Chief Social Work Officer Annual Report 2022/2023 be noted.

3. Background

- 3.1. There is a statutory requirement for all local authorities to appoint a professionally qualified Chief Social Work Officer (CSWO). He/she must be registered with the Scottish Social Services Council (SSSC). The role of the CSWO is to provide professional advice and guidance to local authorities, elected members and officers in the provision of Social Work Services, whether commissioned or directly provided. The CSWO has a responsibility for overall performance improvement and the identification and management of corporate risk insofar as these relate to Social Work Services.
- 3.2. The CSWO is required to prepare an Annual Report of activity to the Chief Social Work Advisor for Scotland. The report follows a standardised reporting framework and timeframe to ensure key issues are highlighted and to aid learning and the sharing of information nationally. A summary report is also published annually by the Scottish Government.

4. CSWO Report

4.1. The report is split into an introduction and five main sections, a copy of which is attached as an appendix and a brief summary of highlights are outlined below.

4.2. Introduction

4.2.1. Introduces the purpose of the report and contextualises the role of the CSWO.

4.3. **Section 1: Governance and Accountability**

- 4.3.1. This section details the vision, values, and objectives of South Lanarkshire Council (SLC) and how these link to the work of Social Work Resources. It outlines the key role and responsibilities of the CSWO and the systems, structures and reporting arrangements which assure the quality of social work services. Responsibilities are outlined in relation to the South Lanarkshire University Health and Social Care Partnership (South Lanarkshire University HSCP), Integration Joint Board (IJB), Children's Services, Public Protection, Community Planning, and the corporate responsibilities of the Council.

4.4. **Section 2: Service Quality, Performance and Challenges**

- 4.4.1. The report provides a service overview which highlights the resumption of full service provision during 2022/2023, following the COVID-19 pandemic. Specific arrangements put in place are now considered the norm with enhanced infection prevention and control measures fully embedded in areas such as day services and care homes and hybrid working arrangements remaining for many office-based services. The pandemic did result in a backlog for some services such as Unpaid Work and assessment activity across adult, children and justice services. As routines have resumed performance has improved and case managers continue to address the backlog based on prioritised risk and need.
- 4.4.2. Engagement with service users and communities remains strong and is supported by the South Lanarkshire Health and Social Care Forum. This is an independent group of community volunteers who work to engage health service and social care users, carers, and communities to improve local services. The Forum also supports wider public involvement in planning and decision-making, and keeps local people informed about the range and location of services.
- 4.4.3. The South Lanarkshire Inspection of Adult Support and Protection was carried out in August/September 2022 by the Care Inspectorate in collaboration with His Majesty's Inspectorate of Constabulary Scotland (HMICS) and Healthcare Improvement Scotland (HIS). The inspection findings concluded that the partnership's key processes and strategic leadership for adult support and protection were effective at keeping adults safe from harm and interventions supported positive experiences and improved outcomes for adults at risk of harm. Overall, there were clear strengths that collectively outweighed areas for improvement.
- 4.4.4. Similar to all public services across Scotland, Social Work Resources continues to work in a challenging environment. The cost-of-living crisis; increased morbidity; and financial implications are a few of the ongoing pressures which are faced by social work services. These are coupled with immediate financial pressures being experienced with a number of risks and uncertainties in the health and social care environment and beyond. This level of volatility, uncertainty, complexity, and ambiguity (VUCA) means that successfully planning and delivering sustainable change becomes even more critical to ensure that we continue to support the most vulnerable people in South Lanarkshire.

4.5. **Section 3: Resources**

- 4.5.1. Social Work Resources had a net revenue budget of £212 million for 2022/2023. The priority of Social Work Services is to ensure effective delivery of critical services, complying with statutory legislation to protect vulnerable children, young people, and adults in our communities. Services have continued to be delivered to those assessed as most at risk with the focus on public protection throughout the last year.

4.5.2. There are several financial challenges which Social Work Resources continues to manage including:-

- ◆ the financial impact of demographic growth and an ageing population
- ◆ the increasing numbers of people supported in their community with long term health conditions
- ◆ an increase in ASP activity
- ◆ an increase in the number of care experienced children and young people
- ◆ service user and carer expectations
- ◆ the Council's requirement to achieve ongoing savings
- ◆ the long-term impact of the COVID-19 pandemic

4.6. **Section 4: Workforce**

4.6.1. Social Work and Social Care services are a diverse sector in terms of job roles, career pathways and service structures. The CSWO has a key leadership role in relation to workforce planning and development, from both a local authority and partnership perspective.

4.6.2. A significant number of staff are projected to reach retirement age over the next ten years and this together with high turnover of staff and an ongoing requirement to retain and increase numbers of qualified workers presents a particular challenge. The Social Work Workforce Plan 2022-2025 aims to mitigate the risks of a diminishing workforce against areas of growing demand by enhancing career pathways and succession planning, and the establishment of a Care Academy to 'grow our own' workforce.

4.7. **Section 5: Looking Ahead**

4.7.1. The Resource has continued to reinforce capacity across all Social Work Services to ensure it meets statutory requirements, increased demand and changes in complexity of service users.

4.7.2. A consistent approach remains to be taken through all key stages of transitions, including:-

- ◆ accelerating the use of technology-enabled care
- ◆ a commitment to Discharge Without Delay
- ◆ embedding Home First across the Council area
- ◆ increasing the use and consistency of Self-directed Support (SDS)
- ◆ developing provision of intermediate care beds in the community (Blantyre LIFE)
- ◆ promoting carer support plans
- ◆ more collaborative working to shape local housing provision

5. **Employee Implications**

5.1. There are no employee implications associated with this report.

6. **Financial Implications**

6.1. There are no financial implications associated with this report.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no implications for climate change associated with this report.
- 7.2. There are no sustainable development issues associated with this report.
- 7.3. There are no environment Implications associated with this report.

8. Other Implications

- 8.1. The CSWO Annual Report has informed the risks and controls expressed within the most recent update of the IJB Risk Register (as separately report to the March 2024 meeting of the IJB), notably in respect of:
- Financial sustainability – very high
 - Workforce availability and capacity – very high
 - Performance delivery – very high
 - Failure to meet public protection and legislative requirements – high
- 8.2. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. This report does not introduce a new policy, function, or strategy, or recommend a change to existing policy, function, or strategy and, therefore, no impact assessment is required.
- 9.2. There is no requirement for consultation in respect of this report.

10. Directions

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Professor Soumen Sengupta
Director, Health and Social Care

4 March 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input type="checkbox"/>
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	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input type="checkbox"/>
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	<input type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input type="checkbox"/>

Previous References

- ◆ Social Work Resources Committee 15 February 2023

List of Background Papers

- ◆ Annual Report – Chief Social Work Officer, South Lanarkshire Council 2022-2023

Contact for Further Information

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

Liam Purdie, Head of Children and Justice Services, Chief Social Work Officer

Ext: 4887 (Phone: 01698 454887)

Email: liam.purdie@southlanarkshire.gov.uk



Chief Social Work Officer Annual Report 2022-2023

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Introduction

The aim of [Social Work Resources](#) is to promote social welfare and provide effective care and support to meet the needs of vulnerable people in South Lanarkshire. We are committed to providing responsive and accessible services, with defined standards for service provision and to supporting local people to maximise their potential, maintain their independence and improve outcomes.

The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO), who must be registered with the Scottish Social Services Council (SSSC), is contained within Section 3 of the Social Work (Scotland) Act 1968. The role of the CSWO is to provide professional advice and guidance to the local authority's Elected Members and Officers in the provision of commissioned and directly provided Social Work services. The CSWO also has responsibility for overall performance improvement and the identification and management of corporate risks, as far as these relate to Social Work services.

The CSWO is required to prepare an annual report of activity for the Chief Social Work Advisor for Scotland. A summary report is published annually by the Scottish Government to aid learning and the sharing of information nationally.

All local councils have a duty under the Social Work Scotland Act 1968 to assess a person's community care needs and, where appropriate, to arrange any services they may require. South Lanarkshire Social Work Resources, in partnership with community planning partners, voluntary organisations and independent providers, offer a range of services designed to enable, support, improve and protect the health and care of those accessing our services. Self-Directed Support (SDS) is Scotland's mainstream approach to adult social care and the Children and Young People (Scotland) Act 2014 places Getting It Right for Every Child at the centre of assessing the wellbeing needs of children and young people.

In addition to assessment, Social Work Resources commission a wide range of local private, not for profit and voluntary sector providers together with a range of specialist services from within and outwith the South Lanarkshire area. There are 37 independent care homes for older people, 13 care homes for adults with a range of support needs, and 21 children's care homes operating within the council area. Additionally, we have a range of care at home, day services and supported living providers operating across our localities.

Throughout 2022-2023 Social Work Resources activities included:

- supervision and monitoring in the protection of vulnerable children and adults and wider public protection services
- providing assessment, specialised assessment, and support
- providing targeted services for vulnerable children young people, adults, and their carers
- providing care at home, day service, and residential support services
- working with those who are subject to requirements within justice and mental health legislation

Those who use our services and the wider workforce have all experienced the impact of the global COVID-19 pandemic. The Social Work and Social Care Critical Functions Framework was a key governance enhancement introduced and will be a mechanism that is maintained as part of our learning from the pandemic. The framework was recognised by the Scottish Government as an area of best practice and an exemplar shared with all councils throughout Scotland. As restrictions have eased, we have seen the reintroduction of services and continue to respond to the impact that it has had on our workforce and our local communities.

As CSWO for South Lanarkshire I will continue to progress our priorities in areas including:

- Public protection for children and adults
- Multi-agency public protection arrangements
- South Lanarkshire Integration Joint Board (IJB) and development meetings for health and social care integration
- Health and Social Work Governance Group
- Health and Care Standards
- Developing and supporting our profession and workforce
- Oversight and management of the Social Work Risk Register
- Data Protection, GDPR (General Data Protection Regulation)
- Procurement, contract compliance/monitoring
- Eligibility criteria/prioritisation
- Self-Directed Support (SDS)
- Community Justice
- Children and Young People's legislation
- Carers (Scotland) legislation
- Care Inspectorate inspections and follow up improvement action plans
- Equality, Diversity, and Inclusion
- Health and Safety

As services recover from the pandemic, households are now significantly impacted by the cost-of-living crisis. This crisis has been caused by a significant increase in the costs of energy, food, and fuel, with the energy price cap increasing significantly in 2022 and forecast to rise further. The council continues to offer advice on finance and debt through the Money Matters Advice Service, with service users supported to access available funding through a range of appropriate funds and grants.

The ongoing development of Social Work services and our achievements rely on the continued commitment of our staff, statutory and third sector partners, the local community and support of the council's Elected Members across all parties, who continue to advocate for the service.

I extend my thanks to everyone for their efforts during 2022-2023 and I look forward to working together on shared agendas during the year ahead.

Liam Purdie
Chief Social Work Officer
30 October 2023

Section 1: Governance and Accountability

1.1 Community Planning Partnership

1.1.1 South Lanarkshire Council is part of the South Lanarkshire Community Planning Partnership (CPP). A range of partners contribute to a well-established Partnership Board which has a key role in progressing community planning in this area:

- Federation of Small Businesses
- NHS Lanarkshire
- Police Scotland
- Scottish Enterprise
- Scottish Fire and Rescue Service
- Scottish Government
- Seniors Together
- Skills Development Scotland
- South Lanarkshire Community Partnerships
- South Lanarkshire Council
- South Lanarkshire Leisure and Culture
- Strathclyde Partnership for Transport
- University of the West of Scotland
- VASLan (Community and Voluntary Sectors)

1.1.2 The board provides strategic leadership and oversees the activity of partners in achieving the agreed vision and outcomes within the Community Plan 2022-2032. It has established the following thematic partnerships to improve the quality of life of South Lanarkshire residents:

- Children's Services Partnership
- Health and Social Care Partnership
- Community Learning and Development Partnership

1.2 South Lanarkshire Council

1.2.1 There are 64 council members representing the 20 multi-member wards across South Lanarkshire. The composition of the council as of 5 May 2022 is:

Political Party	Number of Elected Members
Scottish Labour Party	24
Scottish National Party	27
Scottish Conservative and Unionist Party	7
Scottish Liberal Democrats	3
Greens	1
Independent Group	2

1.2.2 The council's vision to “**improve the lives and prospects of everyone in South Lanarkshire**” remains at the heart of the Council's Plan 2022-2027, along with our priorities which are focused on:

- People – we will work to put people first and reduce inequality
- Planet – we will work towards a sustainable future in sustainable places
- Progress – we will work to recover, progress, and improve

1.2.3 Social Work Resources is one of five council resources, the others being: Community and Enterprise Resources; Finance and Corporate Resources; Education Resources and Housing and Technical Resources. All Resources work together in support of the Council Plan which can be accessed at the following link: [Connect 2022-27](#)

1.2.4 Each Resource prepares an annual Resource Plan which reflects the aspirations of the Council Plan and the Community Plan and details the work, achievements, and ongoing performance activity of each service. In addition, this Resource Plan necessarily also reflects the statutory relationship between the IJB and the council with respect to adult and older people's social care. Those elements of the Resource Plan are a response to the directions within the IJB's Strategic Commissioning Plan (SCP) 2022-25 and a recognition that the IJB has operational oversight for those areas of delivery. The Social Work Resource Plan can be found at the following link: [Social Work Resource Plan 2023-2024](#)

1.3 Social Work Resources

1.3.1 The principal role and purpose of the Social Work service is contained within the Social Work (Scotland) Act 1968, which gives local authorities the responsibility of "promoting social welfare". The Social Work service has a statutory duty to provide care and protection to the most vulnerable people across South Lanarkshire.

1.3.2 The CSWO role is understood and valued within the council and partnership. The CSWO provides professional advice directly to the Chief Executive of South Lanarkshire Council on statutory service delivery and on matters relating to the profession. This professional advice and guidance also extend to local elected members, officers within other resources of the council and to senior staff within partner agencies. There is a clear line of accountability including support and challenge that is understood by the Council Leader, the Chief Executive and the five Directors of the Corporate Management Team.

1.3.3 The CSWO holds the position of Head of Children and Justice Services, is a member of the Social Work Senior Management Team (SMT) and a standing member of the IJB. The role is integral in the supervision and monitoring of the protection of vulnerable children and adults and serving as a conduit between the IJB and public protection activity, reporting annually on the discharge of statutory duties.

1.3.4 Social Work Committee consists of 26 elected members and deals with most of the business relevant to the CSWO role, as well as strong links to other key member groups including relevant audit, scrutiny, equality, and member officer working groups.

- 1.3.5 The CSWO actively participates in a range of influential decision-making forums providing a significant leadership role in shaping the overall strategic direction of services, including:

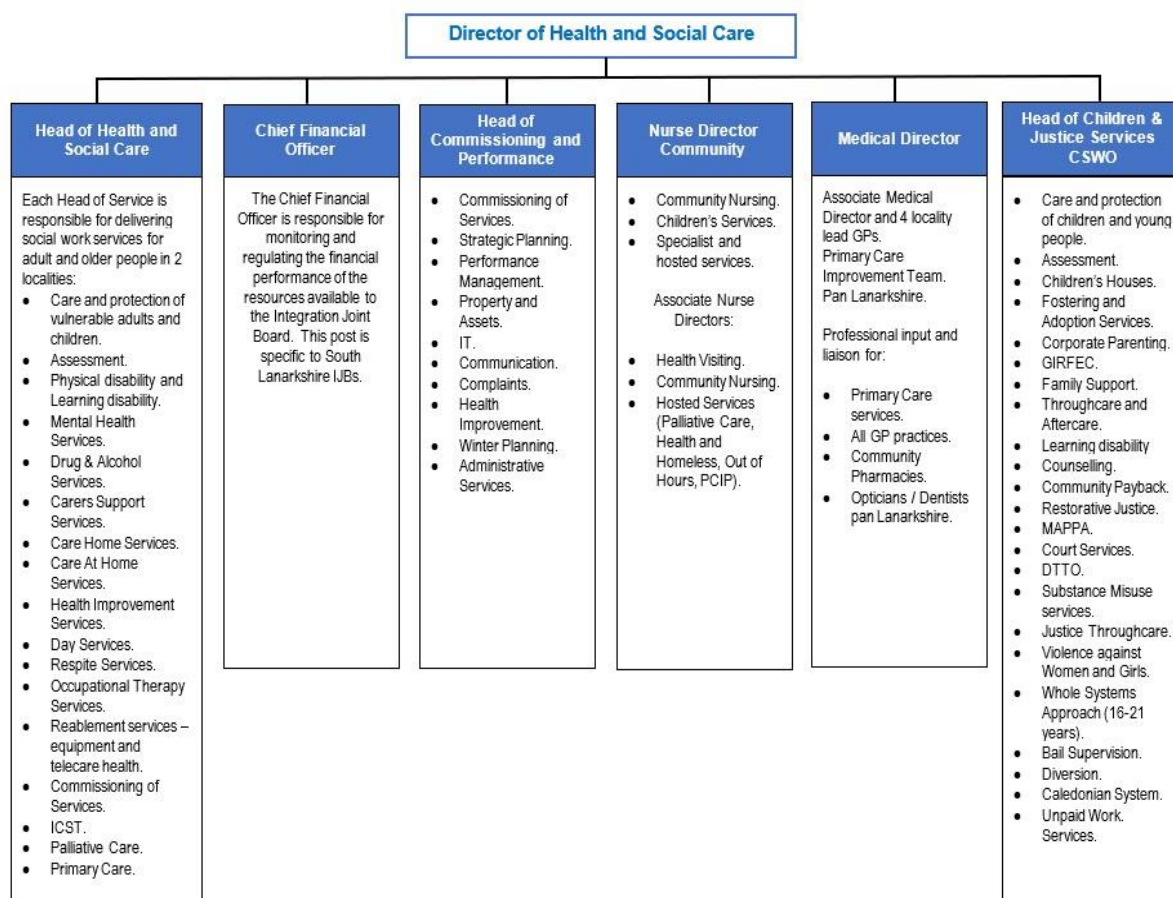
Structure	Role
Community Planning	<ul style="list-style-type: none"> • Community Planning Partnership Board • Safer South Lanarkshire Steering Group • South Lanarkshire Community Justice Partnership • South Lanarkshire Alcohol and Drugs Partnership • Violence Against Women and Girls (Gender based Violence Partnership)
Council	<ul style="list-style-type: none"> • Social Work Resources Committee • Performance and Review Scrutiny Forum • Health and Social Work Governance Group • Learning and Development Boards • Corporate Management Team
Children's Services	<ul style="list-style-type: none"> • Getting it right for South Lanarkshire's Children (GIRSLC) Partnership Group • The Promise Board • Local Government and The Promise (arranged by COSLA) • Childrens Service Partnership Planning (CSPP) Leads Group (SG)
Public Protection	<ul style="list-style-type: none"> • Chief Officer's Group • Child Protection Committee • Adult Protection Committee • MAPPA (Multi Agency Public Protection Arrangements) Strategic Oversight Group
Integration Joint Board	<ul style="list-style-type: none"> • IJB Board • IJB Performance and Audit Sub Committee • Health and Care Senior Management Team • Support, Care and Governance Group • Care Homes Assurance Tactical Group

1.4 South Lanarkshire University Health and Social Care Partnership (South Lanarkshire University HSCP)

- 1.4.1 Within the South Lanarkshire University HSCP, the Director, Health and Social Care has a lead role for Social Work functions, supported by the CSWO.
- 1.4.2 Child and Family and Justice Social Work services are not included in the South Lanarkshire Integration scheme and sit outside the South Lanarkshire University HSCP. A Performance and Audit Sub-Committee assists with the governance and accountability arrangements in key areas of work which are led by the IJB, including:

- the approval and implementation of the SCP
 - the establishment of locality planning
 - governance and accountability arrangements
 - the production of an annual performance report
- 1.4.3 The SCP 2022-2025 sets out how health and social care services will be delivered in a more integrated way to improve the quality of support for people. Crucially, the plan sets out how services will be delivered against twelve priority areas identified by communities themselves. The SCP is available to download at the following link: [South Lanarkshire Strategic Commissioning Plan \(SCP\) 2022 - 2025](#)
- 1.4.4 The South Lanarkshire University HSCP has also created locality implementation plans that set out how the priorities outlined in the SCP will be operationalized within each of the four localities to address their specific demographic challenges and health and social care needs of the population. The priority areas are as follows:
- Early intervention, prevention, and health inequalities
 - Addressing mental health and addictions
 - Supporting carers
 - Improving unscheduled care and optimising intermediate care
- 1.4.5 The CSWO has responsibility for ensuring there are recognised governance and decision-making arrangements in place that support the SCP ambitions. The CSWO provides professional leadership and ensures the South Lanarkshire University HSCP delegated statutory functions are being delivered through the chairing of groups such as, the Health and Social Work Governance Group and the Social Work Learning and Development Boards alongside the scrutiny and monitoring of performance and standards within the senior management team.
- 1.4.6 The CSWO is central to the multi-disciplinary group that enhances professional clinical and care oversight of care homes across South Lanarkshire. This includes arrangements for testing and infection prevention control and PPE (Personal Protective Equipment), through an established Care Home Clinical and Care Professional Oversight (CHCCPO) team comprising of the following professional roles:
- The NHS Director of Public Health
 - Executive Nurse lead
 - Medical Director
 - Chief Social Work Officer
 - South Lanarkshire University HSCP Chief Officer: providing operational leadership
- 1.4.7 Below is the structure chart that the South Lanarkshire University HSCP operates within.

1.5 Social Work Resources/Health and Social Care Organisational Structure



Section 2: Service Quality, Performance and Challenges

2.1 Service Overview

- 2.1.1 Social Work Services responded positively to the global coronavirus pandemic ensuring that the most vulnerable citizens in our communities and our employees remained supported and protected. Services are now back delivering full service provision, with specific arrangements now the norm with enhanced infection prevention and control measures fully embedded in areas such as day services and care homes and hybrid working arrangements remaining for many office-based services.
- 2.1.2 The impact of social distancing during the pandemic did result in a backlog for some services such as Unpaid Work and assessment activity across adult, children and justice services. As routines have resumed performance has improved and case managers continue to address the backlog based on prioritised risk and need.
- 2.1.3 Service quality, performance management and reporting are intrinsic parts of the duties of the CSWO. The CSWO has responsibility to respond to Care Inspectorate reports and findings from local and national activity, addressing the requirements of internal and external audit and reporting on progress against outcomes and follow-up actions from this activity. This includes discussion with the Chair of Social Work Committee and presentation to Social Work Resources Committee twice yearly.
- 2.1.4 Engagement with service users and the communities remains strong and is supported by the South Lanarkshire Health and Social Care Forum. This is an independent group of community volunteers who work to engage health service and social care users, carers, and communities to improve local services. The Forum also supports wider public involvement in planning and decision-making, and keeps local people informed about the range and location of services.
- 2.1.5 The Carers Partnership Group is tasked to drive forward the work of the Carers (Scotland) Act 2016 (the Act) by:
- Offering adult carer support plans and young carer statements
 - Publishing local eligibility criteria
 - Providing support to carers
 - Involving carers (including hospital discharge)
 - Producing a local carer strategy
 - Providing information and advice for carers
- 2.1.6 The Carers Partnership Group leads on the support and delivery of the Carers (Scotland) Act 2016 (the Act) and is developing a workplan to progress the Carers Strategy 2023-2026. The Young Carers Steering group has recently refocused and is now operating as a Young Carers Partnership with positive supports and experiences provided to over 100 young carers.

- 2.1.7 A number of joint events have taken place with our commissioned services, Lanarkshire Carers and Action for Children, with more planned to ensure all partners can offer support in their respective duties to support carers. There has been a 34.1% increase in the number of adult carers supported, from 589 in 21/22 to 774 in 22/23.

2.2 Children's Services

- 2.2.1 Children's services promote the welfare and development of children, young people, and families to support them, wherever possible, to remain together within in their own communities.

- 2.2.2 Social Work Resources has a duty to protect children. Whilst this is a shared responsibility with other agencies and the community, Social Work has responsibility to investigate allegations of child abuse. These responsibilities are carried out in the framework of jointly agreed child protection (CP) procedures.

- 2.2.3 Children and Justice Services carried out a range of activity in 2022-2023, examples of which include:

- Protecting children by undertaking 666 CP investigations. On 31 March 2022, there were 96 children on the CP Register
- Prepared 331 reports for children who were supported through the Children's Hearing system.
- As of 31 July 2022, the council after looked 774 children. Of these children 16% were looked after at home with parents, 47% by friends/relatives (kinship), 27% in foster placements and 10% were looked after in a residential setting

- 2.2.4 **The Promise** is already well embedded in our work in South Lanarkshire. The Promise Board chaired by the Council Chief Executive, brings together the highest level of corporate parents to ensure The Promise commitments are central to all we do. The Promise Board's vision is to make sure everyone plays their part in supporting care experienced children and young people as they grow and develop and assists the council and partners in continuing to fulfil its legal obligations and responsibilities towards looked after children and children leaving care. It reports directly to the Community Planning Partnership (CPP) and operates to a set of principles on which to lead and challenge the progress of the corporate parenting agenda and meet collective, corporate parenting responsibilities.

- 2.2.5 The Champions Board is a group of young care experienced people who are supported to come together to engage directly with those who make key decisions about the care system. The vision for the Champions Board is one where corporate parents build genuine, trusting relationships with care experienced young people in their area and improve the quality of care and support for care experienced young people.

- 2.2.6 Who Cares? Scotland provides support to the Champions Board along with two Promise development workers, recruited in November 2021 through joint funding by NHS Lanarkshire and South Lanarkshire Council, Social Work Resources. The posts were advertised for young people with care experience and are specifically focussed on increasing the participation of care experienced young people. The Promise

workers have already been instrumental, in partnership with others, in several successful Care Day events and in recruiting and supporting new members to the Champions Board.

- 2.2.7 Future plans include further promotion of the Champions Board to care experienced people, corporate parents and partners and developing social media platforms for improved communication. Three task groups have been in place to drive improvement around the priority themes of Throughcare and Aftercare, Children and Young People Looked After by Family Friends and Relatives, and Engagement and Participation.
- 2.2.8 A Corporate Parenting event was held in October 2022 with over 130 corporate parents and partners attending the “Keeping the Promise” conference in Hamilton. As part of the day, round table discussions were held focussing on the themes identified in the Champions Board Plan with the primary aim of corporate parents identifying practical, tangible solutions that could be delivered in the short to medium term. The outcome was used to inform future discussions with young care experienced people.
- 2.2.9 Following from this, the Promise Development Team worked closely with partners from Social Work and Education resources to plan and deliver a Care Day conference in February 2023. Meetings between Education, Social Work Children’s Houses and the Continuing and Aftercare Team meant that every care experienced young person could attend if they wished. There were over 130 attendees on the day (more than 90 of whom were care experienced), all secondary school aged and above, who shared their views and experiences.
- 2.2.10 The ideas from the Keeping the Promise corporate parenting conference were used as prompts to facilitate discussion and better identify what matters most to care experienced people. A report of the event is available and has been circulated to all who attended the Care Day conference.
- 2.2.11 **Residential Children’s Services** continue to respond to challenges set by legislative instruments and best practice markers such as continuing care, access to appropriate mental health services and an improved interface with adult services, education and housing. The service is ‘modernising’ the residential Children’s services, making for better transitions and maximising throughput where needed.
- 2.2.12 The Residential Child Care Operations manager now chairs the Social Work Scotland Residential Childcare Subgroup at a national level, placing South Lanarkshire Council at the forefront of practice sharing and policy development across the sector. This includes compliance with and implementation of the Promise and implications of the Care and Justice Bill. The service has maintained a settled environment and continues to deliver high quality care promoting wellbeing activities and family contact. This has merited meticulous planning and organising involving key stakeholders across the corporate parenting landscape within South Lanarkshire to ensure our young people remain safe, healthy, achieving, nurtured, active, respected, responsible, and included.
- 2.2.13 **Transitional arrangements** from children’s services to adult services remains a priority for Social Work Resources and the South Lanarkshire University HSCP with a

multi-agency infrastructure embedded into our localities. Transitions from child to adult services for people with complex learning disabilities is progressed via the Pan-Lanarkshire development agenda to further develop integration working relations and life opportunities for young adults. Updates are provided to the Joint Health and Social Work Governance Group.

2.2.14 **Whole Family Wellbeing** (WFW) investment by The Scottish Government has been instrumental in supporting whole system transformational change required to reduce the need for crisis intervention, and a shift towards prevention and early intervention. Year one funding of £1.827million in South Lanarkshire has supported the Children's Service Partnership assess local gaps and opportunities and plan activity accordingly, with a view to laying the groundwork for scaling up transformational activity in subsequent years. The funding is intended for new work and additionality of resource to support transformation in-line with the National Principles of Holistic Family Support and our ambition to 'Keep the Promise.'

2.2.15 A WFW Fund Partnership Steering Group has been established to review the design and delivery of Children's Services in South Lanarkshire, promoting best use of WFW funding. Proposals include extending the Pathfinder initiative in schools, contribution to the Family Support Hub model across the four localities in South Lanarkshire from the centralised Hub model, investment in the parenting support groupwork pathway and extending Family Group Decision Making (Children 1st) as part of the WFW approach. Updates will be provided to future Children's Services Strategy Group meetings.

2.2.16 Police Scotland and Children and Family Services agreed to collaborate on an Integrated Safeguarding and Early Intervention Hub model. Focussing on the whole family approach, Family Support Hubs have been established within each locality to provide a more preventative response to requests for assistance from families and reduce the likelihood of an escalation in risk and concern. Education, NHS, and Third Sector are contributing to the work of the Family Support Hubs whilst they embed and ensure South Lanarkshire's whole family support strategy is developed and reviewed collaboratively.

2.2.17 Over the last 18 months, provision established has included:

- helping to establish a test of change around the Earlier Help Hub
- investment in the Blues Programme across South Lanarkshire schools
- Family Group Decision Making
- increased capacity for Short Breaks
- online supports (Togetherall and KOOTH), designed to provide an additional route for young people to access support
- investment in refreshing our Parenting Pathways model, and
- building additionality in the Trauma Recovery Service

2.2.18 **Mental Health supports** and community access within South Lanarkshire have benefited from around £800k from the Scottish Government Community Mental Health

and Wellbeing Fund. The fund is intended to improve accessibility to support and services to children and young people to promote, manage, and improve their mental health and wellbeing and to help them develop coping strategies and resilience. It underlines the principle that every child and young person in Scotland should be able to access local community services which support and improve their mental health and emotional wellbeing.

2.2.19 South Lanarkshire's approach is to try to ensure that every child, young person, and their family receive the help they need, when they need it, from experienced, knowledgeable staff. An oversight group has been set up to provide a monitoring role to quality assure the use of the fund in developing the additionality required by the funding criteria.

2.2.20 **The United Nations Convention on the Rights of the Child UNCRC (United Nations Convention on the Rights of the Child)** Incorporation Bill sets out the intention to bring the UNCRC into domestic law and will introduce additional statutory duties on councils, health boards and other public services. The intention is to recognise, respect and promote children's rights as far as possible. This includes the right to be treated fairly, to be heard, and to be as healthy as possible.

2.2.21 The Bill underlines the role that parents and families, communities, local and national governments, and organisations that work with children and families play in helping children understand and experience their rights.

2.2.22 A Task and Finish Group of public sector partners has been meeting to assess preparedness for the incorporation duties and to develop resources to support staff in respecting Children's Rights. An extensive staff engagement programme has been completed and work is ongoing to talk to children, young people, and families in relation to their understanding of the UNCRC and Children's Rights. A staff handbook has been produced with a bespoke Children's Rights section and a training video has been produced and tested with staff in Community and Enterprise Resources.

2.2.23 The main duties of incorporation include:

- implementing the UNCRC and incorporating it into Scots law to make it unlawful for public authorities, including the Scottish Government, to act incompatibly with the UNCRC requirements
- an action plan to help children and young people experience their rights
- using the Child Rights and Wellbeing Impact Assessment (CRWIA) to ensure that our policies and legislation protect and promote the rights and wellbeing of children and young people
- reporting on our progress to the Scottish Government on an annual basis

2.2.24 **Getting It Right for Every Child (GIRFEC)** refresh has been led by The Scottish Government to review and update the policy resources around GIRFEC. New resources and guidance were published in early October 2022 to share information with staff to clarify what is expected of them in using the materials. A short life working

group was established to develop a workforce development strategy to support single and multiagency implementation.

2.2.25 Key aspects of the revised guidance include:

- a focus on Children's Rights and the UNCRC
- a strong read across to aligned policy areas including Child Poverty, the Promise, national CP Guidance and Whole Family Wellbeing
- simpler language to support engagement with children, young people, and families
- policy rather than legislative driven functions for named person and lead professional, and
- emphasis on building trusting relationships

2.2.26 **The Children's Services Partnership** completed a 'governance review' in December 2022 to ensure that its structure, processes, and resourcing of support to families are fit for purpose. This will enable the Partnership to meet any upcoming challenges and help partners contribute effectively to the agreed national policy areas at a local level. This has resulted in a smaller number of thematic groups being agreed to support the evolution of the Children's Services Plan and implementation of the demands of the relevant policy areas. These groups will take responsibility for driving forward practice under the following themes:

- Health and wellbeing
- Whole Family Wellbeing
- The Promise

2.2.27 The Partnership held a successful Connecting Localities event over 2 mornings in November 2022 for staff from all agencies involved in the support of children and their families. In total 160 staff from health, social work, Scottish Children's Reporter Administration, education, leisure, housing and a range of third sector organisations came together to improve their knowledge of UNCRC and children's rights, the work being undertaken in relation to domestic abuse, the service available to young carers and the developments supporting whole family wellbeing and mental health. The opportunity was also taken to engage staff in a conversation on how services should be developed and how best to respond to families experiencing poverty. The opportunity to participate and share knowledge and experience with colleagues was valued by those who attended, and their views will be an important addition to future planning.

2.2.28 **Bairns' Hoose** developments have progressed to achieve the Scottish Government's vision that all children who are victims or witnesses to abuse or violence will have access to a Bairns' Hoose by 2025. Those eligible for inclusion in the Bairns' Hoose are:

- children who are believed to have been victims to abuse or violence, which has caused or is likely to cause significant harm

- children under the age of criminal responsibility whose behaviour has caused significant harm or abuse
- unlawful deprivation of personal freedom
- trafficking
- children who have witnessed violence against a relative
- women subjected to female genital mutilation

2.2.29 North and South Lanarkshire were chosen as a pilot site for implementation of the Scottish Child Interview Model in 2020. This joint investigative interviewing model provides interviewers with the skills to respond to the needs of the child in the interview and minimise the risk of further traumatising. The underpinning principles of this model will be a fundamental part of Bairns' Hoose.

2.2.30 Three experienced children and family Social Workers from the Camglen, Lanark and Hamilton localities were relocated to support this pilot. Since 2020 these Social Workers have co-located with Social Workers from North Lanarkshire and dedicated Police Officers in Blantyre. Local implementation is overseen by a Lanarkshire implementation and a strategic group chaired by the Chief Social Work Officer from North Lanarkshire with partners from Social Work, NHS/Health Care, Police Scotland, the Scottish Children's Reporters Administration (SCRA) and the Procurator Fiscal. These strategic groups will oversee the next steps of the Implementation of the Bairns' Hoose approach in Lanarkshire.

2.3 Justice Services

2.3.1 Justice Social Work services work within the context of The South Lanarkshire Community Justice Partnership and provide services that meet the national aims and priorities set out with the National Strategy for Community Justice. Justice Social work's key priorities are

- Enhancing early intervention and alternatives to custody
- Ensuring those given community sentences are supervised and supported, promoting desistance, and enabling rehabilitation.
- Managing those that present the highest risk of harm to others within a robust public protection framework
- Providing restorative justice approaches which are accessible and visible to our communities

2.3.2 Justice Social Work provide a wide range of statutory services. These include:

- Diversion
- Whole Systems Approach (16-21 years old)
- Bail Supervision, Diversion and Court Services
- Drug Testing and Treatment Orders
- Caledonian System (Domestic Abuse Programme for men and women and Children's service)
- Moving Forward Making Changes (Sex Offending Programme)
- Community Payback Orders and Unpaid Work Services

- Adult Throughcare Services

2.3.3 Justice Services carried out a range of activity in 2022-2023, examples of which include:

- 527 referrals were supported by substance misuse services, following a referral for alcohol or drug misuse
- 645 Community Payback Orders with Unpaid Work requirements commenced
- Diversion from prosecution referrals have decreased by 23% since 2021-2022, however there has been an increase in offence complexity including domestic and sexual harm cases

2.3.4 Justice Social Work staff have a responsibility to assess need and identify risks with those they work with. Underpinning this work is a strong focus on relationship-based practice which provides safe and effective interventions and challenges offending behaviours.

2.3.5 We have developed our Justice quality assurance dashboard which reports on all statutory service provision. This allows decision makers to identify trends in workloads and any reduction in orders and service provision.

2.3.6 Over this year there has been a return to in person court appearances which have supported court social work staff to undertake comprehensive vulnerability and bail supervision assessments for those appearing from Police custody. The Pan Lanarkshire Court Services have developed their Bail Supervision and Electronic Monitoring assessment service. There has been a 176% increase in bail supervision assessments and 93% increase in Bail Supervision orders this year.

2.3.7 This has been achieved through a joint social work and Hamilton Sheriff Court initiative in December 2022 in which social work staff assess all bail opposed persons for their suitability for bail supervision. Justice Social Work have developed partnership working with SACRO as part of the Alcohol and Drug Partnership arrest referral, diversion, and bail supervision commissioned service. This service seeks to support those with substance use issues at the point of police custody, court appearance and diversion with peer mentors and assertive outreach into recovery communities. This supports our public health approach to Justice services providing intervention at the earliest opportunity.

2.3.8 In July 2022 SLC Justice Social Work along with Police Scotland and Crown Office Prosecution Service were selected to be part of the national thematic Diversion Review. The Care Inspectorate evidenced that assessment and case management was of a good to very good standard, with strong partnership working and effective use of commissioned services.

2.3.9 Over the last year preparations have been made to introduce a dedicated Alcohol and Problem-Solving Court in Hamilton Sheriff Court. The aim of this court is to address substance use related offending whilst taking a public health approach that prevents further criminalisation of vulnerable people whose offending is related to addiction.

Funding has been awarded from CORRA and SLC Alcohol and Drug Partnership with commencement of service in September 2023.

2.3.10 Our project outcomes align to the Scottish Governments (SG) Logic Model to reduce drug deaths and harms and their six priority areas. We aim to commit to:

- Reducing drug and alcohol related deaths South Lanarkshire
- Reducing the volume of Community Payback Order breaches and non-completion
- Preventing those in conflict with the law proceeding further into the justice system
- Reducing remand and short-term custodial sentences.
- Providing long term Structured Deferred Sentence options for those with problematic drug and alcohol use

2.3.11 **Locality Justice Teams:** Our four locality-based teams currently work with over 750 individuals subject to Supervision by the Courts and Parole Board. 89% of individuals made subject to a Community Payback Order (CPO) are seen by the service within one working day and 90% have their first meeting with their case manager within five working days, far exceeding the Scottish Government target of 75% for both.

2.3.12 In addition, over the period of 2022-2023 localities have provided over 400 Justice Social Work Reports per quarter for the Courts to inform sentencing options. Of these, 98% have been submitted within timescales – exceeding the target set by the Scottish Government of 95%. In 2022-2023, locality justice teams in South Lanarkshire were one of four local authority areas to participate in a Scottish Government pilot scheme for a new Justice Social Work Report template which is now being rolled out nationally.

2.3.13 We have been able to identify improvement in how we support people at the end of their Community Payback Order (CPO). The current CPO peer mentor service which has been embedded into the localities has been extended for a further 2 years into the Justice staff establishment. An independent evaluation was undertaken by Iconic Consultancy which reported evidence of good outcomes for those transitioning from their CPOs to positive destinations. This included developing trusting relationships with peer mentor staff and successful engagement with recovery services and connections into GP, housing, mental health, and addiction services.

2.3.14 The challenge with sustaining this service has been in relation to funding. We had received funding via CORRA for 2 years, however restrictions are in place that local authorities can only make one bid per fund stream. Due to a bid being submitted for the SLADPSC this precluded further funding requests for the existing service. We have absorbed this into the section 27 grant, however that will have implications for other parts of the service going forward.

2.3.15 **Public protection:** Justice Social work undertake public protection functions as a Responsible Authority MAPPA partner. This includes collaborative working with Police Scotland, SPS, housing, health services, CAReS (Community Addiction Recovery Services), and adult services. This report period has seen an increase in MAPPA level

1 cases (9%) as well as an increase in Category 3 cases (non-sexual offences) in which those that present the greatest risk of harm require to have a multi-agency approach to their risk management.

2.3.16 We have developed our quality assurance model to focus on Annual MAPPA level 1 audits; Annual Bail Supervision and Diversion from Prosecution and Significant Occurrence learning reviews.

2.3.17 In May 2022, following a number of service users' deaths during their time on statutory orders we undertook a learning development review session with all Justice Team Leaders to explore the findings and identify measures we could take to prevent further escalation of these, and the identified outcomes included:

- Early intervention with the use of Peer Mentors to engage with service users who fail to attend
- Joint working with Community Addiction (CAREs) services to offer joint home visits and appointments and better sharing of information at point of commencing order
- Use of texting services to encourage better engagement with services and prevent breaching of orders
- Development of screening tool at Justice Court Report writing stage to identify which addictions service would best meet the person's needs. This will prevent delays in access to recovery services and reduce unnecessary referrals to CAREs

2.3.18 **Programmed Work:** The Caledonian programme is for persons convicted of domestic abuse offences and the Moving Forward Making Changes programme for persons convicted of sexually harmful behaviour. A holistic approach is taken to ensure programmatic work addresses inappropriate behaviour but also ensures the safety of persons harmed. The Caledonian programme is a good example of this as it is delivered in partnership with CIRCLE and women's aid who support the women and children impacted by the behaviour of men.

2.3.19 **Young People, the Whole Systems Approach (WSA) and Structured Deferred Sentence:** The Whole Systems Approach (WSA) team works with young people aged 16-21 who find themselves in conflict with the law. During 2022-2023 the team have worked with young people providing bail support, bail supervision, diversion from prosecution, structured deferred sentence, CSO and CPO supervision. They have also continued to provide support to young people who are either living within a secure care setting or within HMP/YOI Polmont (on remand or when serving a sentence).

2.3.20 **Domestic abuse and violence against women and girls:** The Caledonian Systems Delivery Team (CSDT) in South Lanarkshire are supported by Women's Aid South Lanarkshire East Renfrewshire (WASLER) to support women impacted by domestic abuse. During the period of 2022-2023 WASLER has taken the opportunity to engage with local communities to raise awareness of domestic abuse to support the wider community to have greater knowledge and understanding.

- 2.3.21 In the reporting period of January - March 23, Caledonian Women's Workers have:
- Supported International Women's Day and attended events across South Lanarkshire, engaging with the wider community and partner agencies
 - Provided service updates for new staff within our partner organisations and in our own organisation
 - Engaged with new partnerships within the third sector to establish referral pathways for additional support opportunities for women engaging in the Caledonian Women's Service
 - Taken part in the research undertaken by Safelives and Assist to look at court support in relation to domestic abuse in Scotland
- 2.3.22 Recent reports indicate there are 131 women receiving support from the Caledonian Women's Service. This included 21 new referrals and assessments for court, 45 women engaged in weekly support and 79 women who access support on an individual needs led basis.
- 2.3.23 The Caledonian team also work with CIRCLE for the provision of services to children who have been impacted by domestic abuse. Recent reports for the time period January - March 2023, highlight the number of referrals is increasing, with six new children supported since January.
- 2.3.24 **Unpaid Work** has been an area of strength of Justice Social Work over 2022-2023 having fully resumed since the Covid pandemic with a significant reduction in the backlog of hours accumulated over this time. The resumption of this service has seen the introduction of an educational gardening project based at Auchentibber and a bespoke kitchen to provide cooking and bread baking skills. These projects will support service users to undertake the Royal Caledonian Horticultural Society GLiN Award, REHIS training, and will support emerging needs identified within South Lanarkshire's strategies on Climate, Sustainability and Environment development and the South Lanarkshire Good Food Strategy 2020-2025 objectives.
- 2.3.25 **Recovery support services:** Justice Services in South Lanarkshire throughout 2022-2023 have worked in close partnership with a range of commissioned services, such as the Beacons, Turning Point, My Support Day and the GIVIT in order to ensure that individuals are provided with the tailored support that best meets their individual recovery needs and the needs of their families and wider communities.
- 2.3.26 **Women's Justice Service** in South Lanarkshire is a centralised social work team who provide one to one support and operate four locality-based women's hubs, weekly. The hubs are aimed at supporting women who have been involved with the adult justice system. Since January 2023 a Structured Deferred Sentence service has been operating through Glasgow Sheriff Court, which provides females involved in the justice system with intensive support over three to six months with a view to addressing their risks and needs before allowing a prompt exit from the justice system.
- 2.3.27 **Lived and living experience:** The current CPO peer mentor service which has been embedded into the localities has been extended for a further 2 years into the Justice staff establishment. An independent evaluation was undertaken by Iconic Consultancy

which reported evidence of good outcomes for those transitioning from their CPOs to positive destinations. This included developing trusting relationships with peer mentor staff and successful engagement with recovery services and connections into GP, housing, mental health, and addiction services.

2.4 Adult and Older People Services

2.4.1 The service works with other council resources as well as partners in health, the voluntary and independent sector. Staff fulfil duties under the law, and the Social Care (Self-directed Support) (Scotland) Act 2013, Adult Support and Protection (Scotland) Act 2007, Mental Health (Care and Treatment) (Scotland) Act 2003, and Adults with Incapacity (Scotland) Act 2000 play an important role in guiding how some services are delivered. Assessment and care management staff work collaboratively with partners to protect and reduce the risk of harm to adults and assess the care needs of service users and their carers to plan services to meet those needs.

2.4.2 Adult and Older People's services conducted a range of activity throughout 2022-2023 examples of which include:

- Supporting 3,449 Adult Support and Protection (ASP) inquiries, which led to 1,553 ASP investigations being instigated
- For welfare guardianship orders, visits have been maintained at a good level over the course of the year, with 93% of supervising officer visits being held within timescale
- Supporting up to 2,200 older people at any time in long term care placements
- Supporting 1,103 people with a learning disability to live in their own communities
- Working with 528 requests to support individuals with a mental health problem who were referred to Community Mental Health Teams

2.4.3 **Self-directed Support (SDS)** aims to put the person at the centre of the support planning process enabling them and their carers and families to make informed choices about the social care support they require and how it is delivered. Our Living the Life you Choose assessment is modelled on the co-produced assessment, and a support plan offers individuals choice and control over their personal outcomes, giving the individual better control of their care through four options.

2.4.4 Several key developments have been introduced to strengthen our approach to SDS. In line with the legislation, the National Standards for SDS and Audit Scotland recommendations, these developments aim to put SDS at the forefront of service review activity to ensure it is outcome driven. These include:

- Increase capacity within assessment and care management services
- Implementing the revised 'Living the Life You Choose' assessment for adults
- Strengthening our approach to SDS with Children's Services to improve transitions planning with Adult Services. This has been identified as a priority area within the SCP
- An electronic Adult Carer Support Plan (ACSP) has been developed

- A new Carers Strategy has been developed which recognises the need for more accessible information, better signposting, and outcome-based conversations with regards to the SDS processes and procedures
- Review of public information and guidance

2.4.5 During 22/23 work was undertaken to update the approach to carer support and funding. Additional staff (Social Work Assistants) in locality teams have assisted with case management and reviewing carer support arrangements. An SDS finance team is supporting the work, specifically in relation to linking funding to identified needs and outcomes. The overarching SDS Review team is working to ensure equity in the allocation of finite carers' support funding and is working in partnership with Lanarkshire Carers to ensure continued effective and efficient support is given to unpaid carers.

2.4.6 **The South Lanarkshire Inspection of Adult Support and Protection** was carried out in August/September 2022 by the Care Inspectorate in collaboration with His Majesty's Inspectorate of Constabulary Scotland (HMICS) and Healthcare Improvement Scotland (HIS). The inspection findings concluded that the partnership's key processes and strategic leadership for adult support and protection were effective at keeping adults safe from harm and interventions supported positive experiences and improved outcomes for adults at risk of harm. Overall, the clear strengths in both areas inspected collectively outweighed areas for improvement.

2.4.7 In response to the findings the ASP partnership agreed an Improvement Plan with the Care Inspectorate in February 2023, outlining four areas of priority. These included:

- improving attendance and consistency at case conferences
- improving the quality and consistency of recording of information in chronologies
- developing the partnership's quality assurance processes
- improving the quality of supervisory oversight around decision making

The plan has been implemented through the local Adult Support and Protection Committee with continued oversight through the South Lanarkshire Public Protection Chief Officers' Group.

2.4.8 **An ASP Decision Support Web and Mobile App** has been developed in partnership with the Adult Protection Committee and the national Right Decision Service provided by the Digital Health and Care Innovation Centre. The App empowers partners across all sectors to quickly access and apply ASP guidance consistently and in a person-centred way, ensuring a consistent understanding of how to recognise the risk of harm among vulnerable adults and the actions required to safeguard them.

2.4.9 This is the first Public Protection App to be developed in Scotland and has received high praise and interest from partners across the country. It was launched in February 2023 and the number of users stands at almost 3000 with over 6000 page views. A survey is planned for autumn 2023 to gather feedback at scale and plan for further development.

- 2.4.10 **The Home First service** provides a short-term reablement and rehabilitation service for a period of up to six weeks with a focus on maximising individual choice, control, and independence. South Lanarkshire IJB has invested in the future sustainability of the Home First programme to provide multi-disciplinary care for people at home (or as close to home as possible) to prevent avoidable hospital admissions and where admissions are necessary, to support timely hospital discharge. The programme triumphed in the Integrated Care category in the 2022 Scottish Health Awards which recognises excellence across health and social care services.
- 2.4.11 **Care at home services** have continued to provide support to the most vulnerable individuals against a backdrop of significant challenges and pressures arising from sustained demand for services and an exceptionally challenging employment market. The availability of frontline social care staff continues to present real challenges across Scotland. During 2022-2023 the service prioritised staff recruitment through an extensive recruitment campaign, however, staff supply challenges across the care sector continue to exist and remain a key priority and potential risk to the service.
- 2.4.12 Despite these challenges the service has continued to progress its modernisation agenda. Improved management and staffing structures, pathways, IT systems and communication with Home Carers has resulted in an improved response to service demands and increasingly complex needs of service users.
- 2.4.13 **Care homes for older people** have adopted enhanced infection prevention and control measures with robust staff training following the pandemic. Each home has welcomed the return to full visiting for their service users with rewarding activities and events taking place, for example celebrations of the Queen's Jubilee and the King's Coronation.
- 2.4.14 In response to the Crown Office and Procurator Fiscal Service's dedicated COVID-19 Death Investigation Team (CDIT), the CSWO established a governance group to support Operation Koper. This group ensures compliance with the Crown Office requests for information via the police. No further deaths have been attributed to COVID in the past year.
- 2.4.15 The Care Home Providers forum, established during the pandemic and has since continued, includes representation from independent, voluntary, and local authority care homes. Chaired by a Social Work manager, the forum provides the opportunity to share and signpost providers to emerging guidance and reporting requirements, while sharing an understanding of the pressures and identifying solutions.
- 2.4.16 **Transformation and service improvement** has progressed with the opening of a new state-of-the-art care facility, Blantyre LIFE in March 2023. This model of health and care delivery will increase the range of choice and options available to support people to live well in the community.
- 2.4.17 Access to transitional care will provide individuals with short-term strength and asset-based support focusing on rehabilitation and self-care for a maximum of 42 days following a period of ill health or crisis. Adopting this approach will encourage and

enable service users to rebuild their confidence allowing them to continue to self-care and learn or re-learn the skills needed to maximise their potential and support their goal to return home.

- 2.4.18 Onsite there are a further 20 technology enabled homes consisting of 8 bungalows and 12 apartments. All these homes are barrier free and have some consumer technology that might be found in any modern home, ranging from smart appliances to telehealth care depending on assessed need. This new technology will enable people to maximise their independence, particularly in later life.
- 2.4.19 The facility also extends to the wider population of South Lanarkshire with a Centre of Excellence including a staff training flat; a Technology Enabled Care (TEC) zone designed in collaboration with the Glasgow Science Centre to showcase how technology enabled care can be used to support people to live well, safely, and independently at home; this is the first such collaboration between the Glasgow Science Centre and any Health and Social Care Partnership in Scotland.
- 2.4.20 **Care and Support** service offers support to adults with a learning disability to live safely within their own home in the community. The service was reviewed in 2019 to ensure current policy directives such as Self-Directed Support (SDS), South Lanarkshire's Eligibility Criteria and the Carers (Scotland) Act 2016 were embedded, and that the staffing model supported a diminishing number of ageing service users with increased levels of dependency.
- 2.4.21 **Adult and older people's day services** evidence-based review, which started in June 2019 and paused during the pandemic, has now concluded.
- 2.4.22 Extensive consultation with service users, family and carers, employees and other stakeholders confirmed the need for greater choice of day opportunities to suit the changing needs of service users. The consultation also highlighted the value that many service users and their families placed on retaining building-based services. The outcome of the review was presented to the IJB on 20 June 2023 focussing on the need for future services to provide:
- individualised support
 - reablement focus to support independence
 - intensive support for those with most complex needs and high levels of dependency
- 2.4.23 Self-directed support would be placed at the heart of day services to provide service users with greater choice, flexibility, and control over their care. Day support in a setting of their choice would be one option that could be used to meet personal outcomes and address substantial and critical need through an individual support plan.

2.4.24 Meanwhile, building-based services have resumed following the pandemic. Services are currently operating from 10 of the original 19 building bases, and this continues to offer sufficient capacity to meet the requirements of the service.

2.4.25 **Technology Enabled Care (TEC)** continues to provide health and care services to people in their own homes, or near to home, to help them live independently, safely, and well at home for longer. The TEC team's key services include telecare, Connect Me remote health monitoring service, and Near Me video consultations. The work of the TEC team has also been instrumental in facilitating discharge from hospital, with 241 telecare referrals approved in April 2023, 12% of which were to support hospital discharge. Meanwhile, 17% of hospital discharge referrals were referred through the Home First telecare pathway with the team working swiftly to support people home by installing telecare within 24 hours of the referral being received.

2.4.26 By December 2025 all analogue telephone services in the UK will be switched off and replaced by digital systems using voice over internet protocol technology. The council's analogue 2 digital programme is well underway with the installation of digital alert alarms with the installation of 3,163 installed as of 31 March 2023. Approximately 350 digital alarms are installed monthly with an expected completion date of the digital alert alarm rollout of February 2024.

2.5 Performance and Support Services

2.5.1 Performance and Support services support the work of all other services within Social Work Resources and embraces a range of business support functions and links with: IT; Procurement; Finance and Personnel; Carers; Equalities; Workforce Planning; Corporate Governance; Information Governance; and Asset Management.

2.5.2 **Administration Services:** The aim of this service is to assist operational staff in the delivery of Social Work services by providing effective administration and communication support across all service areas. Administration staff are located in a range of settings across the council area including council headquarters, four local offices, court units, residential and day care settings.

2.5.3 **Performance:** Officers support services with performance reporting, statutory planning, inspection, regulation, and risk management to meet requirements, such as resource planning, Scottish Government returns and statutory performance indicators; local government benchmarking; information to support planning, for example demographic profiles and trends, management information requests as required by services and business needs.

2.5.4 **Planning and development:** The Resource is required to produce a range of statutory plans and partnership strategies in consultation with key planning partners, including service users and carers. The Resource also contributes to Council corporate planning and reporting activities.

2.5.5 These plans guide the planning of service provision across the Resource and commit partners to action. They are reviewed regularly to assess progress towards agreed objectives. Some of the key social work plans include:

- Advocacy Plan
- Carers Strategy
- Children's Service Planning
- Community Plan
- Community Justice
- Council Plan
- Resource Plan
- Workforce Plan
- Strategic Commissioning Plan /Locality Implementation
- Mental Health and Wellbeing Strategy
- See Hear Strategy
- Dementia Strategy

2.5.6 Planning and Development Officers provide a range of support to operational services with regard to self-evaluation, partnership engagement, inspection/regulation, risk management, information governance, customer feedback and GDPR.

2.6 Performance monitoring

2.6.1 Social Work Resources utilise a quarterly performance and monitoring system which allows services within the Resource to assess performance against key Council and Social Work Resource objectives. Performance information is then used to inform the annual [Social Work Resource Plan 2022-2023](#) highlighting areas of progress and approaches to continuous improvement. The Resource Plan also identifies those areas of action where performance requires to be measured for example, ASP, Adults with Incapacity (AWI), Child Protection (CP).

2.6.2 A quarterly performance management meeting takes place in-line with the reporting timescales of the quarterly report. Examples of performance activity, which are discussed include findings from case file audit activity, self-evaluation, Social Work risks and financial performance.

2.6.3 The performance scorecard within the Resource Plan has a number of measures which relate to the Council Plan. These are formally reported to the Council's Executive Committee twice a year. Any measures which have amber or red progress status are discussed within the Council's Performance and Review Scrutiny Forum and the CSWO or a Head of Service from the Social Work Resources Management Team is required to attend and explain the performance and potential improvement activity.

2.6.4 The performance management system (IMPROVe) supports frontline Managers with real time management information. This system allows managers to look at detailed caseload or timescale information for aspects of service such as guardianship visits and reviews and the supervision of children under statutory requirements. In addition, the system allows the higher-level performance measures within the Resource Plan to

be tracked and measured daily. This enhances performance management capacity and knowledge across the service, allowing for corrective action to be taken instantly.

- 2.6.5 Key performance trend data is recorded at Appendix 1 that supports some examples of the areas of work identified above.
- 2.6.6 In common with other Council Resources an Internal Statement of Assurance is produced annually covering general good governance, internal controls, information governance and systems of governance and control.
- 2.6.7 The Accounts Commission, as part of their statutory responsibilities, audit public performance reporting arrangements each year to provide continuity and support progress of the Local Government Benchmarking Framework (LGBF). Social Work Resources reports a range of information to demonstrate that it is securing Best Value in providing services.
- 2.6.8 The Care Inspectorate continues to regulate and inspect our forty-one registered inhouse care services which include: five care homes for older people; thirteen-day services for older people; six-day services for adults; one care and support service for adults; one intermediate care service; six children's houses; three child and family services (fostering, adoption, and supported carers); four care at home services and two home first services. Attached in Appendix 2 are the most up to date grades in respect of our registered services.
- 2.6.9 Analysis and management of information relating to guardianship orders; complex balance of need; risk and civil liberties in accordance with professional standards, for example in relation to ASP and CP guidelines; and decisions relating to the need to place children in secure accommodation and the review of such placements all fall to the CSWO.

2.7 Key Challenges to Service Delivery

- 2.7.1 Similar to all public services across Scotland social work continues to work in a challenging environment. The cost-of-living crisis; increased morbidity due to people living longer; and financial implications are a few of the ongoing pressures which are faced within social work. These are coupled with immediate financial pressures being experienced with a number of risks and uncertainties in the health and social care environment and beyond. This level of volatility, uncertainty, complexity and ambiguity (VUCA) means that successfully planning and delivering sustainable change becomes even more critical to ensure that we continue to support the most vulnerable people in South Lanarkshire.
- 2.7.2 There are several factors which present specific challenges to Social Work Resources in relation to the demand for service provision.
- affordability of services as a result of new financial pressures brought about by the global pandemic and increased cost of living.
 - a projected increase in the South Lanarkshire population from 321,849 in 2022 to 326,771 in 2032, which is around a 1.5% increase from the current population. This

projects an increase in demand, further challenged by limited recruitment opportunities across social care.

- an increasing ageing population (this is most pronounced in the 75+ age group). As people advance in age their need for health and social care services increases. The average weekly package of care increased by just under 15% from 11.4 hours per user per week in 2016/17 to 13 hours per user per week in 2021-2022.
- aligned to this is that the healthy life expectancy for people in South Lanarkshire is lower than the Scottish average and people will spend a higher proportion of their lives in poor health.
- there has been a 4% rise in the number of children looked after from 2021 - 2022 (from 747 to 774)
- South Lanarkshire has a higher percentage of children with a concern at the 27–30-month health visitor review compared to Scotland.
- increased ASP activity from 2021-2022 to 2022-2023 with a 21% increase (from 2,849 to 3,449) in the number of adult protection inquiries.
- the rate of people with 3+Long Term Conditions (LTCs) is projected to increase steadily between 2022 and 25 across most age groups 18+, again increasing the demand for services.
- South Lanarkshire is more deprived than Scotland as a whole, the publication of the latest Scottish Index of Multiple Deprivation (SIMD) statistics highlights persistent levels of deprivation within a number of South Lanarkshire communities.
- many factors combine to affect the health and wellbeing of individuals and communities. Whether people are healthy or not is determined by their social and economic circumstances and the wider environment, all of which contribute to health inequalities. The pandemic will accentuate these inequalities and service provision will continue to be targeted at the most vulnerable in our communities.
- exponential and unprecedented pressure on the capacity of health and social care workforce nationally, with increasing challenges to recruit new staff and retain the current workforce impacting on the delivery of critical care

2.7.3 Social Work Resources funding and budgetary pressures are affected by additional demand and cost of delivering services. The council approves annual budgets which consider areas of efficiency and savings along with opportunities for investment.

2.7.4 Children's Services have faced challenging budget pressures during 2022-23 that have impacted on both statutory and non-statutory areas of work. The statutory duties of continuing care introduced by Children and Young Persons (Scotland) Act 2014, extends the duty on local authorities to continue to provide options for young people to remain within their foster, kinship, or residential care placement up to the age of 21 years (previously 18 years).

2.7.5 There is also a continued increase in the requirement for children's residential school and external placements and increasing difficulty in meeting the increasing cost of these services within existing resources.

- 2.7.6 Within Justice Services, the Scottish Government has committed Covid recovery monies until 2027, however, there remains challenges for the service to commit to third sector contracts. An example of this would be providing additional intensive support to 16–21-year-olds in our Whole Systems Approach team. Given that we are unable to provide contracts over 1 year, this makes it difficult for providers to recruit and retain staff with the uncertainty of the service being withdrawn the following year.
- 2.7.7 A further challenge for Justice Social Work is the increasing number of Intensive Support Package funding requests. There has been a 50% increase for both MAPPA and young people leaving secure care in 2022-2023 in Justice services. Whilst applications have been submitted to the Scottish Government, 10% funding must be sourced from the Section 27 grant. Should this increase, it will not be sustainable, and management of high-risk cases will be challenged.
- 2.7.8 Whilst diversion from prosecution numbers are down by 20% from 2021-2022, we are evidencing a significant number of complex sexual harm cases for those under the age of 21 years old and domestic abuse offences for over 21-year-olds. This has presented significant challenges for the service in providing suitably qualified staff to undertake these assessments and provide credible and safe interventions. The thematic diversion review that South Lanarkshire Community Justice Partnership were part of, concluded that additional funding was required to support local authorities to develop their services and we await the conclusion to this.
- 2.7.9 Attention has been given to the progression of the National Care Service Bill that currently has a further extension of Stage 1 from June 2023 until 31 January 2024 to allow further engagement with stakeholders.
- 2.7.10 The CSWO will continue to contribute to the consultation process as the Bill progresses, with consideration also to other proposed changes including:
- allowing information to be shared between the proposed National Care Service and the NHS
 - introducing a right to breaks for carers
 - giving rights to people living in adult care homes to see the people important to them (known as “Anne’s Law”)

Section 3: Resources

3.1 Finance

3.1.1 Social Work Resources had a net revenue budget of £212 million for 2022-2023 which was allocated as follows:

Service	Budget amount in millions of pounds	% of the total budget
Performance and Support Services	8.400	4
Adult and Older People	166.872	78.7
Children and Families	35.894	16.9
Justice and Substance Misuse	0.860	0.4
Total	212.026	100

3.1.2 There are several financial challenges which Social Work Resources continue to manage including:

- the financial impact of demographic growth and an ageing population
- the increasing numbers of people supported in their community with long term health conditions
- an increase in ASP activity
- an increase in the number of care experienced children and young people
- service user and carer expectations
- the council's requirement to achieve ongoing savings
- the impact of the COVID-19 pandemic

3.2 Risk

3.2.1 Risk management is a key duty for Social Work Resources, both in a service wide and individual service-user and carer context. From a service perspective, the council's Risk Management Strategy promotes consideration of risk in service delivery, planning and decision-making processes.

3.2.2 Social Work Resources follows the council's guidance in developing, monitoring and updating the Resource Risk Register on an ongoing basis. The service risks identified for the Resource are reviewed and monitored on a regular basis with progress updates reported at every meeting of the Social Work Resources Committee. In the coming year Social Work Resources will take forward all necessary actions, where appropriate, to mitigate or reduce the Resource's exposure to these risks.

Social Work Resources Top 5 Risks – 2022-23

1	Workforce Availability and Capacity
2	Meeting Public Protection and Legislative Duties

3	Market and Provider Capacity
4	Funding and Budgetary Pressures
5	Winter Demand Pressures

- 3.2.3 The Resource continues to review and reshape how it operates and where it can find efficiency and innovation. It has developed a dashboard that comprises a range of performance information and a range of statistical data that assists focus on the strategic needs of the most vulnerable population we are required to support.

Section 4: Workforce

4.1 Workforce

- 4.1.1 The social care workforce is one of the largest employment groups in South Lanarkshire with employees working to provide a range of support within our communities. Excellent social services require a confident, dedicated, and skilled workforce which is valued by employers, service users and the public.
- 4.1.2 All Social Work staff working with service users are bound by a professional Code of Conduct which is governed by the Scottish Social Services Council (SSSC). South Lanarkshire's Council's Code of Conduct for Social Work staff has drawn on this framework; all staff, regardless of qualification agree to adhere to specific professional codes that guide their practice.
- 4.1.3 Everyone in the workforce needs to feel valued and to be motivated to improve their contribution and be innovative in their practice. The CSWO needs to ensure these workers have the right skills, knowledge, values, and behaviours to provide high quality services. Retaining experienced staff in front line practice is crucial to delivering excellent social care services.
- 4.1.4 Several initiatives are available through the Employee Assistance Programme (EAP), which offers practical and emotional support for all Council employees, including early intervention, counselling, or financial support. As well as the usual supports, new initiatives developed include supporting the mental health and wellbeing of staff. The COVID-19 recovery - Service Re-introduction Toolkit that was developed in July 2021 encourages service managers to adopt a flexible approach that will improve service delivery whilst supporting the resilience of the workforce.
- 4.1.5 South Lanarkshire Council has been recognised as a Carer Positive Employer at the Engaged Level. The carer positive award is presented to employers in Scotland who have a working environment where carers are valued and supported.
- 4.1.6 Social Work Resources has 2,859 employees as of March 2023. Employees are supported to deliver their duties through a range of policies including personal appraisal and a robust training framework. The number of employees (per headcount) by service is as follows:

Service	Number of employees
Adult and Older Peoples Services	2,107
Children and Justice Services	560
Performance and Support	192
Total	2,859

- 4.1.7 Ethical awareness, professional integrity, respect for human rights and a commitment to promoting social justice are at the core of social service practice. The life changing

and challenging work undertaken cannot be underestimated. This essential work is underpinned by core values. These values focus on understanding each individual in the context of family and community, supporting participation, and building on the strengths of the individual and their communities to promote enablement.

- 4.1.8 There are also standards of conduct and practice which Social Services workers and employees must follow. It is the CSWO responsibility to ensure their staff and those of external providers adhere to these standards and are equipped to support service users.
- 4.1.9 Assessment of risk is undertaken to protect those staff who continue to work on site and for those working agile at home or within another location. Well established trade union and employee forums are in place that enable regular monitoring and resolution of issues.

4.2 Workforce Planning

- 4.2.1 The CSWO has a key planning and leadership role in relation to workforce planning and development, both from a local authority and partnership perspective. Whilst social care services are a diverse sector in terms of job roles, career pathways and service structures, what unifies the sector is a common set of shared values and ethics which underpins the principles of those that work in the sector.
- 4.2.2 A significant number of staff are projected to reach retirement age over the next ten years and this together with high turnover of staff and an ongoing requirement to retain and increase numbers of qualified workers presents a particular challenge. The Social Work Workforce Plan 2022-2025 aims to mitigate the risks of a diminishing workforce against areas of growing demand.
- 4.2.3 The Social Work Resources' Workforce Plan 2022 to 2025 highlights key challenges, including
 - sustained pressure on services and an increased demand that will continue over the period of the plan
 - significant national workforce supply challenges that require action at a national policy level to impact change
 - implications of the National Care Service and impact on existing workforce and ability to recruit
 - maintaining the well-being and value of the workforce to enable recruitment and retention across all service areas
- 4.2.4 An action plan to address these challenges focuses on the need to:
 - maximise available resources
 - explore options of service redesign and review current recruitment practices, including the establishment of a Care Academy to 'grow our own' workforce
 - enhance career pathways and succession planning
 - ensure the workforce feel valued and supported

It is however acknowledged that not all risks can be eliminated whilst a national health and social care workforce crisis remains

- 4.2.5 The national Audit Scotland Report on Social Care (January 2022) described the significant challenges facing the sustainability of social care in Scotland. This was followed in February 2022, with the Scottish Government advising that an additional £22m recurring funding would be made available to provide additional capacity within local authorities. This funding is a direct response to feedback and a recognition that social care services are enduring a level of demand and pressure in the system, beyond anything experienced before.
- 4.2.6. From a South Lanarkshire perspective, the share of this funding has been confirmed as £1.292m, and has been specified by the Scottish Government to target:
- support to the adult social care workload in recognition of the pressures across health and social care
 - enhancement of frontline capacity for Adults with Incapacity and Adult Support and Protection, inclusive of Large-Scale Investigations (LSI)
 - additional support to the statutory duties undertaken by Mental Health Officer and Social Workers
 - increasing capacity within the wider assessment, care management and reviewing functions, for example individualised support planning in line with SDS
 - enhancing frontline management capacity to increase levels of assurance and supervision of frontline staff
 - support for Care Home oversight activity as a consequence of additional demands brought about by the pandemic
 - capacity within teams of support staff to free up pressures on frontline workers to undertake their duties

4.3 Learning and Development

- 4.3.1 The CSWO is a member of Social Work Scotland (SWS), the professional leadership body for the Social Work and Social Care professions. It is a membership organisation which represents Social Workers and other professionals who lead and support Social Work across all sectors. Membership is included from NHS, local authorities, third and independent sectors. SWS effectively do two things: (1) influence and advise on the development of policy and legislation; (2) support the development of the Social Work and Social Care professions.
- 4.3.2 The CSWO is active in overseeing the quality of services and is responsible for ensuring that Social Work staff are appropriately trained and supported to carry out their professional and statutory duties. This is undertaken in a number of ways including regular meetings between the CSWO and senior managers to discuss performance and other operational issues, fulfilling corporate governance requirements through the annual Internal Statement of Assurance and overall Governance Assessment Framework with the agreement of the Chair of the Social Work Resources Committee.

- 4.3.3 The CSWO actively promotes continuous improvement and evidence-informed practice, including the development of person-centred services that are focussed on the needs of the service-user. The CSWO also oversees the quality of practice learning experiences for Social Work students and effective workplace assessment arrangements in accordance with the SSSC Code of Practice. South Lanarkshire is a member of Learning Network West and cohorts of students are provided with placements annually across the Social Work Service. Each placement is supported by a Practice Teacher identified from the South Lanarkshire Social Work workforce.
- 4.3.4 The CSWO has a role in ensuring Learning Reviews take place as required. The outcome of Learning Reviews are published on South Lanarkshire Council's Adult Protection Committee and Child Protection Committee websites. Learning is crucial for staff across the Resource, with actions agreed and taken forward as a partnership as a result of reports published.
- 4.3.5 Staff are supported to undertake the Professional Development Award in Practice Learning, with six social workers completing the course in 2022-23. The CSWO made use of the part funding Scottish Government made available for staff to undertake the Diploma in Social Work and as a result of this one Family Support Worker in Children Services and one Social Work Assistant in Adults and Older People Services are completing the Post Graduate Diploma in Social Work. In 2022-23 Social Work Resources resumed providing Higher National Certificate (HNC) placements. In 2022-23 HNC placements took place in Children's Houses, Adult Residential Care and Day Support.
- 4.3.6 The Mental Health Officer Award is funded on an ongoing basis to enable the council to meet legislative obligations under the Adults with Incapacity (Scotland) Act (2000) and the Mental Health (Care and Treatment) (Scotland) Act (2003). A Staff Development Officer for Mental Health Services who is a trained Mental Health Officer provides support to meet the learning and development requirements within this service.
- 4.3.7 The South Lanarkshire University HSCP Learning and Workforce Development Group has a strategic overview of the learning and development activity that takes place across health and social care and ensures there is openness and transparency in relation to how training is organised and accessed by staff. The development of a Social Work Resource Learning and Development Plan is instrumental to this and contributes to supporting a learning culture.
- 4.3.8 Each Social Work service area has a learning and development pathway, which highlights the specific learning and development needs for individual staff; and, in addition to the pathways, there are service priorities for all staff within Social Work. These highlight any newly required or ongoing training needs and are presented at the Learning and Development Workforce Planning Boards. This includes inhouse training (virtual, e-learning and only, if necessary, classroom learning) and any externally purchased courses.

- 4.3.9 Learning and development requirements of individual staff members are identified through supervision and reflected in an Annual Performance Appraisal meeting. Additional training requirements are identified through the Corporate Learning and Development Team for Social Work Resources.
- 4.3.10 Social Work Resources supports evidence informed practice and in developing its research culture funds post-graduate courses to support staff with their learning and development. On an annual basis an agreed number of staff are supported to undertake Post Graduate Certificate qualifications. In 2022-2023 these included ASP, Child Welfare and Protection and Therapeutic Life Story Work.
- 4.3.11 The ongoing development of the Dementia Strategy details the level of input/training required for each sector of the workforce from 'Informed' through to 'Expert.' The programme continues to incorporate new members of staff and includes colleagues from other Council Resources and NHS.
- 4.3.12 Access to Management and Leadership Development training is available through Personnel services to all Social Work staff, in consultation with their line managers. Those who are either first time managers or who are looking to be promoted to a management post can also participate in the Management Induction and Development Programme delivered by the Social Work Learning and Development Team. This programme is specifically designed for social work staff. Staff wishing to develop their leadership skills are also encouraged to make use of SSSC Step into Leadership learning resources.
- 4.3.13 Registration within timescale for all staff within Social Work Resources is set out by the SSSC. Where staff have conditional registrations or where the achievement of appropriate qualifications is required, support is provided.
- 4.3.14 All newly qualified Social Workers meet with the relevant Staff Development Officer for a learning and development/Continuous Professional Learning (CPL) induction meeting to draw attention to the relevant learning and development pathway for their post, how to access training and ensure they understand their responsibilities in relation to post registration training and learning requirements. The support that is available in relation to the CPL is also explained.
- 4.3.15 The Adult and Older People's service provide mentors to newly qualified Social Workers for the first few months to help them as they settle into post.
- 4.3.16 Mentoring arrangements also support newly qualified MHOs (Mental Health Officer), and a Mental Health Officer Forum is held quarterly to facilitate learning and discussion regarding MHO practice, developments in legislation and the work of the Mental Welfare Commission. Training opportunities are promoted throughout the mental health service.
- 4.3.17 Within Children and Family teams we are committed to ensuring that newly qualified social workers are supported throughout their first year of practice. This includes individual and group support as well as a caseload that is built up incrementally over

several months. Furthermore, all Social Workers attend Practice Development Sessions which are regularly scheduled throughout the year. This time gives Social Workers the space to learn and reflect on practice.

4.3.18 The Justice Learning & Development Liaison Group completed a training needs analysis and identified the following areas of priority:

- MAPPA Risk Management Planning training
- Restorative Justice
- Harmful Sexual Behaviour 16–21-year-olds
- Structure Supervision (offence focused work modules)

Section 5: Looking Ahead

- 5.1 Funding and budgetary pressures remain challenging as a result of additional demand and increased costs of delivering services.
- 5.2 In March/April, staff from all service areas participated in a series of consultation and engagement events to consider redesign options that would enable services to continue to meet statutory demands alongside local and national policy ambitions. Children's Services has engaged with the Improvement Service to benchmark services and expenditure with other local authorities within the LGBF family group and use this information to consider alternative delivery models.
- 5.3 Community engagement and consultation continues to have an effective and direct impact on shaping service priorities for the future. Consultation feedback gathered for the development of the Strategic Commissioning Plan 2022-2025 included:
- The necessity of ensuring services and supports are fit-for-the-future to sustain core/statutory functions
 - The need for greater emphasis on early intervention, prevention and addressing inequalities
 - The imperative for developing and better joining-up activities and supports to improve mental health and wellbeing, and address addictions
 - The importance of increasing personal choice for individuals in their own care – and maximising independence in people's own homes and communities as far as possible
- 5.4 This work will continue to develop a consistent approach through all key stages of transitions, including:
- Accelerating the use of technology-enabled care
 - Improving access to mental health support in primary care through the Mental Health and Wellbeing Strategy
 - A commitment to Discharge Without Delay
 - Embedding Home First across the council area
 - Increasing the use and consistency of Self-directed Support (SDS)
 - Developing provision of intermediate care beds in the community (Blantyre LIFE)
 - Promoting carer support plans
 - More collaborative working to shape local housing provision.
- 5.5 All services including adult and older, children and justice are collaborating with Care Opinion, a non-profit, independent feedback website that helps service users share honest and anonymous stories about their experiences with our services.
- The process provides an evaluation tool specifically designed to consult and engage with service users promoting a culture of transparency, whilst feedback will give services a deeper understanding of the views and perspective of service users; support self-evaluation; assist in the design of services; and sharing of good practice.

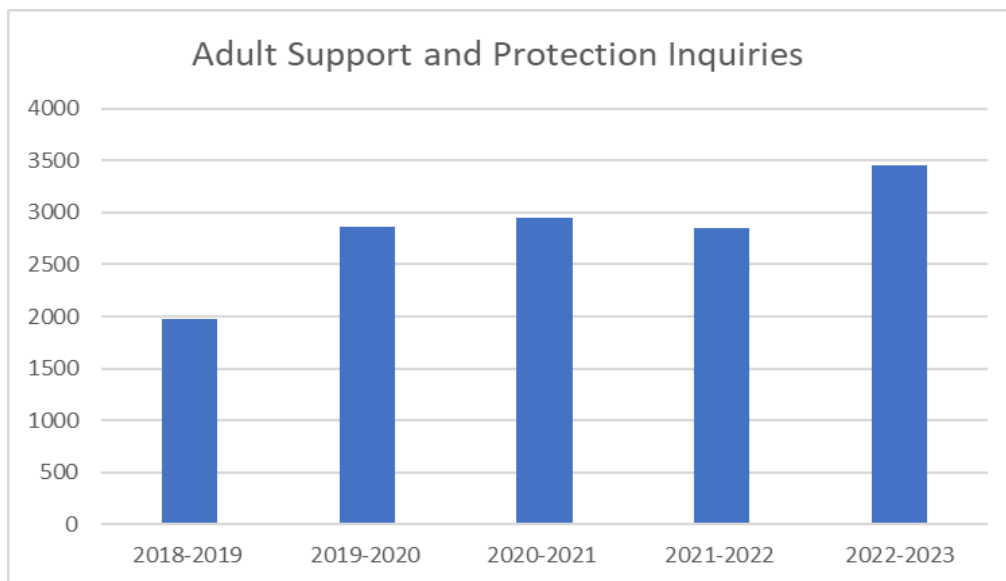
The public launch of Care Opinion is planned for Autumn 2023 with staff training and engagement having taken place early 2023.

- 5.6 The Resource has continued to reinforce capacity across all social work services to ensure it meets statutory requirements, increased demand and changes in complexity of service users. Recruitment and retention to the social care workforce for both qualified and paraprofessional roles continue to remain a challenge and is impacted further with an existing ageing workforce. The review of recruitment practices continues to extend with a flexible approach outlined within the partnership's Workforce Strategy to promote and encourage social care as a career choice.
- 5.7 The Lanarkshire Care Academy aims to better promote Social Care as a vocation in South Lanarkshire; reinforce and expand routes into a career in Social Care; and provide a much more explicit framework to enable the Council to 'grow their own' workforce to address workforce requirements. A Care Academy is already in place for North Lanarkshire, and that arrangement will be extended and developed on a Lanarkshire-wide basis building upon existing effective co-operation between both South Lanarkshire and North Lanarkshire HSCPs; joint working between the Councils and NHS Lanarkshire; and Lanarkshire-wide services "hosted" by each HSCP. Partners will work together to share learning and enable a more structured approach to address recruitment challenges and enhance capacity to meet increasing demands for services.
- 5.8 The Council already has a range of initiatives which fit into and enhance the Lanarkshire Care Academy, including the well-established Modern Apprenticeship Programme; the Council's Youth Employability Service and Foundation Apprenticeship programme; The GradU8 Programme; and professional apprentices. The Care Academy will support the commitment to Keep the Promise for care experienced children, young people and their families, promoting opportunities for routes into a career in Social Care and providing bespoke employability support to all care experienced young people who need it, whilst expanding the care experienced pilot Into Work program.
- 5.9 A newly Commissioning and Quality Assurance Team, established in April 2022, has focussed initially on the review of existing funding arrangements where the contract has expired. This work will continue to ensure services that require a renewed contract are commissioned in line with the SCP objectives and best value for the partnership.
- 5.10 The transformation of The Care at Home Service has seen full implementation of a new electronic scheduling system, Total Mobile. The system is bringing improvements to scheduling, the allocation of work and communication with staff and service users. An innovative development is also underway in partnership with Care at Home providers to develop an interactive mapping solution that will refine the way services are commissioned in neighbourhood areas, minimising travel time and increasing capacity to meet increasing demand.
- 5.11 Works commenced to implement a replacement Social Work Case Management IT System in 2022-2023. Following a successful tender and evaluation process,

Liquidlogic were awarded the contract in September 2022. A Programme Board has been established to progress implementation with an anticipated go-live in June 2024.

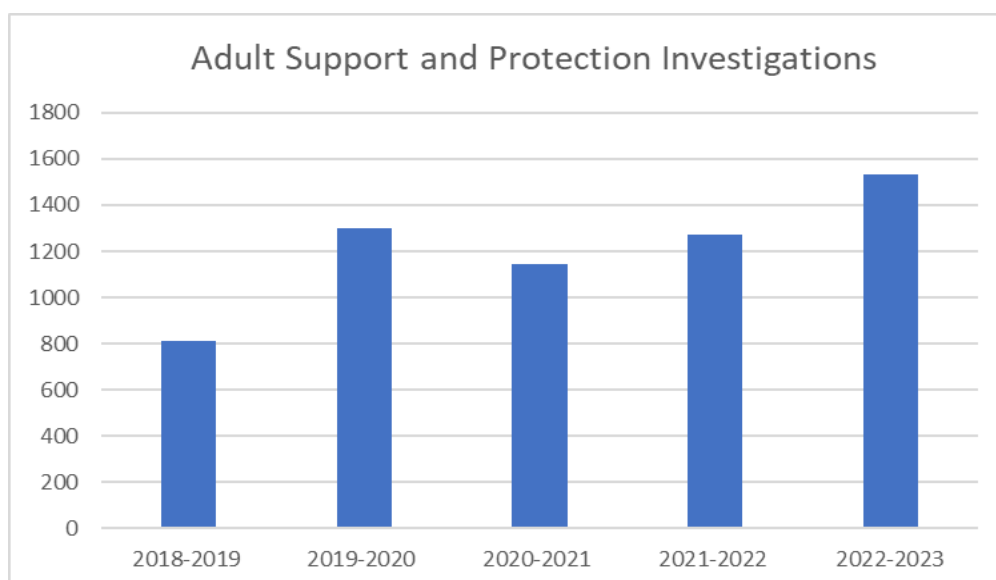
- 5.12 The implementation will bring about changes to our current practices and is expected to enhance efficiency, streamline processes, and improve overall performance. Staff will be supported to adjust to new practices with the training programme taking place at the beginning of 2024.

Appendix 1 Performance Data and Trends



Year	Number of Adult Support and Protection Inquiries
2018 - 2019	1970
2019 - 2020	2862
2020 - 2021	2948
2021 - 2022	2849
2022 - 2023	3449

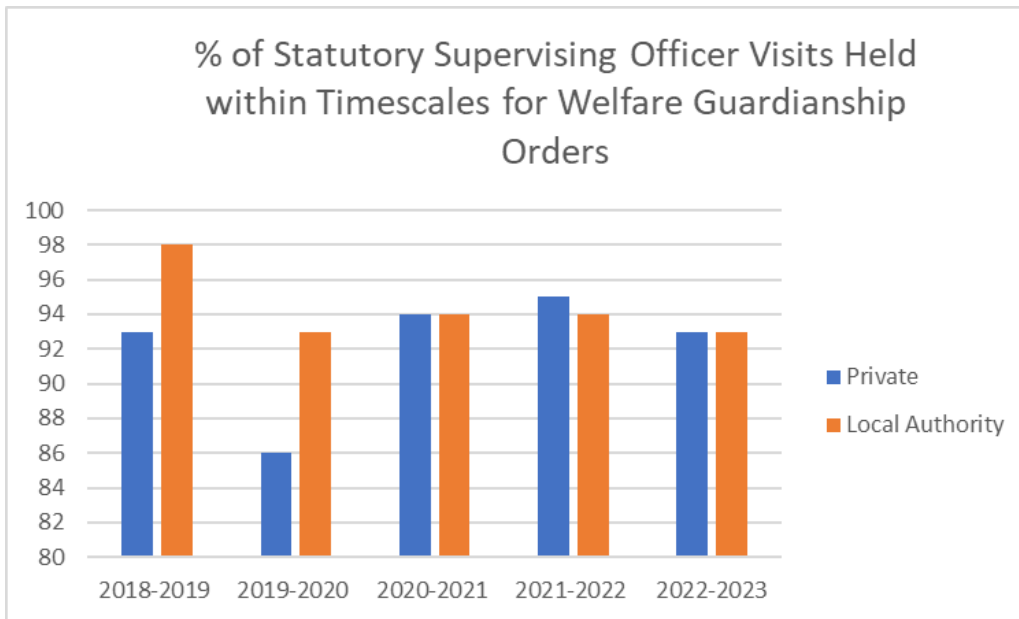
Source: ASP Annual Scottish Government Return



Year	Number of Adult Support and Protection Investigations
2018 - 2019	813
2019 - 2020	1300

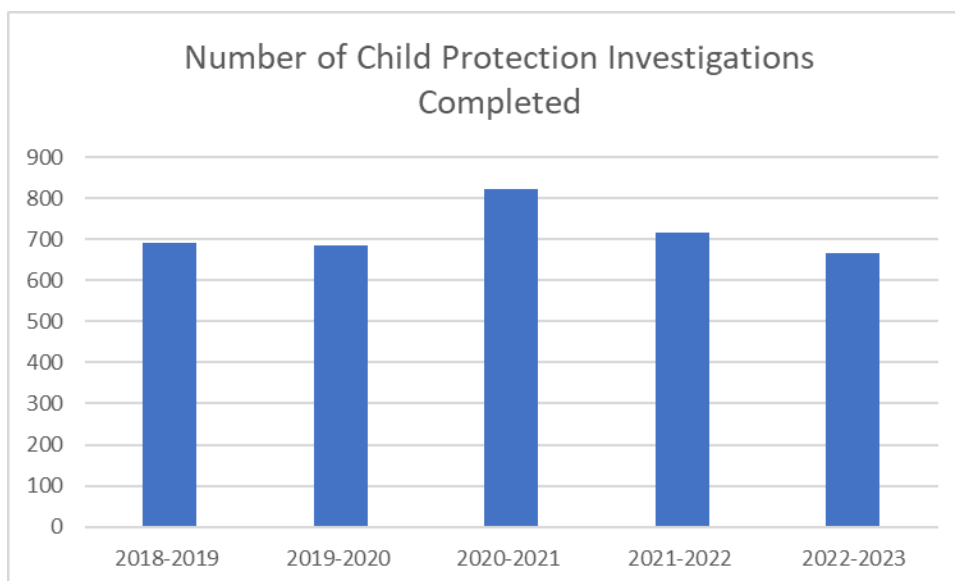
Year	Number of Adult Support and Protection Investigations
2020 - 2021	1144
2021 - 2022	1273
2022 – 2023	1533

Source: ASP Annual Scottish Government Return



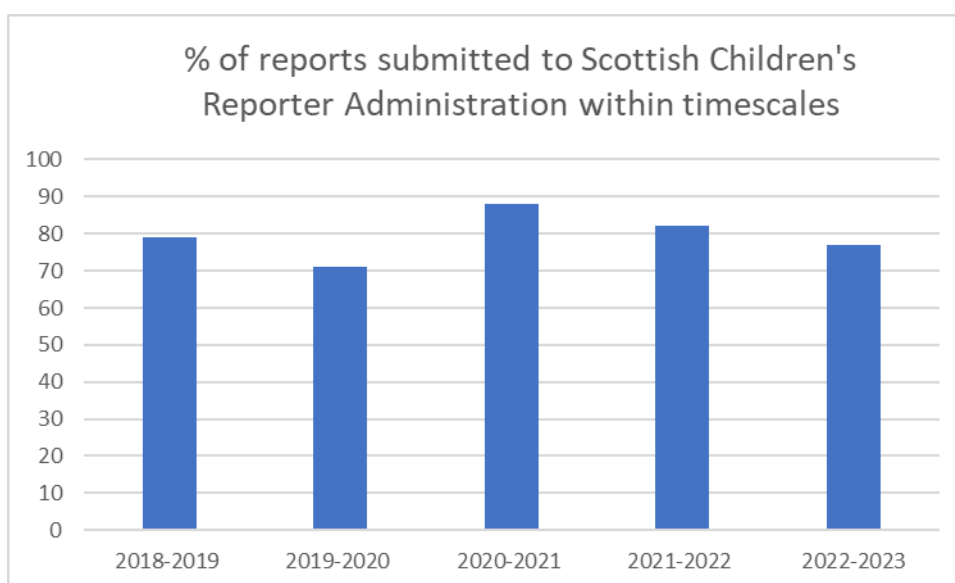
Year	Percentage of Statutory Supervising Officer Visits held within timescales for Welfare Guardianship orders – Local Authority (%)	Percentage of Statutory Supervising Officer Visits held within timescales for Welfare Guardianship orders – Private (%)
2018 - 2019	98	93
2019 - 2020	93	86
2020 - 2021	94	94
2021 - 2022	94	95
2022 - 2023	93	93

Source: Social Work Resource Plan, IMPROVe



Year	Number of Child Protection Investigations Completed
2018 - 2019	690
2019 - 2020	685
2020 - 2021	823
2021 - 2022	716
2022 - 2023	666

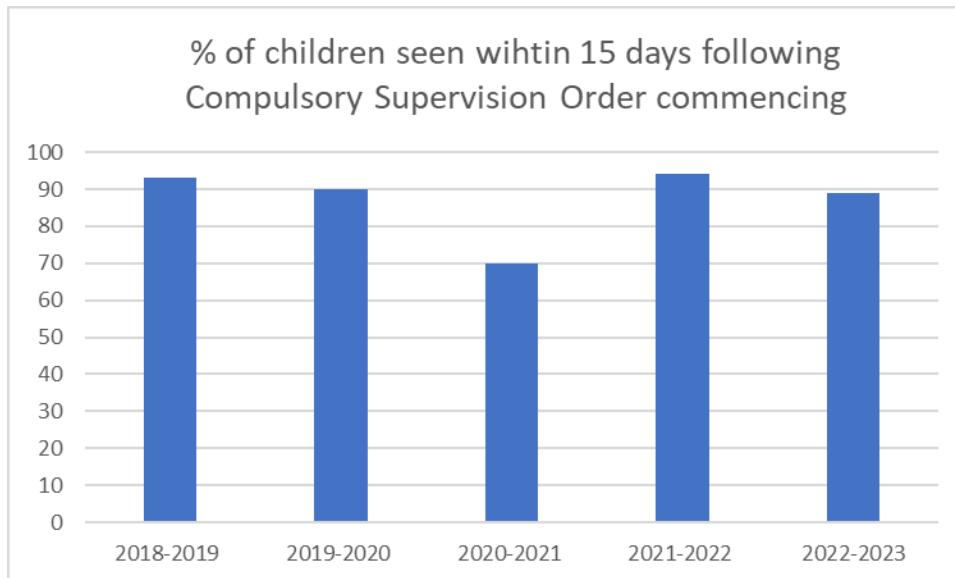
Source: Social Work Resource Plan, IMPROVe



Year	Percentage of reports submitted to Scottish Children's Reporter Administration within timescales (%)
2018 - 2019	79
2019 - 2020	71
2020 - 2021	88
2021 - 2022	82

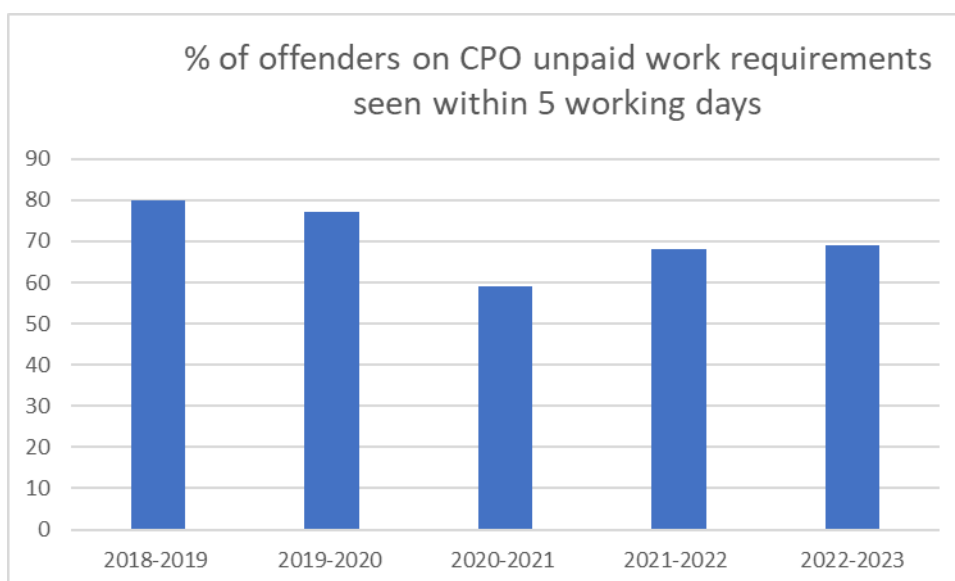
Year	Percentage of reports submitted to Scottish Children's Reporter within timescales (%)
2022 – 2023	77

Source: Social Work Resource Plan, IMPROVe



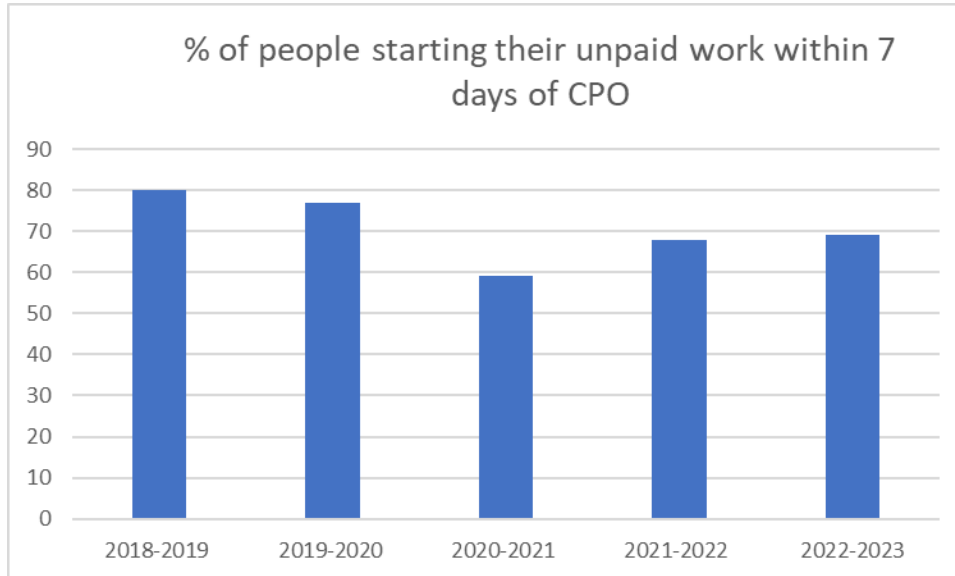
Year	Percentage of children seen within 15 days following Compulsory Supervision Order commencing (%)
2018 - 2019	93
2019 - 2020	90
2020 - 2021	70
2021 - 2022	94
2022 – 2023	89

Source: Social Work Resource Plan, IMPROVe



Year	Percentage of people on CPO unpaid work requirements seen within 5 working days (%)
2018 - 2019	80
2019 - 2020	77
2020 - 2021	59
2021 - 2022	68
2022 – 2023	69

Source: Social Work Resource Plan, IMPROVe



Year	Percentage of people starting their unpaid work within 7 days of CPO (%)
2018 - 2019	77
2019 - 2020	77
2020 - 2021	48
2021 - 2022	65
2022 – 2023	67

Source: Social Work Resource Plan, IMPROVe

Appendix 2: Care Inspectorate Gradings for Registered Services

Service		Latest Inspection	How well do we support people's wellbeing?	How well is our care and support planned?	How good is our setting?	How good is our staff team?	How good is our leadership?
Child and Family Services							
1	South Lanarkshire Council - Adoption Service	27/03/2023	4	5	NA	5	5
2	Supported Carers Service	22/01/2019	5	5	NA	5	5
3	South Lanarkshire Council - Fostering Service	27/03/2023	5	5	NA	5	4
Children's Houses							
4	Langlea Avenue	19/04/2022	5	5	5	5	5
5	Bardykes Road	29/07/2022	5	5	5	5	5
6	Rosslyn Avenue	13/05/2022	5	5	5	5	5
7	Hunters Crescent	29/04/2022	4	4	4	4	4
8	Station Road	19/05/2022	3	3	3	3	3
9	Hillhouse	30/06/2022	5	5	5	5	5
Care Homes – Older People							
10	Meldrum Gardens	01/11/2019	4	4	5	3	5
11	McKillop Gardens	01/07/2022	5	5	5	5	5
12	McClymont House	31/05/2022	5	5	6	5	5
13	David Walker Gardens	11/11/2022	5	5	5	5	4
14	Dewar House	25/01/2023	5	5	4	5	5
Day Services – Adult and Older People							

15	Lifestyle Lanark, Harry Smith Complex	12/08/2015	6	6	6	6	6
16	South Lanarkshire Lifestyles - Stonehouse	26/05/2017	5	5	5	4	5
17	South Lanarkshire Lifestyles - Fairhill	22/01/2019	5	5	5	5	5
18	Whitehill Day Centre	24/07/2018	5	5	5	5	5
19	Newberry Rooney	22/11/2016	5	5	5	5	4
20	South Lanarkshire Lifestyles - Carluke	19/05/2017	5	5	6	5	5
21	Meldrum House	05/06/2017	5	5	5	5	5
22	Saltire Neighbourhood Centre	22/05/2018	5	5	5	5	5
23	Harry Heaney Centre	10/05/2019	5	5	5	5	5
24	McClymont Resource Centre	05/08/2019	5	5	5	5	5
25	Lesmahagow Neighbourhood Centre	07/02/2017	5	5	6	5	5
26	Canderavon Neighbourhood Centre	16/02/2016	4	4	5	5	5
27	Jimmy Swinburne Resource Centre	15/05/2018	5	5	5	4	5
28	St. Andrew's Day Centre	24/07/2019	5	4	5	5	5
29	South Lanarkshire Lifestyles East Kilbride	13/12/2016	5	5	5	5	5
30	South Lanarkshire Lifestyles Eastfield	15/11/2017	5	5	5	5	4
31	Nisbet Centre	18/06/2019	5	5	5	5	5
32	Parkhall House	03/08/2018	5	5	5	5	4
33	Jenny MacLachlan Centre	19/01/2017	6	6	5	5	5
Care at Home Services							
34	East Kilbride Home Care Service	24/01/2020	4	4	NA	5	5
35	Hamilton Home Care Service	17/06/2021	3	3	NA	3	3

36	Rutherglen Home Care Service	24/11/2020	4	3	NA	4	4
37	Clydesdale Homecare	26/10/2018	5	5	NA	4	5

Home First Services

38	Home First (East Kilbride and Rutherglen)	Registered - 2/9/22
39	Home First (Clydesdale and Hamilton)	Registered - 2/9/22

Housing Support Services

40	Care and Support Service (North and South)	20/05/2019	4	4	NA	5	4
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Intermediate Care Services

41	Blantyre Life	Registered - 15/12/22
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Grades guide:

1 Unsatisfactory
2 Weak
3 Adequate
4 Good
5 Very Good
6 Excellent
NA – Not Assessed

If you need this information in another language or format, please contact us to discuss how we can best meet your needs.

Phone: **0303 123 1015**

Email: equalities@southlanarkshire.gov.uk

Report

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

Subject:	Preventing and Managing Frailty
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ present the Lanarkshire Strategy for Preventing and Managing Frailty 2023-2028

2. Recommendation(s)

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

- (1) to endorse the Lanarkshire Strategy for Preventing and Managing Frailty 2023-2028.

3. Background

3.1. Frailty is an age-related condition in which multiple body systems gradually lose their in-built reserves, resulting in an increased risk of unpredictable deterioration from minor illness and events. Frailty is estimated to affect around 12% of people aged over 65 years living in the community; and over half of adults aged over 85 years or in a hospital or care home setting.

4. The Lanarkshire Strategy for Preventing and Managing Frailty

4.1. A multi-disciplinary group has developed the attached strategy (Appendix 1), the main aim of which is that:

Every older person in Lanarkshire with, or at risk of, frailty is supported to be healthier, to remain independent for longer and to live their best lives. All partners work together, and with older people, unpaid carers, families and communities, to prevent, detect and delay escalation of frailty through proactive, personalised, coordinated support at home, or closer to home, and age attuned integrated acute and community services.

5. Employee Implications

5.1. The Strategy describes the importance of continuing to develop and enable a workforce fit for Frailty.

6. Financial Implications

6.1. This Strategy will be progressed within the financial envelope available to the services and specialties involved, and as part of the overall NHS Lanarkshire Transformation and Reform programme.

7. Climate Change, Sustainability and Environmental Implications

7.1. There are no implications for Climate Change, Sustainability or the Environment in terms of the information contained in this report.

8. Other Implications

8.1. This work directly impacts on a number of priorities within the IJB's Strategic Commissioning Plan 2022-25, including:

- Greater emphasis on early intervention, prevention and inequalities.
- Supporting carers.
- Promoting self-care and self-management including technology enabled care.

8.2. There are no other specific implications identified by this report

9. Equality Impact Assessment and Consultation Arrangements

9.1 An Equality Impact Assessment was completed as part of the development of the Strategy.

9.2. Strategy has been developed by an interdisciplinary group, with its membership including third sector and community representatives. The Strategy has also been informed by wider consultation undertaken by the partners, including the activity completed to inform the NHS Lanarkshire Our Health Together Strategy (which will be presented to a future meeting of the IJB).

10. Directions

10.1

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Professor Soumen Sengupta
Director, Health and Social Care

1 March 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- ◆ None

List of Background Papers

- ◆ None

Contact for Further Information

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

Trudi Marshall, Nurse Director, North Lanarkshire Health and Social Care Partnership
Email: Trudi.Marshall@lanarkshire.scot.nhs.uk

A Strategy for Preventing and Managing Frailty: 2024 – 2028

**Our Health
Together**

Living our Best Lives in Lanarkshire

Contents

- Foreword
- Why Frailty Matters
- How this strategy was developed
- Vision and Ways of Working
- Jeanie's Journey
- Key Touchpoints
 - Promoting wellbeing and independence
 - Planned and Proactive care
 - Urgent care
 - Enhanced support in care homes
- A Workforce Fit for Frailty
- Realising our Vision
- References

Foreword

Medical advances and changes in the way we deliver care mean people in Lanarkshire can now expect to live longer. Evidence suggests that by 2030 the number of people aged 85 and older in Lanarkshire is set to increase by 24%.

Longer life expectancy is good news, however we still see inequalities in life expectancy and years lived in good health across our communities. This is a gap we are working to close.

Engagement with our patients and service users tells us that many people fear old age as it is associated with disease and disability. While the occurrence of disease increases with age, the actual aging process is not the main cause of diseases that result in frailty.

Some diseases can seem to be related to the ageing process, however many of the diseases associated with old age are preventable. The main reason disease happens more commonly as we age is that with each passing decade we are exposed to risk factors in our lifestyle and environment that cause disease.

However, these risks can be reduced at any age, no matter how old a person is. This means that frailty is not a certain part of ageing. Effective prevention, early recognition and management requires us to have a consistent approach that we use to work in partnership with the people of Lanarkshire.

This strategy outlines our commitments to work together across health, public health, social care, community and voluntary organisations to help local people to age well and live longer in good health.

We want people to remain healthy, active and connected with their communities. To support this, we will work together to deliver services that focus on the individual and are inclusive, and recognise and value the important role that families and carers play.

Together we will promote age friendly communities and design a health and care system that is well informed and focused on prevention and management of frailty. This will, ultimately, play a key role in tackling and reducing inequalities through population health management.

This strategy for preventing and managing frailty supports our vision for Healthy Ageing and Living our Best Lives in Lanarkshire.

Why Frailty Matters

Improvements in healthcare and in tackling some social and economic factors contributing to health means people are living longer. This is good news. However, we don't just want to add years to our lives. We all want to enjoy good quality health and wellbeing in later life. In other words: Healthy Ageing.

The United Nations Decade of Healthy Ageing (2021-2030) aims to add life to years and create fairer, healthier and happier communities.ⁱ The priority goals are tackling ageism, creating age-friendly environments, creating integrated and responsive health and care systems and services, and ensuring access to long-term care for older people who need it. These four goals resonate with our vision in Lanarkshire for **Healthy Ageing and Living our Best Lives**.

Many older people are currently living with multiple physical and mental health conditions. They are more likely to experience **frailty** – an age related condition in which multiple body systems gradually lose their in-built reserves, resulting in an increased risk of unpredictable deterioration from minor illness and events.ⁱⁱ Frailty affects around 12% of people aged over 65 years living in the community and over half of adults aged over 85 years or in a hospital or care home setting.ⁱⁱⁱ Older people living with frailty often experience one or more of these five common syndromes:

- ❖ Falls (e.g. collapse, legs give way, found lying on the floor)
- ❖ Immobility (e.g. sudden change in mobility, 'gone off legs', stuck on toilet)
- ❖ Delirium (e.g. acute or worsening of pre-existing confusion or memory loss)
- ❖ Incontinence (e.g. new onset or worsening of urinary or faecal incontinence)
- ❖ Medication-related harms

People with frailty are at increased risk of experiencing harm (including from healthcare interventions) and a disproportionate loss of functional ability from even minor illness. The consequences of escalating frailty are adverse outcomes such as disability and its consequences, frequent hospital admissions and increasing demand for long-term social care support.^{iv v} Many people with frailty will have cognitive impairment or dementia and vice versa, increasing the complexity of their care and support needs.

If we don't change the way we support older people as they age, we can anticipate a dramatic increase in frailty-related disability and dependency, escalation of health and social care costs and of the human and economic costs of unpaid caregiving, and a negative impact on survival and quality of life.^{vi} However, frailty is not an inevitable consequence of ageing. It is potentially reversible, especially in the early stages.

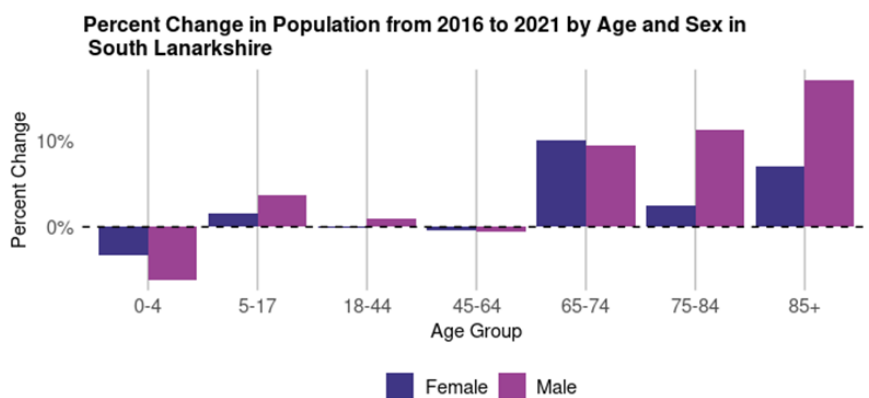
Frailty has a range from mild to severe and its consequences can be avoided, delayed or reduced if frailty is prevented and managed well at key touchpoints across the health and social care system.^{vii} Creating age friendly environments and communities where people age well, and designing a health and care system where frailty is prevented, delayed, and managed effectively are sound investments in human and economic terms.^{viii} In a 'frailty informed' system, older people and all who support them will understand the impact that even a minor illness may have on functional ability and cognition. Through shared decision making, they will thoughtfully consider the balance of risk and benefit from each intervention, including a decision to admit to hospital.

This strategy for preventing and managing frailty describes the actions we will take to realise our vision for Healthy Ageing and Living Our Best Lives in Lanarkshire.

Profile of Ageing in Lanarkshire

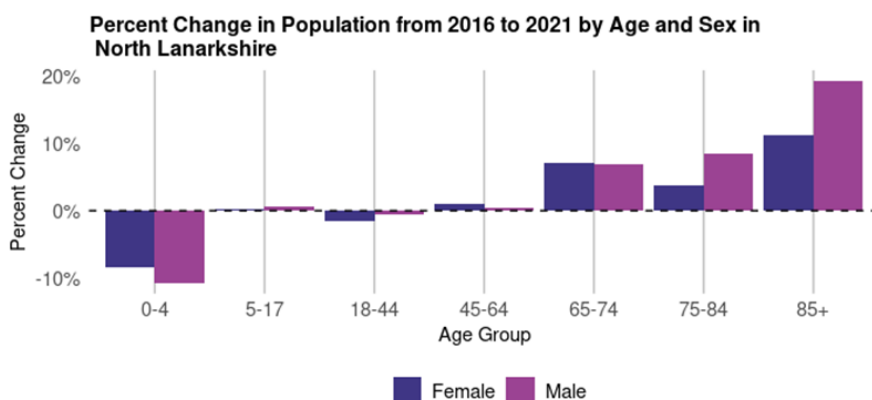
Both North Lanarkshire and South Lanarkshire Health and Social Care Partnerships (HSCPs) have seen significant increases in the population aged over 65 years with a much higher growth in those over 85 years as illustrated in Figures 1 and 2.

Figure 1



Source: National Records Scotland

Figure 2



Source: National Records Scotland

As they age, people are more likely to have a long term condition (LTC), as shown in figures 3-6.

Figure 3 South Lanarkshire

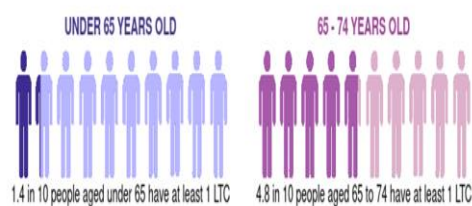


Figure 4 North Lanarkshire

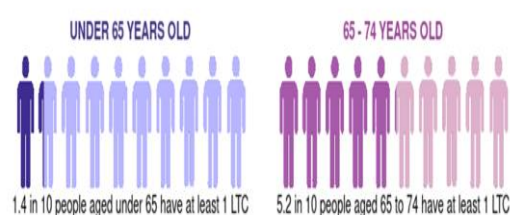
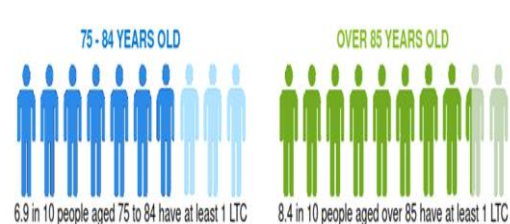
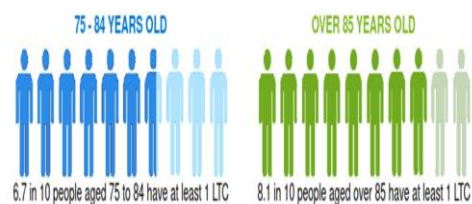


Figure 5



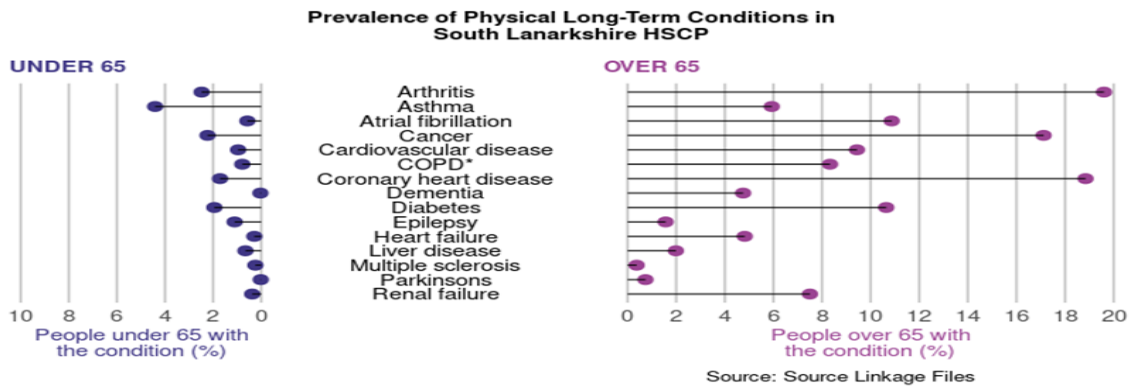
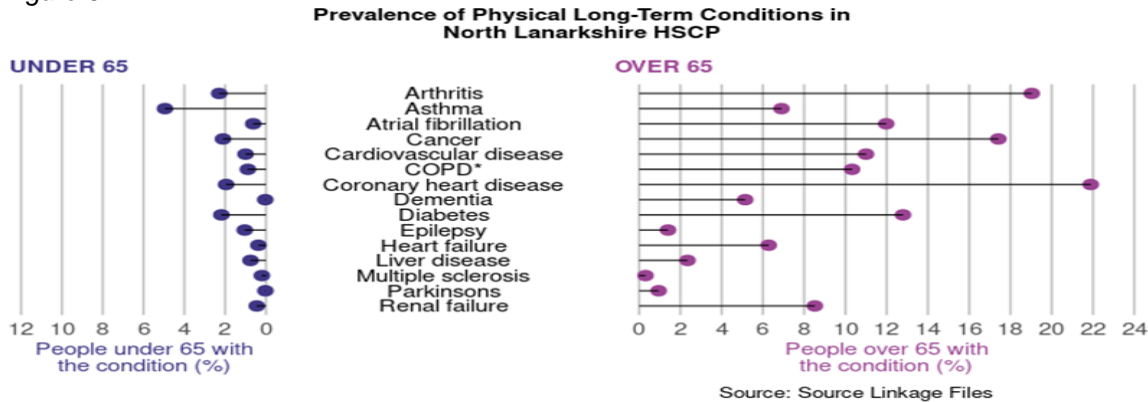


Figure 6



Compared to younger adults, older people with LTCs are more likely to have multiple LTCs (MLTCs), known as multi-morbidity (figures 7 and 8).

Figure 7

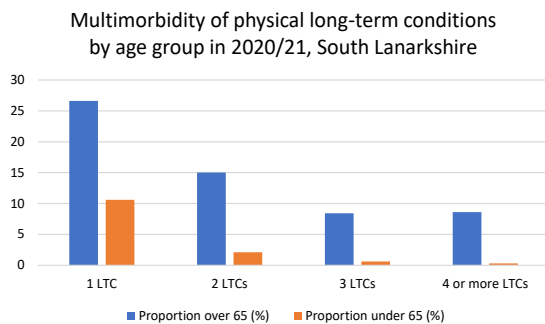
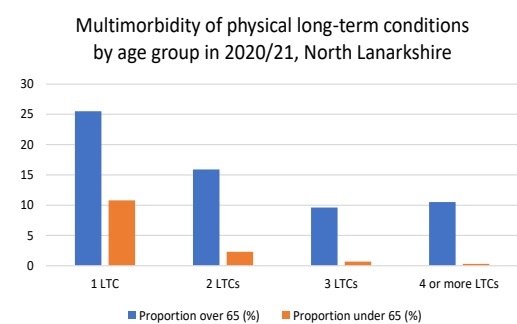


Figure 8



Having MLTCs increases the level of clinical complexity, particularly if the conditions are associated with a degree of frailty. Therefore, older people are more likely to experience health crises that result in attendance at A&E (figures 9 and 10) or emergency admission to hospital.

Figure 9

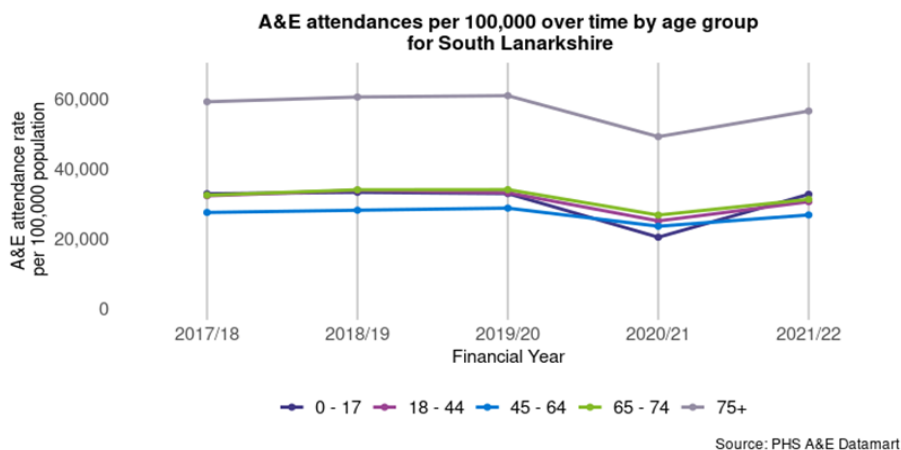
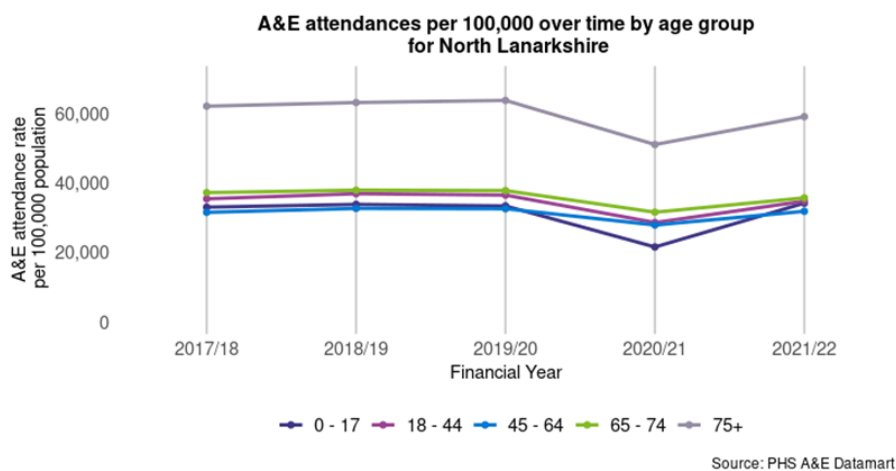


Figure 10



Compared to younger adults, when older people are admitted to hospital, their hospital stay is often longer (figures 11 and 12), associated with a delay in discharge (figures 13 and 14) and a higher risk of readmission (figures 15 and 16).

Figure 11

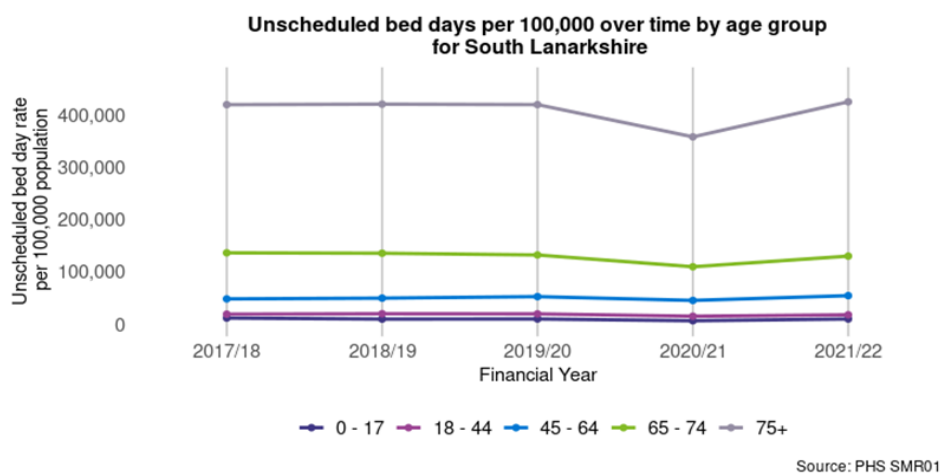


Figure 12

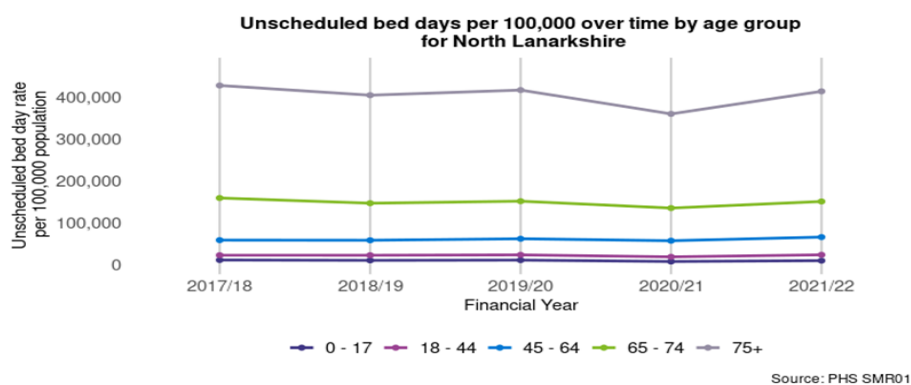


Figure 13

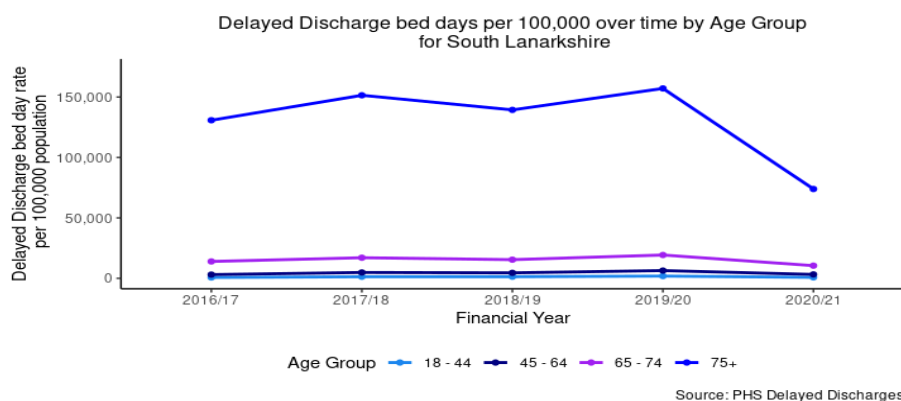


Figure 14

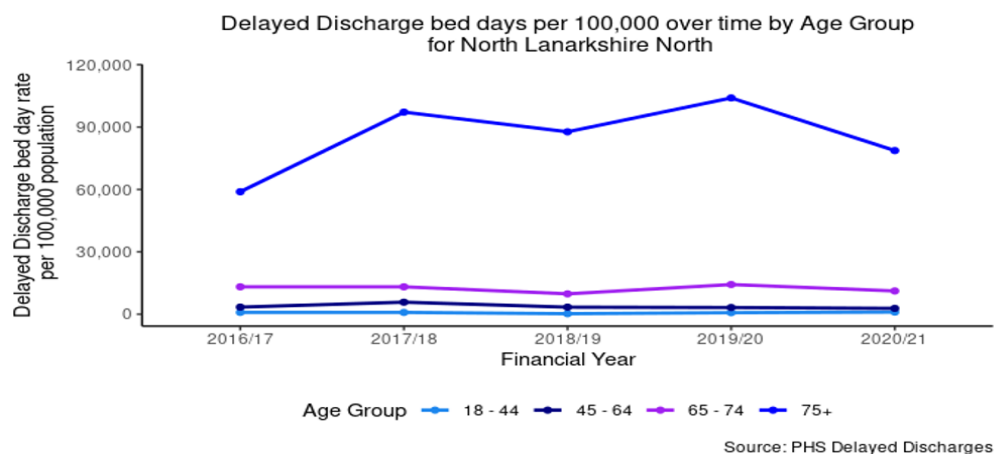


Figure 15

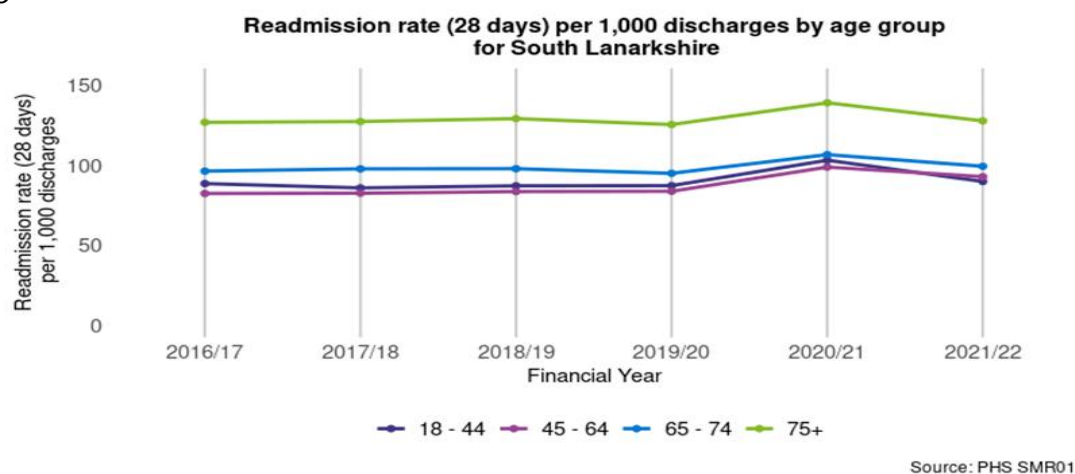
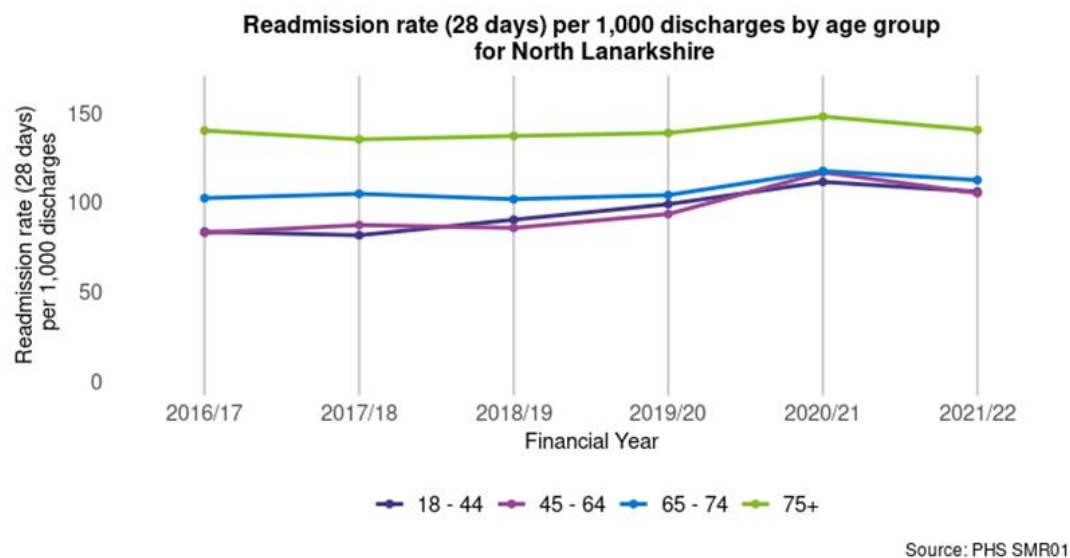
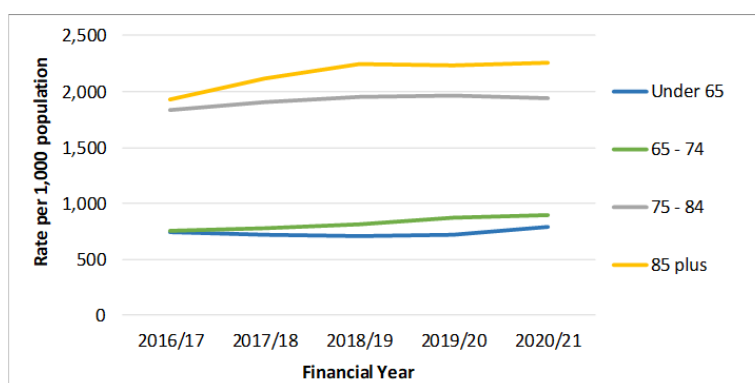


Figure 16



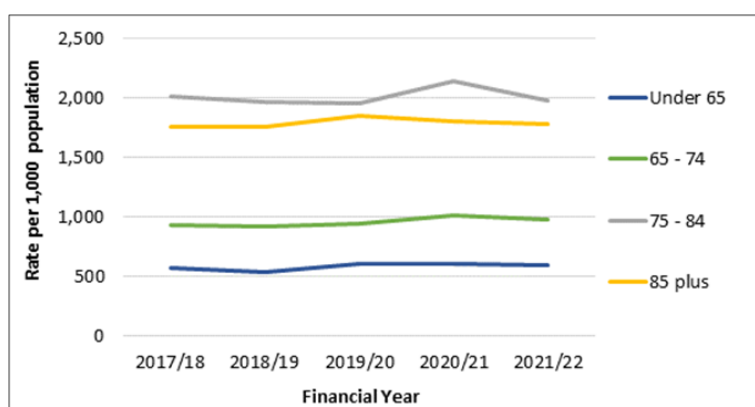
Older people are more likely to require regular support from unpaid carers and formal social care support at home (figures 17 and 18).

Figure 17 Rate per 1,000 population of South Lanarkshire care at home users by age group and financial year



Data Source: SWiSplus, South Lanarkshire Council

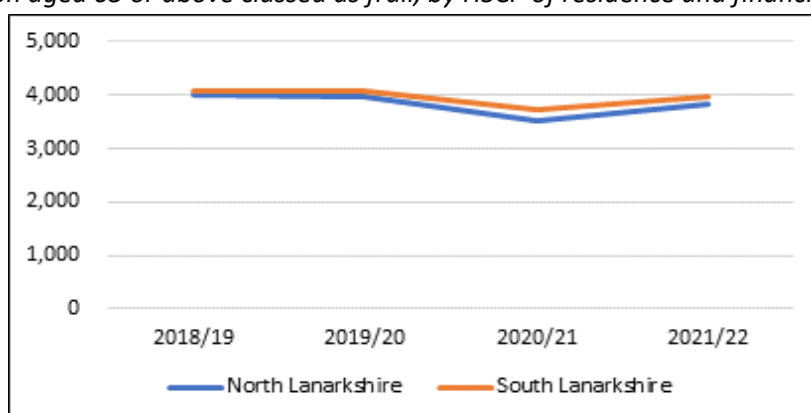
Figure 18 Rate per 1,000 population of North Lanarkshire care at home users by age group and financial year



Data Source: mySWIS, North Lanarkshire Council

Older people are also the main users of primary care, community services, rehabilitation, residential care and palliative and end of life care services. Figure 19 estimates the proportion of adults over 65 years in Lanarkshire who are living with different levels of frailty.

Figure 19: Population aged 65 or above classed as frail, by HSCP of residence and financial year



Data Source: Source Linked Dataset, Public Health Scotland

Notes: The PHS Source linked dataset includes the following datasets: Acute (SMR01) discharges inc. Geriatric Long Stay; Maternity (SMR02) discharges; Mental Health (SMR04) admissions & discharges; Outpatient (SMR00) appointments; A&E attendances; Community Prescribing (PIS) (limited data); GP Out of Hours; Delayed Discharges; Non-service-users; Community Health Activity – Mental Health; NRS death registrations.

The population classed as frail is based on the frailty demographic cohort, contained within the PHS Source linked dataset. The population is classified to one demographic segment. These segments are ranked based on the level of health care need.

1. End of Life
2. **Frailty**
3. High Chronic Conditions
4. Maternity and Healthy Newborns
5. Mental Health
6. Substance Misuse
7. Medium Chronic Conditions
8. Low Chronic Conditions
9. Adult (18+) Major Conditions
10. Child (0-17) Major Conditions
11. Healthy and Low User
12. Non-Service User

This ranking is important for allocating individuals to segments. For the first 8 segments, it is possible for individuals to qualify initially for more than one group. For example, someone with frailty who dies within the year would also qualify for the End of Life cohort. Where someone has qualified for two or more segments they are assigned to the population segment which represents their highest need for health care in the year. Hence this individual would be assigned to the End of Life segment.

The population classed as frail in figure 19 is based on the frailty demographic cohort for people aged 65 or above. Please note this excludes people who have deceased within the financial year as these people are counted in the End of Life cohort.

The definition of the frailty demographic cohort:

- People who were admitted to Geriatric Long Stay (significant facility 1E) or Geriatric Medicine (specialty AB); or had one of the following diagnoses (F00-F03, F05, G20, G21, G22X, I61, I63, I64, R268, W00-W19).

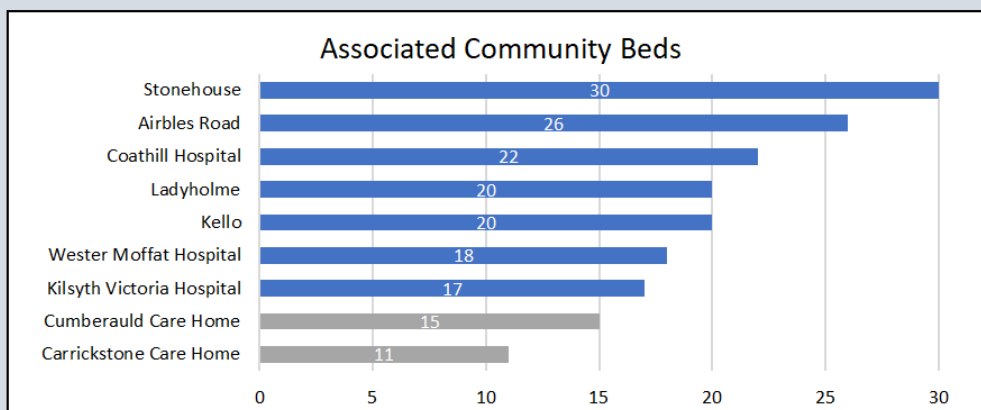
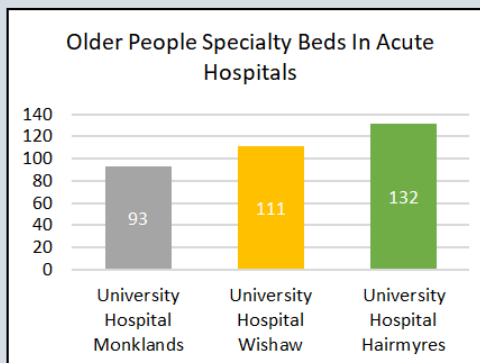
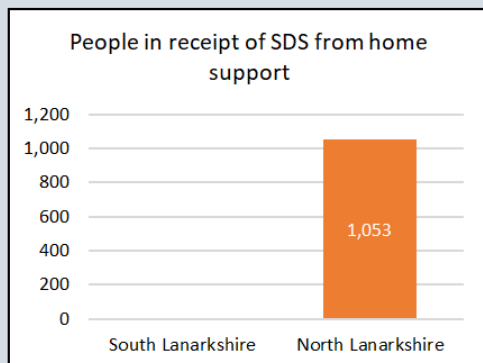
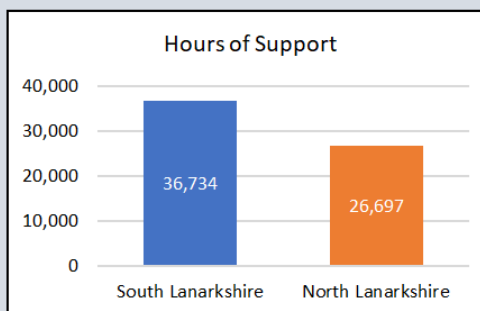
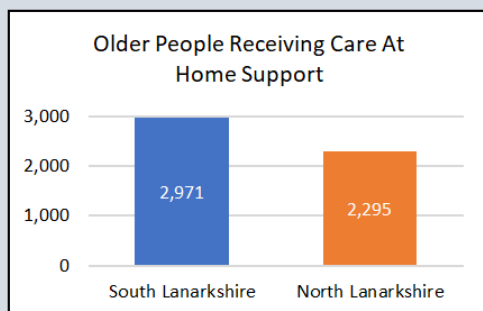
Note: No primary care data is included in identifying the frail population using this methodology.

Many older people themselves contribute support and care as unpaid carers and volunteers. Figure 20 presents a snapshot of supports and services used by older people in Lanarkshire at November 2023.

The profile of services used by older people in Lanarkshire as at November 2023

3,631 Residents in **81** Care Homes

Older People Hospital At Home Capacity **90**

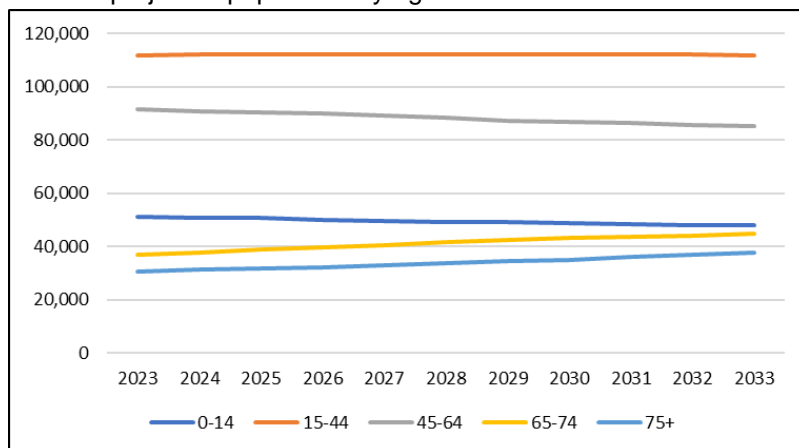


= Legacy contracted beds

Projected Future Demand for Services

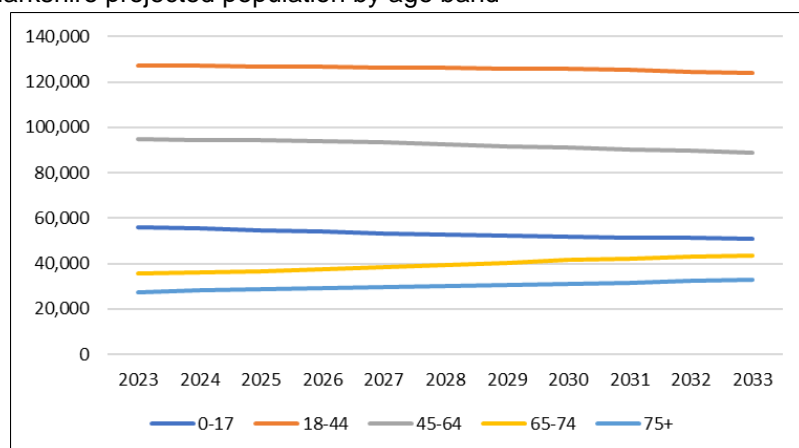
The population aged over 75 in South Lanarkshire is expected to increase by 24% in the next decade, with North Lanarkshire over 75's expected to increase by 20%, as illustrated in figure 21 and 22.

Figure 21: South Lanarkshire projected population by age band



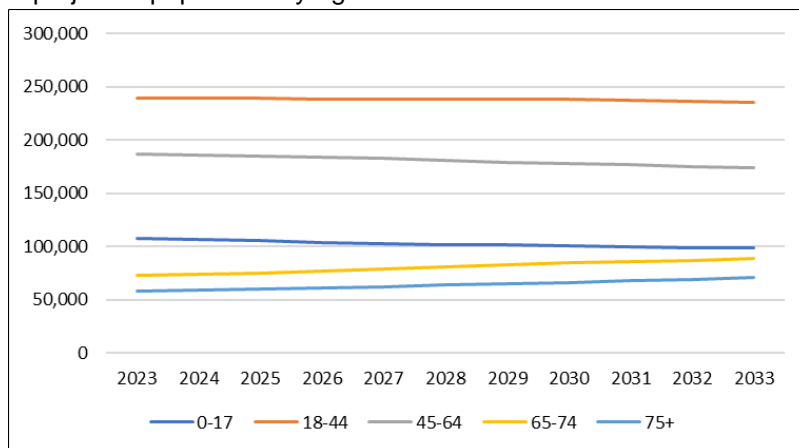
Data Source: National Records of Scotland population projections

Figure 22: North Lanarkshire projected population by age band



Data Source: National Records of Scotland population projections

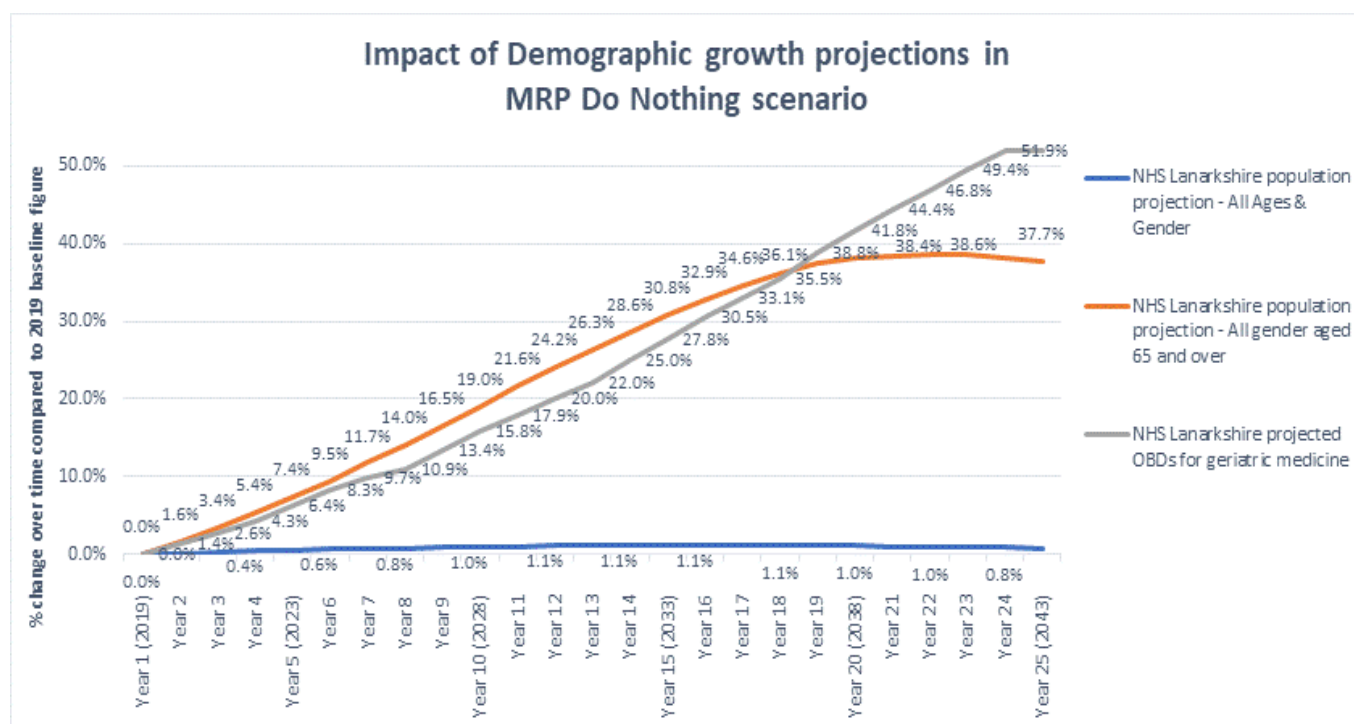
Figure 23: Lanarkshire projected population by age band



Data Source: National Records of Scotland population projections

Data analysed for the University Hospital Monkland rebuild programme (MRP) projects a significant growth in demand for local hospital services over this period. The highest projected growth is for the geriatric medicine specialty, with a steady growth in the oldest old increasing the demand for inpatient beds year on year (figure 24).

Figure 24: Impact of Demographic Growth Projection in Monkland Rebuild Programme 'Do Nothing' Scenario



This trend would be mirrored at the other Lanarkshire acute hospitals. Without a shift in the way we plan and deliver care for the growing number of older people with MLTCs and frailty, the projected increased requirement for acute care will be matched by an increase in need for care at home as well as primary care, community services, rehabilitation, residential care and palliative and end of life care. This comes at a time when we are facing many challenges in recruiting and retaining our workforce.

Older people are the main users of both emergency and planned care, meaning work in these areas must consider the specific needs of older people with frailty. We will ensure this strategy informs and supports the work of these groups and emerging plans for people living with long term conditions, cancer, dementia, falls, and palliative and end of life care, and builds on the commitments of the Strategic Plans for the North and South Lanarkshire University HSCPs.

How this Strategy was developed

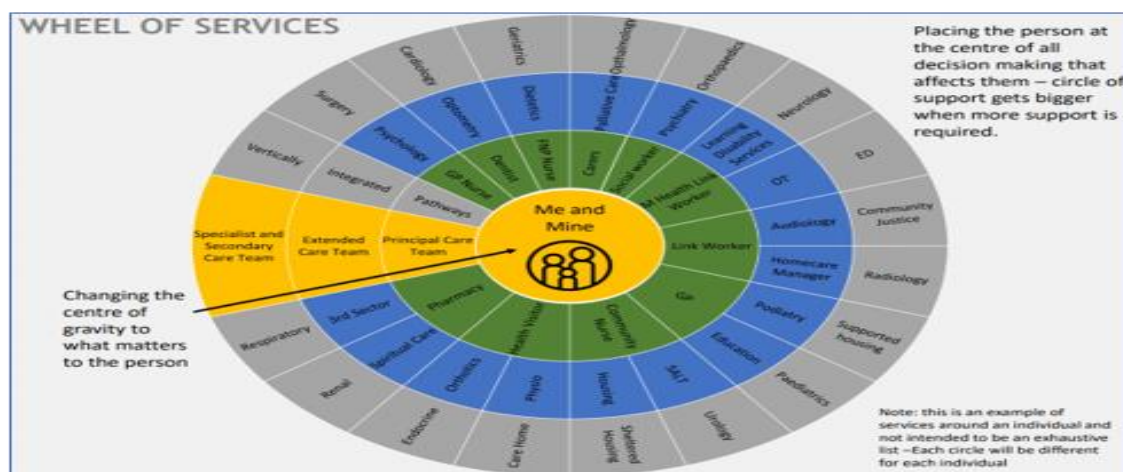
This strategy has been developed by an interdisciplinary and cross sector group chaired by the Nurse Director, University Health and Social Care North Lanarkshire. Membership included:

- University HSCPs: Heads of Health, medical, nursing and AHP representation.
- Acute: Clinical Leads COTE, Hospital at Home, operational and nursing leads.
- NHSL Corporate: Public Health, Health Improvement, planning leads, staff-side, EDI lead.
- Third sector representatives including older people and carer advocacy.
- Community representatives.
- Local Authority representatives.

Members of the strategy group engaged with their respective networks and formed five short life working groups to explore what changes are required at different parts of the system to improve how we work together to prevent and manage frailty. The five working groups sense-checked and further developed their proposals through six whole system stakeholder events hosted between August 2022 and March 2023. Detailed work on acute services was developed further through Operation Flow task and finish group five.

In developing their Strategic Plans, both North and South Lanarkshire University HSCPs involved local communities, older people and carer representatives. We have drawn heavily on this lived experience and on recent engagement by North Lanarkshire's Getting It Right for Everyone (GIRFE) Pathfinder for older people and frailty. GIRFE places the person at the centre of all decisions that affect them to achieve their best outcomes, through a joined-up, coherent and consistent multi-agency approach (Figure 23).^{ix}

Figure 23



This Strategy embraces the **GIRFE five key principles**:

1. Focused on individual care needs
2. Based on an understanding of the physical and mental well-being of individuals in their current situation
3. Based on early intervention
4. Requires joined-up working/information sharing
5. Based on a human rights approach

Vision and Ways of Working

Vision

Every older person in Lanarkshire with, or at risk of, frailty is supported to be healthier, to remain independent for longer and to live their best lives. All partners work together, and with older people, unpaid carers, families and communities, to prevent, detect and delay escalation of frailty through proactive, personalised, coordinated support at home, or closer to home, and age attuned integrated acute and community services.

Ways of Working

Promoting Health and Wellbeing

- We will work with Public Health and community partners to build social capital, community assets and create inclusive, compassionate, age and dementia-friendly communities
- We will deliver wide and inclusive public messaging on healthy ageing and wellbeing in later life
- We will ensure systematic identification of frailty in all care settings to allow early intervention through a proactive, anticipatory and enabling approach, avoiding crisis wherever possible
- We will enhance digital inclusion with community partners and use technology to support older people to remain well and independent in the place they call home for as long as possible and to mitigate deterioration and complications

Tackling Inequalities

- We will ensure non-discrimination on the basis of gender, age, ethnicity, sexuality, physical function, cognitive ability, social or economic circumstances or place of residence - so all people experiencing frailty access the right care, at the right time, in the right place
- We will co-design services with older people, families and carers for inclusion and equity and to recognise and mitigate health inequalities across communities and all life stages
- We will involve carers as equal partners and offer information and support to support carers to remain well and reduce carer strain
- We will build confidence and capability for comprehensive person centred assessment relevant to their role for all disciplines and in all care settings

Delivering Sustainable Healthcare

- We will scale up proactive future care planning and support for people with frailty in each locality, working together to plan and coordinate care, support wellbeing and optimise independence
- We will deliver high-quality emergency care attuned to the needs of older people with frailty with a specific focus on the first 72 hours through pathways that fully integrate urgent community response, short term hospital level care at home, and acute assessment in hospital
- Urgent community response in all localities will be well aligned with goal oriented reablement, intermediate care and rehabilitation that enable people to regain their independence
- All hospitals teams will plan for discharge from admission, take actions to reduce deconditioning, identify and manage delirium and work with community partners to reduce length of stay and improve transitions of care
- Outpatient and ambulatory care models will be accessible for older people and offer same day, 'one stop' and virtual options for pre-assessment, assessment and follow up consultations that value patient, carer and staff time and reduce carbon footprint
- We will enhance healthcare support for residents in Lanarkshire care homes

Jeanie's Journey

The Strategy considers what we need to do at specific system Touchpoints to improve outcomes for people such as Jeanie, for her family and for the health and care system.

Jeanie is 81 years old, a widow who lives alone and is independent but uses a stick to walk outside. She has high blood pressure, hypothyroidism, pernicious anaemia, osteoarthritis and cataracts in both eyes and takes eight different medicines. She attends the practice nurse every three months for blood pressure checks. Jeanie used to play bowls regularly and get the bus to the shops with her friends but recently stopped doing these activities as her eyesight is failing. She missed her optician appointments during the pandemic. She feels less steady on her feet and is afraid she may fall. Now she generally only goes out with her family in their car.

One afternoon she went out to the shops alone to buy a birthday gift for her daughter. Unfortunately, she tripped over a paving slab and fell. She was shaken but thankfully was not badly hurt. A passing driver took her home. Jeanie called her GP surgery and was given an appointment for a check-up with the nurse who referred her to a local exercise class. However, Jeanie didn't want to go along on her own. She still felt stiff and sore from her fall. She began to spend more time in bed and couldn't be bothered cooking. As the weeks went by Jeanie became more anxious and depressed, felt weaker and struggled to get up and down the stairs at home.

Jeanie's daughter visited one weekend and found her mum to be muddled, unable to get out of bed, and had been incontinent. She called 111 and Jeanie was referred to hospital. Doctors in A&E diagnosed a chest infection and delirium as a complication of her immobility. Jeanie was admitted to hospital after some hours waiting for a bed. The only bed available was in a surgical ward.

Jeanie improved after a few days of antibiotics and fluids and was given a walking aid and helped to mobilise again. She wanted to return home but her daughter was worried that the same issues may recur. She had caring responsibilities for her own grandchildren and asked if it would be better to think about Jeanie moving into a care home. Jeanie's return home was deferred until a full assessment could be carried out. Unfortunately, while undergoing rehabilitation and assessment in the ward, Jeanie fell and sustained a hip fracture. Progress after surgery was slow, complicated by recurrent urine infections and another episode of delirium. The whole team were unsure if Jeanie would be able to return home now.

- What could help Jeanie stay well and remain independent for longer?
- How might proactive care and early intervention delay her health decline?
- What could support her care at home / timely return home in a crisis?
- What enhanced support will she need if she moves to a care home?
- How can we build a workforce that is fit for frailty?
- How can we create the conditions for more collaborative working together?

Promoting wellbeing and independence

Ageing well enables older people to achieve the things they value, fosters their ongoing social participation, helps to prevent isolation and has much broader benefit for our society and local communities.^x Those with the least resources or who live in the poorest areas are most at risk of poor health.^{xi} Poor health in later life can also take a heavy toll on unpaid carers and families. Achieving good health outcomes requires much more than just good healthcare. Affordable transport, easily accessible streets, buildings and green spaces, supportive age friendly communities, social connections and opportunities to participate are all crucial to wellbeing in later life.

Modifiable risk factors for frailty are also risk factors for dementia so a preventative approach will impact on both conditions.^{xii} Loneliness and social isolation are associated with higher mortality, increased risk of heart disease, stroke, high blood pressure, depression and suicidal thoughts, and contribute to frailty and dementia risk as much as physical inactivity.^{xiii} Regular exercise, particularly strength and balance training, reduces falls and slows progression of frailty.^{xiv} People with communication, cognitive, sensory or physical impairments may need tailored support to take part in physical activity and to access other key interventions such as influenza, pneumococcal and Covid-19 vaccinations. Inadequate nutritional intake is an important modifiable risk factor for frailty and falls and is highly influenced by social determinants such as poverty, food insecurity and social networks.^{xv}

What we are doing now:

- ❖ Locality Planning Groups for Frail Elderly and LTC (FELT)
- ❖ Comprehensive immunisation programmes that target older people
- ❖ Community Solutions programme in North Lanarkshire
- ❖ Training in community led support and asset based community development
- ❖ Third sector and community partners support our workforce to co-produce care and support with a more holistic, person centred and inequalities focus
- ❖ Social prescribing support, GP link workers and development of community assets and third sector capacity and resources for health and wellbeing
- ❖ Carer Support Link Workers based within Acute Hospitals offer staff training in holistic needs assessments for patients and their carers
- ❖ Investment in technology enabled care with initiatives such as Making Life Easier app and website in North Lanarkshire, and the Locator tool in South Lanarkshire
- ❖ Blantyre Life campus for technology enabled housing with care services
- ❖ Use of telecare and assistive technologies across both HSCPs
- ❖ Exercise prescriptions for leisure services and NatureScot: Our Natural Health Service
- ❖ Working with library services on information and support for self-management
- ❖ Implementing Lanarkshire's strategy to prevent falls and fractures
- ❖ Collaboration with Scottish Fire and Rescue service on home safety visits
- ❖ South Lanarkshire Council has committed to being an Age Friendly Council

What we will do more of:

- ❖ Support staff to have strength based, good conversations on **What Matters to You** with information, advice and resources for healthy ageing and self-management
- ❖ Improve staff awareness and confidence to refer/signpost to community, CVS partners and NHS services such as smoking cessation and exercise programmes
- ❖ Use information from all partners to ensure preventative supports and services reach older people who are at greatest risk of frailty, addressing current inequity of access
- ❖ Develop a Lanarkshire-wide cross sector "good practice" and information sharing forum on healthy ageing and preventing frailty involving voluntary sector, primary care, community and acute staff

- ❖ Ensure the appropriate CVS organisations and statutory staff are linked into Locality Planning Groups for Frail Elderly and LTC (FELT)
- ❖ Link people at risk of frailty and people living with frailty more quickly into community supports which will benefit their mental and physical wellbeing, reduce social isolation and enable them to develop wider social networks
- ❖ Increase investment in Social Prescribing with longer term financial support to CVS partners so that initiatives can be scaled up and embedded in communities
- ❖ Provide more information, advice, education and support for unpaid carers to stay well and continue in their role
- ❖ Build on established community and intergenerational assets and networks
- ❖ Promote use of Making Life Easier (MLE) and other digital tools, addressing inclusion
- ❖ Support early self-identification of frailty through public health promotion campaigns including intergenerational work with schools and nurseries

What this would mean for Jeanie

When Jeanie sees the practice nurse for her blood pressure check they talk about what matters to Jeanie and what she can do to stay well. They discuss her family support and social networks and why Jeanie has stopped seeing friends and going to the bowls. The nurse wonders if Jeanie's cataract has deteriorated and recommends she makes an appointment with her optician. They agree that getting back to bowling would allow her to keep fit and catch up with old friends but Jeanie says she won't go along on her own.

The nurse refers Jeanie to a Link worker who calls and arranges to meet with her and her daughter at home. The Link worker identifies a local walking group and a volunteer befriender who will support Jeanie to rebuild her confidence going out walking and travelling by bus to the bowling club.

Jeanie's optician diagnoses macular degeneration and refers her for urgent outpatient treatment to prevent this worsening. Jeanie's local library provides information and resources on keeping active at home and how to reduce her risk of falling.

Planned and Proactive Care

The identification of frailty is everyone's business. Earlier and targeted intervention requires a simple, easily reproducible, validated tool that the public and non-specialist workforce can use. The Rockwood Clinical Frailty Score ^{xvi} is proving useful in a pilot with district nurses but other tools may be more suitable for lay workforce and the public. Older people living with frailty can be identified routinely in primary care using the electronic Frailty Index. ^{xvii}

Many professionals, services, community partners, family and unpaid carers will contribute to an individual's care and support, often with little or no communication between them. People with significant or escalating frailty should be offered a comprehensive multi-disciplinary assessment and personalised interventions co-ordinated by a local multidisciplinary team (MDT) of healthcare, social care and community or voluntary service partners working together. The older person and their unpaid carer or family should be involved in developing a personalised care plan based on their goals and preferences. 'Polypharmacy', the prescribing of multiple medicines, increases the likelihood of experiencing harmful side effects. People with frailty require medications to be tailored to their individual needs rather than strictly following guidance designed for single diseases.

Structured medication reviews ^{xviii} allow patients to make informed decisions and prioritise medicines for continuation or discontinuation, in order to maximise benefit and minimise harm. Emerging evidence shows that this proactive approach can improve care continuity and co-ordination, reduce medicine related harm and costs, and reduce emergency attendances.

What we are doing now:

- ❖ Enhanced primary care teams have additional roles including Occupational Therapist, Physiotherapist, Pharmacist and GP link workers in line with the Primary Care Improvement plans. This provides a foundation for a proactive MDT approach
- ❖ Coatbridge locality Frailty MDT pilot in selected GP practices to identify escalating frailty. Selected patients are offered a face to face 'What Matters to Me' conversation with a trained professional from a local advocacy organisation. This conversation is an opportunity for a shared decision-making approach to future care planning, assessment of frailty and carer's assessment. The advocacy worker discusses the assessments with the locality virtual MDT who formalise a diagnosis of frailty, allocate a key worker, organise a medication review and additional interventions tailored to the person's priorities and values. Piloting a similar virtual MDT in seven care homes
- ❖ Introduced Future Care Plans for people with MLTCs and in care homes
- ❖ Testing care co-ordination for people with complex needs in two localities
- ❖ Targeting earlier evidence based interventions for people at risk of falls and fracture
- ❖ Testing use of participatory design to develop a relational and proactive technology enabled approach for people who have presented with falls or syncope

What we will do more of:

- ❖ Identify and target individuals who do not engage with Primary Care services who may be on the cusp of decline and are likely to benefit from proactive care
- ❖ Support individuals to stay well in their own homes by addressing income maximisation, food and fuel poverty, as well as physical and nutritional needs
- ❖ Include frailty screening within the pre-assessment process prior to elective surgery and consider implications for treatment escalation plans and discharge planning
- ❖ Design a referral pathway and process for holistic assessment, early intervention and person centred goal setting for individuals considered to have mild frailty
- ❖ Consider using the skills and experience of voluntary sector partners for initial holistic assessments and care coordination for mild frailty, with clear criteria for escalation
- ❖ Adapt the community frailty MDT and care co-ordination model to all localities, recognising the exact model may differ between localities
- ❖ Further develop the Locality Response model as a virtual MDT to coordinate care for those with the most complex needs, supported by a Single point of access / hub(s) as community front door(s) in the demonstrator localities
- ❖ Test the advanced practitioner for frailty role in localities
- ❖ Wrap care and support around the person, involving those who are important to them in the caring circle
- ❖ Improve the recording and sharing of assessments and care plans with all partners

What this would mean for Jeanie

After her fall, Jeanie's practice nurse discusses her changed condition at the locality frailty MDT. The pharmacist reviews her medicines and suggests reducing the dose of one of her blood pressure medicines and changing her painkiller to reduce the risk of falling. Jeanie is seen by the falls team physiotherapist who gives her some exercises she can do at home to improve her strength and balance. The occupational therapist visits Jeanie at home to provide advice on how to adapt to

her failing vision. She requests a grab rail for the front and back steps. The telecare service make contact and Jeanie takes up the community alarm service. This provides her daughter with much needed reassurance.

The link worker provides information about Making Life Easier and how Jeanie can access dial-a-bus to attend her planned ophthalmic appointments. The GP has a conversation with Jeanie about her wishes for her future care and completes a Key Information Summary which is available for Out of Hours services and acute care staff to view in a crisis.

Jeanie asks her daughter to be her welfare power of attorney and makes the application.

Urgent Care

A journey through acute hospital care can be complex and potentially harmful for people living with frailty. Multiple ward moves increase the risk of delirium and deconditioning and reduce the likelihood of returning home. Comprehensive Geriatric Assessment (CGA) by a team skilled in managing frailty and practising Realistic Medicine is highly cost-effective.^{xx} CGA arranges relevant diagnostics, delivers timely tailored interventions, proactive discharge planning and access to transitional care, reablement and intermediate care services at home or in a step down bed.^{xx} Hospital at Home offers short term hospital-level care at home for selected patients with acute conditions that would normally require an acute hospital admission.^{xxi} Outcomes are at least equivalent to those of inpatient care.^{xxii xxiii}

We aim to ensure that every older person living with frailty in Lanarkshire is able to avoid emergency hospital admission, if safe and appropriate, and return home without delay. This requires the right care and support to be available to manage the acute crisis along with reablement and rehabilitation to avoid cyclical decline.

Acute services have a duty to foster stronger multi-disciplinary links with community and primary care teams and to provide the required specialist advice and support to avoid crisis admissions. Local demographic and geographic factors need to be considered when designing urgent care services so they are equitable but flexible to the needs of different communities.

A 'one model fits all' approach will not suit a diverse area like Lanarkshire. Effective interface working requires better communication, embracing novel technology to raise awareness of the capability of community services, community and third sector supports. We look to Lanarkshire's digital health and care strategy to improve the sharing of information so that everyone involved in an individual's care can access and record the relevant results, medication changes, functional abilities and wishes for future care including treatment escalation planning.

What we are doing now:

- ❖ Hospital at Home (H@H) services operates across the majority of Lanarkshire
- ❖ Reinstating the urgent locality response model in East Kilbride and testing a model for rapid triage and urgent MDT response to crisis in Wishaw locality
- ❖ Enhancing capacity for community nursing and health care support workers
- ❖ Established Home First team in South Lanarkshire and Home Assessment Team in North Lanarkshire to facilitate timely and successful discharges
- ❖ Reviewing reablement and community rehabilitation capacity
- ❖ Introduced a technology enabled intermediate care housing development at Blantyre
- ❖ Introduced a Flow Navigation Centre for urgent referrals to acute care
- ❖ Consultant Connect building great relationships between hospital / community staff

- ❖ Enabled access to Key Information Summaries for ED and Out of Hours staff
- ❖ Expanded the Acute Care for the Elderly practitioner posts in the three acute hospitals
- ❖ Roll out of Planned Date of Discharge for the Discharge without Delay programme

What we will do more of:

- ❖ Include a baseline Rockwood Clinical Frailty Score with the Key Information Summary on a sharable Electronic Health Record to support decision-making by paramedics and Out of Hours' services and introduce the tool in ED
- ❖ Further develop 'call before convey' and community falls response pathways and protocols with the Scottish Ambulance Service, telecare providers and Care Homes
- ❖ Scale up the Consultant Connect for specialist telephone advice, triage and rapid access to outpatient clinic appointments or Hospital at Home alternative pathways
- ❖ Ensure early identification of frailty in the ED to trigger early comprehensive front door assessment by staff with expertise in frailty
- ❖ Assess older people in an acute frailty unit or frailty-friendly environment, with rapid 'pull' pathways to the right specialty bed, H@H or locality MDT support
- ❖ Right size capacity required to manage older people with frailty in an acute Frailty Unit or ward staffed by teams trained in Comprehensive Geriatric Assessment
- ❖ Make transferring older people with frailty to a ward that is not attuned to meet their specialised needs a 'never event' because of the associated potential harms
- ❖ Develop transitional care follow up processes that include anticipatory care planning and treatment escalation plans for people at high risk of decline and readmissions
- ❖ Learn from the two locality urgent response models and scale up the approach, introducing single points of access to urgent care in each locality
- ❖ Consolidate and enhance community reablement, intermediate care and rehabilitation capacity to support recovery of independence at home
- ❖ Review the capacity, function and staffing associated with community beds across Lanarkshire to improve their contribution to specialist led step up and step down intermediate care, interim care and hospital based complex clinical care

What this would mean for Jeanie

Jeanie's Key Information Summary flags she has frailty and wishes to have her care at home. The flow navigation centre directs the call to ED as H@H does not yet accept new referrals at weekends. ED staff complete a frailty score and Jeanie is fast tracked to the acute frailty team. They commence treatment and start to mobilise her immediately, moving her to a ward that is designed to meet her needs to manage her delirium and chest infection.

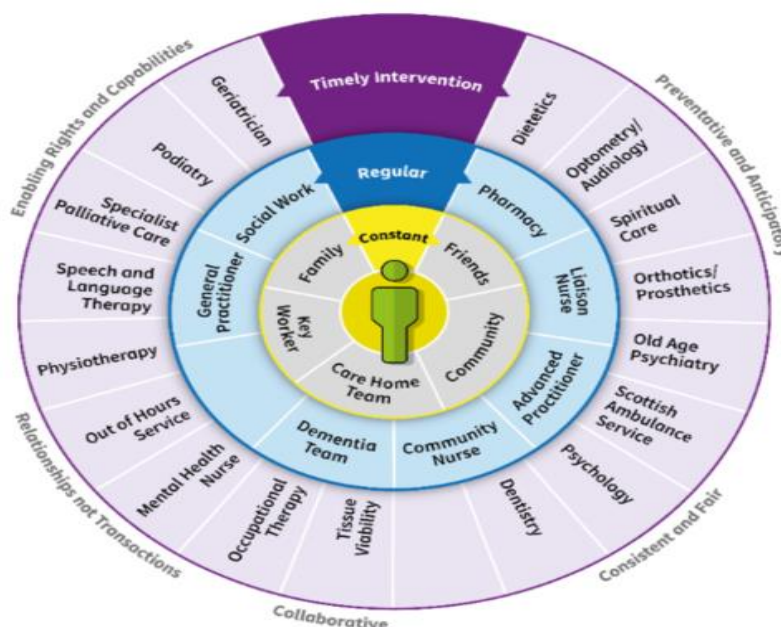
A frailty flag on Trakcare records her as high risk for boarding. The ward MDT links with H@H and Home First on Monday and plans discharge for when intravenous antibiotics switch to tablets. The MDT involve Jeanie and her daughter in her discharge planning so they are confident the support and equipment will be in place. Jeanie returns home and is monitored by the H@H team for a week. Her daughter stays with Jeanie for a few days to help her settle back home.

The reablement team supports Jeanie to regain her independence over the next month and the locality MDT co-ordinates her care and support. Jeanie reconnects with her friends.

Enhanced Support in Care Homes

The Scottish Government Healthcare framework for adults living in care homes ^{xxiv} outlines six key elements to enhance clinical and care support. This is done through a strong partnership approach that recognises the knowledge and experience of care home staff and wraps care around the resident. The enhanced approach is illustrated in Figure 24.

Figure 24.



What we are doing now:

- ❖ Established a Care Home Assurance Team
- ❖ Expanded the number of Care Home Liaison nurses across Lanarkshire
- ❖ Appointed a Practice development educator for care homes
- ❖ Delivered an initial six month education programme for care home staff
- ❖ Piloted and developed a model for Frailty MDT meetings in care homes
- ❖ Increased the uptake of anticipatory care planning
- ❖ Piloted the use of the ReSPECT document
- ❖ Introduced care home pharmacist sessions to review and optimise polypharmacy
- ❖ Reduced the use of medicines associated with falls and harm and related costs
- ❖ Aligned many of our care homes with GP practices using a local enhanced service (LES)
- ❖ Testing extended hours for Hospital at Home support for care homes
- ❖ Scoping an alternative pathway for radiology and specific flow navigation response

What we will do more of:

- ❖ Rebrand the Care Home Assurance Team to a Care Home Support Team reflecting a shift from inspection to a model of assurance based on appreciative inquiry and a focus on clinical support by care home liaison nurses
- ❖ Improve collaborative working by ensuring care homes are fully involved in co-design of improvement projects
- ❖ Improve access for residents by using technology and remote consultations
- ❖ Review the LES contract arrangements, listening to concerns of GPs and care homes and promote GP uptake of LES for care homes without this service to improve resident access to primary care
- ❖ Recruit dedicated care home pharmacists to ensure a realistic medicine approach for all new residents in care homes
- ❖ Continue to roll out the Care Home MDT model - set to expand to 24 care homes

- ❖ MDT to review clinical portal referrals for assessment and treatments of residents to ensure they are still appropriate
- ❖ Promote use of SBAR to communicate in acute and emergency situations
- ❖ Explore professional to professional lines of communication
- ❖ Extend availability of Hospital at Home hours support to residents in care homes
- ❖ Explore mechanisms for care homes to stock certain drugs
- ❖ Use a standard transfer document to improve communication at care transitions
- ❖ Promote the adoption of Enriching and Improving Experience framework and Scotland's Bereavement Charter within care homes

What this would mean for Jeanie

Over time, following a series of further health problems, Jeanie and her family come to a shared decision with the locality MDT to move to a care home. A comprehensive clinical transfer document gives the care home the information they need to care for Jeanie.

Jeanie's social worker reviews her progress in the care home, within 4-6 weeks, involving staff and family. Care Home staff work with Jeanie and her family to develop a personal care plan that includes future care planning and ReSPECT document. The Care Home liaison team provide support and training to the Care Home staff as required. The GP aligned to the Care Home undertakes a full medical assessment and review of her medication within 4 weeks of admission. and polypharmacy.

Staff help Jeanie use video-consultation for her healthcare appointments to reduce travel and future health crises are managed in the care home by the locality MDT with advice and support from Hospital at Home if required.

A Workforce Fit for Frailty

Older people are already the main users of healthcare and social care and support. That means the majority of the health and care workforce will care primarily for older people. All workers, in the context of their own role and work remit, have a unique and essential role in responding to people who are affected by frailty. This doesn't mean that everyone needs to be an expert in frailty.

A wide range of expertise and skills are required to support people in different settings. The inclusion of guidance and competencies in preventing, identifying and managing frailty within educational curricula and quality standards is critical to help skill up the wider workforce. Developing an integrated workforce fit for frailty is a vital step for realising our vision and to deliver the best possible health and social care for older people.

The Skills for Health Frailty Core Capabilities Framework^{xxv} provides a single, consistent and comprehensive framework on which to base workforce development. The framework builds on, and cross-references, other core skills frameworks for dementia, end of life care and person-centred approaches. Fifteen core capabilities are defined for **three tiers of stakeholders**:

- **Tier 1** Those who require general awareness of frailty
- **Tier 2** Health, social care and others who regularly work with people living with frailty
- **Tier 3** Health, social care and other professionals who provide expert care and lead services for people living with frailty.

Our education and training working group proposed a fourth tier as there should be greater public awareness of frailty, how to prevent frailty, and how to access support to live our best lives. Figure 25 illustrates our proposed four tier approach to frailty education.



Figure 25

The group has reviewed the range of educational resources on frailty available to people working at these different tiers and in all care settings. These include outputs from a local Frailty Matters project that involved citizen co-coaches to strengthen the leadership role of community nurses in managing frailty within interdisciplinary teams.^{xxvi}

What we will do more of:

- ❖ Raise public awareness of healthy ageing and what people and communities can do to promote wellbeing in later life and prevent frailty
- ❖ Support citizens and staff to identify early signs of frailty using validated tools
- ❖ Support community and voluntary sector staff to carry out an initial assessment of people who present with early signs of frailty, with clear criteria for escalation
- ❖ Scale up training in community led support, asset based community development approaches and enabling self-directed support
- ❖ Develop an education and training plan to enhance knowledge and skills on frailty in all staff who regularly provide care and support for older people
- ❖ Improve confidence and capability of staff in using and demonstrating assistive technologies and digital solutions to enable people to have greater choice and control in their care and support
- ❖ Develop advanced practice skills in frailty for a greater number of staff and disciplines who work in community settings
- ❖ Identify opportunities for shadowing and rotational posts to promote system wide understanding and capability to prevent, detect and manage frailty
- ❖ Support staff to work differently in new roles / in new ways with more autonomy
- ❖ Build greater readiness for relational working and collaborative practice

What this would mean for Jeanie

Jeanie had heard about healthy ageing and preventing frailty in a talk at her local church and had picked up some information from her local library. Her family had noticed information on line about staying active and Making Life Easier.

Jeanie's GP practice team and the staff in the local pharmacy have had training in identifying the early signs of frailty and know where to signpost Jeanie. The locality

MDT have had training in good conversations and in using the Clinical Frailty Score to identify the suspected level of frailty. Each locality has a sufficient number of staff from different disciplines who are trained in comprehensive holistic assessment of frailty and coordination of care. Each locality has a sufficient number of staff who have advanced practice skills in case management of people with complex needs associated with frailty. Everyone pulls together to support Jeanie achieve what matters to her with the people who are important to her and to live her best life.

Realising our Vision

To successfully prevent and manage frailty, reverse cyclical decline, and reduce crisis admissions, we need to scale up proactive, person centred and integrated care and support and effectively manage transitions when the individual or carer's condition or circumstances change.

This requires a collaborative approach where all of our workforce have a better understanding of each other's roles and where they can add value, minimising repetition and waste. Building relationships and trust within MDTs and at the interface between teams and care settings is critical for successful continuity and coordination. Excellent communication and information sharing is an important enabler of informational continuity and we look to the digital health and care strategy for the required infrastructure and resources.

Geriatric medicine is the largest clinical specialty in NHS Lanarkshire with over 514 acute and community hospital beds, 90 hospital at home beds and a range of outpatient clinics across many sites. It is recognised as a progressive service in Scotland but specialist resources are not equitably distributed and some communities are relatively underserved. The specialty recognises the need to become even more community facing and to explore new roles and novel technologies to extend its reach.

To realise our vision and transform care for people living with frailty will require collaboration, innovation and improvement across disciplines, settings and sectors across Lanarkshire. We propose to create a network where staff from all disciplines and partners can learn from the lived experience of people affected by frailty, share good practice and exchange learning with colleagues across Scotland and beyond. The network will identify and challenge variance in practice, lever professional curiosity and pride to ensure the highest quality of care in all settings, and enable the best outcomes for people, professionals and the system.

We will take forward three strategic enabling actions:

1. Establish a Lanarkshire-wide Frailty network supported by a clinical lead, nurse/ AHP consultant and dedicated QI capacity. The multidisciplinary, cross sector network will seek ways to include the voice of lived experience.
2. Develop a Quality Assurance Framework and dashboard of indicators to track system performance, using mixed methods to analyse what matters to people, professionals and the health and care system.
3. Collaborate with NHS national boards and local universities to create a virtual 'Living Lab' to foster innovation, action research and evaluation of our efforts to promote healthy ageing and prevent and manage frailty.

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Report

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

Subject:	National Care Service - Update
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1. Purpose of Briefing Paper:

1.1. The purpose of the report is to:

- ◆ to provide members with an update on the National Care Service (Scotland) Bill following its having passed Stage 1 at the Scottish Parliament on 1 March 2024.

2. Recommendation(s)

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

- (1) that the update provided on the National Care Service (Scotland) Bill is noted.

3. Background

3.1. The National Care Service (Scotland) (NCS) Bill was published in June 2022 and provided for the establishment of a NCS, under the responsibility of Scottish Ministers. The NCS Bill as published in 2022 provided for the transfer of listed social care and social work local authority functions, staff and assets to Scottish Ministers or newly established local care boards.

3.2. The usual parliamentary process for a Scottish Parliament bill consists of three stages:

- Stage 1 - consideration of the general principles of the bill by parliamentary committee(s), and a debate and decision on these by the Parliament.
- Stage 2 - detailed consideration of the bill by parliamentary committee(s).
- Stage 3 - final consideration of the bill by the Parliament and a decision whether it should be passed or rejected.

After a bill has been passed and received royal assent, it becomes an Act of the Scottish Parliament.

4. Update

4.1. The NCS Bill has been progressing through Stage 1 and the general principles of the National Care Service have been examined by the Scottish Parliament's Health, Social Care and Sport Committee (alongside work being undertaken by other Parliamentary Committees).

4.2. The deadline for completion for consideration of the NCS Bill at Stage 1 had been 17 March 2023. This was then extended to 30 June 2023, before being further extended to 31 January 2024.

- 4.3. In June 2023, the Scottish Government reached an initial agreement with local government and the NHS about accountability arrangements for the NCS. The agreement aimed to establish who will be responsible for people's care once the NCS is established, with overall legal accountability to be shared between Scottish Government, the NHS and local government and discharged in the form of a National Care Service Board.
<https://www.gov.scot/news/partnership-on-national-care-service/>
- 4.4. On 7 November 2023, the Health, Social Care and Sport Committee wrote to the Scottish Government seeking clarity on Scottish Government's intent with the NCS Bill and possible amendments they might wish to make in light of the June agreement reached with COSLA Leaders. A full copy of that letter is available here:
<https://www.parliament.scot/-/media/files/committees/health-social-care-and-sport-committee/correspondence/2023/ncs-convener-to-minister-november-2023.pdf>
- 4.5. On 6 December 2023, the Minister for Social Care, Mental Wellbeing and Sport wrote to the Scottish Parliament's Health, Social Care and Sport Committee in response to their Stage 1 scrutiny of the Bill. A full copy of that letter is available here:
<https://www.parliament.scot/-/media/files/committees/health-social-care-and-sport-committee/correspondence/2023/national-care-service-minister-response-december-2023.pdf>
- 4.6. In that letter of 6 December 2023, the Minister stated that following the initial agreement (4.3) Scottish Government no longer expect to abolish integration authorities and establish care boards. The Minister then explains the intent to ensure that there is a clear link between local and national shared accountability, including:
- Reformed integration authorities being accountable to the National Care Service Board.
 - The National Care Service Board being responsible for reviewing and securing assurance on the deliverability of local strategic plans.
 - The National Care Service Board being envisaged to have a role in scrutinising reformed integration authorities' performance reports, with strengthened powers to require evidence and documentation to be introduced.
 - As part of the introduction of a Support and Escalation framework – and subject to the status of the National Care Service Board – the Scottish Government's planning assumption is that the Ministerial powers of intervention as set out in the NCS Bill as introduced should transfer to the National Care Service Board, so as to allow the National Care Service Board to invoke those powers as a last resort and ensure the Board had substantive levers to drive and support performance and take material action when required.
- The Minister also states that it is a priority for the Scottish Government to ensure this does not become an added layer of accountability or bureaucracy and actively streamlines the existing complicated landscape.
- 4.7. On 11 December 2023, the Minister for Social Care, Mental Wellbeing and Sport wrote to the Scottish Parliament's Finance and Public Administration Committee with the Scottish Government's response to the report of 1 December 2022 by the Committee on the Financial Memorandum for the NCS Bill. A full copy of that letter is available here:
https://www.parliament.scot/-/media/files/committees/finance-and-public-administration-committee/correspondence/2023/ncsbillfm_ministerscmwstoconvener_11dec23.pdf
- 4.8. On 17 January 2024, the Scottish Parliament agreed and the Scottish Government confirmed that consideration of the NCS Bill at Stage 1 would be extended to 1 March 2024.

- 4.9. On 22 February 2024, the Health, Social Care and Sport Committee published its Stage 1 report on the NCS Bill. A full copy of the report is available here:
<https://bprcdn.parliament.scot/published/HSCS/2024/2/22/a8006131-8b6c-4a0b-8450-9e02ff419bac-1/HSCS062024R4.pdf>
- 4.10. On 28 February 2024, the Minister for Social Care, Mental Wellbeing and Sport wrote to the Scottish Parliament's Health, Social Care and Sport Committee with the Scottish Government's response to the Committee's Stage 1 report on the NCS Bill. The appendix to the letter includes a proposed summary target operating model for the NCS; and states that *"the membership and composition of the NCS Board and reformed IJBs will be determined through co design and set out as appropriate in secondary legislation"*. A full copy of that letter is available here:
<https://www.parliament.scot/-/media/files/committees/health-social-care-and-sport-committee/correspondence/2024/letter-from-minister-for-social-care-mental-wellbeing-and-sport-on-interim-response-to-hscs-committe.pdf>
- 4.11. On 1 March 2024 the NCS Bill passed Stage 1 in the Scottish Parliament.

5. Employee Implications

- 5.1. Under the initial agreement referred to at 4.3 that statutory delivery functions would remain with local government and health boards respectively, along with assets, employment and relevant funding.

6. Financial Implications

- 6.1. In evidence provided to the Scottish Parliament's Finance and Public Administration Committee on 25 January 2024, the Minister for Social Care, Mental Wellbeing and Sport has stated that planned amendments to the NCS Bill means that the set-up costs are now estimated by Scottish Government as being between £120m and £227m over the full 10 years since introduced.
https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/meeting-of-parliament-25-01-2024?meeting=15673&iob=133709#orscontributions_M5669E393P730C2554150

7. Climate Change, Sustainability and Environmental Implications

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

8. Other Implications

- 8.1. The following is included in the Council's top risk register:
- The council is materially affected by the implications arising from the National Care Service Bill (high risk).
- 8.2. Officers from South Lanarkshire University Health and Social Care Partnership have continued to engage with this process through multiple mechanisms, alongside representative bodies including Health and Social Care Scotland and Social Work Scotland. In doing this, officers have underlined the analysis by Audit Scotland of the significant funding shortfalls and demand pressures that adult and older people's social care are currently facing - as is the situation locally – with unavoidable consequences for the local provision of services.
<https://www.audit-scotland.gov.uk/publications/integration-joint-boards-financial-analysis-202122>.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 9.2. Officers from South Lanarkshire University Health and Social Care Partnership have continued to engage with this process through multiple mechanisms, alongside representative bodies including Health and Social Care Scotland and Social Work Scotland.

10. Directions

10.1.

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Professor Soumen Sengupta
Director, Health and Social Care

1 March 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- ◆ None

Background Papers

- ◆ <https://www.gov.scot/news/partnership-on-national-care-service/> ◆
- ◆ <https://www.parliament.scot/-/media/files/committees/health-social-care-and-sport-committee/correspondence/2023/ncs-convener-to-minister-november-2023.pdf>
- ◆ https://www.parliament.scot/-/media/files/committees/finance-and-public-administration-committee/correspondence/2023/ncsbillfm_ministerscmwstoconvener_11dec23.pdf
- ◆ https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/meeting-of-parliament-25-01-2024?meeting=15673&iob=133709#orscontributions_M5669E393P730C2554150
- ◆ <https://bprcdn.parliament.scot/published/HSCS/2024/2/22/a8006131-8b6c-4a0b-8450-9e02ff419bac-1/HSCS062024R4.pdf>
- ◆ <https://www.parliament.scot/-/media/files/committees/health-social-care-and-sport-committee/correspondence/2024/letter-from-minister-for-social-care-mental-wellbeing-and-sport-on-interim-response-to-hscs-committe.pdf>
- ◆ <https://www.audit-scotland.gov.uk/publications/integration-joint-boards-financial-analysis-202122>

Contact for Further Information

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

Professor Soumen Sengupta - Director of Health and Social Care

E-mail: soumen.sengupta@southlanarkshire.gov.uk

Report

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

Subject:	Update on Integration Scheme Review
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ♦ provide an update on existing Directions issued by the Integration Joint Board (IJB) with some proposed changes
- ♦ advise that further work will be undertaken on reviewing those existing Directions following the outcome of the options considered by the IJB on the sustainability and value programme.

2. Recommendation(s)

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

- (1) that the proposed changes to the Directions, outlined in section 4 and appendices 2 and 3 of this report, be approved;
- (2) to note that a comprehensive review of the Directions will be undertaken following the outcome of the options considered by the IJB on the sustainability and value programme with a further report to the IJB; and
- (3) to note that on 15 March 2024 the Chief Officer received confirmation from the Scottish Government that the revised integration scheme approved by South Lanarkshire Council and NHS Lanarkshire has been approved by Scottish Ministers.

3. Background

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on the Integration Joint Board (IJB) to prepare a Strategic Commissioning Plan (SCP). The IJB is also required to confirm the strategic direction and intended use of integrated budgets under their control pertaining to the delegated functions outlined within Integration Schemes.
- 3.2. The mechanism which allows the IJB to action the intentions outlined in the SCP is provided in the Act and takes the form of binding Directions to be issued by the IJB to the Health Board and local authority. The Scottish Government issued a good practice note entitled 'Directions from Integration Authorities to Health Boards and Local Authorities' which provides guidance on the form of the Directions. This has been used to inform previous Directions issued in a South Lanarkshire context.
- 3.3. Since its inception in April 2016, South Lanarkshire IJB has issued a total of 37 Directions to progress strategic imperatives outlined in current and previous iterations of the SCP.

- 3.4. IJB members will be familiar with this area of business, given that frequent reports have been presented to IJB meetings updating on the status of each Direction in terms of progress towards full implementation.
- 3.5. As part of developing the SCP 2022-25, a full review of 37 Directions was undertaken, with the outcome of this being a revised and refocused set of 26 Directions. The IJB duly approved these at its meeting of 25 January 2022. Given that the environment within which the IJB is operating has changed significantly since the launch of SCP 2022-25, it is timely to revisit the current Directions to assess whether or not they remain relevant to the strategic direction of the IJB.
- 3.6. This paper updates on the work undertaken in this regard and highlights proposed changes for the IJBs consideration and approval.

4. Progress Update

- 4.1. As a reminder, the current Strategic Commissioning Plan 2022-25 outlined 12 strategic priorities (appendix 1) and 18 commissioning intentions upon which the current 26 existing Directions have been aligned to.
- 4.2. A summary of the current status of all 26 Directions is given in the table below with further detail in Appendix 2:

	On hold. Not possible to progress during this period	2	8%
	Progress is being made but there is still work to be done to achieve original target/ timescale	13	50%
	Progressing as originally planned	5	19%
	Direction completed	6	23%
Total		26	100%

- 4.3. In terms of proposed changes to the existing Directions, the end columns of appendix 2 outlines those Directions that should be retained, amended/merged or stood down, together with the rationale for said changes. By way of summary, the following is proposed:
- 11 Directions marked as 'green' should be retained as they continue to have the necessary strategic fit with the direction of travel outlined in the SCP.
 - 8 Directions marked as 'amber' should be amended/merged with other existing Directions outlined.
 - 7 Directions marked 'blue' should be stood down as they are either complete or will not be progressed imminently.
- 4.4. Taking all of the above into account, appendix 3 outlines the proposed list of Directions moving forward. This will now account for 14 Directions in all and represents an overall reduction of 12 Directions when compared with prior reports.
- 4.5. However, moving forwards, the IJB may approve further (new) Directions which will be added to this revised list following the outcome of the options presented on the sustainability and value programme.
- 4.6. Further progress updates against this revised list of Directions will, in line with previous reporting, be presented to future IJB meetings.

- 4.7. On 15 March 2024 the Chief Officer received confirmation from the Scottish Government that the revised integration scheme approved by South Lanarkshire Council Executive Committee on 2 February 2022 and NHS Lanarkshire Board on 26 January 2022 has now been approved by Scottish Ministers. A report reflecting the revised integration scheme was noted at a special meeting of the Integration Joint Board on 29 March 2022. As required that approved integration scheme is now publicly accessible online and can be accessed via this link:
https://www.slhscp.org.uk/downloads/file/471/integration_scheme_15th_march_2024

5. Employee Implications

- 5.1. There are no employee implications associated with this report.

6. Financial Implications

- 6.1. The financial resources to be delegated by the IJB to each partner are as highlighted below.

6.2. NHSL recurring budget allocations for in-scope Health Care Services

For 2024/2025, the total indicative funding allocation for health care services directly managed by South Lanarkshire University Health and Social Care Partnership (SLU HSCP) is £449.710m. This is based on the 2023/2024 funding as at January 2024 which includes the SLU HSCP share of hosted services led by the North Lanarkshire University HSCP, resource transfer funding, social care funding and commissioned services funding but excludes the Acute Services notional set-aside funding. This indicative funding allocation also includes NHSL ring-fenced allocations totalling £24.253m. This indicative funding allocation will be adjusted as appropriate to reflect the following:

- The removal of non-recurring funding as appropriate.
- The inclusion of consequential funding (£3.181m).
- The agreed efficiency savings approved by the IJB on 26 March 2024.

6.3. SLC recurring budget allocations for in-scope Social Care services

For 2024/2025, the indicative funding allocation for services directly managed by SLU HSCP is £182.336m. The indicative funding allocation for the in-scope Housing Services is £5.125m (General Fund - £2.144m; Housing Revenue Account - £2.981m). This is based on the 2023/2024 funding as at December 2023. The total indicative funding allocation is therefore £187.461m. This indicative funding allocation will be adjusted as appropriate to reflect the following:

- The removal of non-recurring funding (£7.2m).
- The inclusion of the Living Wage Funding (£13.737m) and the Free Personal Care Funding (£0.566m).
- The non-recurring adjustment by SLC in respect of the employer pension contribution (£7.7m).
- The recurring adjustment approved by SLC in respect of the Housing Scheme of Assistance (£0.5m).
- The recurring adjustment approved by SLC in respect of the charging policy (SLC - £1m; IJB - £1m).
- The agreed efficiency savings approved by the IJB on 26 March 2024.

- 6.4. Additional funding received in-year from NHSL which is ring-fenced for areas covered by the IJB will be delegated to the partner responsible for service delivery. These in-year allocations will be agreed with each partner as appropriate.

- 6.5. NHSL and SLC will implement as appropriate any agreed efficiency savings plans and management and operational actions. Where necessary, reliance will be placed on agreed reserves to manage cost pressures pending identification of recurrent solutions.
- 6.6. The Acute Services set-aside budget will be adjusted to reflect the 2021/2022 activity levels and 2024/2025 price levels in line with the Scottish Government Guidance. The notional value of the set-aside budget for 2024/2025 is £70.324m.
- 6.7. Notwithstanding the above allocations, it may be necessary for the Chief Financial Officer to vary the 2024/2025 allocations to reflect the detailed budget setting process undertaken by each partner. Any such accounting adjustments will be undertaken in consultation with the Director of Finance of NHSL and the Executive Director of Finance and Corporate Resources of SLC.

7. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no implications for Climate Change, sustainability or the environment in terms of the information contained in this report.

8. Other Implications

- 8.1. There are no other implications associated with this report.
- 8.2. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.
- 9.2. There is also no requirement to undertake any additional consultation in terms of the information contained in this report.

10. Directions

- 10.1. This report will vary directions as follows

Direction to:	
1. No Direction required	<input type="checkbox"/>
2. South Lanarkshire Council	<input checked="" type="checkbox"/>
3. NHS Lanarkshire	<input checked="" type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input checked="" type="checkbox"/>

Soumen Sengupta
Director, Health and Social Care

8 March 2024

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- ◆ Integration Joint Board Directions Update Report 26th October 2021
- ◆ Integration Joint Board Directions Update Report 25th January 2022
- ◆ Integration Joint Board Directions Update Report 29th March 2022
- ◆ Integration Joint Board Directions Update Report 8th March 2023

List of Background Papers

- ◆ none

Contact for Further Information

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

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Ext: 3743 (Phone: 01698 453743)

Email: martin.kane@southlanarkshire.gov.uk

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 5: Supporting carers

Priority 9: Investing in enablers to support integration

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



If you need this information in another language or format, please contact us to discuss how we can best meet your needs.
Phone: 0303 123 1015 Email: equalities@southlanarkshire.gov.uk

Produced for Social Work Resources by Communications and Strategy, 063378/Sep22

No	Progress Status (RAG)	Existing Direction	Further Information	Retained/amended/stood down
1	Ongoing	Directs NHS Lanarkshire and South Lanarkshire Council to focus on early years, health inequalities, early intervention/prevention and building capacity for improvement in the workforce	Aligns with current Community Planning priorities and is one of the top 4 priorities within the 12 Strategic Commissioning Plan priorities being taken forward by localities.	Retain
2	Ongoing	Utilise additional investment from Programme for Government 2018/19 Scottish Government to reduce the impact of problem alcohol and drug use to develop and implement the South Lanarkshire Alcohol and Drug Partnership Strategy 2020	There is an approved South Lanarkshire Alcohol and Drugs Partnership Strategy 2020-23 which outlines a number of actions in relation to early intervention/prevention, recovery, supporting children and families, public health and alcohol.	Retain
3	Ongoing	Through Integrated Care Fund Investment, increase capacity within the Third Sector and Leisure to promote alternatives to formal services	Remains a priority in supporting early intervention and prevention and providing upstream support to individuals and communities prior to the need to involve statutory services.	Retain but re-focus the wording to: Increase capacity within the Third Sector and Leisure to promote alternatives to formal service provision through Integrated Care Fund Investment
4	Ongoing	Directs NHS Lanarkshire to develop alternative and sustainable models within Primary Care to address existing challenges, for example, General Practitioner capacity	Remains as priority as part of sustaining statutory and community-based supports to ensure people are being supported in their communities and diverted from other care settings e.g. Hospital and Care Homes.	Amend and merge into one overarching Direction as follows: NHS Lanarkshire to develop alternative and sustainable models within Primary Care to address the challenges of General Practitioner capacity; reduce prescribing activity to a sustainable level; and continue to implement the General Medical Services Contract

No	Progress Status (RAG)	Existing Direction	Further Information	Retained/amended/stood down
5	Ongoing	Reduce prescribing activity for South Lanarkshire to achieve a level which is more comparable with the national averages through: 1) Increased social prescribing 2) Alternative medicines and drugs Changes to practice and culture	Is a key part of the Sustainability and Value programme which the IJB is currently working through.	Amend and merge into one overarching Direction as follows: NHS Lanarkshire to develop alternative and sustainable models within Primary Care to address the challenges of General Practitioner capacity; reduce prescribing activity to a sustainable level; and continue to implement the General Medical Services Contract
6	Ongoing	Implement Primary Care Transformation programme in relation to general practice and community redesign, urgent care, the house of care model, pharmacy support in practice and GP sustainability	The principle direction of travel outlined in the Primary Care Transformation plan remains correct from a strategic commissioning perspective.	Amend and merge into one overarching Direction as follows: NHS Lanarkshire to develop alternative and sustainable models within Primary Care to address the challenges of General Practitioner capacity; reduce prescribing activity to a sustainable level; and continue to implement the General Medical Services Contract
7	Ongoing	Implement the new requirements with regards to General Medical Services 2018 Contract. Specifically, the development of a Primary Care Improvement Plan (PCIP) by June 2018 to outline how existing and new services which affirm the role of GPs as expert medical generalists	Remains as priority as part of sustaining statutory and community-based supports to ensure people are being supported in their communities and diverted from other care settings e.g. Hospital and Care Homes.	Amend and merge into one overarching Direction as follows: NHS Lanarkshire to develop alternative and sustainable models within Primary Care to address the challenges of General Practitioner capacity; reduce prescribing activity to a sustainable level; and continue to implement the General Medical Services Contract

No	Progress Status (RAG)	Existing Direction	Further Information	Retained/amended/stood down
8	Ongoing	Global Direction issued in relation to the delivery of all delegated functions	This Direction covers the delivery of all services delegated by the Parties (NHS Board and Council) to the IJB for strategic oversight.	Amend and merge into one Direction covering statutory functions as follows: NHS Lanarkshire and South Lanarkshire Council to deliver delegated functions with the delivery of all statutory and legal duties, for example adult support and protection, child health surveillance, immunisation, Self-directed Support (SDS), Community Empowerment and Mental Health requirements, safeguarding the interests of the most vulnerable within our society.
9	Ongoing	Maintain existing commitments to ensure that all statutory and legal duties are delivered, for example adult support and protection, child health surveillance, immunisation, Self-directed Support (SDS), Community Empowerment and Mental Health requirements, safeguarding the interests of the most vulnerable within our society	All statutory duties continue to be operationally delivered by both Parties as outlined in the Strategic Commissioning Plan.	Amend and merge into one Direction covering statutory functions as follows: NHS Lanarkshire and South Lanarkshire Council to deliver delegated functions with the delivery of all statutory and legal duties, for example adult support and protection, child health surveillance, immunisation, Self-directed Support (SDS), Community Empowerment and Mental Health requirements, safeguarding the interests of the most vulnerable within our society.
10	Complete	Directs that South Lanarkshire Council will develop an Advocacy Service specification	Following a detailed procurement process, a new Advocacy Tender has been agreed and preferred Provider identified.	Stand down as complete

No	Progress Status (RAG)	Existing Direction	Further Information	Retained/amended/stood down
11	Complete	Directs that South Lanarkshire Council will deliver Home Care Services in terms of the new contractual framework agreement; that mobile working and efficiencies in scheduling will be introduced	A new contractual framework is in place with an updated version agreed and due to go out to tender. Mobile working has been fully implemented via the Totalmobile solution and this has accrued efficiencies in the scheduling of care.	Stand down as complete
12	Complete	Implement the recommendations of the Home Care Service review to maximise capacity to support people at home	All recommendations from the review have been implemented and external validation of this has been undertaken with improved Care Inspectorate rating from a quality of care perspective.	Stand down as complete
13	Red Incomplete	Develop proposals for IJB approval which consolidate and co-locate out of hours services across Health and Social Care	Out of hours for Health and social care continue to operate from separate premises and have their own systems of operation. For the time being, it is proposed that arrangements continue as is, given that existing arrangements do hinder the ability of staff to work together as required.	Stand down and potentially revisit at a future date
14	Complete	Develop and commission a day opportunities model for Adult and Older People which promotes enablement, independence, self-care and self-management	The future delivery model has been developed agreed. Implementation of this is progressing in the right direction.	Stand down as complete
15	Ongoing	Implement the requirement of the Carers (Scotland) Act 2016 pertaining to: <ul style="list-style-type: none"> ◆ a new adult carer support plan with personal outcomes focus ◆ a new young carer support plan with a personal outcomes focus ◆ a duty to support carers including by means of a local eligibility criteria ◆ a duty to prepare a local Carers Strategy ◆ a duty to provide an information and advice and publish a short breaks services statement a duty to involve carers in the discharge from hospital of the people they care for 	Carers are one of the top four priorities of the 12 identified in the Strategic Commissioning Plan. Progress with the 5 elements of the Act is moving in the right direction.	Retain but re-focus the wording to: Direct South Lanarkshire Council and NHS Lanarkshire to implement the requirement of the Carers (Scotland) Act 2016

No	Progress Status (RAG)	Existing Direction	Further Information	Retained/amended/stood down
16	Complete	To procure services which provide equitable access to carer support services, information and advice, short breaks, consultation and engagement, training, practical support and assistance for adult and young carers	A procurement process has been completed with a preferred provider identified (Lanarkshire Carers) and delivering the inputs in line with the service specification	Stand down as complete
17	Ongoing	Directs NHS Lanarkshire and South Lanarkshire Council to prioritise access to general medical and universal health screening services for homeless people, including those currently engaged with the Housing First model.	Suitable and sustainable housing and homelessness prevention and reduction are two of the 12 strategic commissioning priorities outlined in the Strategic Commissioning Plan	Retain
18	Ongoing	Directs NHS Lanarkshire to deliver routine enquiry across all services, including visiting outreach, GP services and A&E to identify housing issues and requirements	Suitable and sustainable housing and homelessness prevention and reduction are two of the 12 strategic commissioning priorities outlined in the Strategic Commissioning Plan	Retain
19	Ongoing	<p>Develop a consistent strategic approach to locality planning which takes account of the following:</p> <ul style="list-style-type: none"> • Integrated planning, organisational and management arrangements • A whole system approach • A consistent operational model • Flexibility to recognise the unique characteristics/differences across the 4 geographic areas • Locality Plans and profiles which underpin the Strategic Commissioning Plan 	The development of a consistent locality operational model which also allows the flexibility to take account of unique local circumstances continues to be progressed. Locality Implementation Groups, Core Management Groups and multi – agency decision making on complex cases all form part of this model	<p>Retain but re-focus the wording to:</p> <p>NHS Lanarkshire and South Lanarkshire Council to support the implementation of a strategic whole system approach to planning and organisational management arrangements which deliver the outcomes of the Strategic Commissioning Plan and supporting locality plans</p>

No	Progress Status (RAG)	Existing Direction	Further Information	Retained/amended/stood down
20	Ongoing	Reduce reliance on Nursing and Residential Care through the development of proposals to remodel a proportion of residential care beds to focus on transitional support and the 'home for life' principle	Remains a key priority and is progressing well as evidenced by the Blantyre Life campus (Intermediate and Technology Enabled properties) and the wider work to increase the use of technology enabled care and progressive housing models	Retain but re-focus the wording to: Continue to reduce reliance on nursing and residential care through building community sustainable and integrated community services which support and enable people to live independently in their own homes. Key components of this approach are: Home First; home based palliative care services; hospital at home; and a progressive housing approach
21	Ongoing	Directs NHS Lanarkshire and South Lanarkshire Council to implement a 'Home First' approach to retaining people in their communities, whilst supporting them to return safely to their homes following a hospital admission	Home First is a cross cutting strategic development which impacts on many of the strategic priorities, for example, shifting the balance of care towards community based support and enabling people to be independent at home and in their community. It is also a key transformation and service redesign	Retain
22	Ongoing	Redesignate off-site acute hospital beds within Udston and Stonehouse hospitals to support step down intermediate care patients undergoing a guardianship (AWI) process	There remains significant pressure on acute hospital beds, not only from a demand perspective but also in terms of the levels of complexity and acuity. These beds also form part of key strategic priorities such as Operation FLOW.	Amend and merge into one Direction covering statutory functions as follows: NHS Lanarkshire to progress Operation FLOW as part of progressing the 6 priority areas outlined in the Health and Social Care Delivery Plan and reducing the impact on the system in the areas of A&E Attendances; Emergency Admissions; Delayed Discharges; Unscheduled Care Beds Days; Palliative Care and Balance of Care.

No	Progress Status (RAG)	Existing Direction	Further Information	Retained/amended/stood down
23	Ongoing	Directs NHS Lanarkshire Acute Services to work jointly with the Health and Social Care Partnership to develop proposals which more effectively supports a reduced number of A&E attendances, associated admissions and generally shifts the balance of care and reduces unplanned care requirements in a hospital setting	Remains a key priority in terms of shifting the balance of care and progressing national priorities outlined in the Health and Social Care Delivery Plan pertaining to	Amend and merge into one Direction covering statutory functions as follows: NHS Lanarkshire to progress Operation FLOW as part of progressing the 6 priority areas outlined in the Health and Social Care Delivery Plan and reducing the impact on the system in the areas of A&E Attendances; Emergency Admissions; Delayed Discharges; Unscheduled Care Beds Days; Palliative Care and Balance of Care.
24	Ongoing	Develop and implement a performance management approach for the Partnership, including the ability to better share performance information across systems	Integrated performance report is a standing item reported to the IJB and Performance and Audit Sub Committee as a standing item. Work continues to improve real time management information which shows the full impact of health and social care services	Retain
25	Ongoing	Further integration of IT and information sharing to allow access to partner IT systems	Remains a priority in supporting integrated working and management arrangements. Good progress being made through Lanarkshire Data Sharing Partnership and investment in new Social Care Information System, Liquidlogic	Retain
26	Complete	Directs South Lanarkshire Council to create a Commissioning and Quality Assurance resource	The Quality Assurance and Commissioning Team has been established for 15 months and is making good progress to review current externally procured and commissioned arrangements	Stand down as complete

Revised List of Directions

Appendix 3

No	Direction Detail	Links to Existing SCP Strategic Priorities (see Appendix 1)
1	Directs NHS Lanarkshire and South Lanarkshire Council to focus on early years, health inequalities, early intervention/prevention and building capacity for improvement in the workforce	2 and 3
2	Utilise additional investment from Programme for Government 2018/19 Scottish Government to reduce the impact of problem alcohol and drug use to develop and implement the South Lanarkshire Alcohol and Drug Partnership Strategy 2020	3
3	Increase capacity within the Third Sector and Leisure to promote alternatives to formal service provision through Integrated Care Fund Investment	2, 3, 4, and 5
4	NHS Lanarkshire to develop alternative and sustainable models within Primary Care to address the challenges of General Practitioner capacity; reduce prescribing activity to a sustainable level; and continue to implement the General Medical Services Contract	1, 4, 5 and 8
5	NHS Lanarkshire and South Lanarkshire Council to deliver delegated functions with the delivery of all statutory and legal duties, for example adult support and protection, child health surveillance, immunisation, Self-directed Support (SDS), Community Empowerment and Mental Health requirements, safeguarding the interests of the most vulnerable within our society.	1
6	Direct South Lanarkshire Council and NHS Lanarkshire to implement the requirement of the Carers (Scotland) Act 2016	1 and 5
7	Directs NHS Lanarkshire and South Lanarkshire Council to prioritise access to general medical and universal health screening services for homeless people, including those currently engaged with the Housing First model.	10 and 11
8	Directs NHS Lanarkshire to deliver routine enquiry across all services, including visiting outreach, GP services and A&E to identify housing issues and requirements	11
9	NHS Lanarkshire and South Lanarkshire Council to support the implementation of a strategic whole system approach to planning and organisational management arrangements which deliver the outcomes of the Strategic Commissioning Plan and supporting locality plans	9
10	Continue to reduce reliance on nursing and residential care through building community sustainable and integrated community services which support and enable people to live independently in their own homes. Key components of this approach are: Home First; home based palliative care services; hospital at home; and a progressive housing approach	1, 4, 5, 6, 7, 8 and 10
11	Directs NHS Lanarkshire and South Lanarkshire Council to implement a 'Home First' approach to retaining people in their communities, whilst supporting them to return safely to their homes following a hospital admission	1, 4, 5, 6, 7, 8 and 10
12	NHS Lanarkshire to progress Operation FLOW as part of progressing the 6 priority areas outlined in the Health and Social Care Delivery Plan and reducing the impact on the system in the areas of A&E Attendances; Emergency Admissions; Delayed Discharges; Unscheduled Care Beds Days; Palliative Care and Balance of Care.	1, 4, 5, 6 and 7
13	Develop and implement a performance management approach for the Partnership, including the ability to better share performance information across systems	9
14	Further integration of IT and information sharing to allow access to partner IT systems	9