SOUTH LANARKSHIRE INTEGRATION JOINT BOARD

Minutes of meeting held in Committee Room 1, Council Offices, Almada Street, Hamilton on 13 February 2018

Chair:
Philip Campbell, Non Executive Director, NHS Lanarkshire Board

Present:
Health and Social Care Partnership
V de Souza, Director, Health and Social Care and Chief Officer; M Moy, Chief Financial Officer

NHS Lanarkshire Board
Lilian Macer, Non Executive Director; Tom Steele, Non Executive Director; Iain Wallace, Medical Director

South Lanarkshire Council
Councillors John Bradley, Graeme Campbell, Allan Falconer, Jim McGuigan

Attending:
NHS Lanarkshire
C Cunningham, Head of Performance and Commissioning; J Donaldson, Associate Director of Nursing; E Duguid, Lead Communication Officer; L Findley, Associate Medical Director; M Hayward, Head of Health and Social Care (Rutherglen/Cambuslang and East Kilbride); C MacKintosh, Medical Director

Partners
G Bennie, VASLAN; H Biggins, Service User (Older People); M Moncrieff, South Lanarkshire Health and Social Care Forum; N Paterson, Scottish Care (substitute for R Ormshaw); S Smellie, Unison, South Lanarkshire Council Trade Union Representative; Dr V Sonthalia, GP Representative; T Wilson, Health Service Trade Union Representative

South Lanarkshire Council
L Freeland, Chief Executive; B Hutchinson, Head of Health and Social Care (Hamilton and Clydesdale); M Kane, Health and Social Care Programme Manager; P Manning, Executive Director (Finance and Corporate Resources); J McDonald, Administration Adviser; L Purdie, Chief Social Work Officer; J Todd, Legal Services Adviser

Apologies:
NHS Lanarkshire
C Campbell, Chief Executive; L Ace, Director of Finance; M Docherty, Nurse Director

Partners
R Ormshaw, Scottish Care

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 5 December 2017 were submitted for approval as a correct record.

The Board decided: that the minutes be approved as a correct record.
3 Amendment to Membership

A report dated 11 January 2018 by the Director, Health and Social Care was submitted advising of the following changes to the Council’s membership of the South Lanarkshire Integration Joint Board (IJB):

- Councillor Bradley had replaced Councillor Callaghan as Depute Chair of the IJB
- Councillor Bradley had replaced Councillor Callaghan as Chair of the IJB (Performance and Audit) Sub-Committee

The Chief Officer, in response to a question by Councillor Falconer relating to the membership of the IJB, undertook to provide clarification to him.

The Chair, on behalf of the Board, welcomed Councillor Bradley to his first meeting.

The Board decided: that the report be noted.

4 Financial Monitoring 2017/2018

A report dated 17 January 2018 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 December 2017 in relation to Health Care Services
- 1 April to 9 December 2017 in relation to Social Work and Housing Services

An overspend of £0.265 million had been reported by NHS Lanarkshire for the South Lanarkshire HSCP for the period 1 April to 31 December 2017.

An overspend of £0.381 million had been reported by South Lanarkshire Council for the South Lanarkshire HSCP for the period 1 April to 9 December 2017.

An underspend of £0.503 million had been identified on the primary care transformation fund which was ring fenced.

Details were provided on how the budget would be managed and a summary of the budget variance position was provided in Appendix 1 to the report.

Details were also provided on the hosted services which were led by South Lanarkshire HSCP and North Lanarkshire HSCP and a summary of the position in respect of each was provided in appendices 2 and 3 to the report.

Further details were provided on the Reserves and a summary of the position was provided in Appendix 4 to the report.

In relation to the projected underspend of £0.600 million on the primary care transformation fund, the Chief Financial Officer advised that, although this fund was ring fenced, in line with the primary care transformation fund objectives, an element of the funding could be used to offset the costs associated with the implementation of the new General Medical Services 2018 contract. In this regard, the Chief Financial Officer requested that authority be delegated to the Director, Health and Social Care to direct the projected underspend on the primary care transformation fund up to the value of £0.600 million to the costs associated with the implementation of the General Medical Services 2018 contract.

Officers responded to members’ questions in relation to how the overspend would be addressed and highlighted that a budget recovery plan was being developed to establish if other underspends across health and social care services could assist in offsetting the budget pressures.
The Board decided:

(1) that the financial position of the South Lanarkshire Health and Social Care Partnership be noted;

(2) that the development of a budget recovery plan to manage in-year demand be noted; and

(3) that the Director, Health and Social Care be authorised to direct the projected underspend on the primary care transformation fund up to the value of £0.600 million to the costs associated with the implementation of the General Medical Services 2018 contract.

[Reference: Minutes of 5 December 2017 (Paragraph 6)]

5 Performance Monitoring Report

A report dated 18 January 2018 by the Director, Health and Social Care was submitted providing a summary of performance against the key performance measures assigned to the integration of Health and Social Care in South Lanarkshire.

In terms of the Public Bodies Joint Working (Scotland) Act 2014, Health and Social Care Partnerships were required to establish performance monitoring reports in line with the agreed suite of 23 performance measures and 6 measures which had been identified by the Ministerial Steering Group.

Progress against the key performance actions and measures for the 23 national integration indicators and the 6 Ministerial Steering Group measures were provided in the appendices to the report.

There were a number of areas of development which had been identified in relation to performance management and those areas would be discussed more fully at a workshop on performance to be facilitated by the Head of Commissioning and Performance.

The Board decided: that the report be noted.

[Reference: Minutes of 5 December 2017 (Paragraph 16)]

6 South Lanarkshire Integration Scheme Amendment

A report dated 8 January 2018 by the Director, Health and Social Care was submitted on the requirement to amend the Health and Social Care Integration Scheme for South Lanarkshire as a result of the Carers (Scotland) Act 2016.

The Carers (Scotland) Act 2016, which would be implemented on 1 April 2018, had implications for integration authorities, NHS Boards and Councils and, as a result, required that the Integration Scheme be amended to reflect the additional responsibilities. A summary of the implications and the detail of the amendment to the Integration Scheme was provided in the report.

Following approval of the amended Integration Scheme by the Council’s Executive Committee and NHS Lanarkshire Board, the Scheme, which was attached as an appendix to the report, would be submitted to the Scottish Government by 2 March 2018 for ministerial approval.
The Board decided:

(1) that the amendment to the South Lanarkshire Integration Scheme, as detailed in the appendix to the report, be noted; and

(2) that the submission of the amended South Lanarkshire Integration Scheme to the Scottish Government for formal approval by 2 March 2018 be approved.

[Reference: Minutes of 21 April 2015 (Paragraph 4)]

7 Integration Joint Board Membership Development Proposal

A report dated 8 January 2018 by the Director, Health and Social Care was submitted on the membership of the South Lanarkshire Integration Joint Board (IJB) and development support for IJB members.

The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on IJBs to have in place an approved Integration Scheme detailing the role, remit, responsibilities and membership of the IJB.

To support the members of the IJB and ensure that they were equipped to undertake their roles and responsibilities, it had been agreed that the current membership of the IJB be reviewed. Following the review, it was proposed that amendments be made to the membership of the IJB, as detailed in the report.

It was further proposed that all members of the IJB be supported in their role by an officer and that development sessions be held in March 2018 to further develop this proposal.

The Board decided:

(1) that the proposed membership for the IJB, as detailed in the report, be approved; and

(2) that, to support members of the IJB in their role, development sessions for IJB members be held in March 2018.

[Reference: Minutes of 27 June 2017 (Paragraph 10)]

8 Integration of Mental Health Services within South Lanarkshire Health and Social Care Partnership

A report dated 26 January 2018 by the Director, Health and Social Care was submitted on the integration of mental health services within the South Lanarkshire Health and Social Care Partnership (HSCP).

A number of Health Services across Lanarkshire were hosted and operationally managed by one partnership on behalf of others. In Lanarkshire there were 21 hosted services, 9 of which were led by the South Lanarkshire HSCP and 12 by the North Lanarkshire HSCP.

A mental health hub had been established and was hosted by the North Lanarkshire HSCP. In order to develop the Strategic Commissioning Plan and inform the future directions, it was proposed that a review of locality based Community Mental Health Services within South Lanarkshire be undertaken in consultation with key stakeholders.
It was further proposed that the North Lanarkshire HSCP be asked to:

- continue to host and fund the post of Interim Service Manager until October 2018 in order to maintain safe and effective care delivery during the review
- give consideration to funding the recruitment of a post of Integrated Mental Health Manager and Service Development Manager in order to support the review of Mental Health and Learning Disability hosted services for South Lanarkshire residents

The Board decided:

(1) that a review of the locality based Community Mental Health Services within South Lanarkshire be approved;
(2) that the staffing implications to support the review, as detailed above, be supported; and
(3) that a progress report in relation to the review of Mental Health and Learning Disability Hosted Services be submitted to a future meeting of the Board.

9 General Medical Services - Presentation

Christopher Mackintosh, Medical Director, NHS Lanarkshire gave a presentation on the General Medical Services 2018, General Practitioners (GPs) contract.

GPs were independent practitioners who entered into a contract, which was subject to continuous change, with NHS Lanarkshire to provide services. The current contract was due for renewal and details of the work which had been undertaken to support the implementation of the new contract, together with the key areas that would be contained in the new contract, were provided.

The Chair thanked the Medical Director for his presentation.

The Board decided: that the presentation be noted.

10 General Medical Services 2018

A report dated 22 December 2017 by the Director, Health and Social Care was submitted on the governance arrangements for the implementation of the GP Contract, General Medical Services (GMS) 2018.

The General Medical Services contract had been approved in January 2018 for implementation in April 2018. As part of the implementation process, a system of governance had been developed, as detailed in the appendix to the report.

There was a requirement to develop within both the North and South Health and Social Care Partnerships, a Primary Care Improvement Plan (PCIP) which would detail the implementation of the new services. It was proposed that the PCIP be submitted to a future meeting of the South Lanarkshire Integration Joint Board (IJB) for approval.
The Board decided:

(1) that the governance structures for the implementation of the GP Contract, as detailed in the report and the appendix, be noted;

(2) that the progress made with the contract implementation process be noted; and

(3) that the Primary Care Improvement Plan be submitted to a future meeting of the IJB for approval.

[Reference: Minutes of 12 September 2017 (Paragraph 14)]

11 Director of Health and Social Care - Leadership Communications to GPs

A report dated 20 November 2017 by the Director, Health and Social Care was submitted on the development of a communications plan with General Practitioners (GPs).

A communications survey had been undertaken with Lanarkshire GPs to develop a communications plan to ensure a strategic, planned and managed approach to the Primary Care and Mental Health Transformation Programme (PCMHTP) was in place to support effective results.

On the basis of the results of the survey, a communications plan had been developed, as detailed in the appendix to the report. As part of the communications plan, it was proposed that a monthly email bulletin be issued to Lanarkshire GPs providing updates on key developments and that the effectiveness of the bulletin be evaluated after 6 months.

The Board decided:

(1) that the communications plan with Lanarkshire GPs, as detailed in the appendix to the report, be approved; and

(2) that the communications plan be reviewed in 6 months to evaluate its effectiveness and the outcome be reported to a future meeting of the Integration Joint Board.

[Reference: Minutes of 27 June 2017 (Paragraph 17)]

12 Any Other Competent Business

There were no other items of competent business.
SOUTH LANARKSHIRE INTEGRATION JOINT BOARD

Minutes of special meeting held in Committee Room 1, Council Offices, Almada Street, Hamilton on 26 March 2018

Chair:
Councillor John Bradley (Depute)

Present:
Health and Social Care Partnership
V de Souza, Director, Health and Social Care and Chief Officer; M Moy, Chief Financial Officer

NHS Lanarkshire Board
Lilian Macer, Non Executive Director; Tom Steele, Non Executive Director; Iain Wallace, Medical Director

South Lanarkshire Council
Councillors Graeme Campbell and Allan Falconer

Attending:
NHS Lanarkshire
C Campbell, Chief Executive; C Cunningham, Head of Performance and Commissioning; M Docherty, Nurse Director; M Hayward, Head of Health and Social Care (Rutherglen/Cambuslang and East Kilbride); C MacKintosh, Medical Director

Partners
G Bennie, VASLAN; H Biggins, Service User (Older People); M Moncrieff, Chair of the South Lanarkshire Health and Social Care Forum; S Smellie, Unison, South Lanarkshire Council Trade Union Representative; Dr V Sonthalia, GP Representative

South Lanarkshire Council
L Freeland, Chief Executive; B Hutchinson, Head of Health and Social Care (Hamilton and Clydesdale); M Kane, Health and Social Care Programme Manager; P Manning, Executive Director (Finance and Corporate Resources); G McCann, Head of Administration and Legal Services; J McDonald, Administration Adviser

Apologies:
NHS Lanarkshire Board
Philip Campbell (Chair), Non Executive Director

NHS Lanarkshire
L Ace, Director of Finance

Partners
T Wilson, Health Service Trade Union Representative

South Lanarkshire Council
Councillor Jim McGuigan

1 Declaration of Interests
No interests were declared.

2 Strategic Commissioning Plan Refresh 2018/2019
A report dated 12 March 2018 by the Director, Health and Social Care was submitted on the development of the updated Strategic Commissioning Plan (SCP) for 2018/2019.
The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on Health and Social Care Partnerships to develop and have in place an approved SCP detailing the strategic objectives of the South Lanarkshire Health and Social Care Partnership.

The South Lanarkshire Integration Joint Board (IJB) had approved the Strategic Commissioning Plan for 2016 to 2019. However, the landscape for Health and Social Care had changed since the SCP had been approved and the SCP required to be updated to reflect the changing agenda.

The draft updated SCP for 2018/2019 had been submitted to the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee for comment prior to being submitted to the IJB for approval.

Discussion then took place in relation to further explanation of the content of the SCP to ensure that the strategic objectives of the Health and Social Care Partnership were reflected.

It was proposed that the updated SCP for 2018/2019, attached as an appendix to the report, be approved.

**The Board decided:**

that the updated South Lanarkshire Health and Social Care Partnership Strategic Commissioning Plan 2018/2019, as detailed in the appendix to the report, be approved.

[Reference: Minutes of 29 March 2016 (Paragraph 2) and Minutes of South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee of 27 February 2018 (Paragraph 3)]

### 3 Integration Joint Board Financial Plan 2018/2019


The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on Health and Social Care Partnerships to establish a balanced budget for each financial year. The funds for the IJB were delegated from South Lanarkshire Council and NHS Lanarkshire and were influenced by the grant settlements to each of those organisations by the Scottish Government.

Details of the key elements of the Scottish Government’s 2018/2019 financial settlement which impacted on the IJB were detailed in the report.

Both the Council and NHS Lanarkshire faced challenges balancing their respective budgets due to financial pressures exceeding the provisional level of funding available. Notwithstanding those pressures, the adjustments which would be made to the IJB 2018/2019 recurring baseline budgets were detailed in the report.

In total, in respect of the in-scope social work budgets, an additional £8.262 million was being invested by South Lanarkshire Council in 2018/2019 across all Social Care Services, the details of which were provided in the report.

Funding of £3.931 million was included in the 2018/2019 NHS Lanarkshire financial settlement to be transferred to the IJB to meet the projected cost increases associated with social care policy commitments, the details of which were provided in the report.

Proposed efficiency savings for the South Lanarkshire Health and Social Care Partnership had been identified by South Lanarkshire Council (£0.230 million) and were detailed in Appendix 1 to the report.
Development of efficiency savings by NHS Lanarkshire to address the funding gap of £0.649 million were detailed in the report and were subject to approval by NHS Lanarkshire Board at its meeting to be held on 28 March 2018.

It was proposed that the IJB Financial Plan 2018/2019, as detailed in the report, be approved, subject to approval of NHS Lanarkshire’s proposals at its Board meeting on 28 March 2018.

Discussion then took place in relation to the reserve fund. The Chief Financial Officer provided an explanation in relation to the management of the reserve fund.

The Board decided:

1. that the Integration Joint Board (IJB) Financial Plan for 2018/2019, as detailed in the report, be approved;

2. that the identified efficiency savings for 2018/2019 for implementation by South Lanarkshire Council, as detailed in Appendix 1 to the report, be approved; and

3. that the development of efficiency savings for 2018/2019 for implementation by NHS Lanarkshire, as detailed in the report, be endorsed, subject to approval by NHS Lanarkshire Board at its meeting on 28 March 2018.

4 Directions from the South Lanarkshire Integration Joint Board to NHS Lanarkshire Health Board and South Lanarkshire Council

A report dated 5 February 2018 by the Director, Health and Social Care was submitted on arrangements to allow the Integration Joint Board (IJB) to issue directions in relation to the operational delivery of its delegated functions.

The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on Integration Joint Boards to prepare a Strategic Commissioning Plan (SCP). As part of the SCP, the IJB was required to confirm its arrangements for strategic direction and intended use of integrated budgets. To support those arrangements, formal Directions had been established for the financial year 2018/2019 to allow the IJB to delegate functions to both NHS Lanarkshire and South Lanarkshire Council.

It was proposed that the formal Directions for 2018/2019, detailed in the appendices attached to the report, be approved. Responsibility for the operational delivery of the delegated functions was detailed in the report.

The Board decided:

1. that the mechanism detailed in the report, in relation to issuing directions to either NHS Lanarkshire, South Lanarkshire Council, or both, be noted; and

2. that the formal Directions for 2018/2019, as detailed in the appendices to the report, be approved.

[Reference: Minutes of 28 March 2017 (Paragraph 4) and Minutes of South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee of 27 February 2018 (Paragraph 4)]
5 Any Other Competent Business

Margaret Moncrieff, South Lanarkshire Health and Social Care Forum expressed her disappointment at the late cancellation of the Development Sessions.

The Chief Officer indicated that it was the intention to meet with those involved in the Development Sessions following this meeting.

**The Board decided:** to note the position.
SOUTH LANARKSHIRE INTEGRATION JOINT BOARD (PERFORMANCE AND AUDIT) SUB-COMMITTEE

Minutes of meeting held in Committee Room 5, Council Offices, Almada Street, Hamilton on 28 November 2017

Chair:
South Lanarkshire Council
Councillor Jim McGuigan

Present:
NHS Lanarkshire Board
Tom Steele, Non Executive Director

Attending:
Health and Social Care Partnership
V de Souza, Director, Health and Social Care; M Moy, Chief Financial Officer
NHS Lanarkshire
C Cunningham, Head of Performance and Commissioning; M Docherty, Nurse Director
South Lanarkshire Council
Y Douglas, Audit Manager; J McDonald, Administration Adviser; J Stewart, Lead Officer, Adult Protection Committee

Also Attending:
Audit Scotland
S Lawton, Senior Auditor; D Richardson, Senior Audit Manager

Apologies:
NHS Lanarkshire
T Gaskin, Chief Internal Auditor
NHS Lanarkshire Board
Philip Campbell, Non Executive Director (Depute)
South Lanarkshire Council
Councillor Stephanie Callaghan (Chair)

Appointment of Chair
In the absence of the Chair and Depute Chair, it was agreed that Councillor McGuigan be appointed as Chair for this meeting.

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 29 August 2017 were submitted for approval as a correct record.

The Sub-Committee decided: that the minutes be approved as a correct record.
3 Adult Support and Protection Self Evaluation
A report dated 6 November 2017 by the Director, Health and Social Care was submitted on the joint self-evaluation activity that had been undertaken by the Adult Protection Committee and the Care Inspectorate.

In terms of the Adult Protection Business Plan and Self-Evaluation Strategy 2017 to 2019, there was a requirement for single and multi-agency self-evaluations to be conducted of Adult Protection Services in South Lanarkshire. As part of the Adult Protection Committee’s quality improvement and assurance activities, a self-evaluation case file audit was undertaken in partnership with the Care Inspectorate.

Details of the methodology and findings from the audit were provided in the report. As a result of the self-evaluation audit, an action plan would be developed to take forward those areas that had been identified for improvement.

The Sub-Committee decided: that the report be noted.

4 Performance Monitoring Report
A report dated 30 October 2017 by the Director, Health and Social Care was submitted providing a summary of performance against the key performance measures assigned to the integration of Health and Social Care in South Lanarkshire.

Performance monitoring details for the 23 national integration indicators and the 6 Ministerial Steering Group measures were provided in the appendices to the report.

There were a number of areas of development in relation to performance management and details of those areas and the work undertaken would be submitted to a future meeting of the Sub-Committee.

Discussion then took place in relation to the areas of performance monitoring and the work to be undertaken to ensure meaningful information was being captured and monitored.

The Sub-Committee decided:

(1) that the performance monitoring progress, detailed in the appendices to the report, be noted;

(2) that a workshop be facilitated to discuss the development of performance management; and

(3) that a report on the development of further areas of performance management be submitted to a future meeting of the Sub-Committee.

5 Audit Scotland - Delayed Discharges Report
A report dated 6 November 2017 by the Director, Health and Social Care was submitted on the audit of NHS Lanarkshire’s Delayed Discharges which had been undertaken by Audit Scotland.

The outcome of the audit was detailed in Audit Scotland’s report, a copy of which was attached as Appendix 1 to the report. The audit had highlighted that there were areas for improvement in relation to delayed discharges and the recommendations were detailed in Appendix 2 to the report.
Following the audit, an action plan had been established to take forward those areas identified for improvement. The progress which had been made against the actions identified for improvement was detailed in Appendix 3 to the report.

The Sub-Committee decided: that the progress made against those areas identified for improvement following the delayed discharges audit be noted.

### 6 Risk Register Update

A report dated 30 October 2017 by the Director, Health and Social Care was submitted on the updated Risk Register for the South Lanarkshire Integration Joint Board (IJB).

As part of the arrangements to support the integration of Health and Social Care, a Risk Register for the IJB had been prepared to capture strategic risks relating to the delivery of services likely to affect the Joint Board’s delivery of the Joint Strategic Commissioning Plan.

The Risk Register had been prepared in consultation with partners and had been reviewed against the existing risk registers of NHS Lanarkshire and South Lanarkshire Council.

The IJB at its meeting on 12 September 2017 had approved the Risk Register for the IJB and had agreed that an update report be submitted to the IJB and the Performance and Audit Sub-Committee on an annual basis.

It was proposed that the updated Risk Register, attached as an appendix to the report, be noted and that progress reports be submitted to the Sub-Committee on a regular basis.

The Sub-Committee decided:

1. that the updated Risk Register for the South Lanarkshire Integration Joint Board, as detailed in the appendix to the report, be noted; and

2. that a progress report on the Risk Register be submitted to a future meeting of the Sub-Committee.

[Reference: Minutes of South Lanarkshire Integration Joint Board of 12 September 2017 (Paragraph 8) and Minutes of 29 August 2017 (Paragraph 6)]

### 7 NHS Lanarkshire Healthcare Strategy, 'Achieving Excellence' - Implementation Report

A report dated 24 October 2017 by the Director, Health and Social Care was submitted on NHS Lanarkshire’s Healthcare Strategy, ‘Achieving Excellence’.

‘Achieving Excellence’ supported NHS Lanarkshire’s aim of developing an integrated Health and Social Care system which focused on prevention, anticipation and supported self-management. The Achieving Excellence Strategy, attached as an appendix to the report, had been endorsed by the Scottish Parliament in April 2017 and provided details of the service improvement plans.

The South Lanarkshire Health and Social Care Partnership would support the delivery of the Achieving Excellence Strategy, details of which were provided in the report.

The Sub-Committee decided: that the report be noted.
8 Internal Audit Reporting Protocol

A report dated 3 November 2017 by the Director, Health and Social Care was submitted on the proposed Internal Audit Reporting Protocol that had been prepared by the Chief Internal Auditors of South Lanarkshire Council (SLC) and NHS Lanarkshire Health Board (NHSL).

As a public body responsible for the delivery of services and accountable for public resources, the South Lanarkshire Integration Joint Board (IJB) was required to establish effective internal audit arrangements in line with good governance principles, relevant accounting guidance and the Public Sector Internal Audit Standards.

The Chief Officer had been authorised to establish effective internal audit arrangements for the financial year 2016/2017. This included the agreement of appropriate protocols to provide a framework within which internal audit services would be provided to manage the key strategic priorities and risks that might impact on the achievement of the IJB’s objectives.

As part of the annual report, the External Auditor had recommended that the IJB should review its internal audit arrangements to ensure internal audit work was deliverable within the prescribed timescales. As a result, a reporting protocol, attached as an appendix to the report, had been developed.

The Sub-Committee decided: that the Internal Audit Reporting Protocol for the South Lanarkshire Integration Joint Board, as detailed in the appendix to the report, be endorsed and referred to the Integration Joint Board for approval.

[Reference: Minutes of South Lanarkshire Integration Joint Board of 6 December 2016 (Paragraph 6)]

9 External Audit Annual Report 2016/2017 - Recommendations and Follow-up

A report dated 31 October 2017 by the Director, Health and Social Care was submitted on the progress that had been made in relation to the outcome of Audit Scotland’s audit of the South Lanarkshire Integration Joint Board’s (IJB) Annual Accounts.

Following the audit process, an action plan had been established to take forward those areas identified for improvement and the progress which had been made was detailed in the appendix to the report.

In relation to the recommendation relating to the role of committees, it was proposed that the current role and remit of the Integration Joint Board (Performance and Audit) Sub-Committee be reviewed and a report submitted to the South Lanarkshire Integration Joint Board for consideration.

The Sub-Committee decided:

(1) that the progress which had been made against those areas identified for improvement, as detailed in the appendix to the report, be noted; and

(2) that the current role and remit of the Integration Joint Board (Performance and Audit) Sub-Committee be reviewed and a report submitted to a future meeting of the South Lanarkshire Integration Joint Board for consideration.

[Reference: Minutes of the South Lanarkshire Integration Joint Board of 12 September 2017 (Paragraph 6)]
10 Any Other Competent Business

There were no other items of competent business.
Report

Report to: South Lanarkshire Integration Joint Board  
Date of Meeting: 17 April 2018  
Report by: Director, Health and Social Care

Subject: Amendment to Membership

1. **Purpose of Report**  
1.1. The purpose of the report is to advise members of:-

- a change to the Council’s membership of the South Lanarkshire Integration Joint Board (IJB)

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

- (1) to note that Councillor Richard Lockhart has replaced Councillor Graeme Campbell as a member of the South Lanarkshire Integration Joint Board; and  
- (2) to note that Councillor Richard Nelson has replaced Councillor Richard Lockhart as a substitute member of the South Lanarkshire Integration Joint Board.

3. **Background**  
3.1 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.

3.2. From 1 April 2016, IJBs across Scotland became fully operational, thus allowing for the next implementation phase of the integration of health and social care.

3.3. The Council is represented by 4 elected members, with named substitutes. The Council has advised of changes to its nominated representation on the IJB as follows:-
♦ Councillor Lockhart has replaced Councillor Campbell as a member of the IJB; and
♦ Councillor Nelson has replaced Councillor Lockhart as a substitute member of the IJB.

4. **Employee Implications**
   4.1. There are no implications for employees arising from this report.

5. **Financial Implications**
   5.1. There are no financial implications arising from this report.

6. **Other Implications**
   6.1. There are no significant implications in terms of risk or sustainability arising from this report.

7. **Equality Impact Assessment and Consultation Arrangements**
   7.1. There was no requirement to carry out an Equality Impact Assessment in terms of this report.
   7.2. Appropriate consultation was undertaken in respect of the changes in membership.

Val de Souza
Director, Health and Social Care

28 March 2018

**Previous References**
♦ South Lanarkshire Council, Executive Committee – 28 March 2018

**List of Background Papers**
None

**Contact for Further Information**
If you would like to inspect the background papers or want further information, please contact:- Val de Souza, Director, Health and Social Care
Ext: 3700 (Tel: 01698 453700)
E-mail: val.deSouza@southlanarkshire.gov.uk
1. **Purpose of Report**
   1.1. The purpose of the report is to:
       
       ♦ provide a summary of the financial position of the South Lanarkshire Health and Social Care Partnership for the period from 01 April 2017 to 28 February 2018 (Health Care Services) and 01 April 2017 to 02 February 2018 (Social Work 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 offer of additional funding from NHS Lanarkshire, on a one-off basis to address the increase in prescribing costs as a result of the market short supply factors, be noted; and
       (3) that the confirmation received from South Lanarkshire Council that any remaining overspend on Social Care Services will be met from Council resources 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 (Finance and Corporate Resources), 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.

   3.2. This is the fourth financial monitoring report presented to the South Lanarkshire Integration Joint Board (IJGB) for the financial year 2017/2018. Further reports will follow throughout the year.

4. **Summary Position and Next Steps**
   4.1. The financial position as at February 2018 is summarised as follows:
       
       ♦ there is an overspend of £0.851m on Health Care Services
       ♦ there is an underspend on the Primary Care Transformation Fund of £0.680m, which is ring-fenced
       ♦ there is an overspend of £0.222m on Social Care and Housing Services
4.2. Based on known commitments, the year end outturn as at 31 March 2018 is projected to be an overspend of £1.200m on Health Care Services. This includes a projected overspend of £1m in respect of prescribing costs. NHSL have confirmed that additional funding will be made available on a one-off basis to mitigate this overspend. This will be finalised as part of the year end accounting arrangements.

4.3. In November 2017, the overspend as at 31 March 2018 on Social Care and Housing Services was projected to be £0.982m, however there has been a favourable movement between 09 December 2017 and 02 February 2018. SLC have confirmed that any remaining overspend at the year end will be met from within Council resources.

4.4. The underspend on the Primary Care Transformation Fund is projected to be £0.800m. This fund is ring-fenced.

4.5. The budget variance is analysed by Care Services at Appendix 1.

5. Reasons for Major Budget Variances – Health Services

5.1. Locality and Other Services

5.1.1. There is a net underspend of £0.326m across the localities and other services. Other services include Boundary Service level agreements, delayed discharge funding, management team costs and the apprenticeship levy.

5.1.2. The net underspend on employee costs totals £0.232m and is mainly due to vacancies across Nursing Services and Administration and Clerical Support Services within the localities. There are incremental pay increases across many services however these cost pressures are being offset in-year by the vacancies.

5.1.3. There is a net underspend of £0.094m on non pay costs which is mainly in respect of underspends on drugs, surgical sundries, travel costs, equipment and printing and stationery.

6. Addiction Services

6.1. There is an underspend of £0.061m.

6.2. The underspend is due mainly to vacancies across the Nursing Services and travel costs.

7. Nursing and Medical Directorate Services

7.1. There is a net underspend of £0.017m.

7.2. There is an underspend of £0.096m within the medical directorate which is offsetting an overspend of £0.079m in the nursing directorate. The overspend is due to the cost of training three Whole Time Equivalents (WTE) District Nurses and eight WTE Health Visitors. The additional cost of training for 2017/18 is projected to be £0.306m.

7.3. Additional funding has been made available by the Scottish Government to increase the number of Health Visitor posts and the additional health visiting allocation of £0.082m has been transferred from Area Wide Services to the Nursing and Medical Directorate Services.

8. Prescribing

8.1. There is an overspend of £0.889m.
8.2. The prescribing costs reflect the position to December 2017 at this stage. The overall cost per patient has reduced in December 2017 and the item numbers are in-line with the previous year. Drugs shortages are still apparent and this has increased the cost in-year.

8.3. As highlighted at section 4.2, based on known commitments, the year-end outturn as at 31 March 2018 is projected to be an overspend of £1.2m on Health Care Services. This is mainly due to a projected overspend of £1m on prescribing costs.

8.4. Before the start of the financial year, the anticipated refund of excess historic profits, a recurring reduction in the drug tariff, a heavily used drug going off patent and the NHSL savings schemes made it appear that an overspend against the prescribing budget would be highly unlikely. Not all of the above materialised in full and these anticipated beneficial impacts were reduced by the price of a range of drugs increasing considerably as, across the UK, shortages in supply emerged.

8.5. In 2017/2018 the position across Lanarkshire is that the average price per item, which had started the year at £9.93, peaked at £10.36 in July and only slowly edged downwards to £10.23 in December. Volumes in the first nine months rose by under 0.5%, leaving a forecast yearend overspend of £1.6m due to price increases across Lanarkshire. The intensity of the Pan-Lanarkshire Prescribing Quality and Efficiency Programme was maintained during the year and, while both the South Lanarkshire and the North Lanarkshire IJBs benefited, their activity could not in itself compensate for the short supply factors. This projected overspend is currently accounted for on the basis of £1m to the South Lanarkshire IJB and £0.6m to the North Lanarkshire IJB, reflecting the impact of the agreed efficiency programme.

8.6. GP prescribing vulnerability to market supply factors means this type of unpredictability and volatility between years is a background risk. The time lag in data adds another difficulty to financial management in this area. For this reason the South Lanarkshire IJB retained £0.636m of the prescribing underspend from 2016/2017 as an earmarked reserve to provide a buffer against future adverse swings.

8.7. The scale of the projected overspend this year would wipe-out the earmarked reserves for the South Lanarkshire IJB. In addition, there is no underspend in other Health Services to contribute towards the overspend and this would leave a net deficit. The short supply issues have not yet washed out of the market, leading to predictions that 2018/2019 will also be a difficult year. For this reason, the NHSL Health Board have confirmed on a one-off basis, that it will supplement both IJB’s prescribing budgets to avoid them having to deplete the existing prescribing reserve which will be an important buffer in 2018/2019. This will be confirmed as part of the year-end accounting arrangements.

8.8. Prescribing costs will continue to be monitored and reliance will continue to be placed on Prescribing Quality and Efficiency Programme to manage prescribing activity.

9. **Out of Area Services**

9.1. There is an overspend of £0.871m.
9.2. This is mainly due to higher costs being charged by external facilities and also the cost of services to support individuals with complex care needs. A plan has been agreed by the partners which will be implemented in 2018/19 to address this overspend moving forward.

10. **Area Wide Services**

10.1. There is an underspend of £0.112m.

10.2. This is mainly due to vacancies in Pharmacy Services.

11. **Hosted Led By South Lanarkshire**

11.1. The Hosted Services which are led by the South Lanarkshire Health and Social Care Partnership (SLHSCP) are outlined at Appendix 2.

11.2. There is an underspend of £1.073m mainly as a result of underspends across the following services:

- Primary Care Transformation fund £0.680m under
- Community Dental Services £0.373m under
- Palliative Care Services £0.191m under

11.3. The Primary Care Transformation Fund is ring-fenced. The underspend reported at February 2018 of £0.680m is expected to increase by a further £0.120m to £0.800m by 31 March 2018. There are a range of projects which are being implemented by NHSL and the funding available is being realigned to reflect the agreed implementation plan and timeline. In particular, at the meeting of the IJB on 13 February 2018, the requirement to undertake a review of locality based Community Mental Health Services within South Lanarkshire was approved. In order to take this review and transformational work forward over a fixed term period of 18 months, the Primary Care Transformation Fund Steering Group approved the realignment of £0.168m. Additional mental health funding is expected in 2018/2019. On confirmation of this funding, the realignment of the budgets will be updated as appropriate. A progress report in relation to the review of Mental Health and Learning Disability Hosted Services will be submitted to a future meeting of the IJB.

11.4. The underspend across Community Dental Services of £0.373m is mainly as a result of vacancies across Dental Nursing, Dental Technicians and Oral Health Services. There is also an underspend across travel and transport budgets.

11.5. The underspend across Palliative Care Services of £0.191m is mainly due to underspends in surgical sundries and travel costs.

11.6. There is an overspend within Out of Hours of £0.095m. Although there are 8.35 WTE vacancies, additional expenditure has been incurred on medical cover. There is also an overspend on Diabetic Services of £0.204m due to the cost of equipment.

11.7. In line with the Integrated Resource 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.

12. **Hosted Services Led By North Lanarkshire**

12.1. The Hosted Services which are led by the North Lanarkshire Health and Social Care Partnership (NLHSCP) are outlined at Appendix 3. In-line with the Hosted Services agreement, a break-even position is reported.
13. **Vacancy Factor**

13.1. The average vacancy factor over the year is currently 9.5%. This compares to an average vacancy factor of 9.2% during 2016/17.

14. **Additional In-Year Lanarkshire Funding**

14.1. Additional in-year funding allocations totalling £0.557m for the South Lanarkshire IJB were received between January 2018 and February 2018.

- The budget for Hosted Services increased by £0.240m
- The budget for area wide services increased by £0.154m
- The budget allocations for locality and other services and the medical and nursing directorate increased by £0.083m and £0.082m respectively

15. **Set-Aside Activity**

15.1. The set-aside budget represents the consumption of hospital resources by South Lanarkshire residents and is included in the total resources for 2017/18. The set-aside budget has not yet been updated and continues to be based on 2014/15 activity levels which are costed at 2016/17 price levels.

15.2. Following dialogue with the Information Services Division, the Director of Finance of NHSL and the Chief Financial Officer will agree the set-aside budget allocation and will provide an update when the exercise is concluded.

16. **Reasons for Major Budget Variances – Social Care Services**

16.1. A net overspend is reported of £0.222m as at 02 February 2018. This represents a favourable movement of £0.159m since 09 December 2017.

16.2. There continues to be an overspend within Adult and Older People Services of £0.393m as a result of the demand for Home Care Services, Supported Living Services, Equipment and Adaptations and Direct Payments. However, between December 2017 and February 2018, the over-recovery of income increased by £0.100m from £0.236m to £0.336m. The net overspend at 02 February 2018 is therefore £0.057m.

16.3. At 02 February 2018, there is an overspend in respect of the Housing Services - housing revenue account of £0.199m and the Housing Service - general fund of £0.044m. This reflects the demand for grant assistance in relation to equipment and adaptations. These housing overspends which total £0.243m are being managed by offsetting underspends within the respective housing accounts. A break-even position on the Housing Services delegated to the Partnership will therefore be reported at 31 March 2018.

16.4. The annual probable outturn exercise which was undertaken in November 2017, indicated that the projected position at 31 March 2018 for Social Care and Housing Services within the Partnership could be an overspend of £0.982m, of which £0.659m related to Housing Services and the balance of £0.323m related to Social Work Resources. The level of demand forecast for Care at Home remains as originally projected, however, an improved position is currently being seen, primarily due to Care at Home numbers fluctuating over the winter months and additional income from clients as a result of financial assessments. This position will be monitored over the remainder of the financial year.
16.5. In advance of the year end position being finalised, SLC have confirmed that any remaining overspend in respect of Social Care Services will be met from Council resources.

17. **Conclusion**

17.1. The overall financial position continues to be reviewed. Where any material change is identified over the remainder of the financial year, this will be updated through the routine monitoring processes.

18. **Action**

18.1. The Chief Officer, Chief Financial Officer and the Health and Social Care Partnership Management Team continue to manage and review the budget across all areas of the Partnership.

19. **Reserves**

19.1. The South Lanarkshire IJB Reserves Position Statement is attached at Appendix 4. The balance on the general fund continues to be £0.551 million.

20. **Employee Implications**

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

21. **Financial Implications**

21.1. The financial implications are as outlined in the report.

22. **Other Implications**

22.1. The main risk associated with the IJB’s revenue budget is that either or both partners may overspend.

22.2. Prescribing cost volatility represents the most significant risk within the NHS element of the Partnership’s budget. It is believed, particularly with the offer by NHSL to provide additional funding for GP prescribing, the risks associated with prescribing cost volatility in 2017/2018 are being mitigated. Demand for Care at Home Services represents the most significant risk within the Council’s element of the Partnership’s budget. These risks are managed by both NHSL and SLC through their detailed budget management and probable outturn arrangements.

22.3. There are no sustainable development issues associated with this report.

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

23. **Equality Impact Assessment and Consultation Arrangements**

23.1. 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.

23.2. 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.

24. **Directions**

24.1. The extent to which the existing directions to each partner require to be varied is detailed in the table below:
Val de Souza  
Director, Health and Social Care

Date created: 27 March 2018

**Link(s) to National Health and Wellbeing Outcomes**

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<th>Description</th>
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<td>People are able to look after and improve their own health and wellbeing and live in good health for longer</td>
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<tr>
<td>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</td>
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<tr>
<td>People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected</td>
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<tr>
<td>Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services</td>
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<tr>
<td>Health and Social Care Services contribute to reducing health inequalities</td>
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<tr>
<td>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</td>
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<tr>
<td>People who use Health and Social Care Services are safe from harm</td>
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<tr>
<td>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</td>
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<tr>
<td>Resources are used effectively and efficiently in the provision of Health and Social Care Services</td>
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</table>

**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:-  
Marie Moy, Chief Financial Officer  
Ext: 3709 (Phone: 01698 453709)  
Email: marie.moy@southlanarkshire.gcsx.gov.uk
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**FUNDED BY:**

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## Hosted Services

**Led by the South Partnership**

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<th>YTD Budget Feb 2018</th>
<th>YTD Actual Feb 2018</th>
<th>YTD Variance</th>
<th>South Lanarkshire IJB - 49% Share</th>
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**Ring Fenced Funding**

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<th>YTD Variance</th>
<th>South Lanarkshire IJB - 49% Share</th>
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**TOTAL**

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<th>YTD Variance</th>
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<td></td>
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## Led by the North Partnership

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### South Lanarkshire IJB - 49% Share

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### South Lanarkshire IJB Reserves Position Statement

#### Appendix 4

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<th>Approval</th>
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<td><strong>Sub Total</strong></td>
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<td><strong>Sub Total</strong></td>
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<tr>
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| **Balance As At 1 April 2016** | 6.119 | |
| **Transfer to Reserves** | 0.000 | |
| **Sub Total** | 0.000 | |

**Earmarked Reserves**

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| **Balance As At 28th February 2018** | 0.551 | |
1. Purpose of Report
   1.1. The purpose of the report is to:-
       ♦ present to the Integration Joint Board a summary of performance against the key measures assigned to the integration of Health and Social Care
       ♦ highlight improvements in the performance against delayed discharges in the last two months
       ♦ outline future performance reporting opportunities

2. Recommendation(s)
   2.1. The Integration Joint Board is asked to approve the following recommendation(s):-
       (1) that the current performance trends be noted; and
       (2) that the proposed development work regarding performance management arrangements be noted.

3. Background
   3.1. Through the Public Bodies Joint Working (Scotland) Act 2014 and the associated regulations and guidance, an agreed suite of 23 performance measures were established for consistent application across Scotland. Consequently, Health and Social Care Partnerships use these measures as part of a minimum suite of performance data to report to the Integration Joint Board (IJB) and the Performance and Audit Sub-Committee.

   3.2. Following this, the Scottish Government issued in December 2016, the Health and Social Care Delivery Plan which brought about a renewed focus on six measures prioritised by the Ministerial Steering Group (MSG) in relation to:
       ♦ unplanned admissions
       ♦ occupied bed days for unscheduled care
       ♦ A&E performance
       ♦ delayed discharges
       ♦ end of life care
       ♦ the balance of spend across Institutional and Community Services

   Additional information in relation to each of these is provided at 4.1 below.
3.3. In addition, a number of performance measures which relate to the functions managed by the Health and Social Care Partnership are also reported to the NHS Lanarkshire Board, the South Lanarkshire Council (SLC) Social Work Resources Committee and South Lanarkshire Community Planning Partnership. A workshop with Performance and Audit Sub Committee members was also facilitated by the Head of Commissioning and Performance on 07 March 2018 to look at performance measures going forward and future reporting arrangements. The outcome of this will be reported back to the Performance and Audit Sub Committee on completion of this work.

3.4. This report outlines the trends in performance with regards to the six MSG measures and in particular, highlights improvements in the delayed discharge numbers and associated bed days.

3.5. The report also sets out some of the areas for further consideration as part of the workshop on 07 March 2018.

4. Performance Overview (The six MSG Measures)

4.1. The Partnership set target trajectories against each of the six measures referred to above based on the undernoted information:

**Accident and Emergency Department Attendances**

If the trend in emergency department attendances over the past four years continued then overall attendances would increase by 1% by 2020/2021. However for the 65+ age group there is estimated to be a 14% increase and 32% increase for the 85+ age group. This is a more frail group of people with greater complex health and social care need, who require greater support from across all sectors to support them to remain in their own homes and reduce hospital attendances and admission. In setting a stretching trajectory the Partnership sought to maintain attendances at 2016/17 levels despite the anticipated demographic change and national trends.

**Emergency Admissions**

Emergency admissions for South Lanarkshire are above the Scottish average. Data received from ISD shows that the numbers of admissions increased over the period Nov 2014 – Dec 2016. If the overall trend in emergency admission continues for South Lanarkshire then overall admissions will increase by 8% by 2020/2021. For under 65 age group there will be a decrease of approximately 1%, however for the >65 and >85 age groups the increase will be 39% and 39% respectively. The trajectory sought to halt the rate of increase during 2017/18, using the number of admissions during 2015/16 as baseline.

**Unscheduled Care Bed Days**

The Health and Social Care Delivery Plan set a national target to reduce unscheduled bed days ‘by as many as 400,000’ across Scotland by 2018. The Partnership agreed with NHSL colleagues that the contribution to this target would be a reduction of 6.5% based on a reduction from 2015/16 levels. This is based upon an acceptance that whilst reducing the number of admissions will remain to be very challenging, the community based services to assist in supporting people to be discharged safely from hospital on an earlier basis would reduce the overall number of bed days. (To achieve this, there will require to be a commensurate reduction in the number of actual beds.)
Delayed Discharge Bed Days

The Partnership set a very stretching target to reduce Delayed Discharge bed days throughout 2017/18 by >25%. The assumptions re such a significant level of improvement were based on reduced delays associated with homecare, faster throughput of AWI patients and the reclassification of offsite beds as intermediate care. To date, it has not been possible to re-designate the off-site beds however the attached Appendix 1 shows that the trajectory has been met despite this.

People Spending Last Six Months of Life in Community

Percentage of people who spend their last 6 months in a community setting has steadily increased over the previous three years. The introduction of the Integrated Community Support Teams and increased joint working with home care staff 24/7 has supported greater numbers of people to be cared for in their own homes during their palliative care journey. It is expected that the numbers of people who spend the last six months in the community will continue to increase.

Balance of Care

This indicator is calculated on the basis of a percentage of people over 75 who are not thought to be in any other setting, those receiving home care, those receiving nursing home care and those in hospital.

4.2. Appendix 1 shows a useful longitudinal trend analysis of the MSG indicators.

5. Delayed Discharges

5.1. There has been significant work undertaken during October – February to refocus efforts in supporting a reduction in the number of delayed discharges in line with the recent Audit Scotland report on this issue as well as the internally generated delayed discharge action plan.

5.2. Most significant of the various pieces of work undertaken, has seen the emphasis for both home care patients and Community Care Assessment (CCA)/complex assessment patients to be transferred from a hospital based approach to one which is locality led and owned. Initially, the social work/CCA element transferred to localities in November, whilst the home care transfer was undertaken in January.

5.3. By moving to a ‘locality-ownership’ approach, this has also provided the opportunity for increased integrated approaches, with NHS staff assisting to provide early rehabilitation/discharge support as well as Support Your Independence (SYI) home care staff. In turn, this has enabled SYI staff to more often take over care pending optimum re-ablement and independence of service users.

5.4. During January 2018, bed days decreased for South Lanarkshire patients showing exceptional variation and below the lower expected limit. In the same month, referrals to the hub reached second highest numbers recorded.

5.5. Homecare was the area with highest bed days October – January 2017. In October, homecare bed days were significantly higher than at any time during the previous year, partly due to the Partnership being unable to fully respond to the increase in requests for packages of care/homecare hours. Although referrals and bed days reduced to within expected levels during November, delays experienced in October had an effect on performance during November. Performance during January and February reflects the increased provision from early October onwards.
5.6. During January, homecare bed days reduced to below the expected range. This was due to the actions described above at 5.2. The improvement in performance was also facilitated by support from Integrated Community Support Team (ICST). Notwithstanding however, local data to show the improvement has been provided in various run charts in Appendix 2. Of note is the reduction in the number of referrals in the months where there are four day public holidays or times of high annual leave, for example, Easter school holidays.

6. **Summary and Next Steps**

6.1. There are a number of areas of development which are being led by the Partnership with regards to performance management in the IJB and Health and Social Care context.

6.2. As referred to above, a performance workshop was held in March 2018 with a view to agreeing a common approach to:

- the content of a performance reporting framework for the IJB and localities
- the format and frequency of this data. Thereafter, a similar exercise will be agreed with localities to refine the performance arrangements at locality level
- revised performance arrangements which will reflect the new ‘directives’ such that the IJB might be satisfied with progress against these
- reflect current reporting requirements for NHS Lanarkshire Board, South Lanarkshire Council and their respective governance structures

7. **Employee Implications**

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

8. **Financial Implications**

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

9. **Other Implications**

9.1. There are no additional risks associated with this report.

9.2. There are no sustainable development issues associated with this report.

9.3. There are no other implications at this stage.

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. Consultation on this work has and will continue to be part of discussions with the Strategic Commissioning Group and Locality Planning Groups.

11. **Directions**

11.1. This report does not introduce a new direction.

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<td>3. NHS Lanarkshire</td>
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<tr>
<td>4. South Lanarkshire Council and NHS Lanarkshire</td>
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</table>
People are able to look after and improve their own health and wellbeing and live in good health for longer

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community

People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected

Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services

Health and Social Care Services contribute to reducing health inequalities

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

People who use Health and Social Care Services are safe from harm

People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Resources are used effectively and efficiently in the provision of Health and Social Care Services

Previous References

- Report of South Lanarkshire Integration Joint Board – Annual Performance Report to Performance and Audit Sub-Committee, 29 August 2017

List of Background Papers

- Appendix 1 – six MSG Measures
- Appendix 2 – Delayed Discharge related run charts/graphs

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
Ext: 3704 (Phone: 01698 453704)
Email: craig.cunningham@lanarkshire.scot.nhs.uk
Appendix 1

South Lanarkshire Health and Social Care Partnership
Health and Social Care Delivery Plan Measures

1. Context
1.1. The Health and Social Care Delivery Plan and the work of the Ministerial Steering Group (MSG) in Health and Social Care have identified six key areas through which trends overtime will be monitored, with a view to supporting improvement and learning within Partnerships and across Scotland.

1.2. A key emphasis behind this work is realising the national ambition to shift the balance of care through strategic commissioning which shifts the focus from acute and residential settings to community based alternatives. This report gives a short overview of the South Lanarkshire position with regards to the following areas:
- unplanned admissions
- occupied bed days for unscheduled care
- A&E performance
- delayed discharges
- end of life care
- the balance of spend across institutional and community services

2. Summary of the Big six in South Lanarkshire

a) A&E Attendances

The graph below shows the longitudinal trend against the trajectory and notes that as at December 2017, the trajectory was above target by 1216, actual attendances 9,011 against a target of 7,795. This trajectory had been calculated assuming that A&E attendances could be maintained at the previous year’s level, current attendances are above the previous year in particular during December 2017 when Acute sites experienced increased demand throughout the system.
b) Emergency Admissions

The graph below shows the longitudinal trend against the trajectory and notes that as at December 2017, the trajectory was within target by 55 admissions.

![Graph showing Emergency Admissions from April 2015 to December 2017]

C) Unscheduled Care Bed Days

The graph below tracks the monthly performance against agreed trajectory for unscheduled care bed days. It should be noted that due to coding and processing, there is routinely a three months lag in terms of completed episodes of care. To take into account data lag the graph has been updated for previous months in addition to December 2017. With the exception of September and October 2017 the Partnership was below target.

![Graph showing Unscheduled Care Bed days from April 2015 to December 2017]
Geriatric Long Stay bed days have shown a significant reduction January 2015 to September 2017, making a contribution to the overall reduction in bed days. GLS bed days are well below target bed days.

![Graph showing South Lanarkshire Unscheduled Geriatric bed days](image)

**South Lanarkshire Unscheduled Geriatric**

- Geriatric
- GLS Target

**d) Delayed Discharge Bed Days**

Delayed Discharge Bed day targets for December and January onwards were based on improvements in delays associated with homecare, and the reclassification of offsite beds as intermediate care. Homecare improvements have resulted in a decrease in bed days for this type of delay. However the Partnership is working with ISD to determine the approach to re-designating offsite intermediate care beds.

The graph below shows revised targets which include patients in offsite beds. The Partnership achieved target bed days during December. Although the Partnership were beyond target by 53 bed days during January 2018 this is significant improvement which has been sustained throughout February.
e) Last 6 Months of Life by Setting

The graph below confirms that the direction of travel for the Partnership is heading in the correct direction, with more people being supported at home in terms of end of life care.

![Percentage of last six months of life spent in Community: South Lanarkshire](image)

f) Balance of care

South Lanarkshire community based service provision remains just under 98%. The 98% figure presents the proportion of the population not in hospital/residential/supported care.
Appendix 2

South Lanarkshire Bed Days

Bed days for SL patients, including offsite, showed significant variation during January 2018. Bed days were below the lower range of data which would be expected with routine variation.

The graph below shows the bed days associated with each reason for delay. Bed days associated with homecare and Code 9 delays have decreased during the months of January and February 2018.

POC increased significantly over the period December 2017 – February 2018 with two weeks, 11th December and 5th February showing POC above the upper limit, at the same time referrals to discharge hubs showed routine variation. This is as a result of increased provision of homecare and changes within localities for this type of delay.
Referrals to South Lanarkshire hubs have shown there is routine variation in referrals. More recently referrals during January 2018 increased to 400 the second highest referrals received over the time period January 2016 – January 2018.
SL HSCP - Total occupied beds for patients in delay over 3 days

SL HSCP - Total occupied beds for patients in delay over 14 days
# Report

**Agenda Item**

**8**

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<th>Report to:</th>
<th>South Lanarkshire Integration Joint Board</th>
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<td>17 April 2018</td>
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<td>Report by:</td>
<td>Director, Health and Social Care</td>
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**Subject:** Internal Audit Charter and Internal Audit Plans

## 1. Purpose of Report

1.1. The purpose of the report is to:

- present the Internal Audit Charter for approval by the Board
- present the plans in relation to the internal audit activity undertaken by NHS Lanarkshire and South Lanarkshire Council as it relates to the South Lanarkshire Integration Joint Board

## 2. Recommendation(s)

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

1. that the Audit Charter as outlined in Appendix 1 be approved.
2. that the extracts of NHS Lanarkshire and South Lanarkshire Council audit plans for 2017/18 be noted.

## 3. Background

3.1. South Lanarkshire Integration Joint Board’s (IJB’s) Internal Audit Service is provided by the Internal Auditors of both partners. The Chief Internal Auditors have drafted an Internal Audit Charter in line with the requirements of the Public Sector Internal Audit Standards. These standards are applicable to both NHS and Local Authority Internal Audit services in relation to the provision of an internal audit service to the Integration Joint Board.

3.2. The Charter sets out the purpose of the Internal Audit function as defined within the Public Sector Internal Audit Standards. It establishes the scope of the Internal Audit function and lays out the requirements of the Chief Internal Auditors. The role of the Chief Internal Auditors and the authority of that position is set out clearly alongside the controls in place to provide assurance around independence, ethics, confidentiality and objectivity.

3.3. The Charter will take effect from the date it was endorsed by the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee until such times as it is revoked or replaced.
4. **Next steps**

4.1. The Charter will be refreshed at least biennially and as and when Public Sector Internal Audit Standards or other relevant guidance changes. Any amendments to the Charter will be presented to the IJB (Performance and Audit) Sub-Committee.

5. **Internal Audit Plans 2017/2018**

5.1. In order to ensure proper coverage, avoid duplication of efforts and determine areas of reliance from the work of each team, guidance was issued by the Scottish Government Integrated Resource Advisory Group which recommended that the Chief Internal Auditors for each of the respective bodies share information and coordinate activities with each other.

5.2. In respect of the 2016/17 year end cross assurance process, this worked smoothly and on time for the accounts closure.

5.3. The South Lanarkshire IJB Chief Officer has established joint working arrangements with the internal audit functions of South Lanarkshire Council and NHS Lanarkshire to deliver the annual internal audit plan of work for the IJB in 2017/18.

5.4. The South Lanarkshire IJB audit plan for 2017/18 was approved on 5 December 2017. The relevant extracts from the 2017/18 internal audit plans for South Lanarkshire Council and NHS Lanarkshire are attached at appendices 2 and 3 for information.

6. **Employee Implications**

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

7. **Financial Implications**

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

8. **Other Implications**

8.1. There are no additional risks associated with this report.

8.2. There are no sustainable development issues associated with this report.

8.3. There are no other implications at this stage.

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. Consultation on this work has and will continue to be part of discussions with the Strategic Commissioning Group and Locality Planning Groups.

10. **Directions**

10.1.  

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<tr>
<td>3. NHS Lanarkshire</td>
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Val de Souza
Director, Health and Social Care

Date created: 06 February 2018

Link(s) to National Health and Wellbeing Outcomes

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

Previous References
✦ South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee of 27 February 2018 (Paragraph 9)

List of Background Papers
✦ Internal Audit Reporting Protocol – 28 November 2017

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:-
Yvonne Douglas
Audit and Compliance Manager (South Lanarkshire Council)
Ext: 2618 (Phone: 01698 452618)
Email: yvonne.douglas@southlanarkshire.gcsx.gov.uk
Introduction
1. This charter, which accords with the current Public Sector Internal Audit Standards (PSIAS), supplements the IJB’s Financial Regulations and sets out the responsibility and authority for and approach to South Lanarkshire IJB’s internal audit activity.

2. The charter was endorsed by the Performance and Audit Sub-Committee on 27 February 2018 and has effect from that date and until such time as it is replaced or revoked. The Charter will be updated concurrently with any amendments to relevant sections of the South Lanarkshire IJB’s Financial Regulations and subject to a full review at least biennially.

3. The Charter also acknowledges the Chartered Institute of Internal Auditors (CIIA) Code of Ethics for Internal Auditors.

Internal Audit Standards
4. Overall responsibility for arranging internal audit provision rests with the Chief Accountable Officer but is delivered by the South Lanarkshire Council and NHS Lanarkshire internal audit teams, under the direction of their respective Chief Internal Auditors.

5. The Chief Internal Auditors must ensure that internal audit activity is delivered in accordance with PSIAS and CIIA Code of Ethics for Internal Auditors.

Vision and Mission
6. The vision of Internal Audit is to provide continuously improving, high quality assurance and advice.

   The mission of Internal Audit is:
   a) to provide the Chief Accountable Officer, in an economical and timely manner, with an objective evaluation of, and opinion on, the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and internal control. The Chief Internal Auditor opinion is a key part of the framework of assurance that the Chief Accountable Officer needs to inform the completion of the Annual Governance Statement (AGS).
   b) to provide independent assurance and advice to the IJB, Performance and Audit Sub-Committee and the senior management team on all aspects of governance and risk across South Lanarkshire IJB.
   c) to provide advice and assistance to directors and senior managers in carrying out their internal control responsibilities including matters of risk, fraud, business improvement, policy, procedure and compliance.

7. The mission is supported by the PSIAS and the Chartered Institute of Internal Auditors’ (CIIA) definition of Internal Auditing: “Internal Audit is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes”.

Responsibility
8. Within the organisation, responsibility for internal control rests fully with management to ensure that appropriate and adequate arrangements are established. Internal Audit will be responsible for conducting an independent appraisal and giving assurance to the Audit Committee on internal control arrangements.
9. Internal Audit will be responsible for obtaining relevant, reliable and sufficient audit evidence in order to provide an opinion to the IJB on the adequacy and effectiveness of internal controls. Internal Audit will also assist management by evaluating and reporting to them on the effectiveness of the controls for which they are responsible.

10. Internal Audit will consider the adequacy of controls necessary to secure propriety, economy, efficiency and effectiveness and will seek to confirm that management have taken the necessary steps to achieve these objectives.

11. Internal Audit work must be sufficient to meet the requirements of PSIAS which requires Internal Audit to evaluate and contribute to the improvement of governance, risk management and control processes using a systematic and disciplined approach.

12. In fulfilling this responsibility Internal Audit will:
   ♦ evaluate the design, implementation and effectiveness of the organisation’s ethics-related objectives, programmes and activities
   ♦ evaluate risk exposures relating to the organisation’s governance, operations and information systems regarding the:
     o reliability and integrity of financial and operational information
     o effectiveness and efficiency of operations and programmes
     o safeguarding of assets
     o compliance with laws, regulations, policies, procedures and contracts
   ♦ evaluate the potential for the occurrence of fraud and how the organisation manages fraud risk
   ♦ refrain from assuming any management responsibility for managing risks when assisting management in establishing or improving risk management processes in addition, Internal Audit scope must be sufficient to provide the Chief Accountable Officer with the opinion on the adequacy and effectiveness of internal control required to support the Board’s Governance Statement

Authority
13. The IJB shall ensure that, for all information and areas under the direction of the IJB, that its Internal Auditors are entitled to require and receive, without necessarily giving prior notice:
   a) access to all records, documents and correspondence relating to any transactions, including documents of a confidential nature;
   b) access at all reasonable times to any land, premises or employee of the organisation;
   c) the production of any cash, stores or other property of each organisation under an employee’s control; and
   d) explanations concerning any matter under investigation.

Independence
14. PSIAS requires the Internal Audit function to be independent and objective, to interact directly with the Board and to have unfettered access to the Chief Accountable Officer. The Chief Internal Auditor and the External Auditor have a right of attendance at all Committees. The Chief Internal Auditor and External Auditor shall have the right to direct access to the Chairs of the Board and all Committees.

Appointment of Chief Internal Auditor and Internal Audit Staff, Professionalism, Skills and Experience
15. Both the Health Board and Local Authority shall each provide a Chief Internal Auditor who is a member of a CCAB Institute or CMIIA with experience equivalent to at least five years post-qualification experience and at least three years of audit.
Reporting arrangements including Key Performance Indicators

16. Arrangements for reporting and following up individual assignments are contained within the reporting and follow-up protocols to be approved by the Performance and Audit Sub-Committee.

17. The principal report to be produced by Internal Audit will be the Annual Audit Report for each audit year. This will be prepared in time for submission to the Performance and Audit Sub-Committee not later than the agreed target date, in order to provide the assurance required in considering the IJB’s Annual Accounts and in line with the assurance arrangements agreed with the parties.

18. Internal Audit will identify key performance indicators and report these in full within the Annual Internal Audit Report.

Assurances provided to parties outside the organisation:

19. Internal Audit will not provide assurance on activities undertaken by South Lanarkshire IJB to outside parties without specific instruction from South Lanarkshire IJB with the exception of the sharing of reports and working papers with the statutory External Auditors and the application of the Freedom of Information (Scotland) Act 2002. Sharing of Internal Audit reports with the parties will be a matter for the IJB and its Local Authority and Health Board partners under the terms of an agreed output sharing protocol.
<table>
<thead>
<tr>
<th>Lead Resource</th>
<th>Audit assignment</th>
<th>Outline Scope</th>
<th>Expected days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td>Self Directed Support</td>
<td>Provide assurance of compliance with Act and review procedures around service options and adequacy of controls to mitigate against potential risks.</td>
<td>20</td>
</tr>
<tr>
<td>Social Work</td>
<td>Community Payback Order process</td>
<td>Undertake a review of revised processes to ensure fully implemented and these address improvement areas identified.</td>
<td>15</td>
</tr>
<tr>
<td>Social Work</td>
<td>Medication</td>
<td>Assess processes around control of medication within facilities.</td>
<td>20</td>
</tr>
<tr>
<td>Social Work</td>
<td>Community Payback Order Working Group</td>
<td>Attend and participate in the Community Payback Order Working Group in 2017/18.</td>
<td>5</td>
</tr>
<tr>
<td>All</td>
<td>Employee fraud</td>
<td>Undertake audit testing to identify potential fraudulent mileage, payroll and expense claims by employees.</td>
<td>40</td>
</tr>
<tr>
<td>All</td>
<td>Follow-up</td>
<td>For all Council Resources, identify audit recommendations due in the period April 2016 to March 2017. Risk assess and follow-up to ensure implementation of all high risk actions.</td>
<td>34</td>
</tr>
<tr>
<td>All</td>
<td>Continuous Controls Monitoring (CCM)</td>
<td>Continue to download data in current CCM areas (Oracle FMS, Payables, iProcurement and ICON). Use data for analysis and to inform internal and external audit testing. Prepare formal reports to allow exceptions and unusual trends in financial controls to be reported to Resources for further investigation.</td>
<td>83</td>
</tr>
<tr>
<td>All</td>
<td>Contract Scrutiny Groups</td>
<td>Participate in Gateway Review Groups as required.</td>
<td>10</td>
</tr>
<tr>
<td>All</td>
<td>Audit plan 2018/2019</td>
<td>Undertake consultation, risk assessment, Resource and Section planning, set scopes and objectives and seek approval through preparation of reports.</td>
<td>10</td>
</tr>
<tr>
<td>All</td>
<td>Serious Organised Crime Working Group</td>
<td>Attend and participate in the Serious Organised Crime working group in 2017/18.</td>
<td>2</td>
</tr>
<tr>
<td>All</td>
<td>General contingency</td>
<td>Conclude all 2016/2017 audits. Respond to requests for unplanned work during 2017/2018, including advice and guidance to Resources.</td>
<td>50</td>
</tr>
<tr>
<td>All</td>
<td>Fraud contingency</td>
<td>Respond to requests for investigative work.</td>
<td>100</td>
</tr>
<tr>
<td>Lead Resource</td>
<td>Audit assignment</td>
<td>Outline Scope</td>
<td>Expected days</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>All</td>
<td>National Fraud Initiative</td>
<td>Preparation for the full 2016/2017 exercise and investigation of matches.</td>
<td>40</td>
</tr>
<tr>
<td>All</td>
<td>Fraud alerts</td>
<td>React to fraud alerts through internal and external sources and disseminate information as appropriate.</td>
<td>1</td>
</tr>
<tr>
<td>All</td>
<td>User verification (leavers and movers data matching)</td>
<td>Using IDEA, undertake a data match of systems users (per system) against both leavers (per Human Resources Management System) and movers (per payroll cost centre changes) to identify any instances where systems permissions have not been removed, when appropriate.</td>
<td>5</td>
</tr>
<tr>
<td>All</td>
<td>Community Empowerment Act</td>
<td>Provide assurance that South Lanarkshire Council is fully complying with the Act.</td>
<td>20</td>
</tr>
<tr>
<td>All</td>
<td>Informal follow-up</td>
<td>Prompt Resources on a quarterly and monthly basis of actions due within that period. Collate responses for reporting.</td>
<td>15</td>
</tr>
<tr>
<td>All</td>
<td>Audit Scotland actions - follow-up</td>
<td>Follow-up status of actions for Audit Scotland reports for actions falling due between April 2016 to March 2017. Prepare an audit file to evidence progress for the specific Audit Scotland reports being followed up by External Audit. Discuss the progress of these actions with relevant Head of Service and agree final position.</td>
<td>5</td>
</tr>
</tbody>
</table>

**Total Days** 480
<table>
<thead>
<tr>
<th>Reference</th>
<th>Description</th>
<th>Scope</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Control Environment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L 11 18</td>
<td>Assurance Framework</td>
<td>Assurance structures (inc Audit Committee); relevance, reliability, timeliness and quality of evidence</td>
<td>20</td>
</tr>
<tr>
<td><strong>Risk Management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L 12 18</td>
<td>Risk Management Strategy, Standards and Operations</td>
<td>Review of strategy and supporting structures in order to conclude on risk maturity</td>
<td>20</td>
</tr>
<tr>
<td><strong>Health Planning - Health Plan</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L 14 18</td>
<td>Improvement, innovation and operational planning</td>
<td>Delivering effective and efficient person-centred services, planning and performance management with community planning partners and other NHS bodies</td>
<td>25</td>
</tr>
<tr>
<td><strong>Health Planning - Service Monitoring</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L 16 18</td>
<td>Organisational Performance Reporting</td>
<td>Accurate, relevant and reliable reporting on delivery of strategic and operational objectives</td>
<td>20</td>
</tr>
<tr>
<td><strong>Health Planning - Effective Partnerships and Integrated Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L 17 18</td>
<td>Health and Social Care Integration</td>
<td>Working with local authority partners to deliver IJB Internal Audit Plan ongoing review of Health Board HSCI risk and associated controls</td>
<td>80</td>
</tr>
<tr>
<td><strong>Clinical Governance - Patient Safety</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L 19 18</td>
<td>Medicines Management</td>
<td>Accountable Officer compliance, arrangements for efficient and effective prescribing and CEL (2014) 17</td>
<td>25</td>
</tr>
<tr>
<td><strong>Financial Assurance - Use of Resources</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L 21 18</td>
<td>Savings Programme</td>
<td>Management and reporting of achievement of EG targets</td>
<td>25</td>
</tr>
<tr>
<td><strong>Information Governance - Information Security</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Information Governance - Data</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L 29 18</td>
<td>Data Quality</td>
<td>Processes to ensure data is collated appropriately and reported accurately and timeously to the right people</td>
<td>15</td>
</tr>
</tbody>
</table>
1. Purpose of Report
   1.1. The purpose of the report is to:-
       ♦ provide a brief update to the Board on the work being undertaken to develop the Outline Business Case and Option Appraisal Process in relation to the refurbishment/redevelopment of Monklands Hospital.

2. Recommendation(s)
   2.1. The Integration Joint Board is asked to approve the following recommendation(s):-
       (1) that progress to date with the Monklands refurbishment/replacement project be noted.

3. Background
   3.1. This paper and associated appendix provides an overview of the work being undertaken to develop an Outline Business Case in relation to the refurbishment/redevelopment of Monklands Hospital.

   3.2. Specifically, and set out in more detail within Appendix 1, is detailed information in relation to:
       ♦ the principles which will underpin the Outline Business Case
       ♦ the four options and options appraisal process
       ♦ the two stage workshop process to undertake the options appraisal
       ♦ stakeholder engagement
       ♦ financial appraisal
       ♦ timelines
       ♦ the benefits criteria and how this will be measured

4. Employee Implications
   4.1. There are no additional employee implications associated with this report.

5. Financial Implications
   5.1. There are no additional financial implications associated with this report.
6. **Other Implications**
   6.1. There are no risk implications associated with this report.
   6.2. There are no sustainable development implications associated with this report.
   6.3. There are no other implications associated with this report.

7. **Equality Impact Assessment and Consultation Arrangements**
   7.1. An equality impact assessment will be undertaken as part of any proposals to refurbish/replace Monklands Hospital.
   7.2. Stakeholder engagement as outlined in Appendix 1 will be intrinsic to the process of developing the Outline Business Case.

8. **Directions**
   8.1. This report does not issue any Directions to the Parties

<table>
<thead>
<tr>
<th>Direction to:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No Direction required</td>
<td>☒</td>
</tr>
<tr>
<td>2. South Lanarkshire Council</td>
<td>☐</td>
</tr>
<tr>
<td>3. NHS Lanarkshire</td>
<td>☐</td>
</tr>
<tr>
<td>4. South Lanarkshire Council and NHS Lanarkshire</td>
<td>☐</td>
</tr>
</tbody>
</table>

Val de Souza  
**Director, Health and Social Care**

Date created: 16 March 2018

**Link(s) to National Health and Wellbeing Outcomes**

<table>
<thead>
<tr>
<th>Outcomes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>People are able to look after and improve their own health and wellbeing and live in good health for longer</td>
<td>☐</td>
</tr>
<tr>
<td>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</td>
<td>☐</td>
</tr>
<tr>
<td>People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected</td>
<td>☐</td>
</tr>
<tr>
<td>Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services</td>
<td>☐</td>
</tr>
<tr>
<td>Health and Social Care Services contribute to reducing health inequalities</td>
<td>☐</td>
</tr>
<tr>
<td>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</td>
<td>☐</td>
</tr>
<tr>
<td>People who use Health and Social Care Services are safe from harm</td>
<td>☐</td>
</tr>
</tbody>
</table>
People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Resources are used effectively and efficiently in the provision of Health and Social Care Services

### Previous References
- none

### List of Background Papers
- none

### Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:
- Martin Kane  
  Programme Manager, Health and Social Care  
  Ext: 3743 (Phone: 01698 453743)  
  Email: martin.kane@southlanarkshire.gcsx.gov.uk
Monklands Refurbishment/Replacement Project
Formal Option Appraisal: Process, Participants, Timeline and Outline Workshop Programmes

1. Introduction
The development of the Outline Business Case (OBC) includes a requirement to undertake a formal appraisal of the options identified at initial agreement stage that can deliver the stated project objectives. The Scottish Capital Investment Manual (SCIM) defines the mechanism for undertaking a formal option appraisal at OBC stage* and identifies the range of participants who should be involved in the event. The process must also ensure compliance with CEL 4(2010) – Informing, engaging and consulting people in developing Health and Community Care Services.

This paper provides detail around these outline principles and sets out the process and timescales which will be adopted.

*(http://www.pcpd.scot.nhs.uk/capital/scimpilot.htm)

2. Principles
The standard option appraisal process is relatively straightforward and comprises five key stages.

♦ stage 1; fully determine and describe the clinical model
This is a key element in determining and assessing each of the available options.

♦ stage 2; fully describe each option which can deliver this clinical model.
It is a SCIM requirement to also include a ‘do nothing/do minimum’ option at this stage for comparative and reference purposes only.

♦ stage 3; identify the benefits criteria.
These are the measurable outcomes of the project which will allow the level of compliance of each option to be determined objectively and presented as a numerical score. These are set as part of the initial agreement process (Appendix 1). It is a SCIM requirement to apply a weighting to each benefit criteria in order to reflect relative importance.

♦ stage 4; option appraisal process and assessment of non-financial benefits.
Process where each option is considered against the agreed benefits criteria and a score allocated. The conclusion of this stage is to provide a tabulation of the relative scores which in turn identifies the relevant ranking of the non-financial benefits for each of the options.
stage 5; formal appraisal of the financial benefits.
This is a matter of capturing the projected cost of each option, capital and revenue, to enable the full costs to be assessed in conjunction with the non-financial appraisal results. The final assessment will include review of capital cost per benefit point, a sensitivity analysis and analysis of lifetime costs by way of a net present value process.

The final decision making process is then undertaken with due cognisance of both financial and non-financial appraisal outcomes and forms part of the Outline Business Case.

3. Options and Option Appraisal
Four options to deliver the clinical model have been identified at initial agreement stage. These are:
Option A - do nothing/do minimum
Option B - refurbish existing hospital
Option C - replace existing hospital – New build on existing site
Option D - replace existing hospital – New build on alternative site

In order for the process to be comprehensive and transparent each of the options will be further developed and a dataset for each option established. These will be shared with all participants during the formal option appraisal process.

The issue of timeline is informed by the development of the clinical model and the continuing evolution of the Regional Plan. The clinical model forms part of the delivery programme associated with the implementation of achieving excellence and will be available in May 2018. The Regional Plan is being developed within a similar timescale.

The formal option appraisal, and associated scoring process, to determine the non-financial benefits will be undertaken as a two stage process and has been programmed for late May/early June 2018, as follows:
Stage 1 Workshop formal process to appraise Options A – D, as described above
Stage 2 Workshop formal process to appraise the sites available for Option D plus the existing Monklands site (should Option D be determined as a high scoring option at Stage 1 Workshop.)

The two stages will be undertaken within a one week period with the same participants attending both events. Information identifying the geographical location of alternative sites will only be issued if Option D emerges as a high scoring option at Stage 1 Workshop.
Indicative programmes for the two workshops are:

### Stage 1 Workshop

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.30am-10.00am</td>
<td>Registration and Tea/Coffee</td>
<td></td>
</tr>
<tr>
<td>10.00am – 10.15am</td>
<td>Welcome and Introduction</td>
<td>Project Director</td>
</tr>
<tr>
<td>10.15am – 11.15am</td>
<td>Discussion/agreement on Benefits Criteria and Descriptors</td>
<td>Facilitator</td>
</tr>
<tr>
<td>11.15am – 11.45am</td>
<td>Development of Benefits Criteria Weightings and Scoring Mechanism</td>
<td>Facilitator</td>
</tr>
<tr>
<td>11.45am – 1.00pm</td>
<td>Description of Available Options:</td>
<td>Facilitation Team*</td>
</tr>
<tr>
<td></td>
<td>- Summary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Outline plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Work phases &amp; Programmes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Delivery of Clinical Model</td>
<td></td>
</tr>
<tr>
<td>1.00pm – 2.00pm</td>
<td>Lunch and Gallery wall (Key Option Information)</td>
<td></td>
</tr>
<tr>
<td>2.00pm – 4.00pm</td>
<td>Non-financial Option Appraisal and Scoring</td>
<td>Facilitator</td>
</tr>
<tr>
<td>4.00pm – 4.15pm</td>
<td>Conclusion and Next Steps</td>
<td>Project Director</td>
</tr>
<tr>
<td>4.15pm - 4.30pm</td>
<td>Questions and Answers</td>
<td>All</td>
</tr>
<tr>
<td>4.30pm</td>
<td>Finish</td>
<td></td>
</tr>
</tbody>
</table>

### Stage 2 Workshop

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.30am - 10.00am</td>
<td>Registration and Tea/Coffee</td>
<td></td>
</tr>
<tr>
<td>10.00am – 10.15am</td>
<td>Welcome and Introduction</td>
<td>Project Director</td>
</tr>
<tr>
<td>10.15am – 11.00am</td>
<td>Discussion/agreement on Benefits Criteria and Descriptors</td>
<td>Facilitator</td>
</tr>
<tr>
<td>11.00am – 11.30am</td>
<td>Development of Benefits Criteria Weightings and scoring Mechanism</td>
<td>Facilitator</td>
</tr>
<tr>
<td>11.30am – 1.00pm</td>
<td>Description of Available Sites:</td>
<td>Facilitation Team*</td>
</tr>
<tr>
<td></td>
<td>- Transport, Travel &amp; Access</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Regional dimension</td>
<td></td>
</tr>
<tr>
<td>1.00pm – 2.00pm</td>
<td>Lunch &amp; Gallery wall (Key Option Information)</td>
<td></td>
</tr>
<tr>
<td>2.00pm – 4.00pm</td>
<td>Non-financial Option Appraisal &amp; Scoring</td>
<td>Facilitator</td>
</tr>
<tr>
<td>4.00pm – 4.15pm</td>
<td>Conclusion and Next Steps</td>
<td>Project Director</td>
</tr>
<tr>
<td>4.15pm - 4.30pm</td>
<td>Questions and Answers</td>
<td>All</td>
</tr>
<tr>
<td>4.30pm</td>
<td>Finish</td>
<td></td>
</tr>
</tbody>
</table>

*Facilitation team will include finance, planning and estates members of the project team plus technical experts involved in the development of the individual options.*
SCIM requires that the option appraisal process is undertaken by a group comprising appropriate representation of all of the interested parties, including those who are directly affected by the project, and those who are responsible for its delivery. This will include patients, public, carers, staff, staff representatives and key members of the project team. Participants will comprise:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>No of Representatives (Indicative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients/Patient Representatives</td>
<td>Patients, public and carers nominated by North Health and Social Care Partnership</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Patients, public and carers nominated by South Health and Social Care Partnership</td>
<td>7</td>
</tr>
<tr>
<td>Staff side Representatives</td>
<td>Acute Division Health &amp; Social Care Partnerships</td>
<td>3</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>Monklands Hospital Clinicians – Medical</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Nursing</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>AHP</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Hairmyres Hospital Clinicians – Medical</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nursing</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>AHP</td>
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<td></td>
<td>Wishaw Hospital Clinicians – Medical</td>
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<tr>
<td></td>
<td>Nursing</td>
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<td></td>
<td>AHP</td>
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</tr>
<tr>
<td></td>
<td>Health and Social Care Partnerships</td>
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<td>North - Clinicians</td>
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<td>South - Clinicians</td>
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<td>Project Team Members</td>
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<td>Scottish Ambulance Service</td>
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<td>Director/Service leads</td>
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<td>Director of Regional Planning</td>
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<td>Total</td>
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*The option appraisal process will be attended and overviewed by Scottish Health Council representatives to ensure CEL 4(2010) compliance.

The nomination and selection of individuals who will represent patients, public and carers lies with the Health and Social Care Partnerships – each Partnership has agreed a process to nominate and select their representatives and will complete this at least six weeks in advance of the formal option appraisal process.
The workshops will be preceded by an information event, one for lay participants and one for staff, where the outline detail of the options under consideration and the mechanics of the formal Option Appraisal and scoring process will be explained. This has proven to be a useful mechanism in previous projects e.g. Orthopaedic review.

Participants in the formal option appraisal workshops will be provided with all the relevant information and material they require in advance. The method of scoring adopted, group or individual, and the relative weighting of each criterion will be determined by the participants on the day. This process of scoring will result in a weighted score for each option – the outcome of this will be shared with participants on the day and will be carried forward to the formal financial appraisal.

4. Financial Appraisal
The formal financial appraisal follows a process set out within SCIM and will be completed by NHSL finance representatives. The process involves assessing the full cost of each option, capital and revenue, and determining the equivalent cost of each over a 25 year period. This allows the Net Present Value - a measure of the true cost of the option over the defined 25 year period - to be determined.

The final part of the assessment is a cost per benefit point and this requires the cost of each option to be assessed relative to the points allocated through the non-financial benefit scoring process. This process ensures that options are considered taking cognisance of both their costs and their benefit scores. The outcome of this process will inform the selection of the preferred option at OBC stage.

There will be a formal process to share the outcome of the financial appraisal with participants prior to the finalisation of a recommendation for preferred Option.

5. Timeline
The timeline of events required to enable the successful completion of the option appraisal process is summarised below:

<table>
<thead>
<tr>
<th>Task</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>Finalise option appraisal proposals and timeline</td>
<td>October – November 2017</td>
</tr>
<tr>
<td>Prepare data on all available options</td>
<td>October 2017 – March 2018</td>
</tr>
<tr>
<td>NHS Lanarkshire Board seminar – discussion and feedback</td>
<td>29 November 2017</td>
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<tr>
<td>MRRP Project Board - sign off final version</td>
<td>18 December 2017</td>
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<tr>
<td>Pre-process communication with IJB and public groups</td>
<td>February - April 2018</td>
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<tr>
<td>Briefing sessions</td>
<td>April /May 2018</td>
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<tr>
<td>Option Appraisal – Stage 1</td>
<td>Late May/Early June 2018</td>
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<tr>
<td>Option Appraisal – Stage 2 (if required)</td>
<td>Late May/Early June 2018</td>
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<tr>
<td>Financial evaluation</td>
<td>June 2018</td>
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<tr>
<td>Feedback to participants</td>
<td>July 2018</td>
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<tr>
<td>Development of recommendation on Preferred Option</td>
<td>July 2018</td>
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<tr>
<td>Formal engagement on option appraisal process</td>
<td>July-September 2018</td>
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<tr>
<td>Review engagement feedback and prepare final recommendation</td>
<td>October 2018</td>
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<tr>
<td>Consideration by NHS Board</td>
<td>October 2018</td>
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<td>Ref. No</td>
<td>Benefit</td>
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<td>1</td>
<td>Person centeredness</td>
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<tr>
<td>2</td>
<td>Improved safety of patient care</td>
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<td>3</td>
<td>Improved clinical effectiveness</td>
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<td>4</td>
<td>Quality physical environment</td>
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</table>
| 5 | Flexible / adaptable facilities across the health system | Adherence to current accommodation standards.  
Ability to shift the use of space from inpatient to outpatient/day care usage.  
Reduction in running costs. | PAMS and EAS assessment.  
Revenue cost indicators |
1. **Purpose of Report**

1.1. The purpose of the report is to:-

   - inform the Integration Joint Board of the progress for the development of the South Lanarkshire Health and Social Care Partnership Digital Vision 2018 to 2020

2. **Recommendation(s)**

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

   (1) that the progress in the development of a Digital Vision for the South Lanarkshire Health and Social Care Partnership (SLHSCP) be noted

3. **Background**

3.1. The SLHSCP has no independent digital/ICT system and is reliant on its two corporate bodies in delivering their individual digital action/strategies.

3.2. There are 2 national digital strategies as follows - Digital Strategy for Health and Care 2017 to 2022 and a National Action Plan for Technology Enabled Care 2016.


3.4. Developing a Digital Vision for the SLHSCP is not intended to duplicate these documents but is intended to challenge our Partners to develop the future vision of digital in terms of Health and Social Care. Many core aspects are incorporated in those strategies, however the Partnership would aspire to have an integrated approach to developing digital and ICT beyond 2022.

3.5. The Partnership facilitated a large digital engagement event in October 2017 where over 100 people attended. In addition there have been a number of smaller focus groups with staff and patients to build on the emerging vision and to create an understanding of the wider digital aspirations.

3.6. The feedback from these events will form the basis of the South Lanarkshire Health and Social Care Digital Vision.
4. **Key Areas of Feedback 18/8/2017**

4.1 **Self Management** - there was ambitious feedback from staff and service users that digital has the ability to support people to help themselves. This was through various routes from self purchased apps, smart supports to assistive living technology.

4.2. **Communication, Integration and Interoperability** - there was frustration expressed about the number of systems that exist across Health and Social Care that do not ‘speak to each other’. There was also feedback that data sharing was a perceived barrier that should be resolved as a priority.

4.2. **Resources and accessibility** - there was feedback that much of the hardware and software is out of date. In addition there are connectivity issues across large areas of Lanarkshire and between Health and Social Care buildings.

4.3. **Single Point of Access** - there was support for a digital solution for a single point of access for service users. This also included the ability to book online appointments and self refer.

4.4. **Skills and Education** - there was feedback that we needed to support the improvement of the skills and knowledge of digital technology of the workforce in order to encourage innovation.

5. **Key Headings to develop the Partnership Vision which are national and adapted for a local context are:**
   - digital services that meet local and national needs
   - digital tools for people to manage their health and wellbeing at home and in the community
   - developing digital skills and leadership
   - digital services that enable, are safe, reliable and based on shared architecture and standards
   - ensuring every person’s data is protected and accessible when needed
   - supporting service re-design and innovation
   - making better use of health and care information

6. **Timeline for Digital Vision Development**
   - SLHSCP Digital Steering Group formed in July 2017
   - engagement events held between August 2017 and December 2017.
   - draft Digital Vision document to be developed by April 2018. A copy of progress with the development of this is detailed in Appendix 1.
   - consultation on draft document May 2018 with relevant stakeholders
   - final document to be launched in June 2018.

7. **Employee Implications**

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

8. **Financial Implications**

8.1. Costs associated with this have yet to be considered. There are costs associated with a new community e health system, hardware and software which are considered within the corporate bodies’ individual e health plans.

9. **Other Implications**

9.1. The risks associated with not achieving the SLHSCP digital vision are not being able to deliver a safe, efficient and timely service due to lack of investment. In addition
there is a risk that there will be a resistance in having a joined up approach to digital across health and social care.

9.2. There are no sustainable development implications associated with this report.

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

10. **Equality Impact Assessment and Consultation Arrangements**

10.1. An equality impact assessment has to be carried out on the recommendations contained in this report.

10.2. Consultation has taken place with key stakeholders.

11. **Directions**

11.1. This report does not issue a direction.

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<th>Direction to:</th>
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<tr>
<td>1. No Direction required</td>
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<tr>
<td>2. South Lanarkshire Council</td>
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<td>3. NHS Lanarkshire</td>
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<tr>
<td>4. South Lanarkshire Council and NHS Lanarkshire</td>
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**Val de Souza**  
*Director, Health and Social Care*

Date created: 22 March 2018

**Link(s) to National Health and Wellbeing Outcomes**

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

Resources are used effectively and efficiently in the provision of Health and Social Care Services

Previous References

♦  none

List of Background Papers

♦  none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-
Marianne Hayward, Head of Health and Social Care
Ext: 3704 (Phone: 01698 453704)
Email: Marianne.hayward@southlanarkshire.gcsx.gov.uk
South Lanarkshire Health and Social Care Digital Vision
2018 to 2020

1. Introduction
The purpose of this document is to set out the South Lanarkshire Health and Social Care Partnership (SLHSCP) digital vision. Why do we need this vision? We need it because digital technology has the capability to improve our health and care delivery by connecting us, make us more efficient and put our service users in the centre of their care by empowering them.

The advancement of the digital world is moving at speed. Social media, mobile technologies, web sites, teleconferencing, home health monitoring, ‘attend anywhere’ are just a few of the digital initiatives that are supporting people and staff in the present in terms of health and care. We need to allow the development and support innovation of digital initiatives and understand their impact and benefits. We need to also understand what is needed to deliver this in terms of resources and staff and service user skills and knowledge.

This document sets out the digital vision for the South Lanarkshire Health and Social Care Partnership 2018-20.

"Can we be better connected by 2020?"

2. Background
SLHSCP has no independent IT / e health system and is reliant on our corporate bodies in achieving their respective digital action plans. These are driven by national strategies such as the emerging “Digital Health and Social Care Strategy 2018-22”, which is due to be published by the Scottish Government and Cosla in early 2018. In addition there is South Lanarkshire Council: Delivering a Digital Council 2017-20 and NHS Lanarkshire Health and Care Action Plan 2015-17 and an NHS Lanarkshire eHealth Strategy 2014-17 with underpinning delivery plan.

The South Lanarkshire Council Strategy (2017-22) vision is to “Improve the effectiveness and efficiency of South Lanarkshire Council services through its use of digital and ICT services"

There are also local drivers such as “Achieving Excellence” and the South Lanarkshire Health and Social Care Partnership Strategic Commissioning Plan which have digital at the heart of many of their objectives.

This paper is not intended to duplicate these strategies or action plans. However there is an opportunity to influence the future direction of these strategies and action plans through this digital vision document.

Engagement Events
In order to understand the digital landscape from the perspective of the staff and service users across South Lanarkshire, the SLHSCP held an engagement event on 18 August 2017. In addition there have been a series of focus groups with staff and service users. The feedback from these has formed the foundation of this document.

The general themes that emerged from the events and focus groups were:

Self Management – there was ambitions from our staff and service users that digital has the ability to support people to help themselves.
Communication, Integration and Interoperability – there was frustration expressed about the number of systems that exist across health and social care that don’t ‘speak to each other’. There was also feedback that data sharing was a perceived barrier that should be resolved as a priority.

Resources and accessibility – There was feedback that much of the hardware and software our teams have is out of date. In addition there are connectivity issues across large areas of Lanarkshire and between health and social care buildings.

Single Point of Access - There was support for a digital solution for a single point of access for our service users. This also included the ability to book online appointments and self refer.

Skills and Education – There was feedback that we needed to support the improvement of the skills and knowledge of digital technology of our workforce in order to encourage innovation.

Our Vision
- digital services that meet local and national needs
- digital tools for people to manage their health and wellbeing at home and in the community
- developing digital skills and leadership
- digital services that enable, are safe, reliable and based on shared architecture and standards
- ensuring every person’s data is protected and accessible when needed
- supporting service re-design and innovation
- making better use of health and care information

Digital services that meet local and national needs
Resources across Health and Social Care are under greater demand than ever before with a reduced financial envelope. We have to embrace technology in order to provide efficient health and care services. This has to be done through a “Once for Scotland” approach to allow for greater economies of scale and therefore greater efficiency. Service users should not have to tell ‘their story’ several times and should be able to access online services which suit them not which suit individual services. They should also have ownership of their own health information. Our staff should not be hampered by software systems that don’t work and don’t talk to each other. They should be confident that entering information once and data sharing will allow that information to be seen by everyone relevant.

There are many examples across the UK where Health and Social Care have worked to use digital effectively. For example “the casserole club” where volunteers cook can match ‘diners’ for a home cooked meal on a web site, supported by Barnet Council. “No delays” is a platform where on line consultations can be uploaded and individually prescribed to enhance health literacy supported by NHS Grampian. Closer to home we have tech programme which is progressing home health monitoring and ‘attend anywhere’ virtual clinics.

These are just a few of the examples. Our vision is that we embrace new ideas from across the UK and beyond but be bought into a “once for Scotland approach” which allow for greater cost effectiveness.

3. Digital tools for people to manage their health and wellbeing at home and in the community
“Sarah is a fiercely independent young woman, 28 years, who was diagnosed with a life limiting brain tumour that caused frequent epileptic seizures. Through an occupational therapy assessment it was indentified that Sarah’s had difficulty safely and independently accessing her local community and facilities. She lacked confidence in staying safe having experienced a severe seizure when previously out and about. After third seizure she was confused and disorientated. Sarah was keen to maintain as normal a routine as possible, and wished to continue to keep as active. To address her need it was ascertained that the provision of an Epi-Care wrist sensor which automatically detects seizure activity and alerts chosen responders to the wearer’s location would permit Sarah the confidence to stay active and continue to get out and about. Since the wrist sensor was provided Sarah confidence has improved and she is now able to go out without the need for someone to support her. Sarah’s mood and has improved significantly and her self-esteem increased knowing that she will be able to remain as active and independent yet safe for as long as possible”

The use of technology to support self management has many potential benefits. These are early intervention and prevention, signposting, competency, confidence and health literacy, promoting independence, supporting illness and end of life care. The health foundation states that in order for technology to support self management it needs to be “easy, attractive, social and timely”. One suggestion from the engagement event was to look to industry. For example supermarkets build up an electronic picture of their customers to target sales. Health and Care could do similarly with triggers on supporting self management?

**Early Intervention and Prevention**

Early Intervention and prevention and sign posting at the present are not consistent across services and supports. There are a plethora of web sites and apps which support early intervention and prevention across a range of clinical and care situations. However, there is currently no joined up governance around these. The Partnership will work towards a governance structure of menu of web sites and apps which are supported. These could include NHS Inform for example, SLHSCP.

**Self Referral**

Currently we put barriers in place for service users by using referrals, filling in forms, and not having enough flexible access. The vision would be that we would have system and process that allow that to happen so that people have more direct access to points of care through more self referral options.

**Promoting independence**

There are opportunities for using technology to support independence. These include electronic Assistive Living Technology (Telehealth/ Smart Supports/ Alarms), Alexia technology e.g. Amazon Echo, fall detectors and Hive smart support to name a few. Currently our focus as a Partnership with e ALT is on the over 65 age group dominated by statutory procured products designed at low cost. These have limited ability to be personalised for use. There are huge opportunities for the Partnership to choose an early intervention approach to eALT for a younger age group. Enablers for this will be: Better Awareness, Increased information, positive images and role models using e ALT, media campaigns, improved design and positive peer perception. Social Isolation is often a problem for many of our population. Skype and Face time can provide an important lifeline to our population. The SLHSCP is committed to supporting our service users to maximise their opportunities for social interaction and reducing isolation using the appropriate tools.
Supporting Illness and End of Life Care

“Mrs P Jones has Chronic Obstructive Airways Disease (COPD) and she has had this for some time. She is 75 and lives with her small dog. Walking her dog and getting to the shop for her paper is what matters to her. She was a smoker of 40 years but stopped when diagnosed 5 years ago. She has a self management plan on her tablet which was prepared between her and her district nurse. She managed to stop smoking using patches and a text2Stop. She has medication to take daily and has set up reminders which come up on her phone. She attended a pulmonary rehab class which was done remotely from one of the main hospital centres. A local district nurse is on hand at these classes to make sure everyone is safe. Ms Jones tries to walk her dog every day and is getting competitive with her neighbour in recording her steps! She has not always kept well and has had a couple of admissions to hospital. To stop that happening she checks in remotely through attend anywhere at a virtual clinic with her local nurse whenever she feels signs of getting worse.”

COPD is just one of the conditions which is life limiting and many people are coping with multiple conditions. Evidence suggests that the earlier people embrace self management the better. Above all it has to be tailored to the individual.

There are technologies which are currently in use which are supporting people to keep well for longer. These include inhalers for asthmatics which can monitor more frequent use and then subsequently alert, blood glucose monitoring, blood pressure monitoring to name a few. Our vision for would be to encourage the use of these technologies as a routine part of any management plan or assessment of health and care.

4. Developing digital skills and leadership

There are a number of teams who support our digital and ICT worlds. These are employed separately across Health and Social Care. The SLHSCP also hosts the Pan Lanarkshire Telehealth team who provide support for home health monitoring and telehealth. The telehealth team are currently developing a pan Lanarkshire action plan for telehealth over the next 2 years. There is scope for South Lanarkshire to have closer alignment with this team and smart supports, assisted living, community alarms.

In addition to developing our current digital teams we also need to develop our clinical and social care teams. Moving the culture of paper base processes to digital will require champions and digital leadership.

Our vision is that we have teams and individuals who have the knowledge base to drive our digital agenda.

5. Digital services that enable, are safe, reliable and based on shared architecture and standards

Our Systems

Our staff and teams use multiple systems which don’t currently communicate with each other. To deliver integrated care we need to be ambitious as a Partnership in enabling that to happen. Systems include Portal, Midas ( Community System), Swiss plus ( local authority) Vision ( GP) system, Vision 360 ( community), Hospital Electronic Prescribing Management System ( HEPMA), PACs, TrakCare , NHS mail, NHS Lanarkshire mail, Local authority mail.

- There is no uniform electronic patient record and there are multiple assessments across services.
- There are also multiple phone numbers and referral routes for accessing services.
- There are separate council and health emails making communication difficult.
- There needs to be data integration, master data management, business intelligence and analysis.
Electronic Patient Record (EPR)
Ultimately if we are to achieve a person held electronic record that can be easily accessible our services are going to have to work together to reduce the multiple assessments and records that are undertaken. Ultimately there will have to be an agreement for one core demographic and assessment form across multiple services in order to achieve one EPR.

Electronic Documents and Records Management
South Lanarkshire Council have procured a new corporate system which provides a paperless, controlled environment for the management of documents. The system is fully compliant with records management guidelines, DPA/GDPR legislation and improves productivity, reduces duplication and gives visibility of documents within various workflows. Once a more integrated digital vision is realised this will also be of benefit to health.

Portal / E Care
Portal and eCare both have the ability to pull or share information across various systems. There are also apps that allow mobile solutions. There has also been work undertaken in areas out with Lanarkshire which could lead to a regional approach, for example Glasgow and Clyde have developed sharing information with six partnership areas through clinical portal and have an electronic community patient record based on Emmis Web.

Council and NHS emails
The NCC group were commissioned in 2016 to scope out the work required to allow for greater integration between South and North Lanarkshire Councils and the NHS to achieve the ambitions of the Partnership. They produced a report which was presented in 2017 which outlined the establishment of a ‘federated trust. This would provide common authentication and would allow for the creation of foundations for effective access to systems and data. Other options such as separate partnership networks were discounted due to cost or not achieving our requirements.

Community E health System
NHS Lanarkshire community and mental health staff currently use MiDIS. This was developed in 2008 by NHS Tayside and is now provided on a maintenance only basis by NHS Tayside with no development work undertaken for a number of years. There are currently approximately 3500 users of this system across 9 clinical services. A review of the system in 2014/15 resulted in the recommendation that MiDIS be replaced. Work has been developed nationally to develop a business case for a replacement. Replacing MiDIS with a commercial off the shelf community IT system is a strategic priority. A modern system will provide the platform for enabling service transformation through the wider adoption of digital technologies for staff and patients.

SwiSS
The current local authority system is SWiSS plus. There are no immediate plans to replace this system; however there may be a ‘future state’ where we can work with partners to develop and procure an ICT system which will support Health and Social Care.

Resources and Accessibility
There are corporate device replacement plans which equates to devices being refreshed on a four or five year cycle. It is important that the teams within the Partnership scope what is currently available and forward plan. The number of digital devices required for
our teams will grow significantly over the next couple of years as technology advances and staff and service users have access to medical records, clinical decision making, anticipatory care plans at the point of care

**Connectivity**
Our teams (including third sector) need to connect and for this to happen we need wi fi across all our premises to enable mobile/ flexible working.

**Microsoft Office**
Both NHSL and SLC are implementing the Microsoft Office 365 suite to replace legacy Office software. O365 is cloud based and will, along with EDRMS, greatly improve collaboration opportunities between the partners (eg using SharePoint)

6. **Ensuring every person’s data is protected and accessible when needed**
The ability to share information has long been a barrier across stakeholders. Achieving a date sharing agreement through the data sharing partnership is a priority for the Partnership.
The ideal ‘future state’ is a comprehensive agreement on data sharing across health and social care.

**Staff Story**
“My ideal world would be to have a single log in and easy access to each other’s email addresses (unified global address). I would like to see the relevant information I need to support a patient without logging into another system or having to ask for it. A single patient record would support that. To achieve that we would have to have one core demographic and one core assessment that any staff member could complete. Ideally any recorded information would pull across into any letters I needed to do. Information governance and sharing would be streamlined and agreed across all parties. All referrals would be electronic and well populated so I had the information I needed to treat my patients.
My appointments would be on a tablet and any cancellations notified immediately so other patients can access me. Wouldn’t it be great if a patient who needed me could receive an ‘alert’ that I was free due to a cancellation and they could accept an appointment? We do it for industry but can’t do health and care?
An ability to support flexible, joined up scheduling would allow for appointments to be shared allowing for a service user focussed service. This would benefit access, reduce waiting times and provide more timely care and treatment.

7. **Supporting service re-design and innovation**
SLHSCP is currently working alongside the Digital Health and Care Institute (DHI) to scope digital opportunities to improve the pathway for diabetes care. It is anticipated that this programme could benefit patients with other long term conditions. There is also scope for working with Health Technologies Scotland to realise some of our ambitions for shifting the balance of care. Examples: of this ‘near patient testing’, new blood glucose monitoring technologies, and digital pens to name a few.

Building Better Committees is a priority development for the Partnership. There are examples of digital national initiatives which can support this agenda. For example ‘tech mums ‘and digital smart community flats. The Partnership is committed to supporting digital innovation within the communities we support.
There are opportunities to work with further education to develop our social media and digital ambitions. For example UWS are keen to develop partnerships with HSCP to develop opportunities for students. There are examples where other partnership areas have taken ‘social media’ interns to support their learning.

Our vision is that we will committed to working with staff and service users in order to develop new digital ways of working which will increase benefits in health and care for people and staff working in our services.

8. Making better use of health and care information

Health and social Care Services have to ensure that they demonstrate effectiveness and add value. Digital services provide data which can support that. The Partnership has a vision that all the data which is submitted through our digital systems is accurate, meaningful and demonstrates our performance. This will require review through our performance frameworks and we need to influence our corporate bodies on what meaningful outcomes are for health and social care.

In addition, data can be translated to inform workforce planning, identify areas of efficiency, impact of services, outcomes for our service users, auditing clinical and care services as well as support research, finance decisions, commissioners and planners.

Our vision is that make better use of health and care information by defining what ‘better is’.
Report

Subject: Carers Act Update

1. Purpose of Report
1.1. The purpose of the report is to:

- inform the Board on progress on Implementation of the Carers (Scotland) Act 2016
- advise on the role of the voluntary sector in the Implementation of the Act

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

(1) that the content of the report be noted; and
(2) that updates on the implementation of the Carers (Scotland) Act 2016 be submitted to future meetings of the Integration Joint Board.

3. Background
3.1. The NHS and Community Care Act 1990 is widely cited as the first piece of UK legislation to establish a formal requirement for user involvement in service planning. The Carers (Recognition and Services) Act 1995 further linked carers to involvement and planning of services. Services evolved in South Lanarkshire as a result of this legislation. The Carers (Scotland) Act 2016 now establishes the rights of carers on a more formal basis by placing specific duties on local authorities and health boards.

3.2. The Carers (Scotland) Act 2016, which will come into force on 1 April 2018, represents a bold vision through extending and enhancing the rights of carers.

3.3. Implementation of the Carers (Scotland) Act 2016 sits within a wider context of the integration of Health and Social Care, building a fairer Scotland and a strong, sustainable economy, tackling inequalities and delivering public services with communities.

3.4. The Carers (Scotland) Act 2016 identifies a number of new requirements and actions to support carers:

- a new adult carer support plan
- a new young carer statement
- duty to support carers including by means of a local eligibility criteria
- duty to prepare a local carer strategy
3.5. A Carers Act Programme Board was established in September 2017 and has been shaping the South Lanarkshire Health and Social Care Partnerships response to the implementation of the Carers Act. The Programme Board has been using the Carers Act Readiness Toolkit, a copy of which is attached as an appendix, to track the progress of its response and implementation of the range of duties within the Act.

3.6. Draft Guidance on the implementation of the Act was received from the Scottish Government in December 2017. Following this, finalised guidance was received in March 2018. COSLA will continue to monitor the financial impact of the Carers Act in its 1st year of implementation.

3.7. Carers are recognised as equal partners in the delivery of support and care. The Council has benefited from carers who care for the most vulnerable people living in our communities and the organisations that support them.

3.8. South Lanarkshire has provided support funding to a range of organisations supporting carers but the two main carer organisations funded primarily focus on the “provision of support services to carers” and “the voice of carers”.

3.9. Lanarkshire Carers Centre Lanarkshire Carers Centre (LCC) is a carer led organisation and has operated since 1995. It is a registered charity and is recognised as the key provider of carer support services. LCC receives pan Lanarkshire Service funding by both North and South Lanarkshire Partnerships, with other funding from a previously managed NHS Lanarkshire Carers Information Strategy (CIS). CIS funding transferred to the respective Health and Care Partnerships in April 2017.

3.10. South Lanarkshire Carers Network (SLCN) South Lanarkshire Carers Network is a Carer led organisation which was established in 1998 to influence and involve carers in the planning and provision of services that affect them. The role of the Network is to identify unpaid carers, develop and maintain the Network for unpaid carers, Consult and engage with carers, identify gaps in the provision of services.

3.11. The Resource is working closely with both organisations in readiness for the implementation of the Act to ensure the right support is in the right place at the right time for all carers across South Lanarkshire.

3.12. Commissioning arrangements with current carer organisations require to be reviewed in relation to specific duties of the Act. Our main Carer Centre, is a pan Lanarkshire Service and North Lanarkshire Health and Social Care Partnership has indicated they will be tendering their Carer Support Services. An options appraisal of future service models of Carer Support in south will be undertaken. This will include the current CIS funded hospital and community carer support services.

3.13. Scottish Government has also requested detailed information in the form of “Carers census” data. Social Work Resources and Lanarkshire Carers Centre are currently working to support this activity.

3.14. Stakeholder awareness raising around the Act will be undertaken in a range of ways, with some funding targeted to the voluntary sector to drive some of this work forward. In terms of training and awareness for staff, a Learn on Line, EPIC (Equal Partners in Care) carer awareness training tool will go live shortly. A communication group will
also be established to ensure all publicity material from a range of different organisations is consistent across all agencies.

4. **Employee Implications**
   4.1. This report identifies further responsibilities for employees of both the Resource and the voluntary sector, in driving the work forward with the additional planning, data, and operational demands of the implementation of the Act.

5. **Financial Implications**
   5.1. The financial impact of the Act and funding associated is still to be identified. A range of funding streams is currently being mapped to ensure the duties of the Act are delivered.

   5.2. The transfer of CIS funding to respective partnerships, its management, allocation, and future utilisation requires to be considered.

6. **Other Implications**
   6.1. The potential demands for Adult Carer Support Plans/Young Carers Statements and the Self Directed Support budgets remains a concern as organisations such as the Coalition of Carers raise awareness/expectation to Carers rights under the Act.

   6.2. Voluntary Sector organisation have differing roles and remits, there is a risk that as the Act defines specific duties, such as information and advice, rather than complement, they compete. Social Work Resources is working with Carer organisations and Vaslan to ensure the resources carers require are in place and access clear.

   6.3. The tender of Carers Services in North Lanarkshire will have implications for the Partnership. Lanarkshire Carers Centre, if unsuccessful, or not, may have to reconsider their ability to deliver carer support in South.

7. **Equality Impact Assessment and Consultation Arrangements**
   7.1. An equality impact assessment will be required as the Act will introduce new policy.

   7.2. Carers will be consulted, and the carer organisations who support them included in any consultation. Carer organisation representatives are included in the Carers Act Programme Board and its sub groups.

8. **Directions**
   8.1. 

<table>
<thead>
<tr>
<th>Direction to:</th>
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<tbody>
<tr>
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<td>2. South Lanarkshire Council</td>
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<td>3. NHS Lanarkshire</td>
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<td>4. South Lanarkshire Council and NHS Lanarkshire</td>
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</table>
People are able to look after and improve their own health and wellbeing and live in good health for longer

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community

People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected

Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services

Health and Social Care Services contribute to reducing health inequalities

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

People who use Health and Social Care Services are safe from harm

People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Resources are used effectively and efficiently in the provision of Health and Social Care Services

Previous References
♦ Report to IJB – Carers Strategy Issues

List of Background Papers
♦ None

Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:-
Bernie Perrie, Planning and Performance Manager
Ext: 3749 (Phone: 01698 453749)
Email: bernie.perrie@southlanarkshire.gcsx.gov.uk
### Area 1: Programme Management and Governance

<table>
<thead>
<tr>
<th>No.</th>
<th>Implementation Requirement</th>
<th>Contact Person</th>
<th>Further Comment</th>
<th>Status</th>
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</thead>
<tbody>
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<td>1</td>
<td>Develop a plan to set up programme structure and governance</td>
<td>Bernie Perrie</td>
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<td>2</td>
<td>Collect the key milestones and provisions of the Act including any technology used to implement the Act</td>
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<tr>
<td>3</td>
<td>Briefing to Senior Leaders and wider staff groups including local SMT members and leadership</td>
<td>SLC Social Work, Community Development, Lead Officer</td>
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<td>4</td>
<td>Updates to website and external information</td>
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<td>5</td>
<td>Linking to local strategy, overview, progress</td>
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<td>6</td>
<td>Integrate with all areas of work including any technology used to implement the Act</td>
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### Area 2: Workforce Support and Development

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### Notes
- We set out the impact of the changes and where work will be necessary in a number of 'enabling' areas. It involves integration authorities to self-assess/evaluate their progress against several key milestones and provisions within the act.

---

**Name of Integrated Authority:** South Lanarkshire Health and Social Care Partnership  
**Date of Update:** 7th March 2018  
**Contact email address & telephone number:** bernie.perrie@slc.scot  

**Area 1: Programme Management and Governance**

- What stage are you at in developing a comprehensive plan for implementation of the Carers Act with clear milestones and objectives?
- Are you currently setting up programme areas within the integration authority? E.g. SMT, Children's Lead Officer, Finance lead, Business Manager for corporate finance or a Service Manager?
- Are you in the process of establishing programme board(s) with agreed terms of reference?
- Is there a dedicated staff member responsible to meeting needs?
- Are you taking stakeholders in key sectors into the strategy?

**Area 2: Workforce Support and Development**

- To what extent do your plans take into account the budgetary implications and financial considerations?
- Have you considered both statutory staff and those of external providers of care?
- To what extent does your workforce currently have the skills, knowledge and confidence to take on the additional duties and responsibilities?
- Does your project plan reflect dependencies between different programme areas?
- Have you included a member of your corporate finance team as a non-voting member of your programme board?

**Current Position**

- Children's services

- To what extent do your plans integrate the skills, knowledge and experiences of other members of the workforce?

---

**Further Comment**

- Children's services are not devolved to your integration authority.
- To what extent do your plans take into account the budgetary implications and financial considerations?
- Have you considered both statutory staff and those of external providers of care?

---

**Implementation tasks**

- Local Action required
- Further Comment
- Implementation tasks
Carer awareness

- To what extent have you raised awareness amongst adult and carer groups in your area?

Local Partnership Board. Behaves like a special issue in place which includes care responsibilities. Local partnerships also care. Rights on their local funding and local Act SDO rights to request flexible working.

- To what extent do these contracts need to be revised in relation to carer awareness?

Local revisions through Local and Coalition. Carers will then provide draft local awareness. Clarification on the audience this is attended by LCNIC selling strategies.

- To what extent are staff able to access both carer awareness raising materials and learning opportunities for development?

Local revision to draft Local Awareness raising in contact with Head Teachers. Learning on social care and Quality Improvement. Local delivery of group.

Role of the Third Sector

- To what extent have you produced or planning to produce any materials or raised awareness?

Hoax already produced. Needs Local Awareness raising in contact with Head Teachers.

Further Comment

As above

Local Action required

What role will the third sector undertake in relation to preparations for staff who work in education?

Local awareness raising in contact with Head Teachers. Learning on social care and Quality Improvement. Local delivery of group.

Area 4: Communications and Public Awareness

<table>
<thead>
<tr>
<th>4.1</th>
<th>Communications Plan</th>
<th>Status Report</th>
<th>SLCN</th>
<th>Area 3: Role of the Third Sector</th>
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<tbody>
<tr>
<td>4.1.1</td>
<td>In what extent have you developed a local communication plan for implementation of the Act?</td>
<td>Under development</td>
<td>SLCN</td>
<td>Area 3: Role of the Third Sector</td>
</tr>
<tr>
<td>4.1.2</td>
<td>In what extent do your local contracts need to be amended to reflect the Carers Act?</td>
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<td>SLCN</td>
<td>Area 3: Role of the Third Sector</td>
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<tr>
<td>4.1.3</td>
<td>In what extent have you identified what role the Third Sector will play in relation to future developments within the local Act?</td>
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Area 5: Communications and Public Awareness

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<td>In what extent have you identified what role the Third Sector will play in relation to future developments within the local Act?</td>
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Area 6: Communications and Public Awareness

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<td>In what extent have you developed a local communication plan for implementation of the Act?</td>
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<td>Under development</td>
<td>SLCN</td>
<td>Area 3: Role of the Third Sector</td>
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</table>

Draft materials and staff training provided. Ensuring staff have baseline information.

26-Mar-18

[The table includes various sections and columns related to communications and public awareness, with statuses and areas of focus noted.]

22-Mar-18
**Table 3: Preventing and Supporting - Commissioning**

<table>
<thead>
<tr>
<th>Area</th>
<th>Implementation tasks</th>
<th>Current Position</th>
<th>Local Action required</th>
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</thead>
<tbody>
<tr>
<td>6.1</td>
<td>To what extent have you had an increased focus on preventative and asset based approaches, that could be used to avoid formal service use?</td>
<td>Enrolled Service Exercise</td>
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<tr>
<td>6.2</td>
<td>What are your plans to connect these approaches with community planning and review of innovative carer support arrangements?</td>
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<td>6.3</td>
<td>What are your plans to connect these approaches with community planning and review of innovative carer support arrangements?</td>
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<tr>
<td>6.4</td>
<td>What are your plans to connect these approaches with community planning and review of innovative carer support arrangements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.5</td>
<td>What are your plans to connect these approaches with community planning and review of innovative carer support arrangements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.6</td>
<td>What are your plans to connect these approaches with community planning and review of innovative carer support arrangements?</td>
<td></td>
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</tr>
</tbody>
</table>

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In what ways have you been involved in the development of your communications plan? There will be representation on the programme board and communication will feature as an agenda item for their next meeting. All carers undertake a programme board to be connected to local carer groups and are featured as an agenda item for their next meeting.

---

**Table 4: Information and Support**

<table>
<thead>
<tr>
<th>Area</th>
<th>Implementation tasks</th>
<th>Current Position</th>
<th>Local Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>Are you able to monitor the pathway and goals for local community support in South Lanarkshire, then boost, Digital contacts are now in place.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2</td>
<td>Are you able to monitor the pathway and goals for local community support in South Lanarkshire, then boost, Digital contacts are now in place.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3</td>
<td>Are you able to monitor the pathway and goals for local community support in South Lanarkshire, then boost, Digital contacts are now in place.</td>
<td></td>
<td></td>
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<tr>
<td>7.4</td>
<td>Are you able to monitor the pathway and goals for local community support in South Lanarkshire, then boost, Digital contacts are now in place.</td>
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</tr>
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<td></td>
</tr>
<tr>
<td>7.6</td>
<td>Are you able to monitor the pathway and goals for local community support in South Lanarkshire, then boost, Digital contacts are now in place.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

In what ways have you been involved in the development of your communications plan? There will be representation on the programme board and communication will feature as an agenda item for their next meeting. All carers undertake a programme board to be connected to local carer groups and are featured as an agenda item for their next meeting.
<table>
<thead>
<tr>
<th>Completed/In place</th>
<th>Fully</th>
<th>Fully</th>
<th>Fully</th>
<th>In use</th>
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</tr>
</thead>
<tbody>
<tr>
<td>In progress</td>
<td>In progress</td>
<td>Partially</td>
<td>Partially</td>
<td>Plan to use</td>
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<tr>
<td>Limited/no action</td>
<td>Limited/no action</td>
<td>Limited/Needs development</td>
<td>Not at all</td>
<td>Other - please provide further comment</td>
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<tr>
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</tbody>
</table>
1. **Purpose of Report**  
1.1. The purpose of the report is to:-  
   - provide an update on progress made in integrating South Lanarkshire’s Substance Misuse Service and NHS Lanarkshire’s Alcohol and Drugs Service  
   - inform members that this service is now known as the Community Addiction Recovery Service (CAReS)  
   - advise members that the funded establishment of South Lanarkshire Council’s Substance Misuse Service has been changed.

2. **Recommendation(s)**  
2.1. The Integration Joint Board is asked to approve the following recommendation(s):-  
   1. that progress made in implementing an integrated alcohol and drug service within each of the four localities of South Lanarkshire be noted.

3. **Background**  
3.1. The model for integration in South Lanarkshire includes co-location of teams within a defined locality and one integrated Team Leader per locality who will manage across both Council and Health Services.

3.2. The benefits of integrating Lanarkshire’s Alcohol and Drugs Service LAAbDS and Substance Misuse Service (SMS) means that holistic assessments of the clients’ needs are undertaken and that health and social care interventions are delivered in an integrated way. This will ensure that treatment and care outcomes are maximised for example, enhancement of physical and mental health, income maximisation, improvement in community and family relationships, stable and safe housing options, reduction in criminal behaviour and increased opportunities for employment and training.

3.3. Integrating the LAAbDS and SMT into one service – the Community Addiction Recovery Service (CAReS), will thus streamline referrals, reduce waiting times to the right treatment, by the right person at the right time and in the one location, reducing barriers to treatment and improve retention rates.
3.4. It also has the potential to reduce duplication and thus increase capacity within the service for more outreach work (for example home visits). This additional capacity should also ensure that the public protection elements of care are enhanced. This is of vital importance as most clients and their families who access these services have the greatest level of vulnerability, live in our most deprived communities and yet are less likely than other care groups to access other Health and Social Care Services.

3.5. The Scottish Government, as part of its review of the National Drugs Strategy, has recommended the adoption of a “seek, treat, and keep” approach to service delivery in order to promote recovery from addiction and reduce the number of alcohol and drug related deaths. This model will be facilitated by the introduction of a new national Drug and Alcohol Information System (DAISy) on 1 October 2018 which will require the entry of client identifiable information and follow the client through their treatment pathway.

3.6. In March 2017 it was agreed that the SMS provided by South Lanarkshire Council (SLC) and NHS LAaDS would be managed by a joint funded integrated Substance Misuse Operations Manager. This post was subsequently appointed to, with the successful candidate (Dr Val Tallon) commencing employment on 1 September 2017.

3.7. The first task of the new integrated manager was to review the current models of service delivery including accommodation, information technology requirements, staffing establishment and budget across both services.

3.8. The Health and Social Care Partnership Senior Management Team have created a governance group to oversee the implementation of CAReS and implement the recommendations arising from this review. The progress in taking forward this work is summarised below.

4. **Accommodation**

4.1. The SMS and the LAaDS are currently based across the following locations:

<table>
<thead>
<tr>
<th>Locality</th>
<th>SMS</th>
<th>LAaDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clydesdale</td>
<td>Brandon Gate</td>
<td>Carluke Health Centre</td>
</tr>
<tr>
<td>Cambuslang/Rutherglen</td>
<td>King Street</td>
<td>Cambuslang Gate</td>
</tr>
<tr>
<td>Hamilton</td>
<td>Brandon Gate</td>
<td>Douglas Street Clinic</td>
</tr>
<tr>
<td>East Kilbride</td>
<td>Civic Centre</td>
<td>Hunter Health Centre</td>
</tr>
</tbody>
</table>

4.2. As King Street local office is closing at the end of March 2018, it was agreed that the Cambuslang/Rutherglen SMS would move within Cambuslang Gate and co-located alongside NHSL staff. In effect this will be the first co-located integrated service. Work is on-going to secure appropriate administrative support to deal with the increased demand that this places on the NHSL admin staff which is linked to this move.

4.3. There is also an opportunity to accommodate the Clydesdale SMS within the Carluke Health Centre. The feasibility of any proposed accommodation moves is being discussed with lead officers for asset management within relevant host organisations, locality managers and staff within the SMS and LAaDS.

4.4. Any non-recurring costs associated with the move are expected to be minimal and will be met from within existing resources.
5. Information Technology (IT)
5.1. A working group has been established to consider the implication of DAISy, existing partnership requirements to support the monitoring of outcomes and current IT infrastructure (for example SWiS, Midis, Vision). This group includes representation from NHS, SLC and the South Lanarkshire Alcohol and Drug Partnership. No decision has been made as yet on the IT platform all CAREs staff will be able to share, although the Community Prescribing Service will continue to use Vision and SLC staff SWiS.

6. Summary and Next Steps
6.1. Appoint two SLC CAREs Team Leaders and fill outstanding vacancies following Social Work Resources Committee approval on 7 February 2018.

6.2. Explore opportunities for co-location within Clydesdale, Hamilton and East Kilbride for CAREs.

6.3. Agree shared information technology platforms.

6.4. Develop integrated policies and procedures for CAREs staff (for example referral, treatment care pathways, and supervision).

6.5. Integrate NHSL and SLC budgets.

6.6. Formal launch and rebranding of the service in early summer 2018.

7. Employee Implications
7.1. The CAREs Implementation Group has established a working group to consider any workforce issues associated CAREs. There are a number of strands of this work which are summarised below:

- The future skill – mix required and capacity within each of the locality based teams
- Completion of a training needs analysis and agreement of the training priorities
- Integrated team meetings to discuss roles and responsibilities to best maximise the use of resources of avoid unnecessary duplication of effort

8. Financial Implications
8.1. There are no financial implications for this redesign of the service as the changes in posts and moving to a locality model can be managed within the current budget allocation for the Substance Misuse and NHS Lanarkshire’s Alcohol and Drug Services.

9. Other Implications
9.1. Alcohol and Drug services are one of the delegated functions within the scope of IJB from a strategic commissioning perspective.

9.2. There is no sustainable development issues associated with this report.

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

10. Equality Impact Assessment and Consultation Arrangements
10.1. There is no requirement for an equality impact assessment to be completed in relation to this report.
10.2. On-going consultation with the Trade Unions and the Council and the relevant staff side representatives within NHS Lanarkshire will continue to be a key priority throughout the review process and during the implementation period.

11. Directions
11.1. This report does not issue a new Direction.

**Direction to:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>No Direction required</td>
</tr>
<tr>
<td>2.</td>
<td>South Lanarkshire Council</td>
</tr>
<tr>
<td>3.</td>
<td>NHS Lanarkshire</td>
</tr>
<tr>
<td>4.</td>
<td>South Lanarkshire Council and NHS Lanarkshire</td>
</tr>
</tbody>
</table>

Val de Souza  
**Director, Health and Social Care**

Date created: 28 February 2018

**Link(s) to National Health and Wellbeing Outcomes**

<table>
<thead>
<tr>
<th>Outcome</th>
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<tbody>
<tr>
<td>People are able to look after and improve their own health and wellbeing and live in good health for longer</td>
<td>☒</td>
</tr>
<tr>
<td>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</td>
<td>☐</td>
</tr>
<tr>
<td>People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected</td>
<td>☒</td>
</tr>
<tr>
<td>Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services</td>
<td>☒</td>
</tr>
<tr>
<td>Health and Social Care Services contribute to reducing health inequalities</td>
<td>☒</td>
</tr>
<tr>
<td>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</td>
<td>☒</td>
</tr>
<tr>
<td>People who use Health and Social Care Services are safe from harm</td>
<td>☒</td>
</tr>
<tr>
<td>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</td>
<td>☒</td>
</tr>
<tr>
<td>Resources are used effectively and efficiently in the provision of Health and Social Care Services</td>
<td>☒</td>
</tr>
</tbody>
</table>

**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:-
Dr Val Tallon, CAReS Manager
Phone: 0777 997 5213
Email: valerie.tallon@lanarkshire.scot.nhs.uk
1. **Purpose of Report**
   1.1. The purpose of the report is to:-
   
   ♦ inform key stakeholders of the progress of Self-Directed Support

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

   (1) that the content of the report be noted.

3. **Background**
   3.1. Self-Directed Support (SDS) aims to improve the lives of people with Social Care needs by empowering them to be equal partners in decisions about their care and support. Four fundamental principles of SDS are built into legislation – participation and dignity, involvement, informed choice and collaboration. This means Social Care should be provided in a way that gives people choice and control over their own lives and which respects and promotes their human rights. It requires significant changes to the way Social Care has been provided in the past. Crucially, authorities should work in partnership with people and communities to design and deliver the services that affect them.

   3.2. The ten-year SDS strategy was introduced jointly by the Scottish Government and COSLA in 2010. It is one of a number of national policies designed to empower people and communities to become more involved in designing and delivering services that affect them. The Social Care (Self-Directed Support) (Scotland) Act 2013, the Community Empowerment (Scotland) Act 2014 and the Public Bodies (Joint Working) (Scotland) Act 2014 were all introduced following the report by the Christie Commission in 2011. They were designed to encourage significant changes to how services were previously provided, and require public bodies to give people more say in decisions about local services and more involvement in designing and delivering them.

   3.3. Councils already had a legal duty to assess people’s Social Care needs. If they assess someone as needing support and eligible to receive services, they provide, arrange or pay for services to meet these needs. They can require a contribution to the costs if the person has sufficient income. Councils do not have to offer the SDS...
options to people who do not meet local eligibility criteria. But in those circumstances, councils should inform individuals about where else they can find help, for example, voluntary groups and charities, or the local community.

3.4. This is now the seventh year of the ten-year SDS strategy. It is recognised that implementing the strategy is not just about authorities changing their Social Work processes and procedures, the way they plan and manage their budgets, and how they work with external providers and communities to ensure a balance of flexible, good-quality services. There was a report submitted to the Social Work Resources Committee in November 2017 which detailed the key findings and recommendations arising from the Audit Scotland report SDS – 2017 progress report. This included a checklist for councillors and IJB Board members.

3.5. The expressed view of Audit Scotland is that there is no evidence that authorities have yet made the transformation required to fully implement the SDS strategy. This is synonymous with the position within South Lanarkshire.

3.6. Whilst progress has been made within South Lanarkshire it has been slower than our ambitions for implementation of SDS. Nationally progress on implementing SDS is reported on through the Local Government Benchmarking Framework (LGBF) Indicators.

3.7. The LGBF Indicator that covers this subject is SW 2: Self Directed Support (Direct Payments and Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+.

3.8. The draft LGBF indicators for 2016-17 show a continuing improvement for South Lanarkshire at 2.5% but it is still behind the Scottish average of 5.9%. Please see Appendix 1 which provides the full summary positions.

3.9. The South Lanarkshire return confirmed the actual expenditure for SDS 1 (Direct Payments) and SDS 2 (managed personalised budgets). The spend equated to £4.3m against a total adult gross expenditure of £170m which is 2.5% of the overall budget.

3.10. What is missing at a national level from this analysis is any recognition of those individuals who elected to take option 3. This expenditure is contained within the heading “Services Purchased or Directly Provided by Councils”.

3.11. It may be argued that not including the data on option 3 within this measure significantly underestimates the progress of SDS in many authorities. Option 3 is a legitimate choice offered and is also the default in law where supported persons do not wish to express a preference. As with South Lanarkshire, authorities evidencing significant numbers of option 3 are often portrayed as not fully embracing SDS when this is not the case.

3.12. The other relevant factor is how authorities have chosen to interpret option 2 (Individual Service Funds/Managed Budgets). The national data evidences two authorities that could be considered as outliers in terms of the percentage of spend. Whilst the reasons for this are markedly different, taking these two figures out of the equation would drop the national average to around 3.8%. Whilst this is still higher than the South Lanarkshire position the gap is significantly reduced.
3.13. There is also a requirement to submit further information as an indicator of how SDS is progressing and the following data has been submitted to Scottish Government as part of the annual Social Care Return. Comparable data for 2015/2016 is detailed below also. This includes children and families data that is not part of the LGBF indicator.

<table>
<thead>
<tr>
<th>Data Extract</th>
<th>2015 - 2016</th>
<th>2016 - 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SDS1 clients (regardless of what other options chosen)</td>
<td>287</td>
<td>314</td>
</tr>
<tr>
<td><strong>Value of payments (Option 1)</strong></td>
<td>£3,174,000</td>
<td>£4,118,000</td>
</tr>
<tr>
<td>Number of SDS2 clients (regardless of what other options chosen)</td>
<td>4</td>
<td>54</td>
</tr>
<tr>
<td>Number of SDS3 clients (regardless of what other options chosen)</td>
<td>563</td>
<td>7,213</td>
</tr>
</tbody>
</table>

3.14. The Council fully acknowledges the significant transformational change that the SDS legislation seeks to embed and as a consequence major changes have been adopted in terms of our assessments and methodology around allocating funds to support eligible needs. We have undertaken a review of progress in implementing SDS. We continue to review progress in implementing SDS and identify improvement actions where required.

3.15. Social Work Resources undertook a self evaluation to our approach to SDS using empower improvement methodology supplemented by a staff survey over October/November 2017. The findings pointed to slow progress in a number of areas including system developments for assessment and support planning and financial screens. It was also evident from a practice perspective that some staff did not feel confident or have the tacit knowledge in implementing SDS. Feedback from service users and carers has also highlighted that for some the SDS process has been slow and for many, there is a lack of understanding on how the SDS process works.

3.16. This was followed up by focus groups for staff, service users and carers over March 2018 within each locality to further explore barriers and identify solutions.

3.17. Internal Audit within the Council have completed an audit of SDS. The findings of the audit have still to be reported on. The findings of the audit and emergent improvement plan will be reflected in the future SDS Strategy for the Council.

3.18. The engagement with staff and service users has been invaluable and will help shape the strategy moving forward focusing on:

- continued engagement sessions with staff service users and carers
- refresher training for all staff involved in assessment and care management, implementing SDS
- further refinements to key processes in partnership with IT in respect of assessment, support planning, review modules
- further development of assessment for carers to take account of impending implementation of the new Carers Act
- agreeing future funding methodology in terms of children and adults supported through SDS
- reviewing council public information in relation to SDS and methods of more effective communication with service users and families.
4. **Next Steps**

4.1. The Audit Scotland check list for elected members and IJB members has been updated to reflect the improvements put in place to reflect the findings of the SDS self evaluation and verbal feedback from internal audit (Appendix 2).

4.2. In recognition of the challenges and aspirations to implement the SDS strategy a temporary project management team has been put in place to support the implementations of SDS. This consists of experienced managers and practitioners across services including Social Work, Finance and Corporate Resources.

4.3. There is an SDS Implementation Board in place and the membership and terms of reference for the Board have been revised. The project lead will report to the SDS Implementation Board on progress against the SDS Implementation Plan.

4.4. The Care Inspectorate has announced that SDS will be subject to inspection across Health and Social Care Partnerships over 2018/19 and whilst no date for inspection for South Lanarkshire Health and Social Care Partnership has been announced, preparation for inspection will be an important task for the team.

4.5. Governance arrangements for the SDS Implementation Plan and preparation for future inspection of SDS will be reported through the SDS Implementation Board. Social Work Governance Group and progress reports to Social Work Committee.

5. **Employee Implications**

5.1. Three staff have been seconded onto the Project Management Team on a full time basis. Two from Social Work and Finance Officer from Finance and Corporate Resources.

5.2. In addition to this lead officers have been identified within Social Work and IT Services to provide support to the project team.

6. **Financial Implications**

6.1. The costs of establishing the temporary Project Management Team through secondment arrangements are cost neutral and can met within existing budgets.

7. **Other Implications**

7.1. There are no risk implications associated with this report.

7.2. There are no sustainable development issues associated with this report.

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

8. **Equality Impact Assessment and Consultation Arrangements**

8.1. There is no requirement to carry out an impact assessment in terms and proposals contained within this report.

8.2. There is no requirement for consultations of proposals contained within this report.

9. **Directions**

9.1.

<table>
<thead>
<tr>
<th>Direction to:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No Direction required</td>
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</table>
People are able to look after and improve their own health and wellbeing and live in good health for longer

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Resources are used effectively and efficiently in the provision of Health and Social Care Services

Previous References
	♦ none

List of Background Papers
	♦ Improve later life
	♦ Protect vulnerable children, young people and adults
	♦ Deliver better health and social care outcomes for all
Contact for Further Information
If you would like to inspect the background papers or want further information, please contact:
Brenda Hutchinson, Head of Health and Social Care
Ext: 3701 (Phone: 01698 453701)
Email: Brenda.hutchinson@southlanarkshire.gcsx.gov.uk
<table>
<thead>
<tr>
<th>Local Authority</th>
<th>SW2 2016-17</th>
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<th>Gross SW Spend on over 18s 2016-17</th>
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<tr>
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<td>1930</td>
<td>45269</td>
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<tr>
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<td>2.31</td>
<td>1459</td>
<td>63111</td>
</tr>
<tr>
<td>West Lothian</td>
<td>1.86</td>
<td>1518</td>
<td>81735</td>
</tr>
<tr>
<td>Scotland</td>
<td>5.87</td>
<td>191527</td>
<td>3264198</td>
</tr>
</tbody>
</table>
Appendix 2

Self Directed Support Staff Matrix

Social Work Governance Group

SDS Project Board
(co chaired Liam Purdie/Brenda Hutchinson)

Head of Commission
Head of Health and Social Care
(Brenda Hutchinson) (Liam Purdie)

Service Manager Strategy
(Pat McCormack)
Link Lead Officer

Children & Justice Service Manager
(Janet Neil)
Link Lead Officer

Project Team Lead
(Andrea Tannahill, Fieldwork Manager)
Full Time Secondment

Liz Rodie (IT)
(Systems Developer IT)
Link Lead Officer

Senior Practitioner
(Andrea Tallis, Team Leader)
Full Time Secondment

Finance Officer
(Marie McHugh)
Full Time Secondment

Direct Management Report
Professional Lead Officer
Report to: South Lanarkshire Integration Joint Board
Date of Meeting: 17 April 2018
Report by: Director, Health and Social Care

Subject: Primary Care Update

1. Purpose of Report
1.1. The purpose of the report is to:

- update the Integration Joint Board on progress with the transformation of Primary Care Services and the development of a Primary Care Improvement Plan

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

(1) that the content of the report and proposal to bring the Primary Care Implementation Plan to the Integration Joint Board (IJB) meeting in June for approval be noted.

3. Background
3.1. The modernisation agenda for Primary Care Services has been the subject of discussion at a number of recent IJB Meetings.

3.2. The profile and time set aside for this at future IJB meetings will continue to be important, particularly given that Primary Care Services make up a significant proportion of the delegated functions, which the IJB has strategic responsibility for.

3.3. Alongside this, the transformation of Primary Care Services is a national priority, with the Scottish Government challenging local Health and Social Care Partnerships to develop new and more innovative ways of developing and sustaining community based services. To support this, ring fenced funding has been allocated by the government to support transformation. This funding has yet to be agreed.

3.4. Importantly, Primary Care is one of 23 hosted services across Lanarkshire with the South Lanarkshire Health and Social Care Partnership having the lead responsibility for this work.

3.5. A key component of Primary Care services is the commissioning and contractual arrangements with local General Medical Services (GMS). At the IJB meeting in February 2018, a comprehensive update was given on the progress being made with the new General Medical Services 2018 (GMS 2018) contract, with the IJB approving the governance arrangements to oversee full implementation (as detailed in Appendix 1).
4. **Current Position**

4.1. The work described in the governance arrangements has now commenced and is progressing towards a first Primary Care Improvement Plan (PCIP), which the Scottish Government has stipulated as a requirement for local areas.

4.2. In meeting this requirement and progressing the overall modernisation programme, the first iteration of the PCIP will be presented to the meeting of the IJB to be held in June 2018 for consideration and approval. It is anticipated that the PCIP will develop over time and be high level in the early stages.

4.3. Detailed below is a short update of progress against each of the workstream areas set out as part of the governance arrangements as at 22 March 2018:

<table>
<thead>
<tr>
<th>No</th>
<th>Workstream</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary Care and Mental Health</td>
<td>Continues to meet plus associated sub groups. Volume of work will decrease as this is transferred to groups below.</td>
</tr>
<tr>
<td></td>
<td>transformation</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Vaccination</td>
<td>This is the continuation of the existing group with some lead in already. Project plan progressing. Foundation work has been undertaken.</td>
</tr>
<tr>
<td>3</td>
<td>Pharmacotherapy</td>
<td>Workshop completed, project plan progressing. Recruitment continues.</td>
</tr>
<tr>
<td>4</td>
<td>Community Treatment and Care Services</td>
<td>Work is in early stages, initial project planning processes complete. Phlebotomy being improved, community treatment services will be a three year project.</td>
</tr>
<tr>
<td>5</td>
<td>Urgent Care Services</td>
<td>Early stages, initial project planning processes complete. Year 1 will be testing change and concepts.</td>
</tr>
<tr>
<td>6</td>
<td>Premises</td>
<td>Premises group changing terms of reference. Processes, documentation and information from SG not yet all available.</td>
</tr>
<tr>
<td>7</td>
<td>Improvement support</td>
<td>Support has been provided to date by NHS Lanarkshire Change and Innovation Support.</td>
</tr>
<tr>
<td>8</td>
<td>I.T.</td>
<td>Workshop will be arranged to scope out the workplan.</td>
</tr>
<tr>
<td>9</td>
<td>Health Improvement</td>
<td>Workshop will be arranged to scope out the workplan.</td>
</tr>
<tr>
<td>10</td>
<td>Workforce</td>
<td>Workshop will be arranged to scope out the workplan.</td>
</tr>
<tr>
<td>11</td>
<td>Finance</td>
<td>Workshop will be arranged to scope out the workplan.</td>
</tr>
<tr>
<td>12</td>
<td>Communications and Engagement</td>
<td>Workshop will be arranged to scope out the workplan.</td>
</tr>
<tr>
<td>13</td>
<td>Oversight group</td>
<td>Terms of Reference being developed and meeting dates being arranged.</td>
</tr>
</tbody>
</table>
4.4. In supporting the implementation of this work, a programme management approach will be deployed to track progress and highlight any areas of challenge or issues. This will require organisational development and quality improvement capacity to be identified.

4.5. The Director, Health and Social Care for South Lanarkshire Health and Social Care Partnership will be the overall Executive Lead for this significant programme of work.

5. **Summary and Next Steps**

5.1. In view of the size and scale of this transformation agenda, there will be regular updates to future IJB meetings. Communication and engagement to secure the necessary ownership of the direction of travel will be a crucial aspect of the PCIP and already, a good foundation of engagement and communication has been established.

5.2. As referred to in Section 4, work to finalise the PCIP will continue, with a view to presenting this for approval to the IJB at its meeting in June 2018.

6. **Employee Implications**

6.1. This paper does not describe any new employee implications beyond those in previous reports.

7. **Financial Implications**

7.1. This paper does not describe any new financial implications beyond those in previous reports.

8. **Other Implications**

8.1. There are no additional risk implications associated with this report.

8.2. There are no sustainable development issues associated with this report.

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

10. **Directions**

10.1. This report is consistent with a direction issued by the IJB to NHS Lanarkshire in March 2018.

<table>
<thead>
<tr>
<th>Direction to:</th>
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<tbody>
<tr>
<td>1. No Direction required</td>
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<tr>
<td>2. South Lanarkshire Council</td>
<td></td>
</tr>
<tr>
<td>3. NHS Lanarkshire</td>
<td>☒</td>
</tr>
<tr>
<td>4. South Lanarkshire Council and NHS Lanarkshire</td>
<td></td>
</tr>
</tbody>
</table>
People are able to look after and improve their own health and wellbeing and live in good health for longer

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community

People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected

Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services

Health and Social Care Services contribute to reducing health inequalities

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

People who use Health and Social Care Services are safe from harm

People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Resources are used effectively and efficiently in the provision of Health and Social Care Services
1. **Purpose of Report**
1.1. The purpose of the report is to:-

   ♦ inform the Integration Joint Board of the progress of locality development being taken forward by the South Lanarkshire Health and Social Care Partnership

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

   (1) that the progress to date with locality development be noted; and
   (2) that the approach being taken to locality development be noted.

3. **Background**

3.2. Each of the localities have developed management governance structures through their core groups, locality groups and clinical, care and staff governance structures.

3.3. Each of the localities has also undertaken leadership and staff engagement sessions and has locality plans in development.

3.4. Through the year a series of management workshops have taken place to support the locality managers in their development of Human Resources, Redesign, Performance Management and Finance functions within the localities.

3.5. To support the transition for residential and day care services a transitional manager was appointed in 2017 to lead this work. In addition two Operational Managers have been appointed and have been assigned to East Kilbride and Rutherglen and Hamilton and Clydesdale respectively.

3.6. The localities have focused on improvements related to Building Better Communities, Community Health and Care Support, Enhanced Community Clinical and Care Support and Hospital Admission Avoidance/Hospital Discharge.
4. **Locality Updates**

4.1. The locality leadership teams have developed further over the last year, taking steps to put in place the learning from the development workshops. There has been significant progress in terms of structure. However there is still work to do in order to devolve the budgets, develop HR processes, and integrate IT for example. The locality leadership team are working alongside our corporate colleagues to overcome these issues.

4.2. Each locality has undertaken leadership development sessions in order to understand services better, identify gaps and develop locality plans which outline how they will deliver the South Lanarkshire Health and Social Care Partnership (SLHSCP) priorities.

4.3. The functional management and development of Social Work Residential, Day Care and Care and Support Services have moved from the centre to a locality model, with the 2 community living managers allocated across two localities each.

5. **South Lanarkshire Health and Social Care Locality Community First Tiered Model**

5.1. The four localities are working towards developing their services around the following tiered model.

### Table 1 South Lanarkshire Health and Social Care Locality Community First Tiered Model

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hospital Admission Avoidance/Hospital Discharge</td>
</tr>
<tr>
<td>2</td>
<td>Enhanced Community/Clinical Support/Care</td>
</tr>
<tr>
<td>3</td>
<td>Community Support Health and Care</td>
</tr>
<tr>
<td>4</td>
<td>Community Capacity Building and Resilience Building Better Communities</td>
</tr>
</tbody>
</table>

5.2. **Community Capacity/Building Better Communities Update**

5.2.1. All of the localities are working on a locality community first model through the Building and Celebrating Communities (BCC) approach. The model acknowledges that 80-85% of people within our communities are independent from public services ([www.england.nhs.uk/vanguards:2106](http://www.england.nhs.uk/vanguards:2106)). The asset based approach imbedded within the model's philosophy engenders a different relationship with the public, recognising their inherent worth to create local solutions, with or without support as required. Public services contribution to this tier should be one of empowerment or facilitation as required. The objective is to grow community resilience and gain independence therefore from public services by growing sustainable community service options.
5.3. Community Capacity Building initiatives being developed across all localities include:

- Health and Well Being Literacy Ventures
- Physical Activity Programme Clinics established within locality to inform and support the public and colleagues by promoting life choices which will enhance their health and wellbeing
- adult weight management “Weigh to Go”
- long term conditions management “Active Health”
- child healthy weight management programme “Healthy Families”
- mental health and wellbeing programme “Well Connected”

5.4. From August 2017 to February 2018 there have been 105 free gym inductions, 30 Weigh to Go participants; 86 Active Health users; 92 Well Connected beneficiaries and 52 other health related programmes in the East Kilbride area.

5.5. Physical activity prescription is rolling out across the Clydesdale locality and is already working in other localities for example Rutherglen/Cambuslang.

5.6. Benefits Clinics will be accommodated within the community centres in order to maximise benefits and empower individuals to make different life choices in the East Kilbride area.

5.7. The East Kilbride Locality is also introducing a “Wayfinder Project”. This project engages the voluntary sector in supporting the community by signposting citizens to appropriate community and public service resources. The project will facilitate the active engagement of East Kilbride residents to try new activities by direct support where required, including accompanying people to their chosen programme. This project will be underpinned by a public comms strategy that includes existing information outlets for example locator tool; but will also introduce new developments such as the embedment of information screens within public buildings.

5.8. VASLAN locator tool has been promoted across all localities.

5.9. Carers’ Clinics have been established to support the informal carers within East Kilbride. This forum is constituted of carers within the community who gather to support each other and access a range of additional supports such as benefits advice, podiatry services etc.

5.10. Rutherglen and Cambuslang staff within the partnership are examining the community assets within the locality and mapping them so that Health and Social Care services can use them effectively but also to identify any gaps for growth. An example of this is the joint working with Camglen Buddies who are seeking to develop groups. Similar work has been undertaken by other localities to identify asset based approaches that communities are successfully implementing. Over 35 responses to a questionnaire have been received to date from localities across South Lanarkshire and these have identified good practice examples. Further returns are expected.

5.11. Hamilton and Rutherglen/Cambuslang locality teams are working on neighbourhood planning as part of work being led by the Community Planning Partnership. In the Hamilton locality, this will involve work in relation to participatory budgeting for neighbourhoods of the greatest needs. This programme of work will allow communities to plan for themselves and initiate projects which will support the basis of community resilience, health and well being.
6. **The Community Support Health and Care Tier**

6.1. This tier reflects 10-15% of the community who require support but not at an acute clinical level. These needs can be addressed in the main, by single services and do not require a multidisciplinary approach. The emphasis is to provide timeous intervention to support the presenting need, without creating unnecessary dependency on public services. Where possible, interventions should seek to address the need and support the person(s) back to the Community Capacity Building and Resilience Tier.

6.2. The integration of the Integrated Care and Support Teams (community nursing, physio and OT) and homecare service across the localities has re-energised the ‘Supporting Your Independence’ and rehabilitative dimension of Health and Social Care intervention. The current focus has been on supporting people within the community to engage in re enablement in order to promote independence. This initiative, combined with integrated service triaging has resulted in reductions (62%) in the need for home care services across all localities.

6.3. The pharmacy plus homecare initiative across all the localities has created an opportunity to amend prescribing practices both from consultants and GPs. Early indicators have shown there are cost reductions to be made. For example reduction in prescribing can lead to less homecare visits medication prompts. Estimated savings could be in the region of £1800 per patient (within the trial).

6.4. An OT integration group has been formed across all areas of Health and Social Care. The overarching aim of this group is to improve good effective patient centred care through joint working and better communication. The immediate priorities are around for development for example preventing admissions to hospital, reducing assessments, streamlining services and developing personal outcomes.

6.5. All localities are working towards creating and supporting the use of intermediate care beds. Social Work and ICST will work in partnership to develop pathways between the intermediate care beds, hospital and home.

6.6. The Lockhart Hub development in Clydesdale continues to provide interim use of facilities. Physiotherapy out patients, upper limb stroke and services delivered and supported by Happy Valleys. Telehealth and the use of digital technology is also being explored in relation to the Lockhart Hub.

7. **Enhanced Community Clinical Support**

7.1. This tier accounts for 5-10% of activity in the community. Individuals requiring care at this level usually have multiple co morbidities and complex social situations. This profile of the service requires a co-ordinated approach across multiple agencies.

7.2. Developments include shared assessments and care planning. The aim is that health and social care can have a shared platform to co-ordinate and plan for patients/service users with complex needs, with clear lines of accountability.

7.3. This will be dependent on digital solutions which support Health and Social Care and are person centred. The SLHSCP has developed a tech action plan which outlines how we are going to support health and care through the use of digital solutions.

7.4. Clydesdale (as part of rural modelling) are developing a pathway for supporting frail elderly people at home. This test of change is at an early stage. Staff have been given enhanced training in supporting service users and carers at home for up to a
'72hr' crisis period. This builds on the successful integrated model of overnight care provided across the locality.

8. **Hospital Admission/Hospital Discharge**

8.1. This tier accounts for 2-5% of the community activity. The aim of this tier is to promote a flexible response to supporting hospital discharge models of care. For example community resources mobilised to prevent an unnecessary admission, and where admission has been necessary use community resources to mobilise a prompt and safe discharge.

8.2. East Kilbride ICST and homecare teams have been providing timeous response to hospital discharge. This integrated approach commenced in October 2017. The output was significant. 98.2% of all hospital discharges sourced within 3 days of referral and 92.1% of all hospital discharges sourced on the day of referral. This approach has now been rolled out across all the localities.

8.3. In addition to the community teams working in a more integrated way there is also partnership with acute teams. The community and acute are reviewing admissions and discharges on a twice daily conference call at locality level. The positive impact of this can be seen in the most recent performance trends, which are the subject of a separate IJB report at this meeting.

8.4. East Kilbride is piloting the introduction of home IV therapies. This service is provided by community nursing teams as an alternative to hospital admission.

8.5. Four patients have been supported so far. Although this is early days the initial results look promising. Hamilton are also progressing the training for IV therapies and will be able to accept patients from 1 April. There will be shared learning across the localities.

8.6. **Service User Story**

8.6.1. The community based IV therapy service was introduced to Mrs A, a 69 year old lady who lives with her husband in East Kilbride. This lady felt she had spent almost all of last year in hospital due to frequent admissions to have IV therapies. The option to receive the treatment at home was welcomed by the family. They have reported being delighted. Mr A is also being trained by the community team to administer IV therapies in order to further support his wife. The family will continue to be monitored by the community nursing team.

8.7. Clydesdale have been piloting work on Chronic Obstructive Airways Disease. This work supported by a respiratory specialist nurse, pharmacy and community teams has led to the avoidance of 14 admissions so far between October 2017 and February 2018. There is a full report available. This work will be rolling out across South Lanarkshire Localities over 2018.

8.8. A GP led diagnostic tool kit is being developed to provide GPs with access to near patient testing in order to facilitate a prompt diagnosis.

9. **Locality Lead Roles**

9.1. Each locality will be assigned a strategic role pertaining to the hosting of services at present the split of these services is currently being discussed with a view to confirming this in due course.
10. Summary and Next Steps
10.1. The locality model will continue to be evolved and developed as a key priority for the partnership. This is supported by a specific Direction being issued to this effect in 2018/2019/

11. Employee Implications
11.1. There are no employee implications involved in this report.

12. Financial Implications
12.1. There are no financial implications associated with this report.

13. Other Implications
13.1. The risks previously associated with locality development are that the integration issues, which are mainly in relation to information sharing in the areas of finance, HR and IT cannot be resolved and will lead to a breakdown in locality modelling. This has been mitigated against by continuing to have dialogue with our corporate bodies to overcome information sharing.

13.2. As localities develop there will be opportunities to continue to develop sustainable approaches to health and care delivery in particular with community capacity building.

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

14. Equality Impact Assessment and Consultation Arrangements
14.1. There was no requirement for an equality impact assessment.

14.2. The locality model has been fully developed in conjunction with locality planning groups and core groups.

15. Directions
15.1. No Direction issues.

<table>
<thead>
<tr>
<th>Direction to:</th>
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</thead>
<tbody>
<tr>
<td>1. No Direction required</td>
<td>✗</td>
</tr>
<tr>
<td>2. South Lanarkshire Council</td>
<td></td>
</tr>
<tr>
<td>3. NHS Lanarkshire</td>
<td></td>
</tr>
<tr>
<td>4. South Lanarkshire Council and NHS</td>
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</tr>
</tbody>
</table>

Val de Souza
director, health and social care

Date created: 16 March 2018

Link(s) to National Health and Wellbeing Outcomes

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

**Previous References**

* none

**List of Background Papers**

* none

**Contact for Further Information**
If you would like to inspect the background papers or want further information, please contact:--
Marianne Hayward, Head of Health
Ext: 3708 (Phone: 01698 453708)
Email: marianne.hayward@lanarkshire.scot.nhs.uk
1. **Purpose of Report**

   1.1. The purpose of the report is to:-

   ♦ update the Integration Joint Board on the progress to date of the ‘moving the 5%’ Chronic Obstructive Pulmonary Disease (COPD) Work Stream in the Clydesdale area.

2. **Recommendation(s)**

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

   (1) that the content of the report be noted.

3. **Background**

   3.1. Health and Social Care Partnerships are committed to moving the balance of care from acute hospital based care to the community. This programme of work has been termed moving the 5%. The original report on moving the 5% was reported to the Integration Joint Board originally on 27 June 2017. COPD and IV therapies were prioritised in this report as programmes of work.

   3.2. This programme of work supports the vision of the Partnership to shift the balance of care through the provision of increased interventions in the community rather than in an acute hospital setting. This work is beginning to show a positive impact on Partnership performance and is reflected in the Performance Monitoring report.

   3.3. Clydesdale was chosen as the pilot area for COPD. IV therapies are currently underway in East Kilbride.

   3.4. The work in Clydesdale has focused on developing the ‘assets’ in that locality in relation to early intervention and health literacy, self management, access to the right care at the right time by the right person, preventing complications and supporting end of life care. This has been supported by a respiratory specialist nurse and pharmacist working alongside the locality team.

   3.5. People who have COPD place a considerable burden on hospital services, with frequent admissions and high length of stay. Almost half of those people with COPD who are admitted to hospital and subsequently discharged die within two years.
3.6. COPD is a combination of different but relatable diseases which are characterised by difficulty of breathing. People who have COPD also are more likely to have cardiovascular conditions, diabetes, and hypertension and lung cancer. There is also a greater chance of depression, malnutrition and skeletal/muscular problems.

3.7. In the majority of cases COPD is caused by smoking. Minor causes are related to environmental or other conditions. Smoking cessation is therefore a priority for this group of patients.

4. **People with COPD in Lanarkshire**

4.1. ISD reported that the COPD activity Pan Lanarkshire 2016/2017 was a total of 1782 patients. This equates to 2716 hospital stays. The bed days are 15,556 days with an average length of stay of 5.7 days.

4.2. A pan Lanarkshire reduction of 5% activity equates to 89 patients. This cost avoidance is estimated at £225,563.

4.3. North and South Lanarkshire split in patients over 2016/2017 were 1008 North and 773 South.

4.4. 5% reduction of these figures equates to 50:39 in the North:South split.

5. **Model of Care**

5.1. The models of care for people who have COPD are outlined in the long term conditions framework key headings:

   ♦ healthy lifestyle and health literacy
   ♦ support for self management and access to expert guidance
   ♦ access to appropriate care at the right time, the right place and from right person
   ♦ prevent further complications
   ♦ support with end stage disease management

5.2. The focus of the work to date in Clydesdale has been to ensure that the pathway through these areas of support for people with COPD is robust and streamlined.

6. **Progress to date**

6.1. A Pan Lanarkshire working group has been established to coordinate the programme of work required to shift the balance of care for people with this condition. This working group is aligned to the Achieving Excellence Long Term Conditions Group, Modernising Outpatient Programme, Unscheduled Care Programme Board and North and South Strategic Plans.

6.2. Following a funding application made by SLHSCP and Hairmyres Hospital, Scottish Government money was made available for a full time Respiratory Nurse and Community Pharmacy support in relation to rescue medication. These staff plus the locality multidisciplinary teams have been focussing on mapping the journey for existing patients with COPD using the LTC framework.

6.3. From October 2017 to present the focus has been on the Clydesdale locality initially, although initial scoping work has begun in Wishaw and Hamilton for the next phase April to June 2018.

6.4. The mapping was intended to look at the assets that could be used to support the patient’s journey and also identify where there were gaps.
7. **Healthy Lifestyle and Health Literacy**

7.1. There were already areas in Clydesdale where lifestyle management services were being offered through leisure, healthy valleys, weight management classes, mental health support etc. Through the mapping of services, discussion with teams and people living with COPD, gaps and opportunities have been identified. All patients will be offered or signposted to the appropriate lifestyle programme as part of a management plan.

7.2. Early access to smoking cessation services is the mainstay of treatment for COPD. Although there are services available throughout Clydesdale, the mapping showed that often these were not offered consistently and not all teams (including GPs) knew how to access them. Work is now underway to ensure all patients have additional support to stop smoking as early in their diagnosis as possible.

8. **Self Management**

8.1. Giving people the ‘tool box’ in order to self-manage is really important to long term outcomes. This will include access to technology, information and self management courses.

8.2. Pulmonary rehabilitation is currently a gap for some patients who live in Clydesdale. The classes are offered at Wishaw, however, these are inaccessible to some remote and rural inhabitants.

8.3. Work is underway to allow remote access to pulmonary rehabilitation using video technology and locally trained practitioners.

9. **Access to Appropriate Care at the Right Time, The Right Place and from Right Person**

9.1. Key to moving COPD into the community has been the understanding of what the current patient pathway is. To date there has been a ‘deep dive’ into pathways for people who have frequent exacerbations of their condition and admissions in Clydesdale. The role of the respiratory specialist nurse in the community has been to strengthen the pathway by increasing the skills and confidence, through training and signposting of the staff working across the whole COPD pathway. This has included working closely with GP practices, ICST, Out of Hours and the Scottish Ambulance Service.

9.2. Other key areas of work include ensuring Anticipatory Care Plans and rescue medications are in place and a professional to professional line (pilot) between OOH GPs and Scottish Ambulance services to prevent admissions.

9.3. The COPD work has encouraged strong team work across the whole patient pathway.

9.4. Feedback from service users and patients has been encouraging and this is evidenced by the following testimony:

“I think that this programme has been very useful to us and me. I have learned more about medication and inhalers when going out on joint visits with you. It was especially very useful for me to have your support and guidance with the patients that had not had previous respiratory assessment or any pulmonary rehabilitation. I also think that patients and families felt more supported and calmer after seeing and speaking to you.”
The training that you provided for us was very useful too, especially all the resources/leaflets you provided and explained where we could refer patients (at the stage that they are still fit enough) to prevent hospital admission later on" Occupational Therapist, Clydesdale

10. Preventing further complications
10.1. The patient pathway work has established that the earlier people are targeted with the right information and support the better, in order to delay or prevent complications. However support is still required for people already with complications related to their condition.

10.2. This work includes ensuring all patients with COPD access the flu immunisation programme, follow up for anyone who is admitted and developing community ‘buddies’. Training and education for staff across Health and Social Care in managing patients who are already affected by COPD is also underway.

10.3. Feedback from a GP is as follows:-
“I think having someone who can provide advice on respiratory exercises is of enormous value, especially in COPD where it has been shown to improve outcomes. Also reviewing treatment, again especially for COPD where the new GOLD guidelines suggest avoiding inhaled steroids if possible, this has a cost benefit as well as reducing the risk of chest infections.” GP Robert Flowerdew.

11. Support End of Life
11.1. The link to the palliative care pathway is very important. Many people with advanced COPD are at end of life. Work is required to ensure the pathway for these patients is appropriate and that they are cared for according to their wishes as well as clinical needs.

11.2. Feedback received from staff is as follows:-
“I am writing in support of the work currently being carried out within our community by Kelly Mackay (Respiratory Nurse Specialist). The work that is being done identifying patients with end stage COPD and ensuring they have appropriate care in place including ACP’s and palliative care plans has been invaluable in ensuring that the end of life care they receive is in line with their expressed wishes, that their symptoms are well controlled and inappropriate hospital admissions are avoided. Kelly has been proactive in introducing herself to all members of the practice team. She has been actively seeking out referrals and has been readily available to provide advice and support to GP’s, Practice Nurse and District Nurses. She has attended the practice meeting to educate the primary care team in end stage COPD management. This project is a useful interface between primary and secondary care and I hope it can be continued”.
Dr Alistair T Kerr (GP)

12. Modernising Out Patients
12.1. The COPD workstream is linking with the Modernising Outpatients Programme through process mapping and developing new pathways for out patients. One of these is the pathway for pulmonary rehabilitation. This development will be linked through the current work of the COPD working group.

13. Evaluation
13.1. The 2016/2017 ISD data showed that 1,782 Lanarkshire residents generated 2,716 admissions to hospital for COPD, using a total of 15,556 bed days. Clydesdale has
19.6% of the population of the four Localities in South Lanarkshire, so using the 50:39 North:South split, a 5% reduction for Clydesdale COPD patients equates to 7.6 fewer patients, 11.7 fewer admissions and 67 fewer bed days.

13.2. From November 2017 to February the Clydesdale COPD project has contributed to the prevention of 14 admissions to hospital. Assuming that average length of stay is 5.7 days. This has prevented 79.8 bed days. This equates to approximately £37,000 cost avoidance. Comparing year on year 2016 to 2017 there has been a 20% reduction in admissions for COPD into Wishaw Hospital.

13.3. Whilst it appears that the Clydesdale COPD project has achieved the 5% target, more evidence is needed to determine how much of a contribution it made to the admissions avoided. Other factors may include the contribution of existing staff/teams, levels of severity/exacerbations for the COPD population, variation in family pressure to admit (especially at end of life), other work/projects with similar aims (for example self-management education, use of Technology Enabled Care), and the development of closer working relationships as the Locality evolves. There is also a need to gather data on the prescription and use of rescue medications and activation of the link from out of hours GPs to the ambulance service.

13.4. COPD is a progressive disease and exacerbations become more frequent over time. Of particular relevance at the end of life is the pressure from patients themselves, and often their families, for a hospital admission. Many respiratory patients grow used to recovering from exacerbations, so acknowledging the need for palliative care is not always easy. Specialist Respiratory Nursing input at this stage can be critical.

13.5. A bigger evaluation question exists around maintenance of the 5% shift. Many previous projects have achieved this shift for COPD patients, only to see it recede as the requisite dedicated support is removed. A focus on sustainability is needed to maintain the shift, which would require a clear understanding of which factors are critical to success.

14. Scaling up
14.1. The next phase of the programme is to take the same systematic approach to the work across all of the localities. The next two localities will be Hamilton and Wishaw. Other localities are being asked to do the mapping exercise ahead of the next phase. It is anticipated that programme will be complete by the summer.

14.2. Lessons learned from the roll out of the COPD programme will be applied to other long term conditions such as heart failure and diabetes.

15. Employee Implications
15.1. There are no employee implications associated with this report.

16. Financial Implications
16.1. There is an investment of £40k from the Scottish Government to support this work through the release of respiratory nurse time and support for community pharmacy. This comes to an end 31 March 2018. However there is agreement with the acute sector that this work will have a positive impact on reducing hospital activity therefore it is hoped the work will continue to be supported.

16.2. In addition to the acute directorate there are also potential benefits for the North Partnership in shared learning. This is currently under discussion with the Wishaw locality.
17. **Other Implications**
17.1. There are no risk implications associated with this report.
17.2. There are no sustainable implications associated with this report.
17.3. There are no other implications associated with this report.

18. **Equality Impact Assessment and Consultation Arrangements**
18.1. There is currently no change to EQIA
18.2. COPD workstream is being developed with a range of stakeholders including clinical and care staff.

19. **Directions**
19.1. This does not issue a new direction

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<td>1. No Direction required</td>
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<td>2. South Lanarkshire Council</td>
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<td>4. South Lanarkshire Council and NHS Lanarkshire</td>
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Val de Souza  
Director, Health and Social Care

Date created: 19 March 2018

**Link(s) to National Health and Wellbeing Outcomes**

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<td>People are able to look after and improve their own health and wellbeing and live in good health for longer</td>
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<tr>
<td>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</td>
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<tr>
<td>People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected</td>
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<td>Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services</td>
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<tr>
<td>Health and Social Care Services contribute to reducing health inequalities</td>
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<td>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</td>
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<tr>
<td>People who use Health and Social Care Services are safe from harm</td>
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People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Resources are used effectively and efficiently in the provision of Health and Social Care Services.

Previous References

- none

List of Background Papers

- none

Contact for Further Information

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