

North Lanarkshire Council Report

Adult Health and Social Care Committee

approval noting

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Inequalities, Prevention and Anticipatory Care Programmes Listed in the Programme of Work

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Executive Summary

This report is coming to Committee to update on the key inequalities, prevention and anticipatory care areas of work being taken forward by North Lanarkshire Health and Social Care Partnership as part of *The Plan for North Lanarkshire: Programme of Work*.

Good progress is being made across all workstreams. In particular members should note the excellent progress of the telehealth programme, the wide reach of the Healthy Schools framework and the progress being made to further develop Making Life Easier especially the proposal for a professional user interface. The continued high referrals to the North Lanarkshire Leisure Get Active Scheme demonstrates the role that Health and Social Care staff play in promoting the local community assets available to clients. The important contribution made by Equals Advocacy in promoting Anticipatory Care Plans should be commended as should the awards achieved for taking forward CAPA within care homes. Key priorities going forward include reaching a digital solution for ACP's, embedding CAPA principles in the new homecare teams and completing the evaluation of the Houldsworth Information and Advice Hub.

Recommendations

The Committee are asked to note the progress made in approaches which prioritise prevention, early intervention and community capacity building with a focus on promoting wellbeing and addressing inequalities. The Committee are asked to support prioritisation of this work in the new three year Health and Social Care Strategic Commissioning Plan for 2020-2023 in order that a focus on prevention and reducing inequalities is maintained.

The Plan for North Lanarkshire

Priority Improve the health and wellbeing of our communities

Ambition statement (13) Improve preventative approaches including self-management and giving people information and choice over supports and services

1. Background

- 1.1 *The Plan for North Lanarkshire: Programme of Work* outlines a range of programmes being taken forward to maximise independence and support individuals to remain active members of their community.
 - 1.2 These programmes have been developed through the Health and Social Care Partnership Strategic Commissioning Plan workstreams.
 - 1.3 It is important to note that these programmes do not represent the totality of the work being undertaken on early intervention and prevention given the breadth of this agenda and the range of partners who contribute. The Director of Public Health is currently leading an exercise to identify and review key local strategies being taken forward under the six new national public health priorities and the outcome of this exercise will help inform the new North Lanarkshire Health and Social Care Commissioning Plan priorities for 2020-23.
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2. Report

2.1 Expansion of Making Life Easier (MLE)

- 2.1.1 The Making Life Easier interactive website has continued to develop and now includes a Your Health module to support individuals to access self-help information to improve their own health and wellbeing.
- 2.1.2 In 2018/19 there were 5843 users of MLE, a significant increase on the previous year. This does not include those who attend Making Life Easier clinics. Currently, an assessment can only be undertaken when an individual registers through the mygovscot. This process is causing a barrier for individuals wanting or needing to complete an assessment. This process will be replaced with the progression of Digital NL to a NLC gateway into service.
- 2.1.3 There are currently around 100 MLE champions trained across the partnership from social work, health and third sector. Work will be taken forward by Talent and Organisational Development to support these champions to promote MLE and build community capacity for its use. Work also is underway to use NLC graphics team in order to further promote MLE using social media platforms.
- 2.1.4 Initial scoping work is underway to develop an integrated professional user interface. This interface will support staff to confidently deliver consistent, effective responses to individuals making enquiries into services. It will underpin a paradigm shift for staff; to a culture where individuals are encouraged to self- manage where possible and are empowered to do so.

2.2 Health improvement routine enquiry

- 2.2.1 It is important that the health and social care workforce to have the knowledge and skills to raise the issue of wider health and wellbeing issues with clients and signpost or refer them for further support. Good progress has been made in this area across a range of health improvement and inequality focused subjects.

- 2.2.2 Health and Social Care staff continue to refer clients to the North Lanarkshire Leisure Active Health programme where clients can receive subsidised access to generic Leisure programmes and specialist health programmes. In the first quarter of 2019/20 there were 1742 referrals to North Lanarkshire Leisure which well exceeded the quarterly target of 1250.
- 2.2.3 A holistic needs assessment tool has been developed and awareness sessions incorporating the tool have been delivered to staff within the hospital settings. The findings from this work will be used to inform the future development of health improvement training for Health and Social Care staff.
- 2.1.4 Raising the issue of employability has now been embedded in the Occupational Therapy vocational rehabilitation team assessment pathway in order that they can refer clients to both Remploy and Routes to Work.
- 2.1.5 A test of change to embed financial inclusion in the new Health Visitor pathway has evaluated positively and discussions are underway to scale this test up to other localities.
- 2.1.6 Whilst many health improvement questions such as smoking are already well embedded in health and social care assessments there is currently not an IT solution which allows this information to be extracted and reported. Whilst at an early stage the new MLE professional user interface will have the potential to ensure consistency of approach re routine enquiry and may also offer a solution re reporting.
- 2.1.7 Routine enquiry will now be embedded in the *First Point of Contact* programme as described in a previous Committee report.

2.3 Houldsworth Information and Advice Hub

- 2.3.1 The Houldsworth Information and Advice Hub (HIAH) has been operating in the atrium of the Houldsworth Centre every Wednesday morning between 10am and midday since the start of April 2019. The HIAH is staffed by volunteers and staff from a range of partner agencies and aims to provide members of the general public with a source of information and advice regarding a range of non-clinical topics.
- 2.3.2 The areas covered by the HIAH include benefit and money advice, links to carer support, information regarding socialisation opportunities and other community based organisations. In some instances the HIAH will make referrals into services or contact agencies on the person's behalf.
- 2.3.3 As of the first week of July 2019, 36 people had completed a monitoring form with the Hub with the most common queries being in relation to carer support, financial/benefits advice or support services/groups. Many more have engaged but not been willing to provide their details for follow up.
- 2.3.4 An evaluation is now underway to ascertain the views of clients who have accessed the service and also the staff and volunteers who deliver the service. The learning from the evaluation will be used to inform the way forward.

2.4 Roll out of the Healthy Schools framework

- 2.4.1 Healthy Schools is a framework to guide the teaching and planning, tracking & monitoring and evaluation of Health and Wellbeing education throughout the school year. It supports co-ordination across the school and progression throughout the learner journey from Nursery through to Primary 7.
- 2.4.2 There are currently 70% of schools (83) using the framework throughout NL which exceeds the target set of 60%.
- 2.4.3 The first Healthy Schools Plus event of the academic year took place within the Cumbernauld learning community in September which 15 schools attended. The next event is planned for the end of October within the Airdrie learning community. It is anticipated the number of schools using the framework will increase after the event in October has taken place.
- 2.4.4 Since April 2019 CPD sessions have delivered to 162 teaching staff so far, with more dates confirmed throughout 2019/20. These CPD sessions have played a crucial role in increasing the number of schools utilising the framework.
- 2.4.5 Over the next academic year focus will be placed expanding the curricular framework to the high school setting, covering the 3rd and 4th levels of Curriculum of Excellence and developing transitions from primary schools. This will also include delivering CPD and briefing sessions on this new element of the HS approach for school staff and key partners.

2.5 Use of technology for condition monitoring

- 2.5.1 A range of initiatives are being taken forward through the telehealth programme to enable clients to have more control over their health and wellbeing. Most importantly patients and staff have provided consistent positive feedback on the benefits of using these systems.
- 2.5.2 The use of *Florence text messaging* for remote monitoring has been set up in over 80 General Practices across Lanarkshire. Over 4,000 patients have been recruited to monitor their blood pressure at home with approx. saving of over 18, 000 appointments, faster clinical decision making and improved condition management. Funding has been secured from the National TEC programme for a 2 year scale up of hypertension monitoring. The aim is to increase the number of people monitoring their blood pressure at home with an increased awareness of their condition leading to improved management.
- 2.5.3 A number of other conditions including COPD, diabetes, health improvement and mental health (supporting the Beating the blues on line resource) have also benefitted from the Flo system with over 8,000 total patients recruited.
- 2.5.4 The *Attend Anywhere* virtual consultation platform has been made available to Health and Social Care community teams. Links between primary and secondary care, social services and carers are already improving discharge liaison, communication and access to resources while time and travel savings are considerable. Further national TEC programme funding is supporting the scale up use of this platform in both primary and secondary care including linking HMP Shotts with Wishaw UGH) and the Out of Hours service.

- 2.5.5 The introduction into General Practice as an improvement study is underway with the first seven practices set up and live. A number of other practices have expressed interest. The wider general practice links are being actively included: prescribing pharmacists and ANPs, district nurses and any linked care homes.
- 2.5.6 A key element of the *Attend Anywhere* platform is the ability to include up to four different sites in the video call and evidence is suggesting this results in a significant reduction in travel and time for patients, carers and staff.

2.6 Anticipatory Care Planning

- 2.6.1 Anticipatory Care Plans gives people greater choice and control over their future care and support. This includes recording the patients preferred place of care and their preferred wishes for end of life care.
- 2.6.2 Within North Lanarkshire there is a long history of developing and implementing Anticipatory Care Plans across disease specific groups, acute care and general practice and in 2017 Healthcare Improvement Scotland launched a national ACP available in app form (My ACP).
- 2.6.2 In April 2018 a Task and Finish group was established to review current plans in use and direct use of the national plan. The group has recommended adoption and roll out of the national ACP and implementation is being led by South Health and Social Care Partnership. A key barrier to roll out of ACPs is the absence of an electronic solution for their completion. Options to accommodate and share ACPs on clinical portals are being explored.
- 2.6.3 Equals Advocacy Partnership have played a key role in promoting Anticipatory Care Plans through delivery of training sessions, surgeries and information workshops to voluntary sector organisations, day-care staff, sheltered housing and acute staff.
- 2.6.4 Equals Advocacy Partnership have also been delivering the Anticipatory Care/ Individual Planning Programme through Community Solutions. The programme focuses on reaching people at an earlier stage, targets individuals who are unconnected to services and encourages service users/carers to plan for their own future. Whilst it is not possible to ascertain how many people follow through and complete an ACP from April 2019 Equals Advocacy Partnership have recorded at least 24 ACP's that they have helped clients to complete.

2.7 Embedding Care About Physical Activity (CAPA) across North Lanarkshire

- 2.7.1 Care about Physical Activity (CAPA) is an improvement programme led by the Care Inspectorate to help older people in care to move more often. From little things like encouraging older people to post their own letters or walk up the stairs instead of using the lift. It's about staff, people experiencing care and their friends and family working together to increase health, well being and mobility.
- 2.7.2 The nationally led first phase CAPA programme finished in North Lanarkshire in September 2018 and there were six care homes across North Lanarkshire who participated as well as Coatbridge Locality Homecare team and Airdrie Integrated Day Care team. The national evaluation report demonstrated significantly positive

changes in confidence and skills of social care professionals, changes in culture and changes in physical abilities and mental wellbeing of people experiencing care.

- 2.7.3 North Lanarkshire won two of five awards at the CAPA Conference; Individual Opportunities to Move More by Parksprings and Community Connections by Beechwood which demonstrates the quality of leadership, staff engagement and participation from these homes.
- 2.7.4 Bellshill Health Improvement team are now working with the Bellshill Home Support Rehabilitation team to undertake a test of the 400 yard challenge which is based on the CAPA principles. Staff will record the individual walking to the door instead of staff using key safes or entering for a period of 3 months with the aim that this will promote individuals supported by home support to increase physical activity. Pre assessments and post assessments will be analysed, including grip strength, sitting to standing and walking.
- 2.7.5 The benefits of CAPA are well recognised and going forward the CAPA principles will be embedded into induction for all new homecare staff and CAPA will be included within the organisational development programme that will be put in place for all homecare staff once the homecare service redesign is complete.

3. Equality and Diversity

3.1 Fairer Scotland Duty

Reducing inequalities caused by material disadvantage is a key aim of the Inequalities, Prevention and Anticipatory Care workstream. All of the programmes described above aim to improve service provision for those affected by poverty.

3.2 Equality Impact Assessment

EIA assessments will be undertaken within each service area as required.

4. Implications

4.1 Financial Impact

Many of the developments outlined above involve service redesign and development to include holistic assessments, develop more efficient ways of engaging clients to better meet their needs, and making better use of the community assets already available. Continued investment in prevention will however be required if we are to shift the culture of service provision to one where people are empowered to self-manage and to ensure the local supports within communities have the capacity to meet needs.

Whilst some national funding has been able to support some of the developments outlined above (e.g. the TEC programme) other areas will require ongoing investment through Health and Social Care and Community Planning and business cases will be submitted to the Integrated Joint Board as appropriate.

4.2 HR/Policy/Legislative Impact

N/A

4.3 Environmental Impact

N/A

4.4 Risk Impact

The key risk to delivery is ensuring appropriate investment of staff and financial resources to support the programme developments and that communities are adequately supported to embrace changes in how services are delivered.

5. Measures of success

Measures of success are defined within each individual programme.

6. Supporting documents

CAPA Evaluation report October 2018

<https://www.careinspectorate.com/images/documents/4695/CAPA%20Evaluation%20Report%202017-2018.pdf>



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