

Meeting of NHS Lanarkshire
Board

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
01698 855500



DATE: 29 March 2023

www.nhslanarkshire.org.uk

SUBJECT:

1. PURPOSE

To provide the Board with Health & Social Care North Lanarkshire's new Strategic Commissioning Plan 2023-26.

For approval	<input type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	To note	<input type="checkbox"/>
--------------	--------------------------	-----------------	-------------------------------------	---------	--------------------------

2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
----------	-------------------------------------	----------	--------------------------	----------	--------------------------

By Chief Officer, Health & Social Care North Lanarkshire

3. SUMMARY OF KEY ISSUES

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board to publish a Strategic Plan.
- 3.2 Health and Social Care North Lanarkshire published its ten-year strategy "Safer, Healthier, Independent Lives" in 2016 and each year with annual Strategic Commissioning Plans produced between 2016 and 2020, and a three-year plan covering the period 2020-23. The Strategic Commissioning Plans outline the key intentions to be delivered.
- 3.3 The Strategic Commissioning Plan sets out how the Health & Social Care Partnership plans and delivers services for North Lanarkshire over the medium term and how these arrangements are intended to achieve and contribute towards achieving the national health and wellbeing outcomes.
- 3.4 An engagement and consultation process has been undertaken to ensure a wide range of staff, people who use services, carers and partner organisations have had an opportunity to participate in shaping the next three-year commissioning plan which will run from 2023-2026. A number of events have taken place to facilitate discussion in localities as well as targeted groups, Community Board members, elected members, Integration Joint Board members, and the Strategic Planning Group. The programme of all engagement activities is detailed as an appendix to the final Strategic Commissioning Plan.

- 3.5 The IJB approved the draft version of the Strategic Commissioning Plan at its meeting on 30 November 2022, subject to final consultation during the months of December, January and February. The draft plan was published online in early December, alongside a survey questionnaire which allowed members of the public and any other interested parties to give their feedback on the draft plan. Feedback was generally positive and additional suggestions have been incorporated into the final draft. The feedback from the survey is published as an appendix to the final Strategic Commissioning Plan.
- 3.6 A programme of work is set out within the plan outlining the key work programmes that will be undertaken over the three year period to meet the key priorities within the Strategic Commissioning Plan. Key deliverables and timescales will be further developed, with regular reports on progress to be made to the Board and its Committee.
- 3.8 The final version of the plan was approved by the IJB at its meeting on 22 March 2023 and will be graphically designed and published online.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	LDP	<input type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

A performance plan setting out the strategic measures and associated trajectories for delivery that the North Lanarkshire IJB is required to deliver will be presented once the plan is finalised.

7. FINANCIAL IMPLICATIONS

The Strategic Commissioning Plan should be considered alongside the IJB's Medium-Term Financial Plan

<https://mars.northlanarkshire.gov.uk/egenda/images/att100330.pdf>

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Risk Registers will be maintained within each of the Programme of Work items.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

EQIA Completed

11. CONSULTATION AND ENGAGEMENT

An engagement and consultation process has been undertaken to ensure a wide range of staff, people who use services, carers and partner organisations have had an opportunity to participate in shaping the next three-year commissioning plan which will run from 2023-2026. A number of events have taken place to facilitate discussion in localities as well as targeted groups, Community Board members, elected members, Integration Joint Board members, and the Strategic Planning Group. The programme of all engagement activities is detailed as an appendix to the final Strategic Commissioning Plan.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approval	<input type="checkbox"/>	Endorsement	<input checked="" type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Ross McGuffie, Chief Officer, Health & Social Care North Lanarkshire

Telephone: 01698 752591

Strategic Commissioning Plan 2023-26

Health & Social Care North Lanarkshire



Contents

1. Introduction	3
2. Strategic Context	4
3. Developing the Plan	7
4. Strategic Needs Analysis	9
5. What We've Heard	12
6. Our Priorities & Ambitions 2023 - 2026	15
7. Enabling The Plan	18
8. Measuring Performance	21

Introduction

Welcome to our Strategic Commissioning Plan for Health & Social Care North Lanarkshire. This plan will cover the period 2023-26 and will cover the final period of our long term [Strategic Plan 2016-2026](#). In developing this plan we have built on the work established in our previous [Strategic Commissioning Plan 2020-23](#), and through engagement and collaboration with local people, service users, members of staff and other key stakeholders this plan sets out our ambitions for improving the health and wellbeing of North Lanarkshire's population.

This plan sets out how community health, social care and social work functions delegated to the Integration Joint Board by North Lanarkshire Council and NHS Lanarkshire will be planned and delivered over the medium term.

Despite the many challenges we have all faced since March 2020, we have made significant achievement and progress in the last three years. This plan gives an overview of some of these achievements and how they have helped to shape our priorities for the next three years. We have set out these priorities for further consultation with you to ensure we are focusing on the right things. We will develop a more detailed implementation plan to support our priorities in the coming months.

We continue to experience the long-term and lasting impact of the COVID-19 pandemic, working with people to ensure they can access the support and treatment they require following a sustained period of disruption and restriction. We recognise the strength and resilience of our communities, workforce and partners as we move forward with our plans for recovery and renewal.

The next three years will undoubtedly present further challenges and uncertainty as we continue our recovery from the pandemic-related disruptions, and also in how we prepare for the establishment of a National Care Service. However, it is clear that we have strong foundations to build upon, working with service users, patients, carers, families and partner organisations to improve the health and wellbeing of North Lanarkshire residents.

Strategic Context

While North Lanarkshire's Integration Joint Board has overall responsibility for planning health and social care services within the area, we have to consider the range of other national and local strategies, plans and policies to ensure our plan is consistent and aligned with the priorities of North Lanarkshire Council, NHS Lanarkshire, other community planning partners, and national priorities.

National policies, legislation, strategies and plans

Public Bodies (Scotland) Act 2014
Carers (Scotland) Act 2016
Community Empowerment (Scotland) Act 2015
Equalities (Scotland) Act 2010
Fairer Scotland Duty
National Care Service
Scotland's Digital Health and Care Strategy
Scotland's Public Health Priorities
Primary Care Improvement Programme
Social Care (Self Directed Support) (Scotland) Act 2013
(and Framework of Standards)

Local Strategies & Plans

The Plan for North Lanarkshire
Our Health Together
Lanarkshire Mental Health & Wellbeing Strategy
Local Housing Strategy 2021-26
Tackling Poverty Strategy
Equality Strategies (NHSL and NLC)
Children's Services Plan
Community Solutions Strategic Commissioning
Plan
North Lanarkshire Alcohol & Drugs Partnership
Strategy
Community Justice Partnership Improvement Plan
Carers Strategy

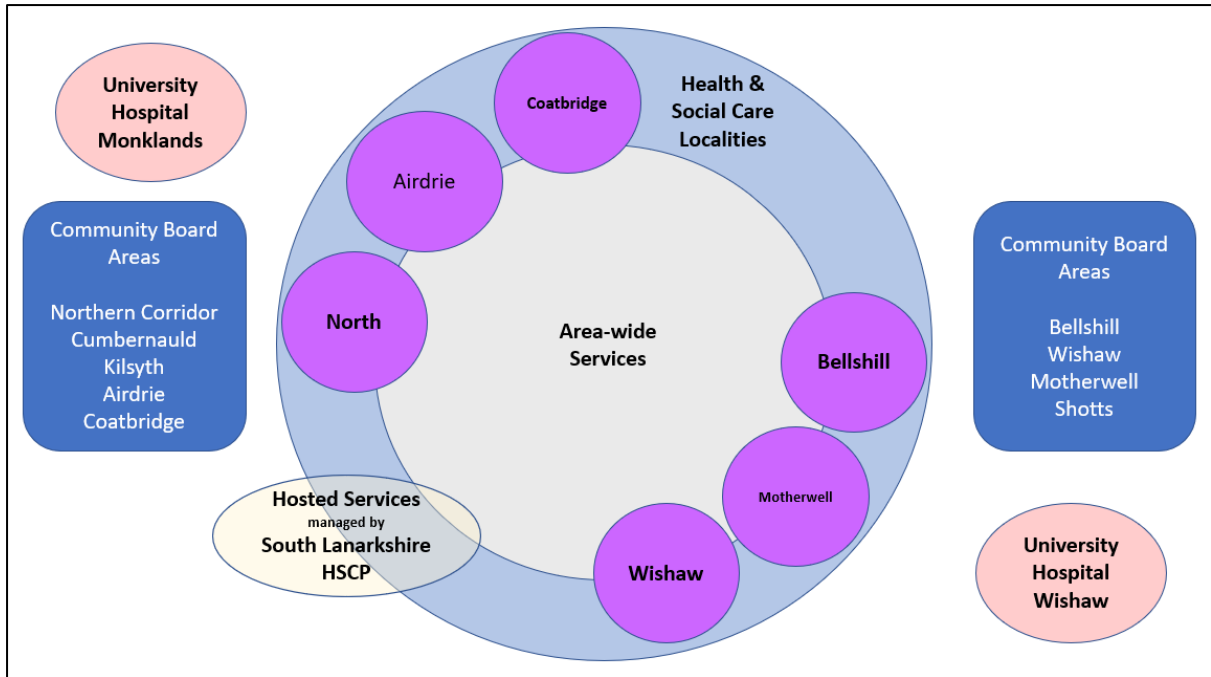
The strategic planning landscape is complex, as outlined above and we have put in place a number of strategies and plans which will be taken forward during the lifetime of this overarching Strategic Commissioning Plan. However, through our Strategic Commissioning Plan we are seeking to provide a clarity of direction for the Health & Social Care Partnership, while ensuring the appropriate linkages are made and due attention is given to our other planning commitments.

We are fully committed to working in partnership with our statutory partners and the third and independent sectors. We will continue to work within the community planning structure within North Lanarkshire, recognising that through The Plan for North Lanarkshire, the Health & Social Care Partnership makes a vital contribution to realising the vision of making North Lanarkshire **the** place to Live, Learn, Work, Invest and Visit. We are also closely engaged in the development of the new, emergent strategy for NHS Lanarkshire, Our Health Together. This new strategy will seek to ensure maximum impact across our whole health and care system with due consideration afforded to recovering services and building resilience and dovetails neatly with the priorities set out in this plan.

In working to deliver our priorities, the partnership will support both North Lanarkshire Council's and NHS Lanarkshire's roles as Anchor Organisations. That is, using their resources and influence to effect change to the social, economic and environmental conditions that determine the health and wellbeing of local people. Anchor Organisations are defined by the Joseph Roundtree Foundation as:

“...big and locally rooted organisations including the NHS, local authorities, colleges and universities, and private businesses with local HQs. Because they employ many people, spend substantial amounts of money, own and manage land and assets and often deliver crucial services, they have a considerable impact on local communities and economies. Further, they are historically rooted in the physical area, intrinsically connected to the local community and are pivotal to wellbeing.”

Crucially, all of our delivery and implementation will be local and our plans are also closely aligned with the new Local Outcome Improvement Plans for each of the nine Community Board areas. Our overall structure for delivery remains with six localities, with three each aligned to a sector (North East and North West), which allows for closer relationship with the two acute hospitals located within North Lanarkshire. The diagram below outlines how our teams and relationships are structured, also including the hosting relationship with South Lanarkshire, and where we deliver services on an area-wide basis.



The outcomes that pull all of the strategic and planning strands together are reflected in an agreed set of nine national Health and Wellbeing Outcomes which the Health & Social Care Partnership has a duty to deliver. These are:

Outcome 1

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

Outcome 2

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

Outcome 3

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

Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5

Health and social care services contribute to reducing health inequalities.

Outcome 6

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

Outcome 7

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

Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9

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

Developing the Plan

We value the input and contribution from all our stakeholders in all the work we do. In developing the Strategic Commissioning Plan 2023-26 we have been committed to ensuring we engage as widely and as meaningfully as possible across and within our communities, workforce and partner organisations.

During 2022, the relaxation of many COVID-19 restrictions offered us the opportunity to have many more in-person events than we had originally anticipated. Through a variety of workshops and local events we have been able to engage with a range of stakeholders through physical, face-to-face meetings. Our ability to use technology to supplement these events and meetings with online workshops has allowed us to offer a wide range of engagement opportunities.

To support the development of this plan we engaged with a range of stakeholder groups, including people who use our services, carers of people who use our services, local residents, people who work in health and social care, local community groups and organisations, local elected members, and people who work for partner organisations and other service providers. Members of the IJB have been involved in discussions and have been kept advised throughout the development of the plan.

In each of the events that took place we reviewed the achievements and challenges of the past three years and used a range of information and intelligence to guide our conversations into the opportunities and challenges facing the partnership in the future.

The following provides an overview of the types of events and discussions which have taken place in the preparation of this plan.

Strategic Planning Group

Our Strategic Planning Group has the overall responsibility for producing, monitoring and reviewing our Strategic Commissioning Plan. The Group is chaired by our Chief Officer and has a wide-ranging membership, including representation from: senior leaders and managers within the partnership, service user and carer representatives, Voluntary Action North Lanarkshire (VANL, the Third Sector Interface for community and voluntary organisations in North Lanarkshire), and a range of other partner organisations.

Consultation and engagement with the group took place via an online workshop and the group met in December 2022 to review the draft plan and met in March 2023 to agree the final plan and next steps engagement in the Programme of Work.

Sector and Locality Engagement

Our North-East and North-West sectors brought their locality teams and local stakeholders together across two in-person engagement events: one in Cumbernauld New Town Hall and one in Dalziel Park, Motherwell. These events allowed for a large attendance from each of the six localities, with dedicated inputs and workshop sessions on the development of this plan.

Staff Roadshows

Two staff roadshow sessions were dedicated to engagement on the development of future priorities and reviewing current achievements and challenges. These took place online allowing for a wide range of staff from across a large number of disciplines and services to take part.

Community Boards – Strategic Engagement

A Strategic Engagement event took place with members from each of the nine Community Boards in North Lanarkshire with a range of questions and discussion topics focusing on many local issues and priorities.

Operational Leads

We engaged with senior leaders and managers across our delivery areas, including:

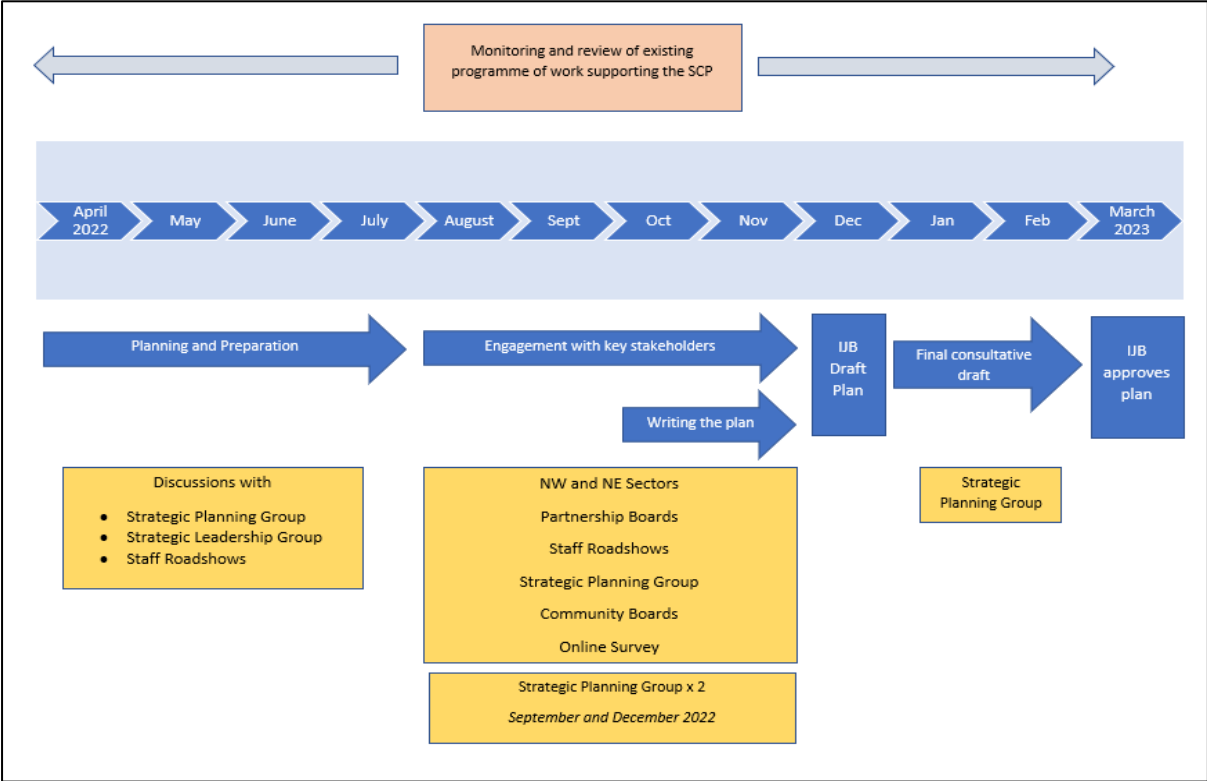
- Adult Health Services
- Specialist Children’s Health Services
- Addiction, Learning Disability & Mental Health Services

These sessions provided an opportunity for more tailored discussions and engagement in relation to the specific delivery areas.

Online Consultation

During December 2022 – January 2023, HSCNL published an online questionnaire to gain feedback from the public and employees on the ambition statements that underpin the partnership’s new Strategic Commissioning Plan 2023- 2026. The survey was circulated and available for completion for a five-week period in December 2022 and January 2023. It was promoted to employees and the public through the social media channels of North Lanarkshire Council and NHS Lanarkshire. A total of 196 respondents completed the survey, consisting of 192 individuals and 4 organisations. Almost half of the respondents to the survey were unpaid carers and over 60% of respondents are currently receiving or have a received a service from Health & Social Care North Lanarkshire for themselves or a family member. The summary of feedback from the survey is included as an appendix of the plan.

Timeline of Engagement & Consultation



Strategic Needs Analysis

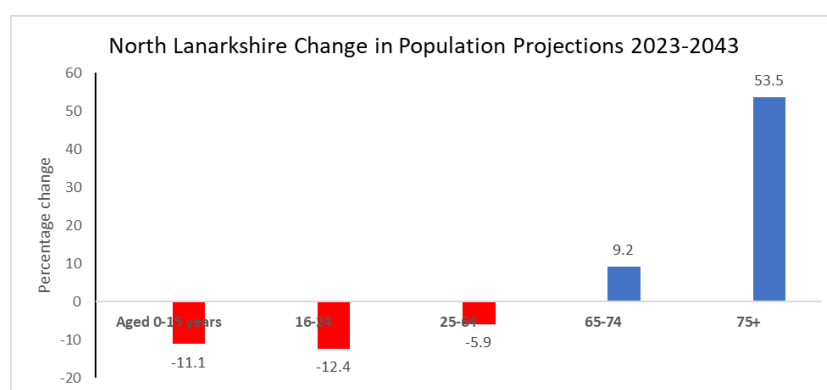
A comprehensive needs analysis has been developed with expert support from the Local Intelligence Support Team (Public Health Scotland). The full document analysis is attached as appendix 2.

Key messages from this detailed work include the following:

Population change

By mid-2043, it is projected that the overall population of North Lanarkshire will be very slightly lower than current levels (-1.1%), while the overall Scottish population is projected to increase by 1.4%. It is projected that by 2043, in North Lanarkshire:

- the number of people aged 0-15 to shrink by 11%
- those aged 75 and over to increase by 53.5%



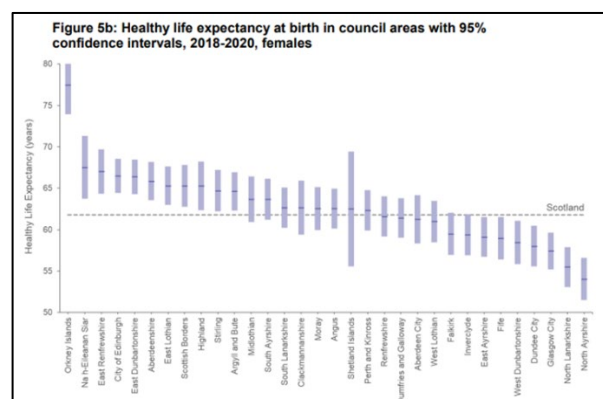
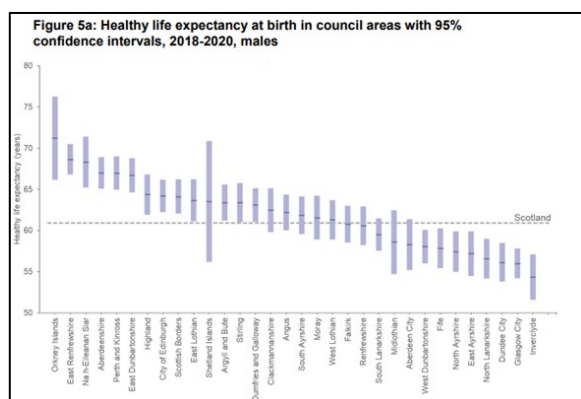
In relation to the forecasted increase in an older population, people will be living longer and we recognise the positive contribution older people make to their communities and society in general. However, it is anticipated that with the significant change over time in the proportion of older people we will witness an increase in the number of people with long term conditions, and an increase in the number of older people with multiple conditions. As these changes are in addition to current, long standing public health issues such as obesity, physical inactivity, smoking, alcohol and substance misuse – it is expected these changes associated with an ageing population will increase demand for Health and Social care services.

There will be an increasing number of older family carers and older people within our workforce - many of whom will have their own health needs. The overall impact will be a steadily increasing demand for health and social care.

On the one hand, we must ensure that we are able to *manage and mitigate the levels of demand* from an ageing population on our health and care services. First and foremost, extending the number of years that our population spends living in good health is vital. If people in Scotland live longer, but not healthier lives, then more people will spend a greater proportion of their lives in some kind of ill-health. This is not a positive outcome at a personal level and could increase demand on health and care services for a longer period of time across the lifespan.

Life expectancy

Life expectancy and healthy life expectancy trends in Scotland have not improved since around 2012, and this is also this case for North Lanarkshire. These life expectancy trends indicate the urgency of addressing their underlying causes – the social and economic circumstances such as poverty, housing, and education that together influence health throughout the life course.



Poverty and deprivation

North Lanarkshire has a higher proportion of its population living in the 20% most deprived datazones compared to the Scottish position – 33% of North Lanarkshire’s population live in the 20% most deprived datazones compared with 19% of Scotland’s population living in the 20% most deprived datazones. This has increased since the 2016 SIMD.

Across North Lanarkshire, 50,897 (15%) people are income deprived, the Scottish average is 12%. Of this 50,897 income deprived population –

- 28,234 live in the 20% most deprived datazones and 21,655 live in the 15% most deprived datazones
- therefore, 22,663 income deprived people live outside the 20% most deprived datazones
- and 29,242 income deprived people live outside the 15% most deprived datazones – this highlights the fact that people who are on low incomes live across the whole of North Lanarkshire and not just the areas we usually understand to be the most economically deprived.

There are 24,796 working age people in North Lanarkshire experiencing employment deprivation. This is 11% of the working age population. In Scotland this is 9%.

- 13,415 people are employment deprived in the 20% most deprived datazones and 11,205 people are employment deprived in the 15% most deprived datazones,

- This means 11,381 employment deprived people live outside the 20% most deprived datazones

The number of people experiencing income and/or employment deprivation in North Lanarkshire has fallen since the 2016 SIMD.

Drugs death rate

The drug related death rate for North Lanarkshire is slightly higher than the Scottish average for the most recent figures (2017-21). In North Lanarkshire the drug misuse death rate per 100,000 population was 23.4, compared to the Scottish rate of 22.9.

Alcohol related deaths

The age-standardised death rates for alcohol-specific deaths in North Lanarkshire are higher than the Scottish average and fourth highest in Scotland.

The age-standardised death rates for alcohol-specific deaths in the most deprived 20% of areas in Scotland has been consistently higher than the rest. The death rate in the most deprived areas is 4.3 times the rate in the least deprived areas in 2020 (41 deaths per 100,000 compared to 10). Since 2001 the death rate in the most deprived areas has remained the highest of all five SIMD quintiles although the gap has narrowed slightly.

Locality Profiles

We have developed profiles for each of our six localities:

[Airdrie](#)

[Bellshill](#)

[Coatbridge](#)

[Motherwell](#)

[North](#)

[Wishaw](#)

What We've Heard

The conversations which took place across the range of engagement activities highlighted in section above generated a richness of views, experience and intelligence from a range of individuals and stakeholders. Much of engagement focused on reviewing where we thought things were working well and where we felt there were ongoing challenges, or indeed, anticipated challenges in the future.

The achievements and challenges highlighted below are a distillation of these conversations and represent some of the common themes which emerged in our engagement activities.

Achievements

Resilience within the system – staff, carers, service users

A common thread through all our engagement activity was the recognition of the efforts and resilience of members of staff from across the health and social care sector, volunteers, carers, service users and family members in dealing with the many challenges of the COVID-19 pandemic.

Focus on staff health, wellbeing and connectedness

Training, practical and psychological supports have been developed for staff wellbeing across the Health and Social Care partnership over the past two to three years. These initiatives are now aligned and incorporated within the major strategic workplans of both North Lanarkshire Council, NHSL and Health and Social Care NL which will inform and shape the way we work going forward, engaging with staff, embedding good practice in our ways of working and improving our methods of supporting staff in the longer term.

Use of technology – within a variety of settings

The use of technology has expanded considerably over the past three years, and the experience of the COVID-19 restrictions resulted in the acceleration of our plans to use technology more in relation to online appointments and consultations, technology-enabled care and also as a key element of our communication and day-to-day management.

Mental Health Recovery and Renewal

The recovery and renewal of our mental health services continues to progress and the importance of linking these efforts with our new priorities was reflected in engagement discussions and feedback.

Care Academy

The Health and Social Care Academy provides curriculum opportunities linked to the health and social care sector. These are targeted at young people in the senior phase of learning. It is focused on assisting pupils to gain qualifications as well as work related learning experiences which will help them in gaining employment and assist in meeting the

workforce requirements of this sector. The main areas are health and social care, general nursing and allied health professions.

Community Solutions - community capacity building

Community Solutions is the community led, health and social care investment programme operating across North Lanarkshire focused on building communities where people can have full, independent lives. The programme, which has been in place since 2013, is a partnership between HSCNL, Voluntary Action North Lanarkshire (VANL), and the community and voluntary sector of North Lanarkshire. Its latest [Strategy and Investment Plan 2022-25](#) was agreed in March 2022, setting out investment plans within the programme to strengthen community capacity and resilience and deliver person-centred, community-based support and services to priority groups.

Enhanced Capacity & Resilience

In February 2022, the Integration Joint Board approved a £20m business case, utilising both recurring and non-recurring resources to transform the whole health and social care system and build capacity and resilience within it. Building on the wider approach to recovery and renewal across the sector, investment is being made in supports and approaches which:

- Maximise capacity through new staffing, resources and services;
- Ensure staff wellbeing;
- Ensure system flow by improving planned discharge from hospital and increasing access to care in a range of community settings;
- Improve outcomes through collective investment in people, systems, services and supports which deliver the right care in the right setting.

Challenges

Increasing demand for services, with increasingly complex needs and limited capacity for response

With an ageing population, the projected growth in demand for health and social care services over the next 15-20 years is considerable. However, there was also a common view from those who engaged in our discussions that demand for services and support is increasing now and in the short-term and that individuals' needs are becoming increasingly complex.

Cost of living crisis and widening inequalities

Given current challenges in relation to the cost of living crisis, the wider issues of poverty and income deprivation were highly prevalent in the discussions and engagement activity that took place. There are significant and persistent inequalities in outcomes across the North Lanarkshire population that have a significant impact on people's life opportunities and life chances. There is strong evidence to suggest the experience of the COVID-19 pandemic has widened some inequalities with some sectors of society disproportionately

affected by the disruption and restrictions. The current cost of living crisis will also disproportionately affect those with lower incomes.

Staff recruitment and retention

The wider health and social care sector has experienced challenges related to the recruitment and retention of staff for some time, with the recent experiences of COVID-19 and the United Kingdom leaving the European Union placing further pressure on challenging situation. There is a need to invest in the workforce through training and development, and clear career pathways allied to ensuring we make employment within the sector as attractive as possible. Through a values-based approach we should be offering flexible and positive working environments with an embedded culture of staff wellbeing.

National Care Service

The Scottish Government has committed to establishing a functioning National Care Service (NCS) by the end of the parliamentary term in 2026. The aims of the service are centred around early interventions that prevent or delay the development of care needs and reduce care needs that already exist; and the proposed service aspires to design services collaboratively with the people to whom they are provided and their carers'. These aims are reasonable and consistent with the priorities set out in this plan. However, social work and social care staff may transfer to a new organisation as part of the proposals but this is unclear at this point. Over the next 2-3 years, proposed changes will have a direct impact on colleagues working in health and social care and there will be a significant work to prepare for the implementation of the NCS.

Our Priorities and Ambitions for 2023 – 2026

The long term vision for the Health and Social Care partnership which was set out in the original Strategic Plan 2016-2026 remains relevant and will continue as the over-arching vision of this plan. The vision set out in 2016 was that the people of North Lanarkshire will achieve their full potential through:

- Living safe, healthy and independent lives in their communities.
- Receiving the information, support and care they need, efficiently and effectively, at the right time, in the right place and in the right way.
- Ensuring North Lanarkshire is the best place in Scotland to grow up.

In 2020, we identified six key ambitions that helped to prioritise our areas for action:

- Do the right thing first time
- Provide a range of community services to support people to live well in connected communities
- Focus on what matters to people (outcomes)
- Be at the forefront of technical and sustainable solutions
- Promote prevention and early intervention
- Ensure North Lanarkshire is the best place to work, volunteer and care

Following our engagement with stakeholders, taking into account the experience of the past three years and the current and future challenges facing the partnership, it has been agreed to revise our ambitions to the following:

- Do the right thing first time
- Increased focus on prevention, early intervention and tackling inequalities by working with communities and people
- Develop and support a workforce for the future
- Improve mental health and wellbeing
- Support people through a whole family approach

Do the right thing first time

Overarching the whole system is the work to ensure that when people make contact with our services that the response is quick and effective, with a focus on helping people to help themselves first. The continued development of First Point of Contact incorporating good conversations across the Health and Social Care Partnership (HSCP) and embedding the approach with a whole system focus remains a priority and will ultimately support getting it right first time.

Increased focus on prevention, early intervention and tackling inequalities by working with communities and people

The population and needs analysis within this Plan highlights the need to do things differently, to understand the demographic challenges facing North Lanarkshire and to harness the opportunities of people living healthier lives for longer. Changing the way we deliver services and support people includes acknowledging that in some cases the way we do things attracts higher costs because we focus more on managing crises and late interventions. We need to focus more on prevention, early intervention and empowering people to live fulfilling lives.

By providing 'upstream' support at an early stage, we can reduce the demand on intensive health and care service and re-invest in more community focused support services. However, we recognise that early and effective support is not always best provided through health and social care services. Through working with our partners in the Third Sector, we can identify, support and develop local community-based programmes, run by voluntary and independent organisations that focus on the health and care needs of local communities.

Work will take place to support and empower people to continue to live healthy, meaningful and more personally satisfying lives as active members of their community for as long as possible. To do this we will show ambition and be innovative to develop and try new ways of providing services.

We value and recognise the vital role local people and communities play and through our Engagement and Participation structures we will continue to ensure we provide a voice for local people, service users, patients and carers and ensure we listen to their needs and aspirations. Our strategic planning arrangements don't stop with publication of a plan, and so engagement and participation from local people will extend into the delivery of our partnership priorities.

Develop and support a workforce for the future

The increase in the ageing population of North Lanarkshire is broadly mirrored within the workforce of the health and social care sector, therefore it is important for us to be cognisant of this and ensure mechanisms are put in place to allow flexibility and support to our workforce throughout each career level from entry level to ensure their physical and mental health is nurtured.

There are also continuing challenges with regards to resourcing, attracting, recruiting and retaining staff. There is an increasing need to support a 'pipeline' of workers coming into the profession, for example through highlighting the sector in schools, through other opportunities in developing the young workforce, through wider employability routes, or from career changers.

Whole system planning requires further development to better understand the needs and demands of communities including their public health challenges, the types of roles needed to support different health and social care needs, and the availability of different types of workers over time as well as the relationships and influences between all parts of the system.

Improve mental health and wellbeing

We know, through our service information and through speaking to our local communities, that mental health concerns are increasing in the population. This means potentially a greater demand for mental health services and community supports. There is a need for a refreshed and reinvigorated approach to mental health improvement and the delivery of the Lanarkshire Mental Health & Wellbeing Strategy, continuing to focus on the four core areas:

- Good mental health for all
- Improving access to mental health supports and services
- Children and young people's mental health and wellbeing
- Specialist mental health services

All work must be underpinned by a collective effort to challenge mental health stigma and discrimination to ensure that those who require support are encouraged to access it.

Supporting people through a whole family approach

Our aspiration is to support adults and children of all ages with the tools to set, plan for and achieve their goals together. This puts wellbeing at the heart of our approach and considers the situation that adults and children live in, who they live with and family relationships. This may include helping an adult and their family to think about what may happen in the future, and plan for those possible changes, when the adult needs more care or if a carer becomes unwell; supporting carers of all ages within their caring role and as equal partners in care; and supporting families where substance use and other challenges exist. This means in practice understanding each person as an individual, as well as recognising the part they play in their family and community. The approach builds on everyone's strengths and develops their resilience.

Clearly, these priorities are interlinked and we expect them to influence and shape each other as we progress our implementation.

Implementation Plan

Under each priority area we will develop an agreed set of shorter and medium term goals (Programme of Work) that we plan to address between 2023 and 2026. The Programme of Work will set out in detail the programmes that will be progressed over the next three years. We will update these on an annual basis to ensure that we stay on track and, at the same time, be able to respond to any new or emerging issues that we need to address. We will closely monitor our progress and continue to seek out feedback from service users, carers, and families on the impact we are making.

The Programme of Work is outlined in the two diagrams below and will evolve over time as we learn from practice what works and what doesn't.

Diagram 1 The Programme of Work outlined against the 5 key priorities

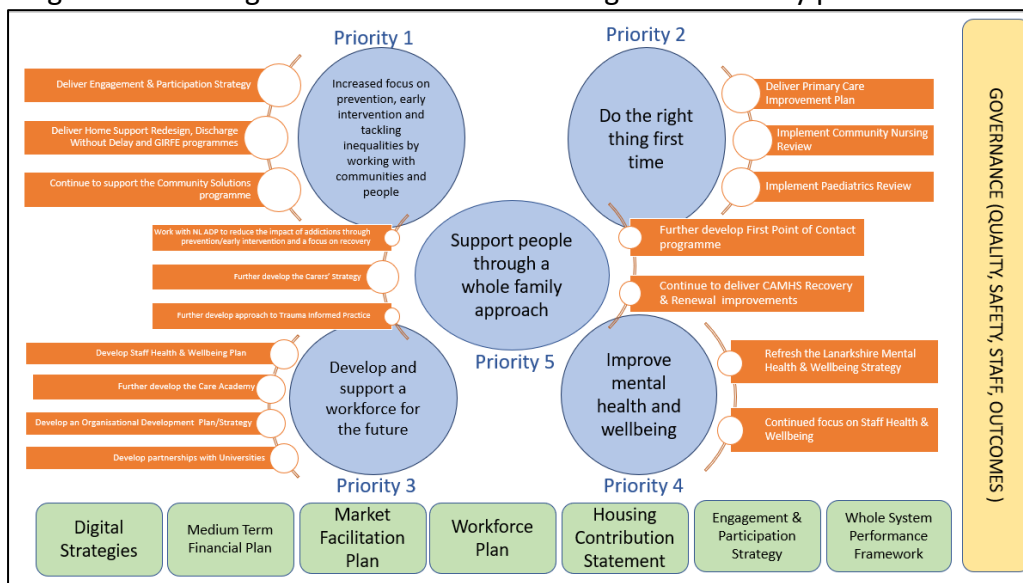
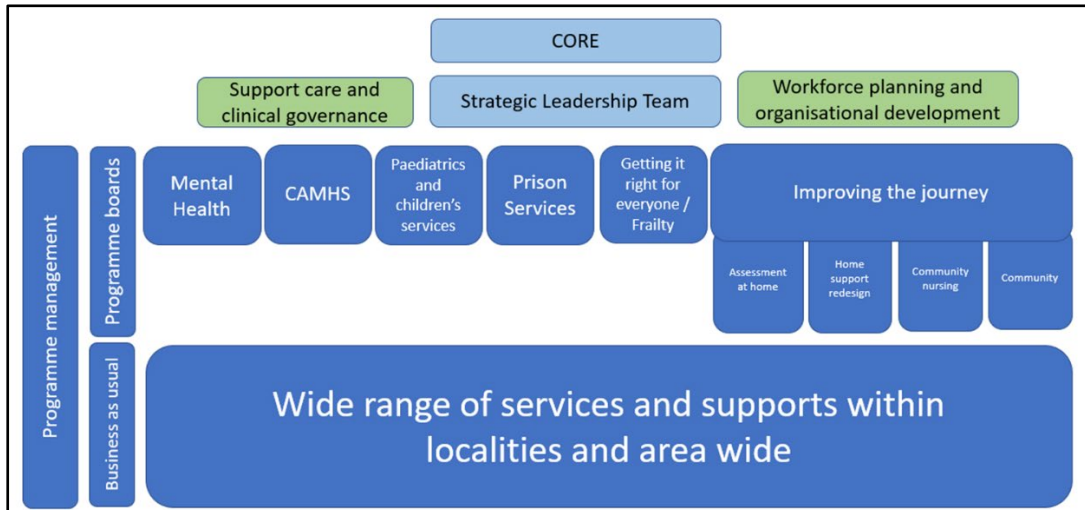


Diagram 2 The Programme Management approach to the Programme of Work



The programme of work consists of a range of evolving workstreams linked to each of the five strategic priorities. In the delivery and implementation of our programme, we will ensure appropriate governance arrangements are in place in relation to quality standards, staffing levels, financial management and outcome delivery. There are a range of supporting pillars in place which will support our programme, e.g. medium term financial plan, workforce plans, Engagement & Participation Strategy, which are described in more detail later in this plan.

Enabling Our Plan

Medium Term Financial Plan

A medium term financial plan will sit alongside the Strategic Commissioning Plan for the period 2023-26. The financial outlook for the public sector is extremely challenging and so it is essential that our strategic ambitions are set against the financial resources we anticipate will be available.

The IJB financial strategy must ensure sustainability for the current and future years whilst recognising the current significant challenges for both partners. Efficient, effective and affordable services fit for the future will need to be developed as part of the integration and transformational change activities.

The IJB Medium to Long Term Financial Plan was prepared in March 2020 and underpins strong financial planning and management, the achievement of best value and the allocation of resources to support sustainable models of service delivery from a whole system perspective, ensuring our limited resources are targeted to achieve our outcomes. This plan however was prepared before the impact of the emergency response to the COVID-19 pandemic was known. As part of the recovery plan to the pandemic, the IJB Medium to Long Term Financial Plan is being reviewed to reflect the operational and financial challenges.

The IJB Chief Finance Officer will continue to consult with both partners about the options available to address all 2022/2023 recurring and non-recurring health and social care cost pressures. Cost reduction options will be explored however this is not expected to release sufficient funding to meet the total increase in all health and social care cost pressures going forward. Reliance will therefore require to be placed on non-recurring funding and reserves.

Our joint focus with all our partners and stakeholders will continue to be ensuring that all resources in scope are maximised, health and social care services are remobilised and a whole system approach across North Lanarkshire is adopted which is sustainable and operates efficiently and effectively.

Market Facilitation Plan

The Plan outlines our approach, sets out our commitment to working in partnership and outlines how we will communicate key messages, enabling a basis for early engagement and consultation with the market on how best to respond to supporting social care and support need. Engagement will take place through existing communication channels and provider forums, with the aim of developing a joint action plan to support the delivery of the Market Facilitation Plan, which will also reflect the Strategic Plan objectives. We need providers to consider these key messages if they wish to be best placed to respond to future market requirements.

Developing a Market Facilitation Plan is an evolving process and we will involve all our partner organisations on an on-going basis to help make sure that the changes we wish to make can be delivered and sustained.

Workforce Plan

Our workforce planning arrangements are integrated with the [Lanarkshire Health and Social Care Integrated Workforce Plan 2022-25](#) and the [Workforce for the Future Strategy](#). Through our combined efforts with NHS Lanarkshire and North Lanarkshire Council we are seeking to build a flexible, resilient and skilled workforce for the future across the health and social care sector and we will continue to expand and develop the Care Academy model that has already proved successful.

Housing Contribution Statement

A warm, accessible and affordable home is the foundation on which to build good health and wellbeing. By providing access to homes that are energy efficient, affordable, accessible and adaptable over the life course, North Lanarkshire's housing sector is well placed to influence a number of key areas that improve health and wellbeing and reduce health inequalities.

The sector also makes a vital contribution by boosting the local economy through the creation of employment, attracting investment and supporting sustainable economic growth, which has consequential positive impact on health outcomes.

Shared outcomes have been identified which are aligned with both the LHS and this plan.

1. Reduce health inequalities experienced by people who face the most disadvantage in our communities
2. Reduce hospital admissions, length of stay, delayed discharge and readmission rates
3. Support people to live safely and well for longer in their own home through a range of home interventions and early prevention activities
4. Prevent and resolve homelessness effectively, providing wrap around support where necessary

Housing is a key partner on North Lanarkshire's Integration Joint Board and both local authority and registered social landlords are represented on the Strategic Planning Group. Key successes achieved include:

- Increased the number of affordable and accessible homes in North Lanarkshire helping to meet a broad range of needs, delivering 3,167 new build homes since 2010/11 and a further 611 homes through the Open Market and Empty Homes Purchase Scheme.¹
- Enhanced the design of new build homes to improve accessibility and ensure future sustainability.
- Improved the energy efficiency of our new and existing housing, employing low carbon technologies designed to reduce energy costs, helping keep carbon-emissions low and tackle fuel poverty.
- Implemented a revised allocations policy for sheltered housing which better meets the broad and changing needs of older households.
- Implemented a downsizing scheme to support older people to downsize to more suitable housing that better suits their needs.
- Developed and implemented new policies for tackling domestic abuse and improving tenancy sustainment, helping prevent homelessness and ensure timeous access to support.
- Delivered dedicated housing support, reducing the need for intensive support.
- Improved digital connectivity infrastructure installed in retirement complexes and in council new build homes, helping to support independence and promote social inclusion.
- Provided resource flats to help aid hospital discharge and key partner in established weekly discharge meetings to prevent housing-related hospital delays.
- Delivered income maximisation services and administered grant funding to those experiencing financial hardship who are at risk of homelessness, helping to combat the cost-of-living crisis and tackle fuel poverty.
- Implemented the Rapid Rehousing Transition Plan, providing settled accommodation first and foremost where possible, minimising time spent in temporary accommodation and providing flexible strength based support for those with complex and multiple support needs.

The negative health consequences of homelessness are well documented. Those experiencing homelessness are at higher risk of morbidity, mortality as well as mental health and addictions issues. Our Rapid Rehousing Transition Plan (RRTP), which aims to provide settled housing options to those experiencing homelessness as quickly as possible to avoid lengthy stays in temporary accommodation, is now in its fourth year. We have made good progress. Our Housing First Team is well established, providing intensive support to those with the most complex needs. We have developed multi-disciplinary practice which continues to evolve. It is essential that we continue to strengthen this partnership approach to preventing and addressing homelessness, considering the wide-ranging impact on health and wellbeing.

¹ As at 20th Feb 2023, includes both Council and Registered Social Landlord new build homes.

We are investing in our Town Centres, re-purposing and renovating buildings for residential use; helping to create sustainable mixed-use centres that are attractive and appealing. We are employing greener technologies, making our homes more energy efficient, reducing fuel poverty and boosting the local economy by creating employment opportunities. We are encouraging active transport links, providing access to high quality, accessible open space and promoting the role that placemaking can have on generating positive health outcomes.

Current Challenges:

- Homelessness is increasing across Scotland and is expected to increase in North Lanarkshire over the coming years due to the current cost-of-living crisis. This is particularly important since evidence suggests that homeless people also experience the worst health outcomes, including mental health issues, addictions and self-harm.
- Implementation of Prevention of Homelessness duty is expected at end of 2023 which will require considerable resource and collaboration.
- Our older population is increasing, particularly in the 75+ and 90+ age groups. This will present significant housing and support challenges and will increase the need for accessible and adaptable housing, and for equipment and adaptations.
- There is a shortage of wheelchair liveable homes and homes for older people across tenures with a need to increase provision particularly in the private sector.
- The cost-of-living crisis will exacerbate existing inequalities, forcing more residents into fuel poverty and rent/ mortgage arrears, and reduce capacity to fund repairs and maintenance.

In recognition of these challenges, we have developed the following set of shared priorities to be addressed going forward, all of which will contribute towards meeting the priorities outlined in the SCP and achieving our shared outcomes.

Our Shared Priorities:

- Implement the RRTP to effectively address homelessness, preventing people from becoming homeless in the first instance and where people do become homeless enable them to access permanent housing faster.
- Strengthen collaboration and joint care planning to effectively meet needs of homeless people with complex needs and reduce repeat homelessness.
- Identify and develop appropriate actions to deliver the Prevention of Homelessness duties when enacted.
- Work in partnership to identify earlier, effective interventions and responses to those experiencing domestic abuse.
- Provide an effective response to the housing and health needs of children and young people with a specific focus on those who are care experienced.
- Improve our understanding of the impact of inequality on specific protected groups.
- Increase the supply of accessible housing, including working with the private sector to increase awareness of the need for wheelchair housing and encourage development.
- Continue to adapt and install equipment and technology to help people live for longer in their own home.

- Ensure effective allocation of adapted properties to make best use of our housing stock in meeting the needs of people with disabilities.
- Enable swifter discharge from hospital and reduce delayed discharge.
- Provide person-centred support to help people develop the skills to live independently and thereby reduce the risk of a more acute crisis or intervention.
- Provide high quality, tailored housing options advice to meet the needs of individual households.

These shared priorities although funded primarily by housing budgets, some will require pooled budgets/resourcing in the longer-term to ensure sustainability and continued progress towards improving outcomes for people, particularly those with complex, enduring or multiple needs, who have been involved with health, social care and housing services. This mainly relates to the actions and priorities set out in the RRTP.

[Engagement and Participation Strategy](#)

Health and Social Care North Lanarkshire (HSCNL) has a firm commitment to ensuring ongoing meaningful involvement with the communities it serves. This engagement and participation strategy sets out how we will achieve this. This will ensure we have the right systems and supports in place to enable effective engagement between stakeholders and HSCNL and the strategy and approach is a key supporting pillar of the overall Strategic Commissioning Plan.

[Transformation Plan](#)

This Strategic Commissioning Plan seeks to address the need to act now and have a lasting and sustainable impact and build resilience in the whole system supporting people and communities in North Lanarkshire. Investment across the sector must strengthen services and supports in creating additional capacity across our health and care system as well as targeting our efforts to transform and redesign to ensure people can access the right support from the right person at the right time.

Recognising that more of the same will not sustain robust services and supports into the future, a Strategic Commissioning Plan Programme Board (SCP PB) has been established to ensure a whole system approach is adopted to support transformational change which capitalises on the availability and use of all of our resources and will drive forward the transformation agenda emanating from this plan.

A key element of our Transformation Plan will be an Organisational Development Strategy focusing on our leadership values, culture and behaviours. We will look to build on our strengths to develop a compassionate leadership model which encourages and sustains behaviours of understanding, empathising and helping create inclusive, effective and collective cultures within our teams.

We will seek to take a Human Learning Systems (HLS) approach to understand what makes a difference in people's lives. We will seek to co-design integrated solutions based on people's strengths and assets in the context of a whole system. Our workforce will be empowered to test new approaches and report what works. We will capture and use data and intelligence in a different way to support learning, bringing professionals and people together to reflect regularly and share learning. We will work creatively and continue to develop a realistic medicine approach.

In developing a culture of empowering practitioners across our whole system to work differently to achieve desired outcomes, we will apply a trauma-informed lens to our services and undertake a self-assessment to recognise the current impacts of the last three years, in particular the impact of the pandemic. We will also apply this approach across our staff teams and ensure our staff health and wellbeing programmes provide the most appropriate support.

We will also further develop our programme management approach to the delivery and implementation of this plan and its programme of work, with identified training and development resources available to leaders and managers to effectively deliver a shared transformation and improvement agenda.

Support, Care & Clinical Governance – quality and standards of care and support

A Support, Care & Clinical Governance framework is in place for integrated services, built upon the national clinical and care governance framework. The framework encompasses the following:

- Professional regulation, workload and workforce development;
- Information assurance;
- Service user experience and safety and quality of integrated service delivery and personal outcomes;
- Person-centred care;
- Management of clinical risks; and
- Learning from adverse event

Measuring our Performance

The Health and Social Care Partnership has long been committed to a whole system approach, recognising the co-dependencies that exist across the entire health and social care system. Ensuring we have a performance framework that reflects the whole system requires continued engagement with partners and stakeholders from across the whole system, including but not limited to: HSCP services, Acute services, NLC services, third sector, carers, people with lived experience, etc.

We have robust performance monitoring processes in place which allow us to assess how well we are delivering health and care services to the people of North Lanarkshire. As part of our annual performance reporting arrangements, we are required to demonstrate how we perform against the nine national health and wellbeing outcomes. These are:

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

These nine national health and wellbeing outcomes are underpinned by 23 performance measures which are reported through our Annual Performance Reports. In addition to the reporting on the 23 national indicators, we also publish information a further suite of six indicators set out by the Scottish Governments Ministerial Strategic Group for Health and Community Care.

Appendix 1

List of engagement events and activities

Date	Forum	Type of engagement
7 June 2022	Strategic Planning Group	Online event, via MS Teams
9 June 2022	Locality Planning Group Chairs event	In person event
4 August 2022	Staff Roadshow	Online event, via MS Teams
31 August 2022	North East Sector – Motherwell, Bellshill and Wishaw Localities (staff, stakeholders, elected members and carer/service user representatives)	In person event
7 September 2022	North West Sector – North, Coatbridge and Airdrie Localities (staff, stakeholders, elected members and carer/service user representatives)	In person event
13 September 2022	Strategic Planning Group	Online event, via MS Teams
29 September 2022	Community Board Strategic Engagement Event	Online event, via MS Teams
30 September 2022	Session with Public Partnership Forum North	In person event
7 October 2022	Adult Health Services Event	In person event
7 October 2022	Specialist Children’s Health Services Event	In person event
20 October 2022	Session with Access Panel	In person meeting
27 October 2022	Staff Roadshow	Online event, via MS Teams
2 November 2022	Integration Joint Board Liaison Session	Online event, via MS Teams
30 November 2022	Integration Joint Board meeting	Online meeting, via MS Teams
6 December 2022	Strategic Planning Group	Online meeting, via MS Teams
16 December 2022 – 20 January 2023	Online Survey	Online feedback questionnaire, hosted on NLC website
18 January 2023	Population Health & Primary and Community Services Governance Committee, NHS Lanarkshire	Online meeting, via MS Teams
1 February 2023	North Lanarkshire Council Elected Members Briefing Session	Online event, via MS Teams

Health & Social Care North Lanarkshire

Strategic Needs Analysis

February 2023

Contents

1	Introduction	2
2	Demographics	4
3	Population Projections.....	9
4	Life Expectancy	12
5	Care at Home	13
6	Care Home	21
7	Self-Directed Support (SDS)	26
8	Unscheduled Care.....	31
9	Delayed Discharges.....	43
10	Long Term Conditions	45
11	Children and Young People.....	50
12	Mental Health	55
13	Last 6 months of life.....	56
14	Outpatient Appointments.....	56
15	Cancer	58
16	Births and Deaths.....	59
17	Smoking	61
18	Primary Care	62
19	Health Inequalities.....	63

1 Introduction

In preparing the previous SCP, a comprehensive needs analysis was completed to support planning decisions and assumptions. This work has continued and also been supplemented by the Local Intelligence Support Team (LIST) from Public Health Scotland who provide specific and expert analysis of current and future demand on health and social care services.

To support the planning assumptions, a revised and updated needs assessment was completed as detailed below. However, the information shown represents a small snapshot of the information available in a planning context. Therefore, the needs profiling work will continue as the plan is being implemented, particularly with regards to further information profiling on inequalities and early intervention and prevention data as well as the longer-term impacts of COVID-19.

A summary of the needs analysis is provided below.

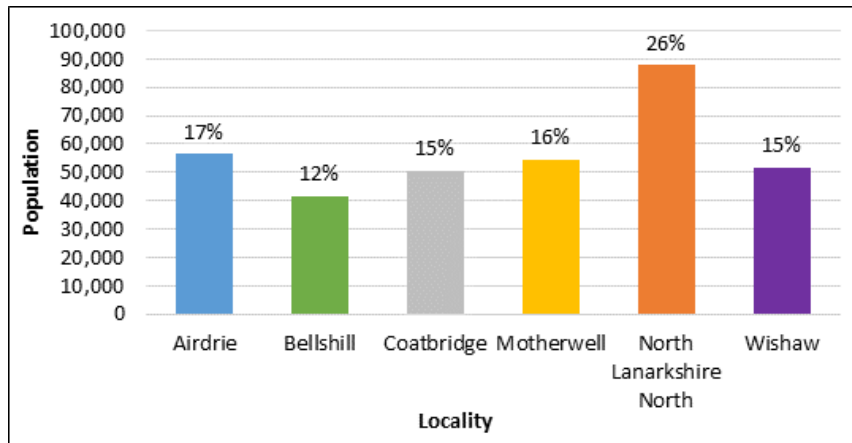
The long-term impact of the Covid-19 pandemic is not yet clear. All projections presented in this report, which assume that pre-pandemic levels and trends will continue post-pandemic, should be interpreted with caution.

- Between now and 2043, the population of North Lanarkshire is projected to decrease by 1% however the population aged 75+ is projected to increase substantially – by around 54%.
- In 2018-2020 the average life expectancy in North Lanarkshire was 74.5 years old for men, and 79.2 years old for women: both below the average life expectancy for Scotland overall.
- North Lanarkshire is more deprived than Scotland as a whole, with all localities apart from North having a higher proportion of the population in the most deprived quintile compared to Scotland.
- North Lanarkshire has a higher rate per 1,000 population compared to Scotland for several health indicators including: A&E attendances, acute emergency hospital admissions, readmissions, alcohol and drug related hospital admissions, NHS 24 calls
- North Lanarkshire has a higher percentage of children with a concern compared to Scotland at the 13-15 month, 27-30 month and 4-5 years child health reviews
- North Lanarkshire has generally had a higher uptake percentage for child vaccinations compared with Scotland
- North Lanarkshire has a lower rate per 1,000 population compared to Scotland for several health indicators including: delayed discharges bed days, Mental Health (psychiatric) emergency bed days, CAMHS referrals
- In 2021/22, 13.5% of the North Lanarkshire population had three or more long-term health conditions (LTCs).
- Anxiety/Depression is by far the most prevalent long-term conditions amongst the North Lanarkshire population.
- The percentage of the last 6 months of life spent in the community has increased in North Lanarkshire since 2013/14.
- North Lanarkshire has higher age/sex standardised rates for all deaths, deaths by suicide and deaths by alcohol, compared to Scotland
- North Lanarkshire has a lower number of GPs and GP practices per practice list size compared with Scotland, with North Lanarkshire having lowest number of GPs per practice list size of all HSCPs in Scotland
- North Lanarkshire populations in the most deprived SIMD quintiles have much higher rates per 1,000 population than those in least deprived quintiles for many health indicators, and

trends over time show this disparity has remained fairly consistent over the last 5 years with no signs of this inequality reducing.

2 Demographics

Chart 1: North Lanarkshire 2021 population by locality



Source: National Records of Scotland population estimates

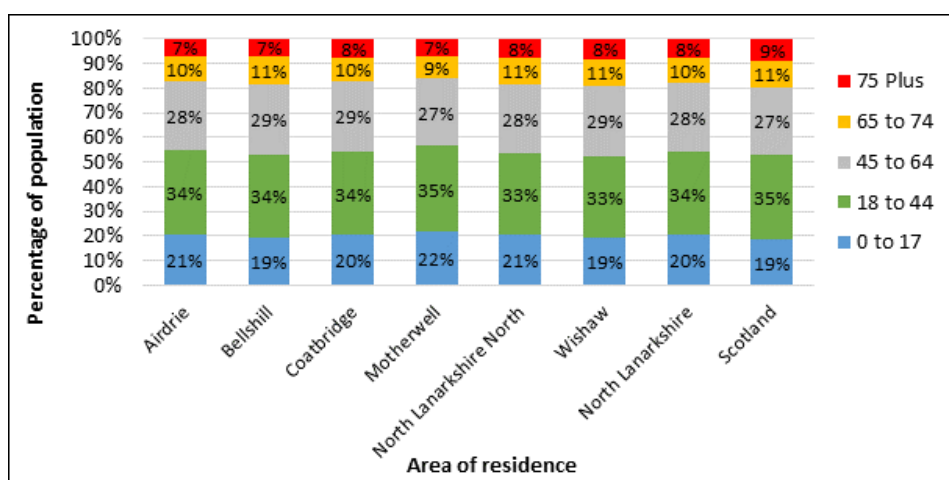
Table 1: North Lanarkshire 2021 population by locality

Area of Residence	Mid-2021 population estimate	Percentage of North Lanarkshire population
Airdrie	56,357	17%
Bellshill	41,377	12%
Coatbridge	50,330	15%
Motherwell	54,205	16%
North Lanarkshire North	87,695	26%
Wishaw	51,436	15%
North Lanarkshire	341,400	100%

Source: National Records of Scotland population estimates

As of 2021, North Lanarkshire has a total population of 341,400, with North Lanarkshire North being the most populous locality making up around a quarter the total North Lanarkshire population. Airdrie is the next biggest locality, followed by Motherwell, Wishaw, Coatbridge and then Bellshill.

Chart 2: Percentage of 2021 population by area of residence and age group



Source: National Records of Scotland population estimates

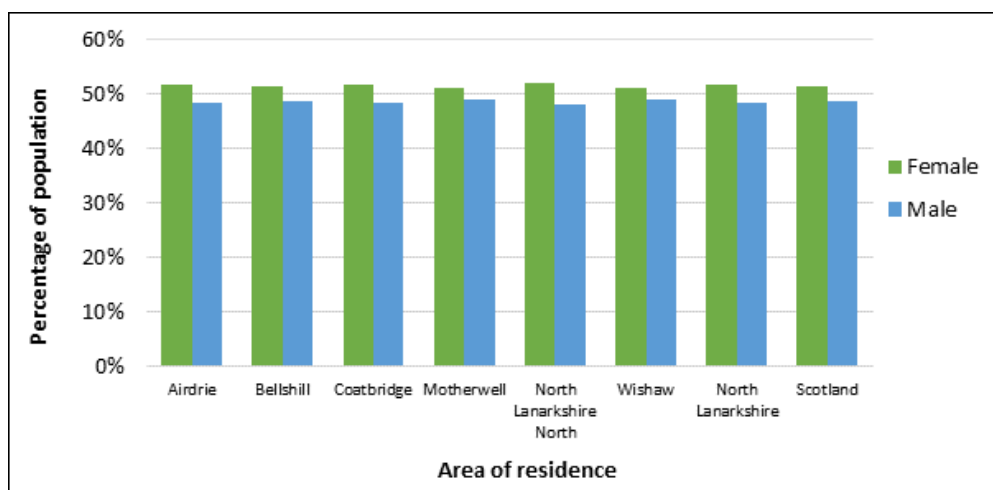
Table 2: Count of 2021 population by area of residence and age group

Area of Residence	Age Group					Total
	0 to 17	18 to 44	45 to 64	65 to 74	75 Plus	
Airdrie	11,758	19,091	15,840	5,641	4,027	56,357
Bellshill	8,002	13,924	11,879	4,541	3,031	41,377
Coatbridge	10,253	17,019	14,421	4,832	3,805	50,330
Motherwell	11,787	18,812	14,837	4,939	3,830	54,205
North Lanarkshire North	17,984	28,972	24,585	9,437	6,717	87,695
Wishaw	9,967	16,862	14,791	5,476	4,340	51,436
North Lanarkshire	69,751	114,680	96,353	34,866	25,750	341,400
Scotland	1,024,981	1,890,933	1,490,125	595,578	478,283	5,479,900

Source: National Records of Scotland population estimates

When compared to Scotland, North Lanarkshire has a higher percentage of its population in the younger age groups – 0 to 17, 18-44 and 45-64 and a lower percentage of its population the older age groups 75Plus age groups.

Chart 3: Percentage of 2021 population by area of residence and gender



Source: National Records of Scotland population estimates

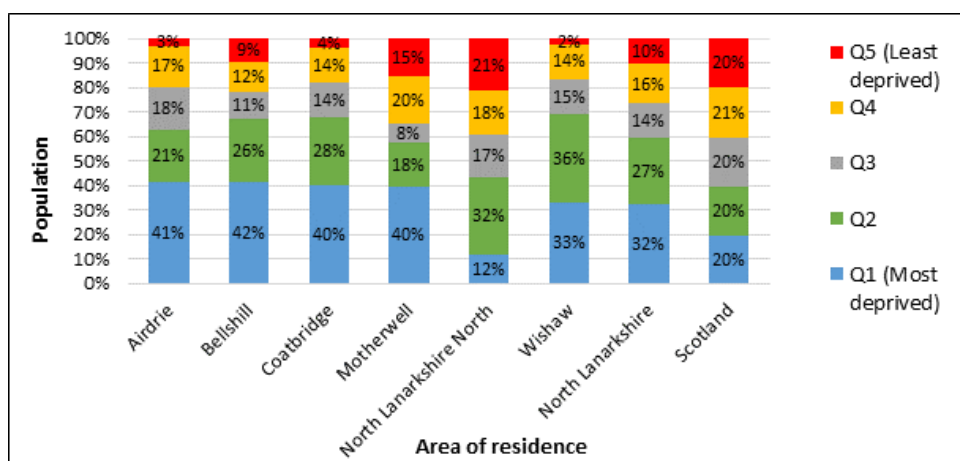
Table 3: Count and percentage of 2021 population by area of residence and gender

Area of Residence	Gender			
	Female		Male	
	Count	Percentage	Count	Percentage
Airdrie	29,095	52%	27,262	48%
Bellshill	21,298	51%	20,079	49%
Coatbridge	26,017	52%	24,313	48%
Motherwell	27,749	51%	26,456	49%
North Lanarkshire North	45,581	52%	42,114	48%
Wishaw	26,331	51%	25,105	49%
North Lanarkshire	176,071	52%	165,329	48%
Scotland	2,807,338	51%	2,672,562	49%

Source: National Records of Scotland population estimates

There is a slightly higher proportion of females compared to males in North Lanarkshire, with a similar pattern being shown across the six localities. North Lanarkshire has a slightly higher proportion (52%) of females than Scotland as a whole (51%).

Chart 4: Percentage of 2021 population by area of residence and SIMD quintile



Source: National Records of Scotland population estimates, combined with Public Health Scotland population weighted Scottish Index of Multiple Deprivation 2020, which is based on Scottish Government Scottish Index of Multiple Deprivation

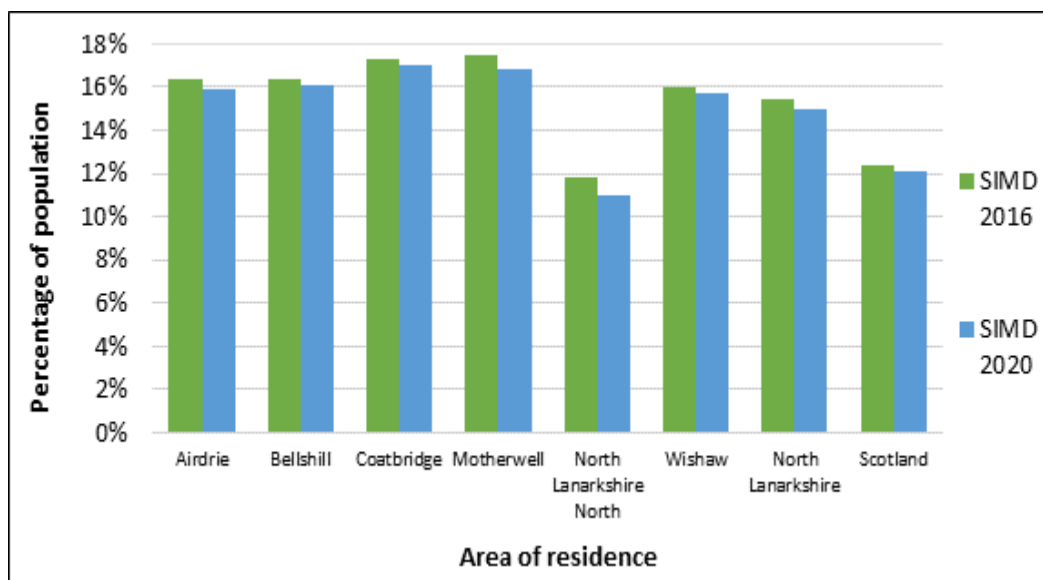
Table 4: Count of 2021 population by area of residence and SIMD quintile

Area of Residence	SIMD Quintile				
	Q1 (Most deprived)	Q2	Q3	Q4	Q5 (Least deprived)
Airdrie	23,279	12,009	10,032	9,335	1,702
Bellshill	17,197	10,569	4,667	5,042	3,902
Coatbridge	20,211	13,991	7,043	7,285	1,800
Motherwell	21,418	9,715	4,197	10,651	8,224
North Lanarkshire North	10,394	27,688	15,116	15,657	18,840
Wishaw	16,919	18,542	7,526	7,273	1,176
North Lanarkshire	109,418	92,514	48,581	55,243	35,644
Scotland	1,077,716	1,082,490	1,097,605	1,129,841	1,092,248

Source: National Records of Scotland population estimates, combined with Public Health Scotland population weighted Scottish Index of Multiple Deprivation 2020, which is based on Scottish Government Scottish Index of Multiple Deprivation

North Lanarkshire is more deprived than Scotland as a whole. There is variation across North Lanarkshire for deprivation, with Airdrie having the highest proportion of the population living in most deprived areas (quintile 1) and North Lanarkshire North with the lowest. All localities apart from North Lanarkshire North have a higher proportion of the population living in the most deprives areas. Airdrie, Bellshill, Coatbridge and Motherwell have around double the proportion of the population living in the most deprived areas compared to Scotland. North Lanarkshire has 10% fewer residents living in the least deprived quintile as compared to the national deprivation distribution and 12% more residents living in the most deprived quintile as compared to the national distribution.

Chart 5: Percentage of population who are income deprived, comparing SIMD 2016 and SIMD 2020



Source: Scottish Government (SIMD), via ScotPHO [Online Profiles Tool](#)

Table 5: Percentage of population who are income deprived, comparing SIMD 2016 and SIMD 2020

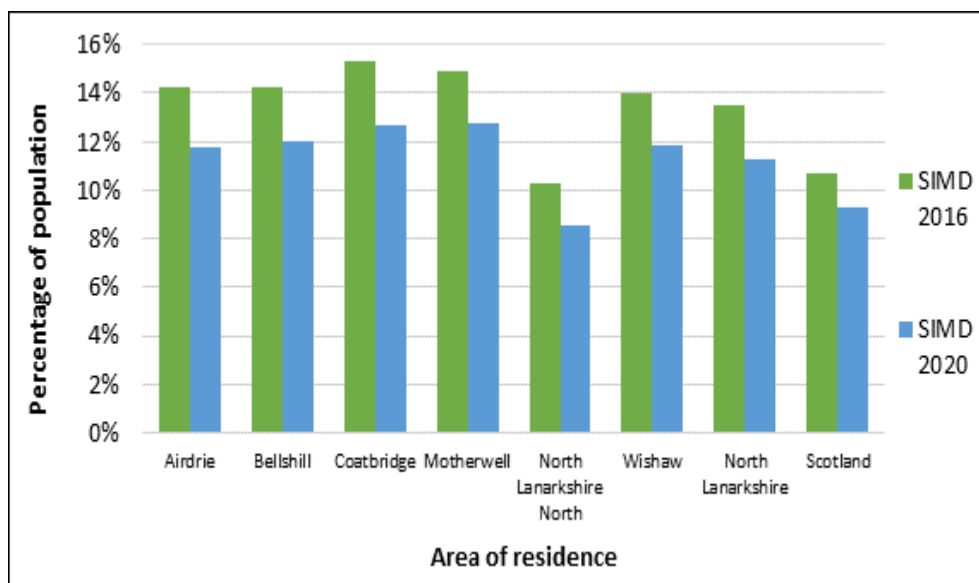
Geography	SIMD 2016	SIMD 2020
Airdrie	16%	16%
Bellshill	16%	16%
Coatbridge	17%	17%
Motherwell	17%	17%
North Lanarkshire North	12%	11%
Wishaw	16%	16%
North Lanarkshire	15%	15%
Scotland	12%	12%

Source: Scottish Government (SIMD), ScotPHO [Online Profiles Tool](#)

North Lanarkshire have a higher percentage of the population who are income deprived compared with Scotland. All North Lanarkshire localities are above the Scotland percentage apart from North Lanarkshire North, with Coatbridge having the highest percentage of all the North Lanarkshire localities. Generally there has been a decrease for all areas when comparing SIMD 2016 (based on 2014 population) compared with SIMD 2020 (based on 2017 population).

Note this data is from several years ago and does not reflect the current cost of living crisis.

Chart 6: Percentage of working age population who are employment deprived, comparing SIMD 2016 and SIMD 2020



Source: Source: Scottish Government (SIMD), via ScotPHO [Online Profiles Tool](#)

Table 6: Percentage of working age population who are employment deprived, comparing SIMD 2016 and SIMD 2020

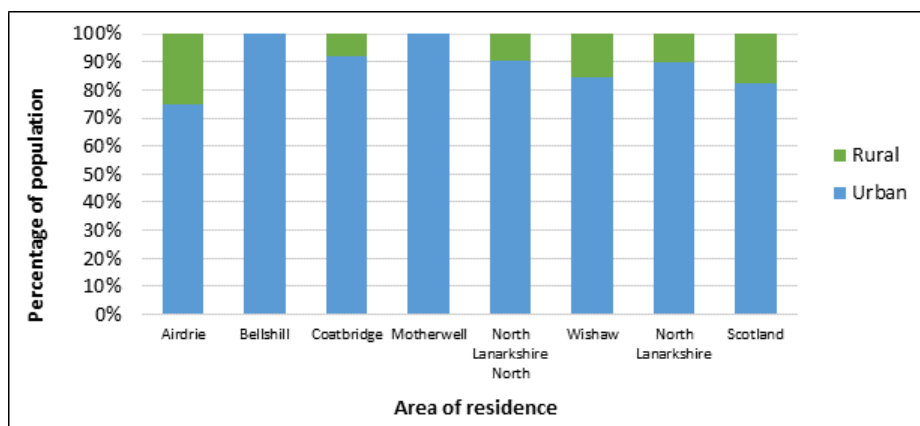
Geography	SIMD 2016	SIMD 2020
Airdrie	14%	12%
Bellshill	14%	12%
Coatbridge	15%	13%
Motherwell	15%	13%
North Lanarkshire North	10%	9%
Wishaw	14%	12%
North Lanarkshire	13%	11%
Scotland	11%	9%

Source: Source: Scottish Government (SIMD), ScotPHO [Online Profiles Tool](#)

North Lanarkshire has a higher percentage of the working age population who are employment deprived compared with Scotland. All North Lanarkshire localities are above the Scotland percentage apart from North Lanarkshire North, with Motherwell having the highest percentage of all the North Lanarkshire localities. Generally there has been a decrease for all areas when comparing SIMD 2016 (based on 2014 population) compared with SIMD 2020 (based on 2017 population).

Note this data is from several years ago and does not reflect the current cost of living crisis.

Chart 7: Percentage of 2021 population Urban Rural Classification and area of residence



Source: National Records of Scotland population estimates combined with Scottish Government Urban Rural Classification

Table 7: Count and percentage of 2021 population Urban Rural Classification and area of residence

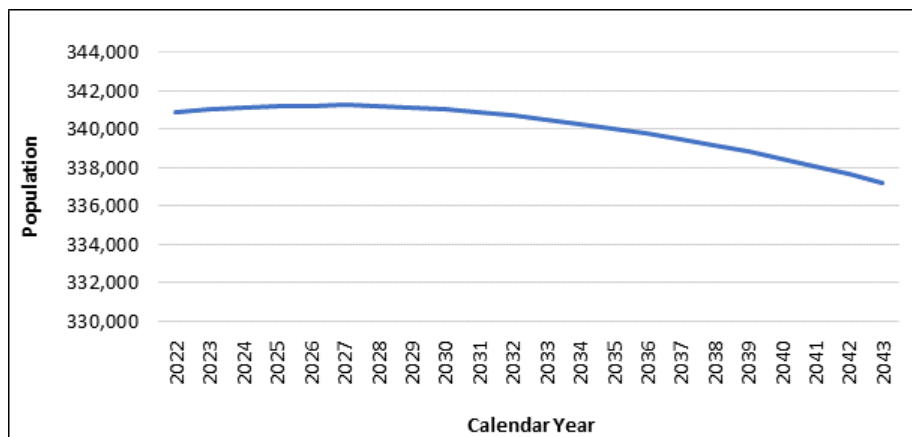
Area of Residence	Urban Rural Classification (2-fold)			
	Urban		Rural	
	n	%	n	%
Airdrie	42,186	75%	14,171	25%
Bellshill	41,377	100%	0	0%
Coatbridge	46,336	92%	3,994	8%
Motherwell	54,205	100%	0	0%
North Lanarkshire North	79,139	90%	8,556	10%
Wishaw	43,596	85%	7,840	15%
North Lanarkshire	306,839	90%	34,561	10%
Scotland	4,519,884	82%	960,016	18%

Source: National Records of Scotland population estimates combined with Scottish Government Urban Rural Classification

The vast majority (90%) of the North Lanarkshire population reside in urban areas; this is higher than Scotland as a whole (82%). There is some variation across the six localities with Airdrie having the largest proportion of its population living in rural areas (25%) whereas Bellshill and Motherwell’s population resides in urban areas only.

3 Population Projections

Chart 8: North Lanarkshire population projections for all ages for 2022-2043



Source: National Records of Scotland population projections

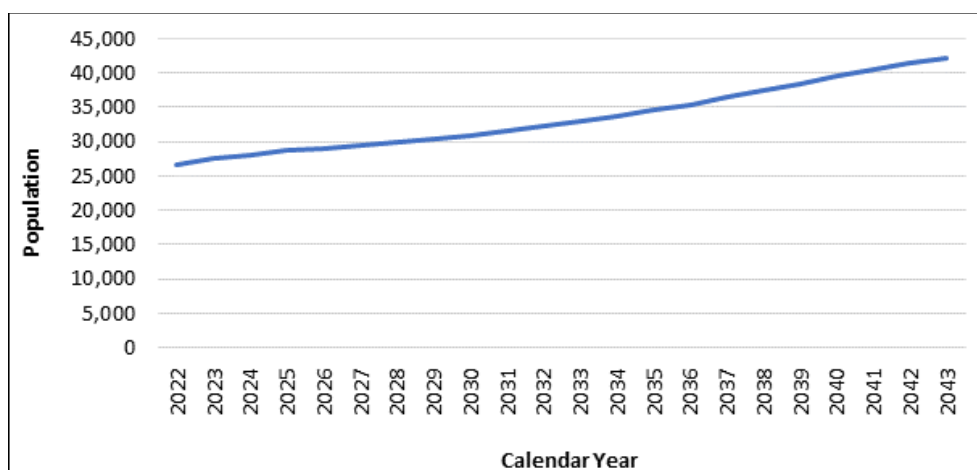
Table 8: North Lanarkshire population projections for all ages for 2022-2043

Calendar Year	Projected Population	Calendar Year	Projected Population
2022	340,882	2033	340,516
2023	341,013	2034	340,294
2024	341,134	2035	340,046
2025	341,204	2036	339,770
2026	341,224	2037	339,474
2027	341,242	2038	339,164
2028	341,174	2039	338,824
2029	341,101	2040	338,453
2030	341,008	2041	338,079
2031	340,900	2042	337,646
2032	340,738	2043	337,166

Source: National Records of Scotland population projections

The North Lanarkshire population is projected to decrease from around 341,000 in 2022 to around 337,000 in 2043, which is around a 1% decrease from the current population.

Chart 9: North Lanarkshire population projection for 2022-2043 for 75+ age group



Source: National Records of Scotland population projections

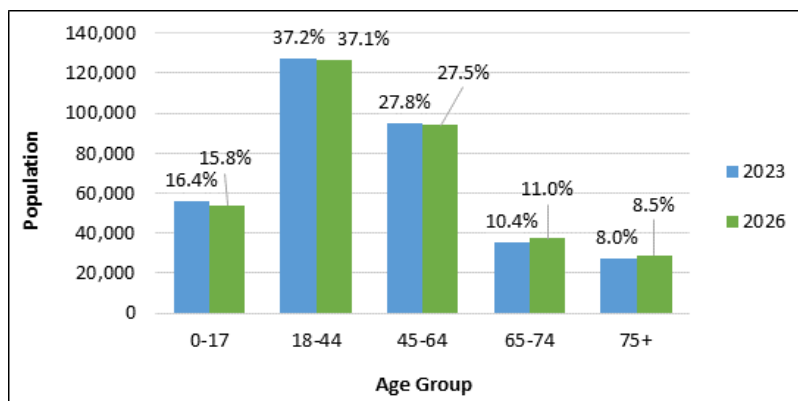
Table 9: North Lanarkshire population projection for 75+ for 2022-2043

Calendar Year	Projected Population (75+)	Calendar Year	Projected Population (75+)
2022	26,705	2033	33,006
2023	27,439	2034	33,733
2024	28,101	2035	34,543
2025	28,661	2036	35,409
2026	29,014	2037	36,478
2027	29,431	2038	37,482
2028	29,925	2039	38,463
2029	30,426	2040	39,540
2030	30,951	2041	40,432
2031	31,571	2042	41,313
2032	32,248	2043	42,131

Source: National Records of Scotland population projections

The North Lanarkshire population for people aged 75 or over is projected to increase from 27,439 in 2023 to 42,131 in 2043, which is an increase of around 54%.

Chart 10: North Lanarkshire population projections by age group, comparing 2023 and 2026



Source: National Records of Scotland population projections

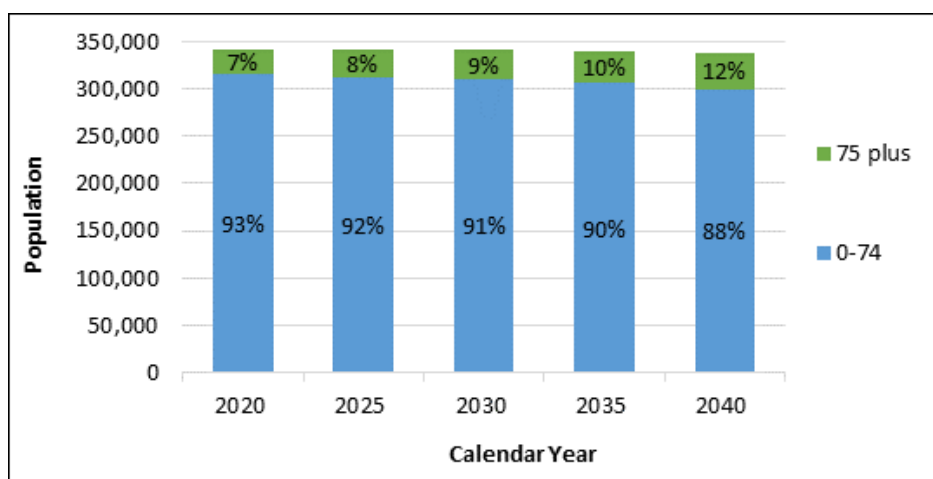
Table 10: North Lanarkshire population projections by age group, comparing 2023 and 2026

Age Group	Calendar Year	
	2023	2026
0-17	56,089	53,967
18-44	127,019	126,755
45-64	94,913	93,966
65-74	35,553	37,522
75+	27,439	29,014

Source: National Records of Scotland population projections

NRS population projections show an ageing population between years 2022 and 2026, with the proportion of the population made up by the 60-74 and 75 plus age groups projected to increase and the proportion of the 0-17 age group projected to decrease.

Chart 11: North Lanarkshire population projection, 2020-2040, with under/over 75 years age breakdown



Source: National Records of Scotland population estimates and projections

Table 11: North Lanarkshire population projection, 2020-2040, with under/over 75 years age breakdown

Age Group

Calendar Year	0-74	75 plus
2020	315,191	25,353
2025	312,543	28,661
2030	310,057	30,951
2035	305,503	34,543
2040	298,913	39,540

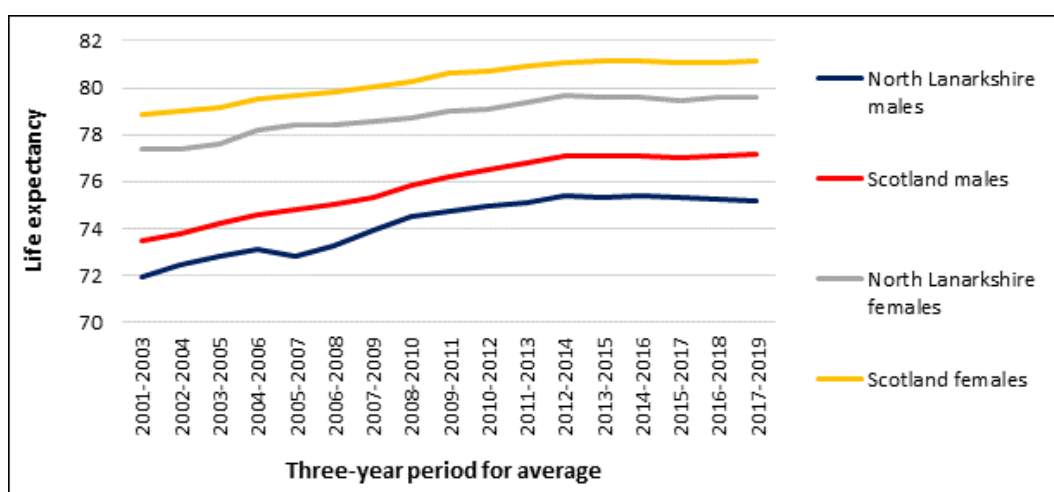
Source: National Records of Scotland population estimates and projections

Further inspection of the NRS population projections give further evidence about an ageing population with the proportion of the North Lanarkshire population made up by 75 plus age group increasing steadily from 7% in 2020 to 12% in 2040.

4 Life Expectancy

Estimated life expectancy at birth in years, multi-year average over 3 years. Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.

Chart 12: Life expectancy by gender, comparing North Lanarkshire and Scotland



Source: Public Health Scotland/National Records of Scotland (NRS), via ScotPHO [Online Profiles Tool](#)

Table 12: Life expectancy by gender, comparing North Lanarkshire and Scotland

3-year period	Average Male Life Expectancy		Average Female Life Expectancy		3-year period	Average Male Life Expectancy		Average Female Life Expectancy	
	North Lanarkshire	Scotland	North Lanarkshire	Scotland		North Lanarkshire	Scotland	North Lanarkshire	Scotland
2001-2003	71.9	73.5	77.4	78.8	2010-2012	74.9	76.5	79.1	80.7
2002-2004	72.4	73.8	77.4	79.0	2011-2013	75.1	76.8	79.4	80.9
2003-2005	72.8	74.2	77.6	79.2	2012-2014	75.4	77.1	79.7	81.1
2004-2006	73.1	74.6	78.2	79.5	2013-2015	75.3	77.1	79.6	81.1
2005-2007	72.8	74.8	78.4	79.7	2014-2016	75.4	77.1	79.6	81.1
2006-2008	73.3	75.0	78.4	79.8	2015-2017	75.3	77.0	79.4	81.1
2007-2009	73.9	75.3	78.5	80.0	2016-2018	75.2	77.1	79.6	81.1
2008-2010	74.5	75.8	78.8	80.3	2017-2019	75.2	77.2	79.6	81.1
2009-2011	74.8	76.2	79.0	80.6	2018-2020	74.5	76.8	79.2	81.0

Source: Public Health Scotland/National Records of Scotland (NRS), via ScotPHO [Online Profiles Tool](#)

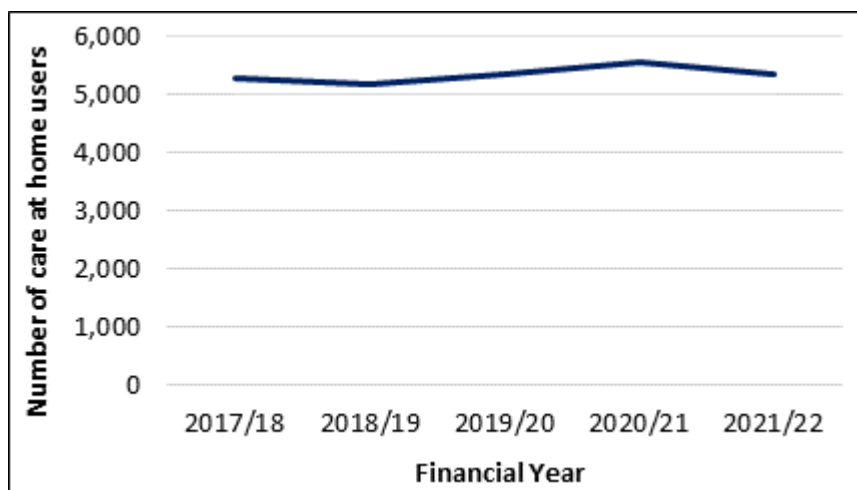
Life expectancy in North Lanarkshire is lower than Scotland, for both males and females. Life expectancy of males in North Lanarkshire has been levelling off over the last few years since 2012, approximately 75 years of age, with now signs that this is decreasing since 2019. Life expectancy for North Lanarkshire females follows roughly the same trend

as the males, also with first signs of a decrease in life expectancy following 2019. Females in North Lanarkshire, on average, live approximately 4 years longer than males.

5 Care at Home

The care at home analysis below is counting all service users in receipt of services across the financial year and the hours are the total hours that were delivered across the financial year unless otherwise stated. Care at home is delivered to service users via "packages of care". A user's package of care may change over time and could be withdrawn if no longer needed and restarted later if need be. One characterisation of a package of care is the total number of hours required to deliver it over a week.

Chart 13: Number of North Lanarkshire care at home users by financial year



Data Source: mySWIS, North Lanarkshire council

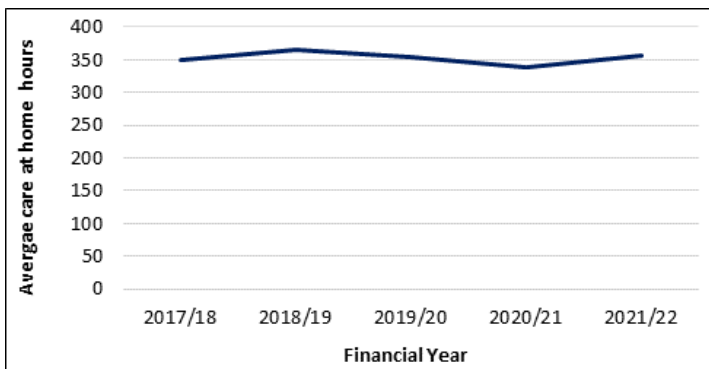
Table 13: Number of North Lanarkshire care at home users by financial year

Financial Year	Number of care at home users
2017/18	5,277
2018/19	5,179
2019/20	5,356
2020/21	5,551
2021/22	5,328

Data Source: mySWIS, North Lanarkshire council

The number of North Lanarkshire care at home users has continually increased over the 3-year period 2018/19 to 2020/21, increasing from 5,179 to 5,551 in 2020/21. However a decrease has been observed in 2021/22, decreasing down to 5,328. This is likely to be linked to the transition from "traditional" care at home towards Self-Directed Support. See SDS section below.

Chart 14: Average annual number of care at home hours supplied per user by financial year for North Lanarkshire



Data Source: mySWIS, North Lanarkshire council

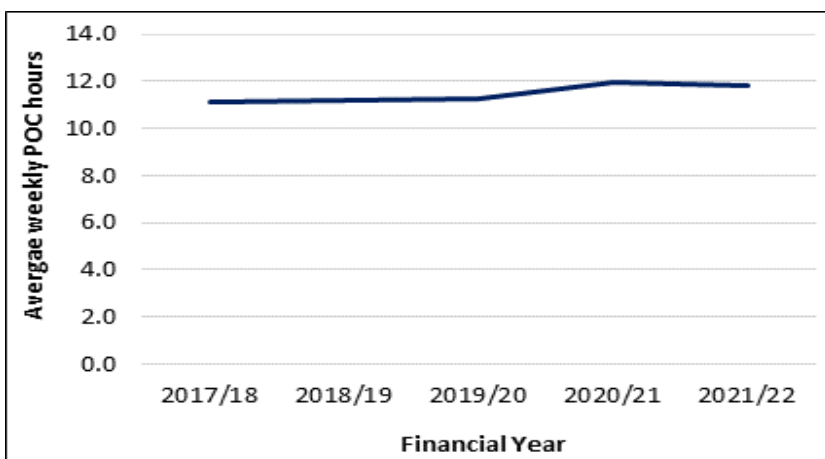
Table 14: Average annual number of care at home hours supplied per user by financial year for North Lanarkshire

Financial Year	Average annual care at home hours supplied per user
2017/18	350
2018/19	366
2019/20	354
2020/21	338
2021/22	357

Data Source: mySWIS, North Lanarkshire council

The average annual number of care at home hours supplied per user has remained at a steady rate over the last 5 years. Lowest average hours seen in 2020/21 of 338 and the highest being in 2018/19 at 366 hours.

Chart 15: Average weekly care at home package of care (POC) hours as at 31st March for North Lanarkshire



Data Source: mySWIS, North Lanarkshire council

Table 15: Average weekly care at home package of care (POC) hours as at 31st March for North Lanarkshire

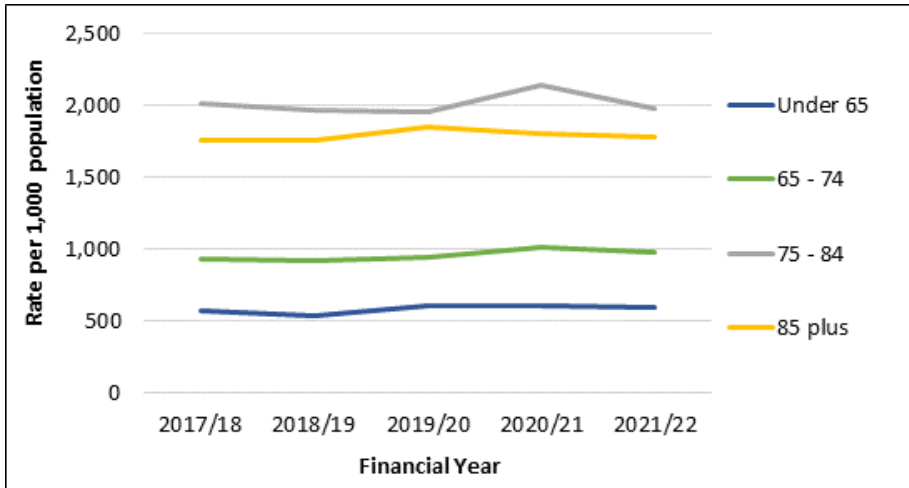
Financial Year	Average weekly care at home package of care hours
2017/18	11.1
2018/19	11.2

2019/20	11.3
2020/21	12.0
2021/22	11.9

Data Source: mySWIS, North Lanarkshire council

The average weekly package of care as at 31st March has increased continuously from 2017/18 to 2020/21, increasing from 11.1 hours per user per week in 2016/17 to 12.0 hours per user per week. 2021/22 has shown a very slight decrease, with the average hours going down to 11.9 per week.

Chart 16: Number of North Lanarkshire care at home users by age group and financial year



Data Source: mySWIS, North Lanarkshire council

Table 16: Number of North Lanarkshire care at home users by age group and financial year

Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Under 65	571	537	603	608	591
65 - 74	931	918	948	1010	978
75 - 84	2,016	1,965	1,958	2,134	1,982
85 plus	1,759	1,759	1,847	1,799	1,777
Total	5,277	5,179	5,356	5,551	5,328

Data Source: mySWIS, North Lanarkshire council

The age group with the highest number of care at home users is the 75-84 age group. Over 70% of North Lanarkshire care at home users are aged 75 or above.

Chart 17: Rate per 1,000 population of North Lanarkshire care at home users by age group and financial year

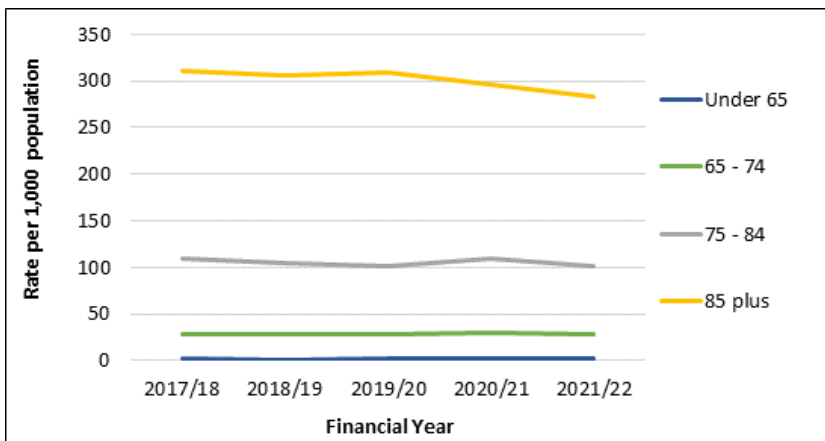


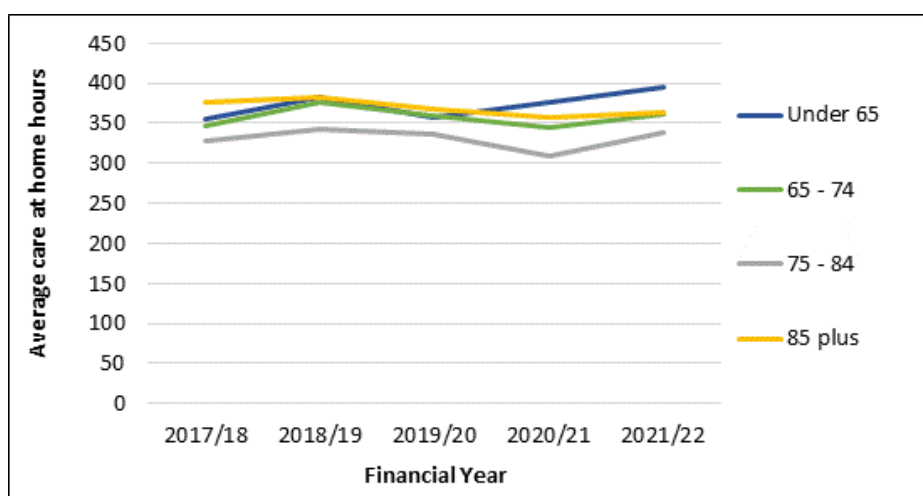
Table 17: Rate per 1,000 population of North Lanarkshire care at home users by age group and financial year

Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Under 65	2.0	1.9	2.1	2.2	2.1
65 - 74	28.2	27.5	28.0	29.4	28.1
75 - 84	108.6	104.4	101.8	110.1	101.7
85 plus	310.9	305.3	309.5	296.2	283.8
Total	15.5	15.2	15.7	16.3	15.6

Data Source: mySWIS, North Lanarkshire council

The older the age group, the higher the rate of care at home users per 1,000 population. The rate per 1,000 population for the 85 plus age group is around 3 times higher than the rate for the 75-84 age group.

Chart 18: Average annual number of care at home hours supplied per user for North Lanarkshire by age group and financial year



Data Source: mySWIS, North Lanarkshire council

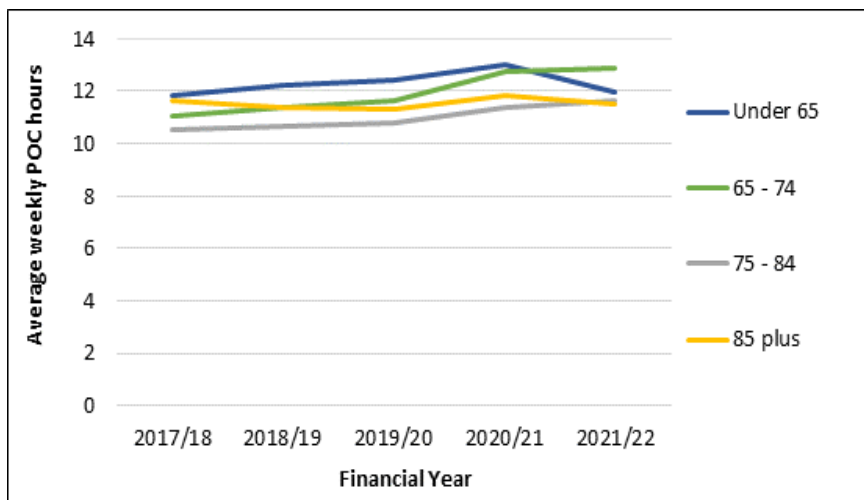
Table 18: Average annual number of care at home hours supplied per user for North Lanarkshire by age group and financial year

Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Under 65	354.8	383.5	357.0	375.2	394.5
65 - 74	346.2	376.3	359.4	344.5	361.3
75 - 84	327.7	342.5	336.1	308.9	338.0
85 plus	376.2	382.9	368.1	356.7	363.2
Total	350.1	366.5	353.6	338.1	357.0

Data Source: mySWIS, North Lanarkshire council

Over the last 2 years, the average number of care at home hours supplied per user is highest for the under 65 age group. With the 75-84 age group being consistently the lowest.

Chart 19: Average weekly care at home package of care (POC) hours for North Lanarkshire as at 31st March by financial year and age group



Data Source: mySWIS, North Lanarkshire council

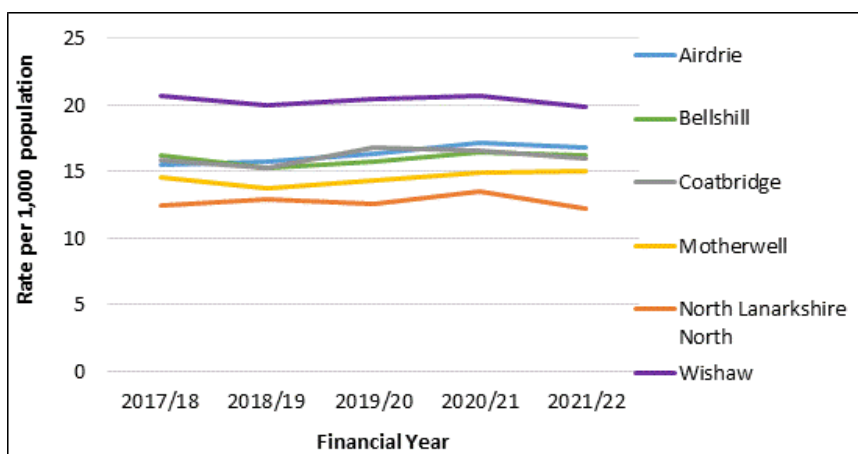
Table 19: Average weekly care at home package of care (POC) hours for North Lanarkshire as at 31st March by financial year and age group

Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Under 65	11.9	12.2	12.4	13.0	12.0
65 - 74	11.1	11.4	11.6	12.8	12.9
75 - 84	10.5	10.7	10.8	11.4	11.6
85 plus	11.7	11.4	11.3	11.8	11.5
Total	11.1	11.2	11.3	12.0	11.9

Data Source: mySWIS, North Lanarkshire council

The younger the age group, the greater the average weekly package of care size. From 2017/18 to 2020/21 the average weekly package of care per user is highest for the under 65 age group. However in 2021/22 the highest can be observed now in the 65-74 age group.

Chart 20: Rate per 1,000 population of care at home users by financial year and locality



Data Source: mySWIS, North Lanarkshire council

Table 20: Rate per 1,000 population of care at home users by financial year and locality

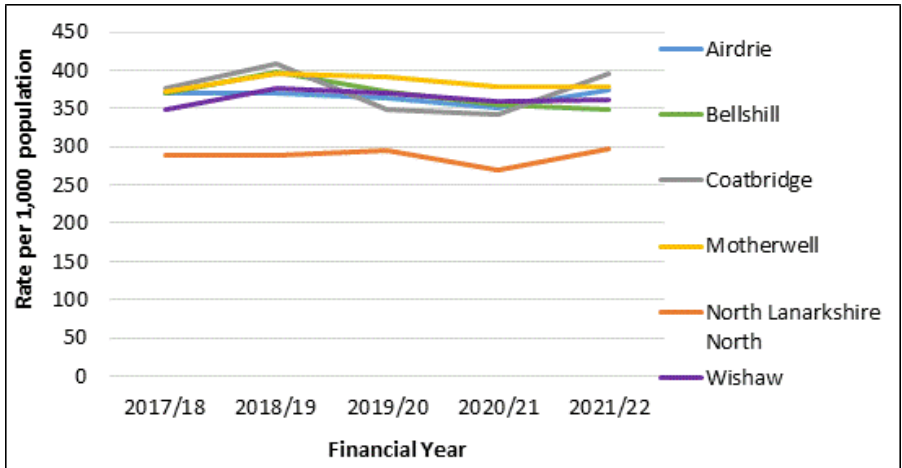
Financial Year

Locality	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	15.5	15.7	16.3	17.2	16.8
Bellshill	16.2	15.2	15.7	16.5	16.2
Coatbridge	15.9	15.3	16.9	16.6	16.0
Motherwell	14.6	13.8	14.3	15.0	15.0
North Lanarkshire North	12.4	12.9	12.6	13.5	12.2
Wishaw	20.7	19.9	20.5	20.7	19.9

Data Source: mySWIS, North Lanarkshire council

In 2021/22 of the North Lanarkshire localities, Wishaw has the highest rate of care at home users per 1,000 population, with North Lanarkshire North being the lowest. This has consistently been the same pattern for the last 5 years.

Chart 21: Average annual number of care at home hours supplied per user by financial year and locality



Data Source: mySWIS, North Lanarkshire council

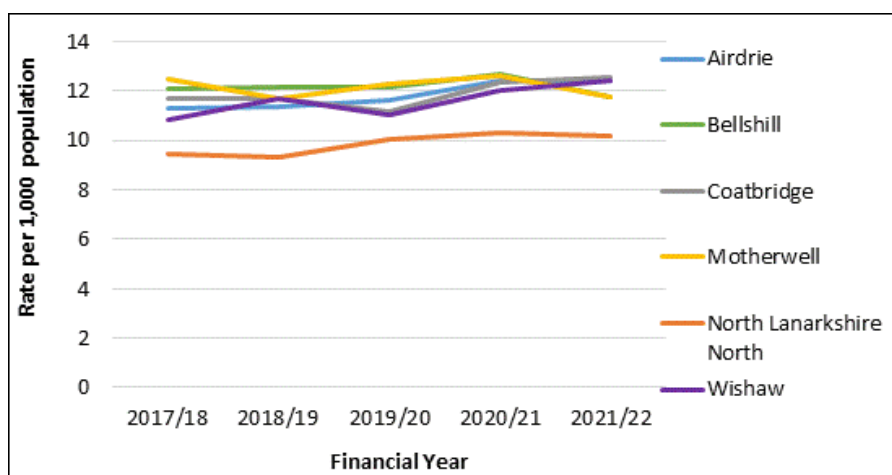
Table 21: Average annual number of care at home hours supplied per user by financial year and locality

Locality	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	369.5	369.4	363.9	351.6	374.2
Bellshill	369.9	397.2	372.8	354.0	348.9
Coatbridge	376.9	408.1	349.1	341.6	396.1
Motherwell	371.0	396.5	390.8	379.2	377.5
North Lanarkshire North	288.1	289.4	294.3	268.4	297.6
Wishaw	347.9	375.4	370.3	358.6	361.6

Data Source: mySWIS, North Lanarkshire council

Of the North Lanarkshire localities, Coatbridge has the highest average home care hours supplied by home care user, with North Lanarkshire North consistently being the lowest.

Chart 22: Average weekly care at home package of care (POC) hours as at 31st March by financial year and locality



Data Source: mySWIS, North Lanarkshire council

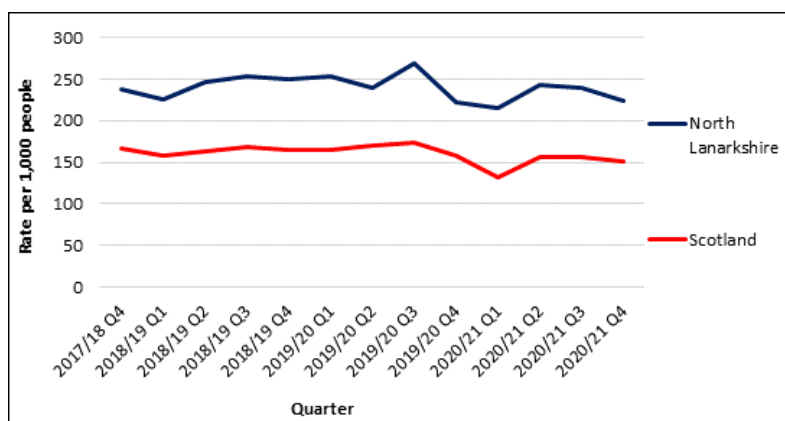
Table 22: Average weekly care at home package of care (POC) hours as at 31st March by financial year and locality

Locality	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	11.3	11.4	11.6	12.4	12.4
Bellshill	12.1	12.1	12.2	12.7	11.8
Coatbridge	11.7	11.7	11.2	12.4	12.6
Motherwell	12.5	11.7	12.3	12.6	11.8
North Lanarkshire North	9.4	9.3	10.0	10.3	10.2
Wishaw	10.9	11.7	11.0	12.0	12.4

Data Source: mySWIS, North Lanarkshire council

Of the North Lanarkshire localities, Coatbridge has the highest average home care hours weekly package of care as at 31st March, with North Lanarkshire North consistently being the lowest.

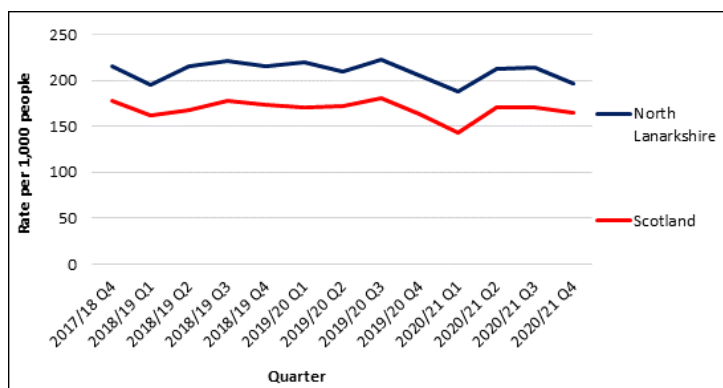
Chart 23: A&E Attendances per 1,000 people all ages receiving home care, by quarter



Source: [Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21 - Insights in social care: statistics for Scotland - Publications - Public Health Scotland](#)

North Lanarkshire have consistently had higher rates than Scotland over the period 2017/18 Q4 – 2020/21 Q4. Rates were highest in 2019/20 Q3 and then rates decreased due to the COVID-19 pandemic. Rates then increased close to pre-pandemic levels and they have been decreasing in the last few quarters.

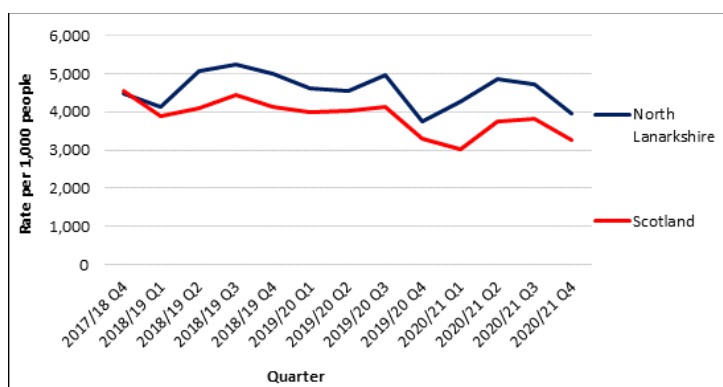
Chart 24: Emergency admissions rate per 1,000 people all ages receiving home care, by quarter



Source: [Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21 - Insights in social care: statistics for Scotland - Publications - Public Health Scotland](#)

North Lanarkshire have consistently had higher rates than Scotland over the period 2017/18 Q4 – 2020/21 Q4. Rates for North Lanarkshire and Scotland have followed a similar pattern. There was slight fluctuations for North Lanarkshire in each quarter before COVID-19 pandemic where the rates decreased, this was followed by an increase in 2020/21 Q2 close to pre-pandemic levels, with a decrease in 2020/21 Q4.

Chart 25: Emergency admissions bed days rate per 1,000 people all ages receiving home care, by quarter

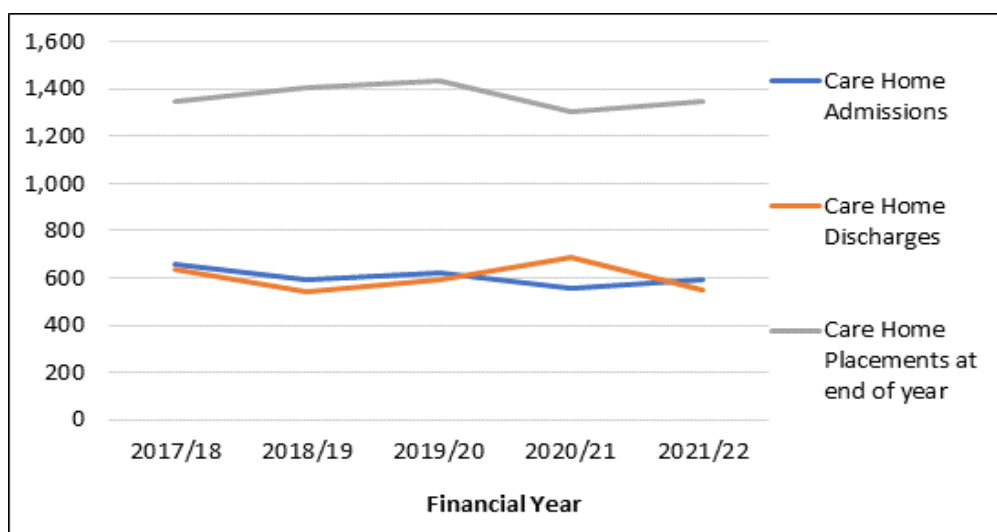


Source: [Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21 - Insights in social care: statistics for Scotland - Publications - Public Health Scotland](#)

North Lanarkshire have consistently had higher rates than Scotland over the period 2018/19 Q1 – 2020/21 Q4. Rates for North Lanarkshire and Scotland have followed a similar pattern. Rates had been decreasing between 2018/19 Q3 then increased in 2019/20 Q3, before a sharp decrease the next quarter due to the COVID-19 pandemic. Rates then increased to pre-pandemic levels, then have been decreasing in last 2 quarters.

6 Care Home

Chart 26: Number of North Lanarkshire care home admissions, discharges and placements at end of period by financial year



Data Source: mySWIS, North Lanarkshire council

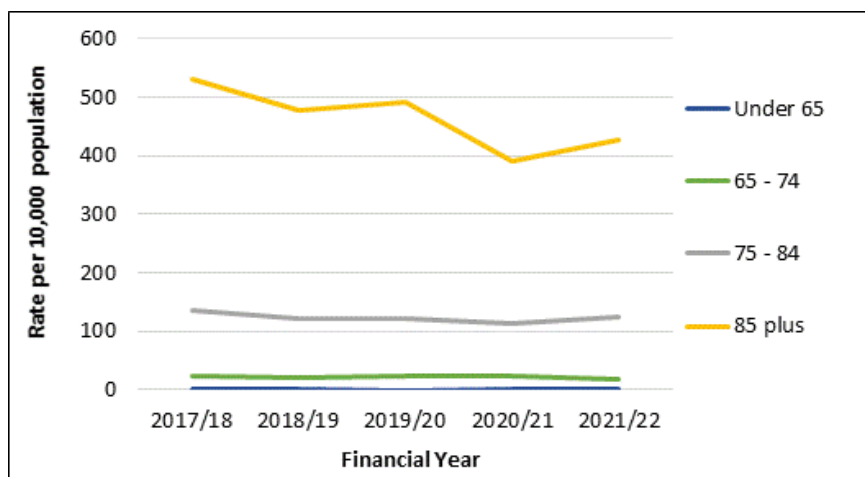
Table 23: Number of North Lanarkshire care home admissions, discharges and placements at end of period by financial year

Financial Year	Care Home Admissions	Care Home Discharges	Care Home Placements at end of year
2017/18	656	635	1,349
2018/19	592	538	1,404
2019/20	623	590	1,436
2020/21	557	689	1,304
2021/22	590	548	1,346

Data Source: mySWIS, North Lanarkshire council

The number of North Lanarkshire care home admissions has fluctuated over the last 5 years, however remains at around 600 per year. The number of discharges has been slightly lower than the number of admissions for all years apart from 2020/21, where the number of discharges was higher than normal due to the impact of the COVID-19 pandemic. The number of care home placements at the end of each financial year had been increasing between 2017/18 to 2019/20, there was a decrease in 2020/21 due to COVID-19 pandemic, followed by an increase in 2021/22.

Chart 27: North Lanarkshire care home admissions rate per 10,000 population by financial year and age group



Data Source: mySWIS, North Lanarkshire council

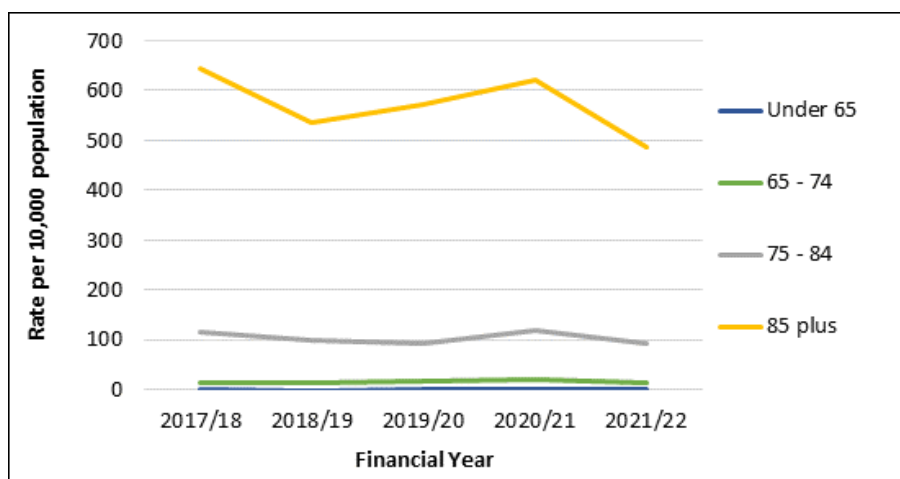
Table 24: North Lanarkshire care home admissions rate per 10,000 population by financial year and age group

Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Under 65	0.9	0.8	0.7	0.8	0.9
65 - 74	23.6	20.3	22.7	22.1	16.3
75 - 84	135.7	120.7	121.1	113.6	123.1
85 plus	530.3	477.3	491.0	391.8	426.4

Data Source: mySWIS, North Lanarkshire council

The rate per 10,000 population for care home admissions is higher in older age groups, with the rate for the 85plus age group being over 3 times higher the rate for the 75-84 age group.

Chart 28: North Lanarkshire care home discharges rate per 10,000 population by financial year and age group



Data Source: mySWIS, North Lanarkshire council

Table 25: North Lanarkshire care home discharges rate per 10,000 population by financial year and age group

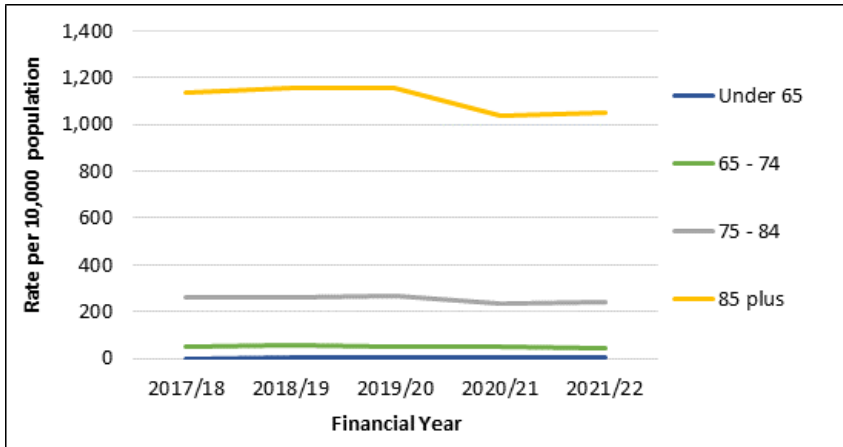
Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Under 65	0.5	0.2	0.6	0.5	0.6
65 - 74	12.4	11.7	15.9	19.8	14.1
75 - 84	116.4	97.8	92.5	118.2	90.8

85 plus	645.2	534.6	571.4	620.7	485.5
---------	-------	-------	-------	-------	-------

Data Source: mySWIS, North Lanarkshire council

The rate per 10,000 population for care home discharges is higher in older age groups, with the rate for the 85plus age group being over 5 times higher the rate for the 75-84 age group.

Chart 29: North Lanarkshire care home placements at end of year, rate per 10,000 population by financial year and age group



Data Source: mySWIS, North Lanarkshire council

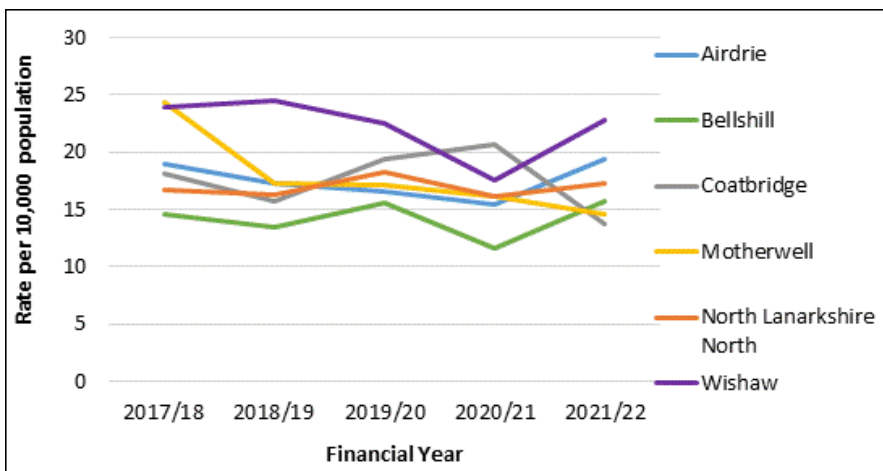
Table 26: North Lanarkshire care home placements at end of year, rate per 10,000 population by financial year and age group

Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Under 65	1.9	2.2	2.1	2.0	2.1
65 - 74	49.6	54.4	51.3	48.6	44.7
75 - 84	262.9	262.1	266.7	232.3	243.2
85 plus	1134.9	1156.0	1154.5	1038.9	1051.0

Data Source: mySWIS, North Lanarkshire council

The rate per 10,000 population for care home placements at the end of year is higher in older age groups, with the rate for the 85plus age group being over 4 times higher the rate for the 75-84 age group.

Chart 30: North Lanarkshire care home admissions rate per 10,000 population by financial year and locality



Data Source: mySWIS, North Lanarkshire council

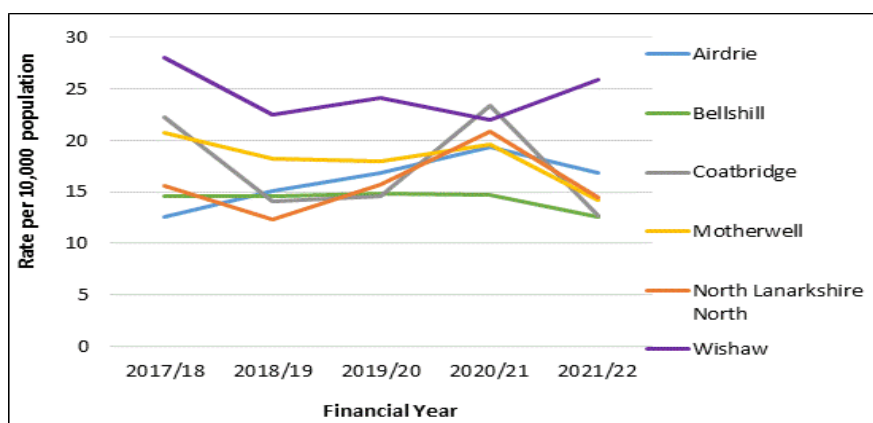
Table 27: North Lanarkshire care home admissions rate per 10,000 population by financial year and locality

Locality	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	19.0	17.2	16.5	15.4	19.3
Bellshill	14.5	13.4	15.6	11.5	15.7
Coatbridge	18.0	15.7	19.3	20.6	13.7
Motherwell	24.4	17.3	17.1	16.1	14.6
North Lanarkshire North	16.7	16.3	18.2	16.1	17.2
Wishaw	23.8	24.4	22.4	17.6	22.7

Data Source: mySWIS, North Lanarkshire council

The rate per 10,000 population for care home admissions by locality has fluctuated over the last 5 years. In 2021/22 Coatbridge had the lowest rate per 10,000 population with Wishaw having the highest.

Chart 31: North Lanarkshire care home discharges rate per 10,000 population by financial year and locality



Data Source: mySWIS, North Lanarkshire council

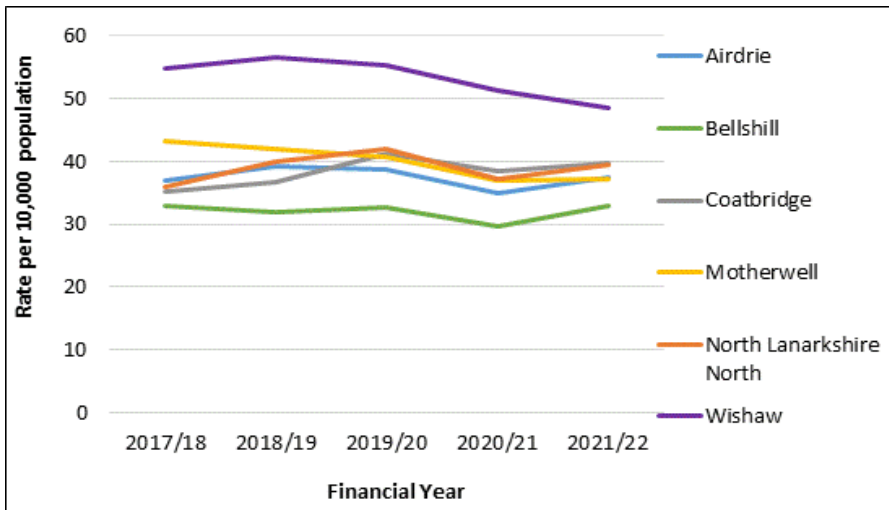
Table 28: North Lanarkshire care home discharges rate per 10,000 population by financial year and locality

Locality of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	12.6	15.1	16.8	19.4	16.9
Bellshill	14.5	14.6	14.9	14.7	12.6
Coatbridge	22.2	14.1	14.6	23.4	12.7
Motherwell	20.8	18.2	18.0	19.6	14.2
North Lanarkshire North	15.6	12.3	15.7	20.8	14.5
Wishaw	28.0	22.5	24.2	22.0	25.9

Data Source: mySWIS, North Lanarkshire council

The rate per 10,000 population for care home admissions by locality has fluctuated over the last 5 years. In 2021/22 Bellshill had the lowest rate per 10,000 population with Wishaw having the highest.

Chart 32: North Lanarkshire care home placements at end of year, rate per 10,000 population by financial year and locality



Data Source: mySWIS, North Lanarkshire council

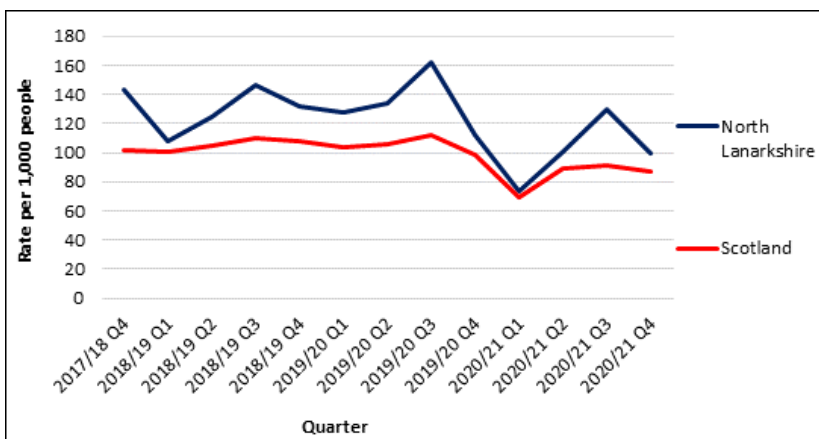
Table 29: North Lanarkshire care home placements at end of year, rate per 10,000 population by financial year and locality

Locality of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	37.0	39.3	38.8	35.0	37.4
Bellshill	32.9	31.9	32.7	29.6	32.9
Coatbridge	35.1	36.7	41.2	38.6	39.7
Motherwell	43.3	42.1	40.7	37.0	37.3
North Lanarkshire North	36.0	40.0	42.0	37.1	39.6
Wishaw	54.8	56.7	55.4	51.4	48.6

Data Source: mySWIS, North Lanarkshire council

Over the last 5 years, Wishaw has consistently been the locality with the highest rate per 10,000 population for care home placements at the end of year, with Bellshill consistently the lowest.

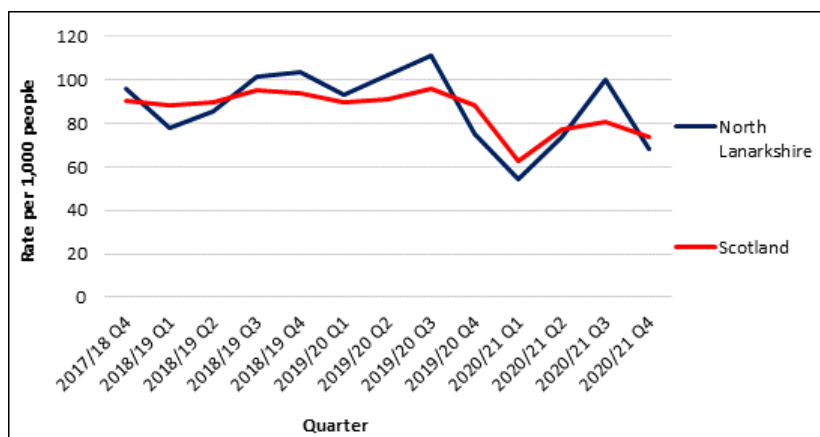
Chart 33: A&E Attendances per 1,000 Long Stay Care Home Residents by quarter



Source: [Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21 - Insights in social care: statistics for Scotland - Publications - Public Health Scotland](#)

North Lanarkshire rates have consistently been higher than Scotland over the period 2017/18 Q4 – 2020/21 Q4. Rates had been fluctuating, with a sharp increase before the COVID-19 pandemic, followed by a sharp decrease until 2020/21 Q1, another sharp increase until 20/21 Q3, followed by another decrease.

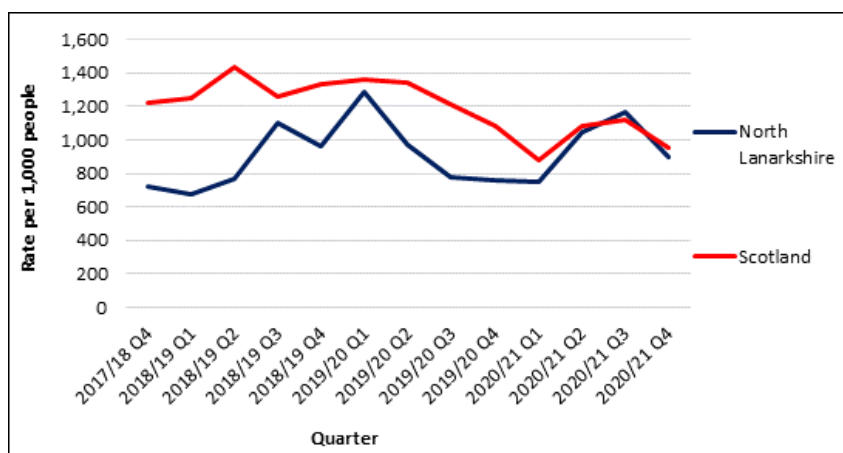
Chart 34: Emergency admissions rate per 1,000 Long Stay Care Home Residents by quarter



Source: [Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21 - Insights in social care: statistics for Scotland - Publications - Public Health Scotland](#)

The North Lanarkshire rates have fluctuated over the 3 year period, the rates had a sharp decrease from 2019/20 Q3 to 2020/21 Q1, followed by a sharp increase and then another decrease. North Lanarkshire rates were higher than Scotland in the period 2018/19 Q3 – 2019/20 Q3, then lower than Scotland in the period 2019/20 Q4 – 2020/21 Q2, higher in 2020/21 Q3 then lower again in 2020/21 Q4.

Chart 35: Emergency admissions bed days rate per 1,000 long stay care home residents by quarter



Source: [Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21 - Insights in social care: statistics for Scotland - Publications - Public Health Scotland](#)

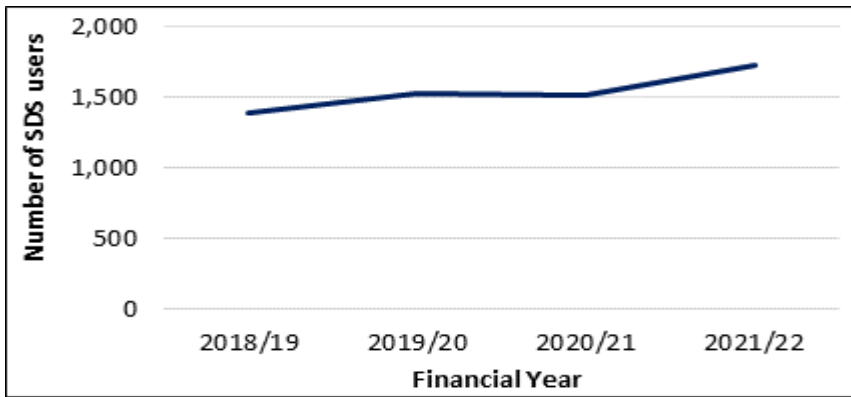
The North Lanarkshire rate had generally been increasing up to 2019/20 Q1, decreased until 2019/20 Q3, relatively stable until 2020/21 Q1, increased until 2020/21 Q3 followed by a decrease. The North Lanarkshire rate has been lower than Scotland for the period 2017/18 Q4 – 2020/21 Q2, higher in 2020/21 Q3 and then lower again in 2020/21 Q4.

7 Self-Directed Support (SDS)

Self-directed support was introduced in Scotland on the 1 April 2014 following the Social Care Self-directed Support Scotland Act 2013. Its introduction means that people receiving social care support in Scotland have the right of choice, control and flexibility to meet their personal outcomes. Health and Social Care Partnerships are required to ensure that people are offered a range of choices on how they receive their social care support. The self-directed support options available are:

- Option 1: Taken as a Direct Payment.
- Option 2: Allocated to an organisation that the person chooses and the person is in charge of how it is spent.
- Option 3: The person chooses to allow the council to arrange and determine their services.

Chart 36: Number of North Lanarkshire Self-Directed Support (SDS) users



Data Source: mySWIS, North Lanarkshire council

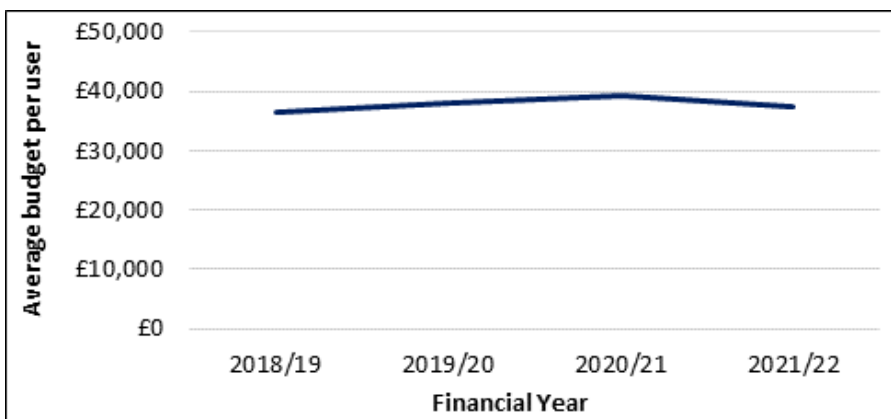
Table 30: Number of North Lanarkshire Self-Directed Support (SDS) users

Financial Year	Number of SDS users
2018/19	1,390
2019/20	1,517
2020/21	1,514
2021/22	1,723

Data Source: mySWIS, North Lanarkshire council

Over the last 4 years, the number of SDS users in North Lanarkshire has been steadily increasing. There has been an increase of just under 14% over the last year where it has risen from 1,514 in 2020/21 to 1,723 in 2021/22.

Chart 37: Average budget of North Lanarkshire Self-Directed Support (SDS) users



Data Source: mySWIS, North Lanarkshire council

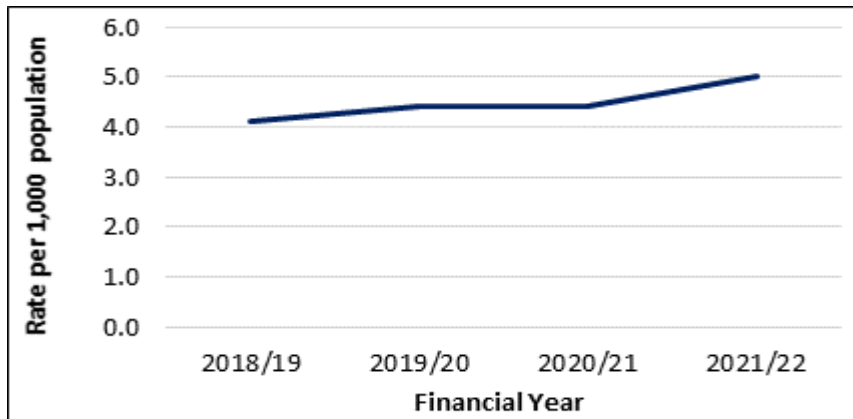
Table 31: Average budget of North Lanarkshire Self-Directed Support (SDS) users

Financial Year	Average budget per SDS user
2018/19	£36,577
2019/20	£37,974
2020/21	£39,278

Data Source: mySWIS, North Lanarkshire council

From 2018/19 to 2020/21, the average budget of North Lanarkshire SDS users has gradually increased each year. However there has been a decrease in 2021/22, where it has fallen from £39,277 from 202/21 to £37,442 in 2021/22.

Chart 38: North Lanarkshire Self-Directed Support (SDS) users rate per 1,000 population



Data Source: mySWIS, North Lanarkshire council

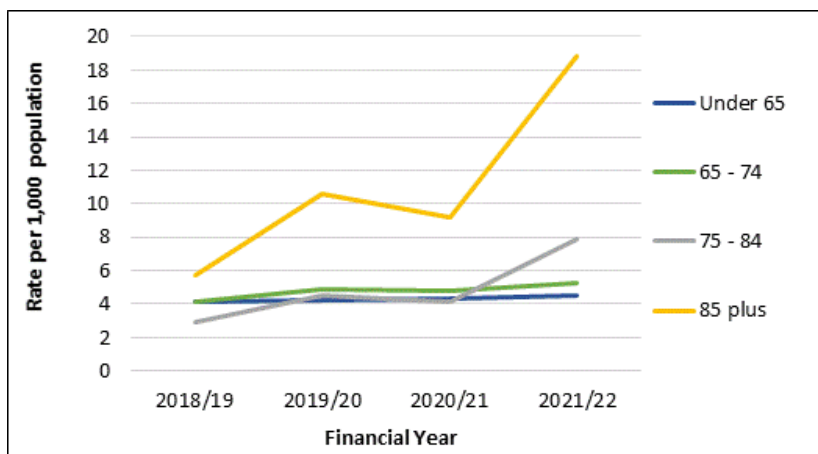
Table 32: North Lanarkshire Self-Directed Support (SDS) users rate per 1,000 population

Financial Year	Rate of SDS users per 1,000 population
2018/19	4.1
2019/20	4.4
2020/21	4.4
2021/22	5.0

Data Source: mySWIS, North Lanarkshire council

The rate per 1,000 population of North Lanarkshire SDS users has steadily increased each year over the last 4 years.

Chart 39: Rate per 1,000 population of North Lanarkshire Self-Directed Support (SDS) users by age group



Data Source: mySWIS, North Lanarkshire council

Table 33: Rate per 1,000 population of North Lanarkshire Self-Directed Support (SDS) users by age group

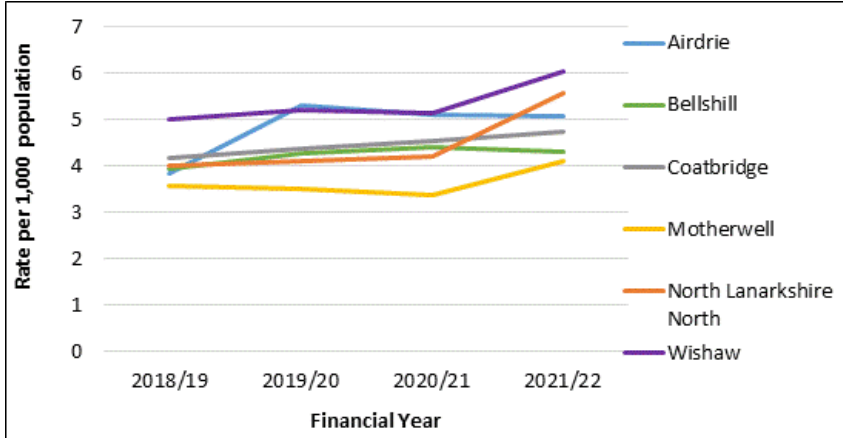
Age Group	Financial Year			
	2018/19	2019/20	2020/21	2021/22
Under 65	4.1	4.3	4.3	4.5

65 - 74	4.2	4.9	4.8	5.3
75 - 84	2.9	4.5	4.1	7.9
85 plus	5.7	10.6	9.2	18.8

Data Source: mySWIS, North Lanarkshire council

The rate per 1,000 population of North Lanarkshire SDS users, increases as the age group increases, with the 85 plus age group having the highest rate. There has been a large increase in rate for the 85 plus age group over the last year where it has more than doubled from 9.2 per 1,000 population in 2020/21 to 18.8 per 1,000 population in 2021/22.

Chart 40: Rate per 1,000 population of North Lanarkshire Self-Directed Support (SDS) users by locality



Data Source: mySWIS, North Lanarkshire council

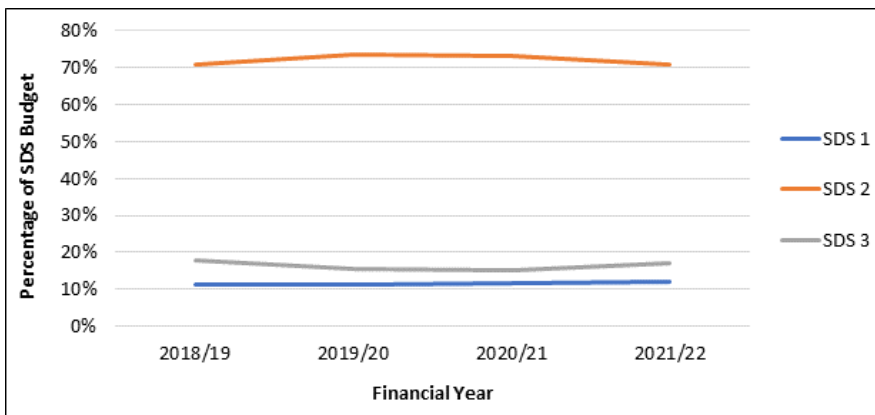
Table 34: Rate per 1,000 population of North Lanarkshire Self-Directed Support (SDS) users by locality

Locality	Financial Year			
	2018/19	2019/20	2020/21	2021/22
Airdrie	3.8	5.3	5.1	5.1
Bellshill	4.0	4.3	4.4	4.3
Coatbridge	4.2	4.4	4.6	4.7
Motherwell	3.6	3.5	3.4	4.1
North Lanarkshire North	4.0	4.1	4.2	5.6
Wishaw	5.0	5.2	5.1	6.0

Data Source: mySWIS, North Lanarkshire council

Across North Lanarkshire localities, the rate per 1,000 population of SDS users has shown gradual increases over the last 4 years. In 2021/21, the highest rate was found in Wishaw of 6.0 and the lowest in Motherwell at 4.1.

Chart 41: Percentage of North Lanarkshire Self-Directed Support (SDS) budget by SDS Type and financial year



Data Source: mySWIS, North Lanarkshire council

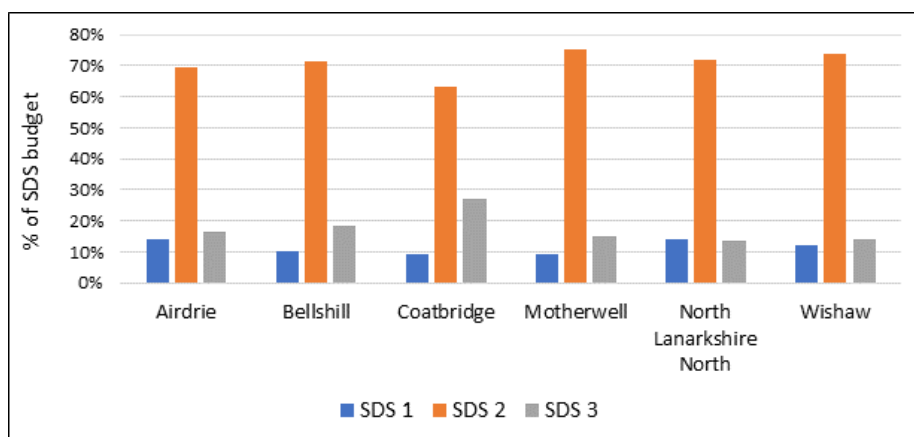
Table 35: Percentage of North Lanarkshire Self-Directed Support (SDS) budget by SDS Type and financial year

Financial Year	SDS Type		
	SDS 1	SDS 2	SDS 3
2018/19	11%	71%	18%
2019/20	11%	73%	15%
2020/21	12%	73%	15%
2021/22	12%	71%	17%

Data Source: mySWIS, North Lanarkshire council

SDS 2 (allocated to an organisation that the person chooses and the person is in charge of how it is spent) accounts for over 70% of the North Lanarkshire SDS budget. There has been little change in the percentage breakdowns over the last 4 years.

Chart 42: Percentage of Self-Directed Support budget in 2021/22 by SDS Type, for all North Lanarkshire localities



Data Source: mySWIS, North Lanarkshire council

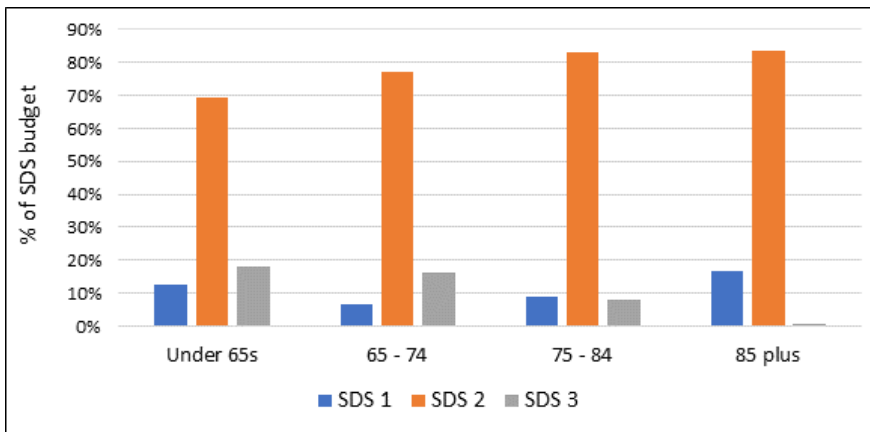
Table 36: Percentage of Self-Directed Support budget in 2021/22 by SDS Type, for all North Lanarkshire localities

Locality	SDS Type		
	SDS 1	SDS 2	SDS 3
Airdrie	14%	69%	16%
Bellshill	10%	72%	18%
Coatbridge	10%	63%	27%
Motherwell	9%	75%	15%
North Lanarkshire North	14%	72%	14%
Wishaw	12%	74%	14%

Data Source: mySWIS, North Lanarkshire council

In 2021/22, SDS 2 accounts for the majority of the SDS budget in all localities, ranging from 75% in Motherwell to 63% in Coatbridge. Coatbridge is the locality with the highest percentage of SDS budget for SDS 3 with 27%, the next highest locality is Bellshill with 18%.

Chart 43: Percentage of Self-Directed Support budget in 2021/22 by SDS Type per age group



Data Source: mySWIS, North Lanarkshire council

Table 37: Percentage of Self-Directed Support budget in 2021/22 by SDS Type per age group

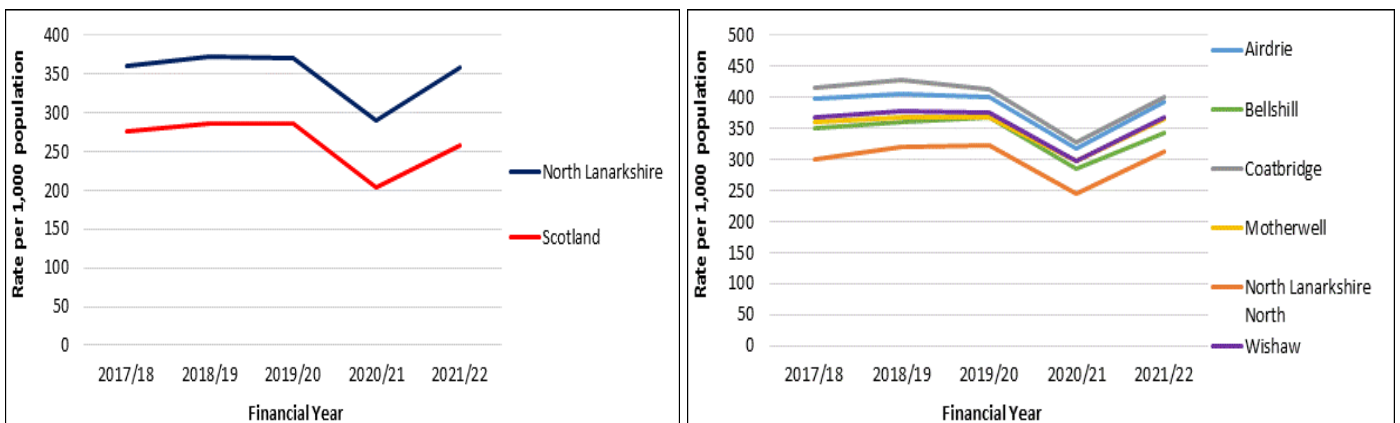
Age Group	SDS Type		
	SDS 1	SDS 2	SDS 3
Under 65s	13%	69%	18%
65 - 74	6%	77%	16%
75 - 84	9%	83%	8%
85 plus	17%	83%	0%

Data Source: mySWIS, North Lanarkshire council

The older the age group, the higher the percentage of SDS budget for SDS 2. The percentage for SDS 2 ranges from 69% for under 65s to 83% for 75-84 and 85 plus age groups. No SDS 3 was provided to the 85 plus age group.

8 Unscheduled Care

Chart 44: Accident and Emergency attendances rate per 1,000 population by financial year



Source: A&E Datamart, Public Health Scotland

Table 38: Accident and Emergency attendances rate per 1,000 population by financial year

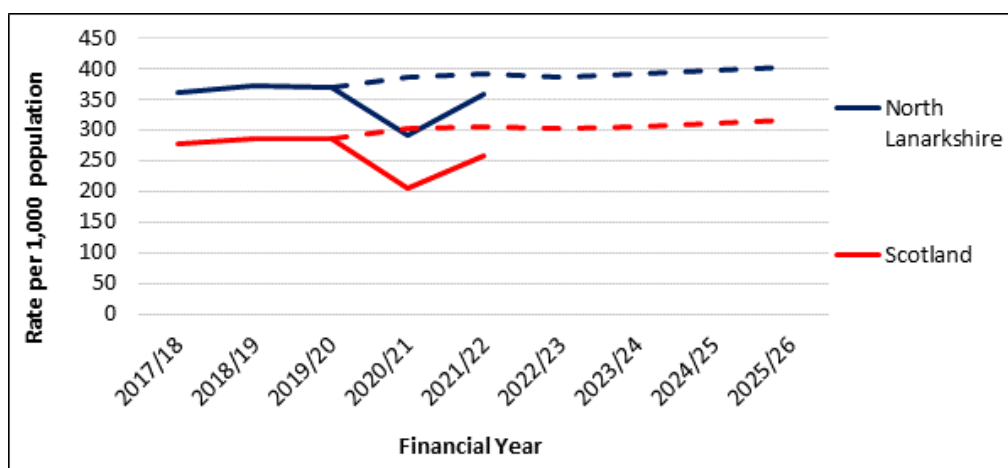
Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	398.7	404.4	399.5	316.7	391.5
Bellshill	350.5	360.0	367.1	284.7	341.6
Coatbridge	416.1	428.7	413.0	327.5	399.3
Motherwell	360.5	366.4	368.1	296.2	364.4
North Lanarkshire North	299.2	320.8	323.5	243.8	311.2

Wishaw	368.0	376.6	374.0	297.4	367.6
North Lanarkshire	359.6	371.2	369.4	289.7	358.1
Scotland	276.3	285.3	285.2	204.1	257.9

Source: A&E Datamart, Public Health Scotland

North Lanarkshire have had consistently higher accident and emergency attendance rates compared to Scotland over the last 5 years, with both areas following a similar pattern. Both areas had an increasing trend over the period 2017/18 – 2019/20, followed by a considerable decrease in 2020/21 due to fewer people attending A&E departments as a result of the COVID-19 pandemic. Rates have then increased in 2021/22 but are lower than pre-pandemic levels. All North Lanarkshire localities remain above the Scotland rate with Coatbridge currently the highest and North Lanarkshire North the lowest.

Chart 45: Accident and Emergency attendances rate per 1,000 population 2017/18 – 2021/22, with projected rates from 2020/21 – 2025/26



Source: A&E Datamart, Public Health Scotland

Table 39a: Accident and Emergency attendances rate per 1,000 population

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
North Lanarkshire	359.6	371.2	369.4	289.7	358.1
Scotland	276.3	285.3	285.2	204.1	257.9

Source: A&E Datamart, Public Health Scotland

Table 40b: Projected Accident and Emergency attendances rate per 1,000 population

Area of Residence	Financial Year					
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
North Lanarkshire	386.9	392.3	386.9	392.3	397.5	402.7
Scotland	300.6	305.4	300.6	305.4	310.1	314.7

Source: A&E Datamart, Public Health Scotland; project rates based on methodology outlined below

Methodology:

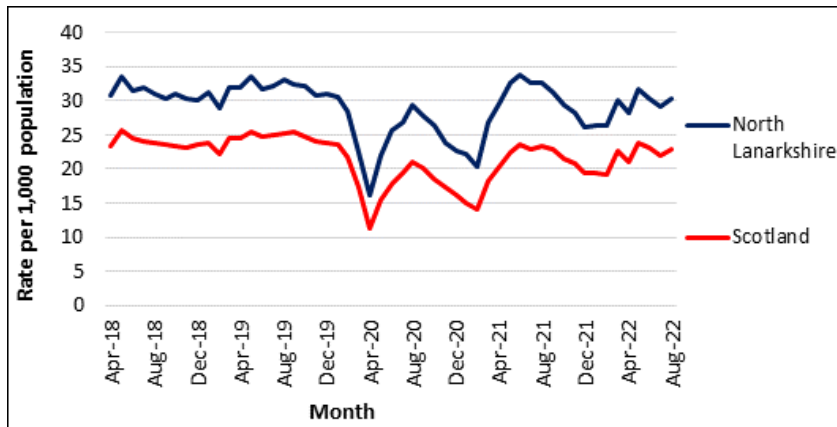
- 1) These projections are based on pre-COVID-19 pandemic data, showing what could happen if pre-pandemic rates were projected forward. Please treat this with caution.
- 2) We calculated historical rates of A&E attendances for the 5 years 2017/18 – 2021/22 using counts from PHS’s A&E datamart and population estimates from NRS. These rates were calculated within six age bands: 0-17, 18-44, 45-64, 65-74, 75 plus;
- 3) The historical rates obtained in step 1), excluding the rates for 2020/21 and 2021/22, which were deemed to be outliers due to the Covid-19 pandemic, were used to linearly extrapolate rates for the years 2020/21 – 2025/26;

4) Extrapolated rates calculated in step 2) were combined with population projections (within the same age bands of 0-17, 18-44, 45-64, 65-74, 75 plus) to compute projected counts. The all-ages projected rates presented here are based on projected counts within age bands.

5) We show both actual and projected rates for financial years 2020/21 and 2021/22.

Based on the trends for the period 2017/18 to 2019/20, excluding 2020/21 and 2021/22 as being outliers due to the impact of COVID-19, the rates are projected to continue to increase for both North Lanarkshire and Scotland, with North Lanarkshire rates continuing to increase at a greater rate than Scotland. This is assuming the trends continue in the same way they did before the pandemic. We can see that the actual rates are increasing but are still lower than the projected rates.

Chart 46: Accident and Emergency attendances rate per 1,000 populations by month



Source: A&E Datamart, Public Health Scotland

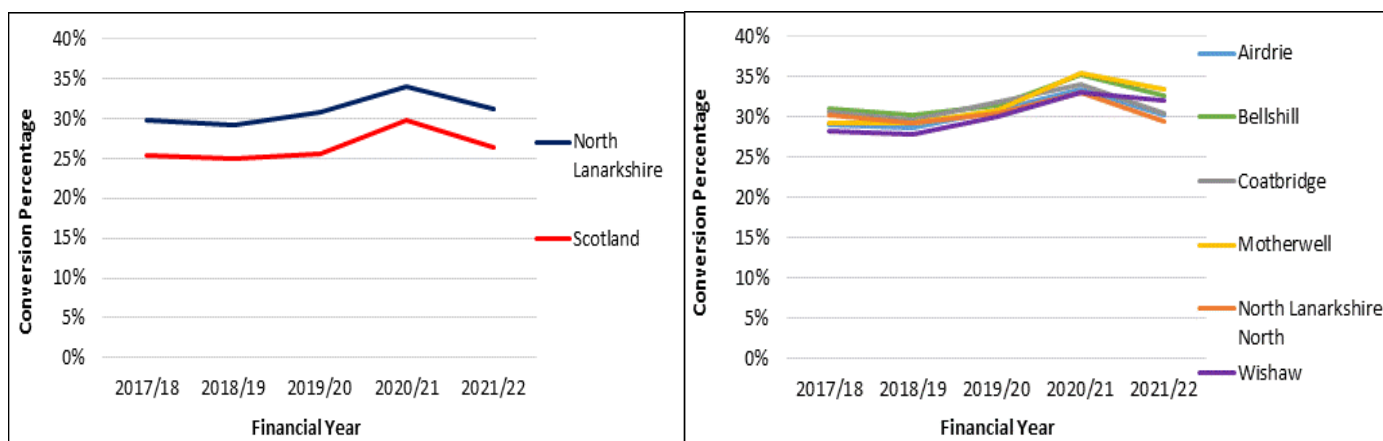
Table 40: Accident and Emergency attendances rate per 1,000 populations by month

Month	North Lanarkshire	Scotland
Apr-18	30.6	23.2
May-18	33.4	25.6
Jun-18	31.4	24.4
Jul-18	31.8	24.1
Aug-18	30.9	23.9
Sep-18	30.4	23.6
Oct-18	30.9	23.4
Nov-18	30.2	23.1
Dec-18	30.1	23.5
Jan-19	31.2	23.7
Feb-19	28.8	22.1
Mar-19	31.9	24.6
Apr-19	31.8	24.5
May-19	33.6	25.3
Jun-19	31.6	24.7
Jul-19	32.2	24.9
Aug-19	33.0	25.2
Sep-19	32.4	25.3
Oct-19	32.1	24.7
Nov-19	30.8	24.1
Dec-19	31.0	23.9
Jan-20	30.6	23.6
Feb-20	28.4	21.8
Mar-20	22.4	17.3
Apr-20	16.2	11.3
May-20	21.9	15.5
Jun-20	25.7	17.7
Jul-20	26.8	19.4
Aug-20	29.4	21.0
Sep-20	27.8	20.0
Oct-20	26.3	18.5
Nov-20	23.9	17.2
Dec-20	22.7	16.2
Jan-21	22.1	14.9
Feb-21	20.4	14.1
Mar-21	26.8	18.2
Apr-21	29.5	20.2
May-21	32.6	22.4
Jun-21	33.7	23.6
Jul-21	32.5	22.8
Aug-21	32.7	23.3
Sep-21	31.2	22.8
Oct-21	29.2	21.6
Nov-21	28.3	20.8
Dec-21	26.1	19.3
Jan-22	26.4	19.3
Feb-22	26.2	19.2
Mar-22	30.0	22.6
Apr-22	28.2	21.1
May-22	31.8	23.9
Jun-22	30.2	23.2
Jul-22	29.1	21.9
Aug-22	30.3	22.9

Source: A&E Datamart, Public Health Scotland

A&E Attendance rates per 1,000 population have consistently been higher for North Lanarkshire compared to Scotland, with both following a similar trend. This can be observed with regards to the sharp decrease coinciding with the beginning of the Covid-19 pandemic, but since then this has been trending up again to match pre-pandemic levels.

Chart 47: Percentage of A&E attendances resulting in a hospital admission by financial year



Source: A&E Datamart, Public Health Scotland

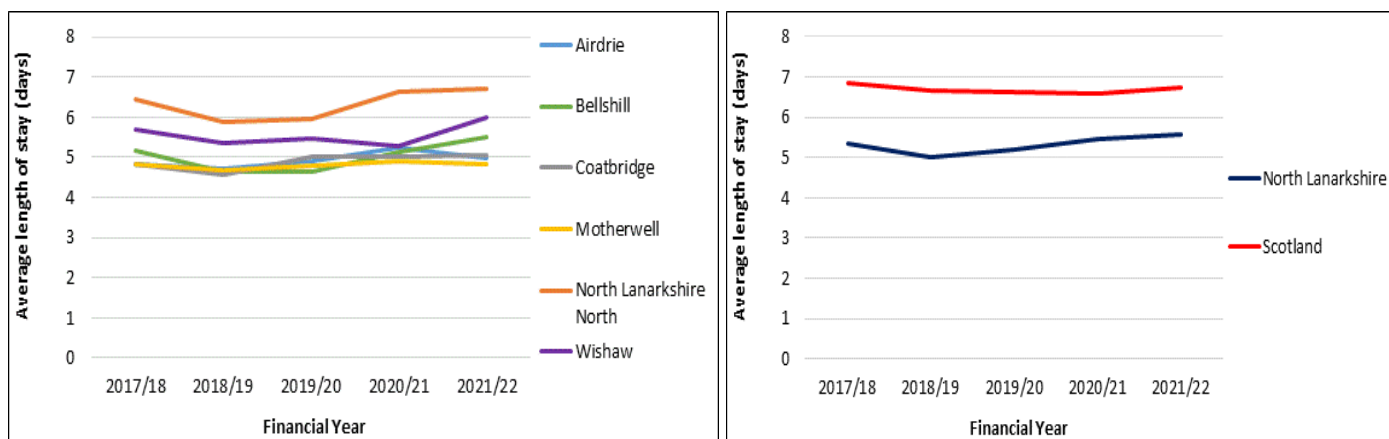
Table 41: Percentage of A&E attendances resulting in a hospital admission by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	29%	29%	31%	33%	30%
Bellshill	31%	30%	32%	35%	33%
Coatbridge	31%	30%	32%	34%	31%
Motherwell	29%	29%	31%	36%	33%
North Lanarkshire North	30%	29%	31%	33%	29%
Wishaw	28%	28%	30%	33%	32%
North Lanarkshire	30%	29%	31%	34%	31%
Scotland	25%	25%	26%	30%	26%

Source: A&E Datamart, Public Health Scotland

North Lanarkshire have had consistently higher A&E attendances conversion percentage to hospital admissions compared to Scotland over last 5 years with 2020/21 being the year with the highest percentage however decreasing back down again in 2021/22. In 2021/22 Motherwell is the North Lanarkshire locality with the highest percentage and North Lanarkshire North the lowest.

Chart 48: Emergency Admissions average length of stay in days, by financial year



Source: SMR01, Public Health Scotland

Table 42: Emergency Admissions average length of stay in days, by financial year

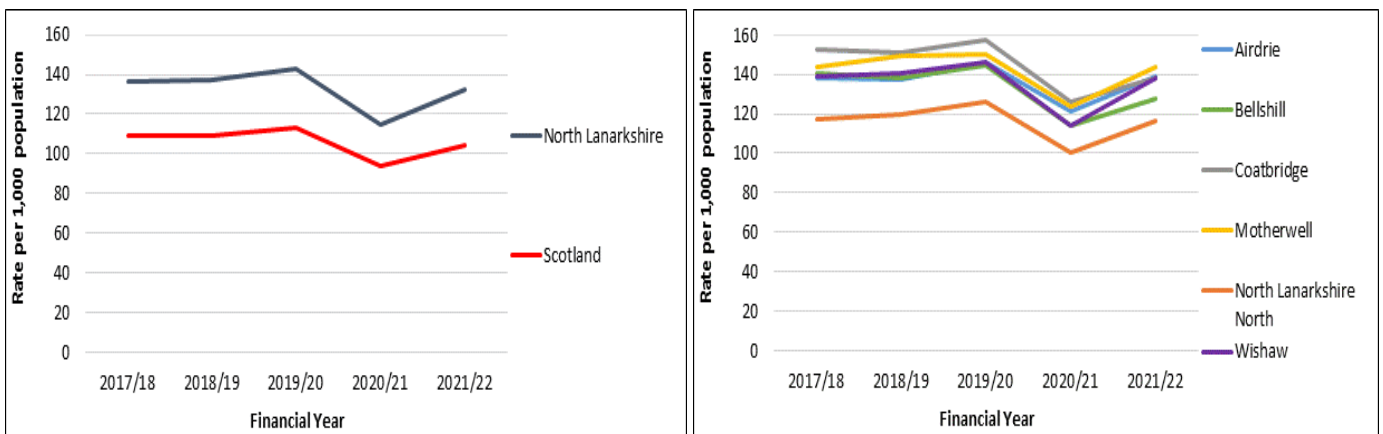
Financial Year

Area of Residence	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	4.8	4.7	4.9	5.2	5.0
Bellshill	5.2	4.6	4.6	5.1	5.5
Coatbridge	4.8	4.5	5.0	5.0	5.0
Motherwell	4.8	4.7	4.8	4.9	4.8
North Lanarkshire North	6.4	5.9	6.0	6.6	6.7
Wishaw	5.7	5.4	5.5	5.3	6.0
North Lanarkshire	5.4	5.0	5.2	5.4	5.6
Scotland	6.8	6.7	6.6	6.6	6.8

Source: SMR01, Public Health Scotland

Over the last 5 years, North Lanarkshire has consistently had a lower average length of stay for emergency admissions compared to Scotland. Highest levels observed can be seen in 2020/21 for all localities. North Lanarkshire North has consistently had the highest average length of stay out of the 6 North Lanarkshire localities, with Motherwell being the lowest in 2021/22.

Chart 49: Acute emergency hospital admissions rate per 1,000 population by financial year



Source: SMR01, Public Health Scotland

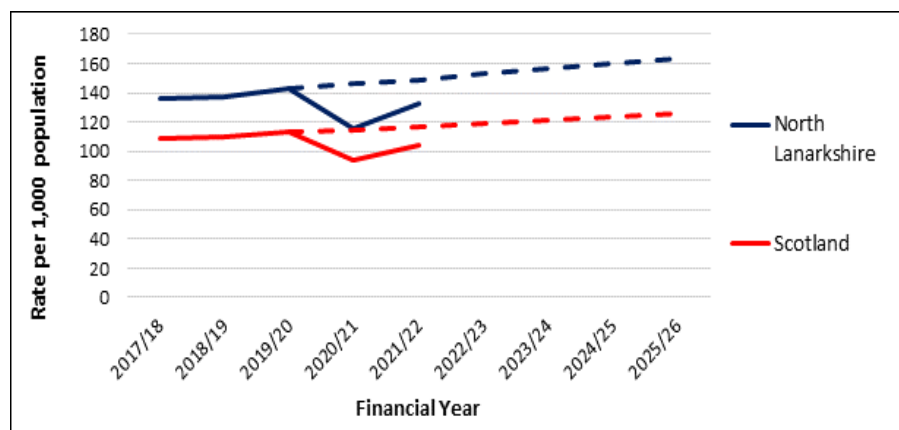
Table 43: Acute emergency hospital admissions rate per 1,000 population by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	138.1	137.4	146.5	121.6	139.0
Bellshill	140.4	138.1	144.2	114.4	127.6
Coatbridge	152.6	151.0	157.6	125.7	138.4
Motherwell	143.8	149.3	150.6	123.9	144.0
North Lanarkshire North	117.0	119.6	125.8	100.1	116.7
Wishaw	138.8	140.6	146.2	113.9	138.0
North Lanarkshire	136.2	137.4	143.2	115.0	132.4
Scotland	108.7	109.5	112.8	93.7	104.3

Source: SMR01, Public Health Scotland

North Lanarkshire have had consistently higher acute emergency hospital admissions rates compared to Scotland over the last 5 years, with both areas following a similar pattern. Both areas had an increasing trend over the period 2017/18 – 2019/20, followed by a decrease in 2020/21 due to the COVID-19 pandemic. Rates have then increased in 2021/22 but are lower than pre-pandemic levels. All North Lanarkshire localities are above the Scotland rate. In 2021/22 Motherwell is the North Lanarkshire locality with the highest rate, North Lanarkshire North the lowest.

Chart 50: Acute emergency hospital admissions rate per 1,000 population 2017/18 – 2021/22, with projected rates from 2020/21 – 2025/26



Source: SMR01, Public Health Scotland; projected rates based on methodology outlined below

Table 44a: Acute emergency hospital admissions rate per 1,000 population

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
North Lanarkshire	136.2	137.4	143.2	115.0	132.4
Scotland	108.7	109.5	112.8	93.7	104.3

Source: SMR01, Public Health Scotland

Table 44b: Projected acute emergency hospital admissions rate per 1,000 population

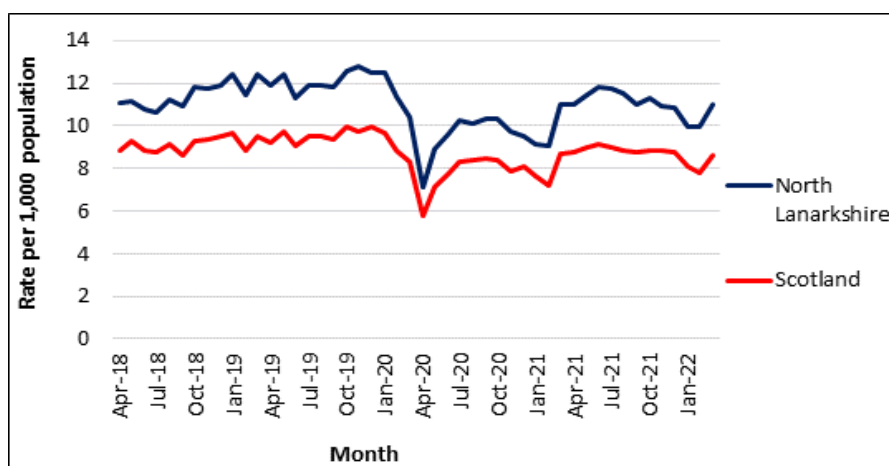
Area of Residence	Financial Year					
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
North Lanarkshire	145.8	149.1	153.0	156.6	160.2	163.8
Scotland	114.4	116.4	119.1	121.5	123.8	126.0

Source: SMR01, Public Health Scotland; projected rates based on methodology outlined below

Methodology:

- 1) **These projections are based on pre-COVID-19 pandemic data, showing what could happen if pre-pandemic rates were projected forward. Please treat this with caution.**
- 2) We calculated historical rates of acute hospital admissions for the 5 years 2017/18 – 2021/22 using counts from PHS’s SMR01 data set and population estimates from NRS. These rates were calculated within five age bands: 0-17, 18-44, 45-64, 65-74, 75 plus;
- 3) The historical rates obtained in step 1), excluding the rates for 2020/21 and 2021/22 which are deemed as outliers due to the Covid-19 pandemic, were used to linearly extrapolate rates for the years 2020/21 – 2025/26;
- 4) Extrapolated rates calculated in step 2) were combined with population projections (within the same age bands of 0-17, 18-44, 45-64, 65-74, 75 plus) to compute projected counts. The all-ages projected rates presented here are based on projected counts within age bands.
- 5) We show both actual and projected rates for financial years 2020/21 and 2021/22

Chart 51: Acute emergency hospital admissions rate per 1,000 populations by month



Source: SMR01, Public Health Scotland

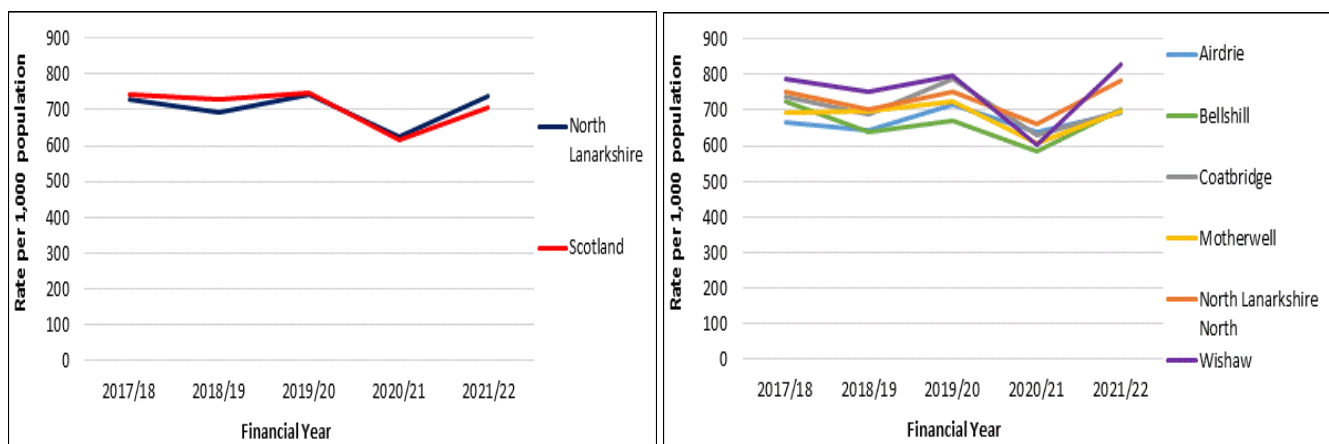
Table 45: Acute emergency hospital admissions rate per 1,000 populations by month

Month	North Lanarkshire	Scotland
Apr-18	11.1	8.8
May-18	11.1	9.2
Jun-18	10.8	8.9
Jul-18	10.6	8.8
Aug-18	11.2	9.1
Sep-18	10.9	8.6
Oct-18	11.8	9.3
Nov-18	11.8	9.3
Dec-18	11.9	9.5
Jan-19	12.4	9.7
Feb-19	11.4	8.8
Mar-19	12.4	9.5
Apr-19	11.9	9.2
May-19	12.4	9.8
Jun-19	11.3	9.1
Jul-19	11.9	9.5
Aug-19	11.9	9.5
Sep-19	11.8	9.4
Oct-19	12.6	10.0
Nov-19	12.8	9.8
Dec-19	12.5	9.9
Jan-20	12.5	9.6
Feb-20	11.4	8.8
Mar-20	10.4	8.3
Apr-20	7.1	5.8
May-20	8.9	7.1
Jun-20	9.6	7.7
Jul-20	10.3	8.3
Aug-20	10.1	8.4
Sep-20	10.3	8.5
Oct-20	10.4	8.4
Nov-20	9.7	7.8
Dec-20	9.5	8.1
Jan-21	9.1	7.6
Feb-21	9.0	7.2
Mar-21	11.0	8.7
Apr-21	11.0	8.7
May-21	11.5	9.0
Jun-21	11.8	9.1
Jul-21	11.7	8.9
Aug-21	11.5	8.8
Sep-21	11.0	8.8
Oct-21	11.3	8.8
Nov-21	10.9	8.8
Dec-21	10.9	8.7
Jan-22	10.0	8.1
Feb-22	9.9	7.8
Mar-22	11.0	8.6

Source: SMR01, Public Health Scotland

North Lanarkshire have consistently had a higher rate of acute emergency hospital admissions per 1,000 population compared to Scotland rate while following a similar trend. Acute emergency admissions declined massively both for North Lanarkshire and nationally in April 2020 at the start of the COVID-19 pandemic, rates then increased and have some seasonal variation with decreases for both Jan 21 and Jan 22, likely related to lockdown restrictions. More recently rates are again on the increase but are yet to reach pre-pandemic levels.

Chart 52: Acute emergency hospital admissions bed days rate per 1,000 populations by financial year



Source: SMR01, Public Health Scotland

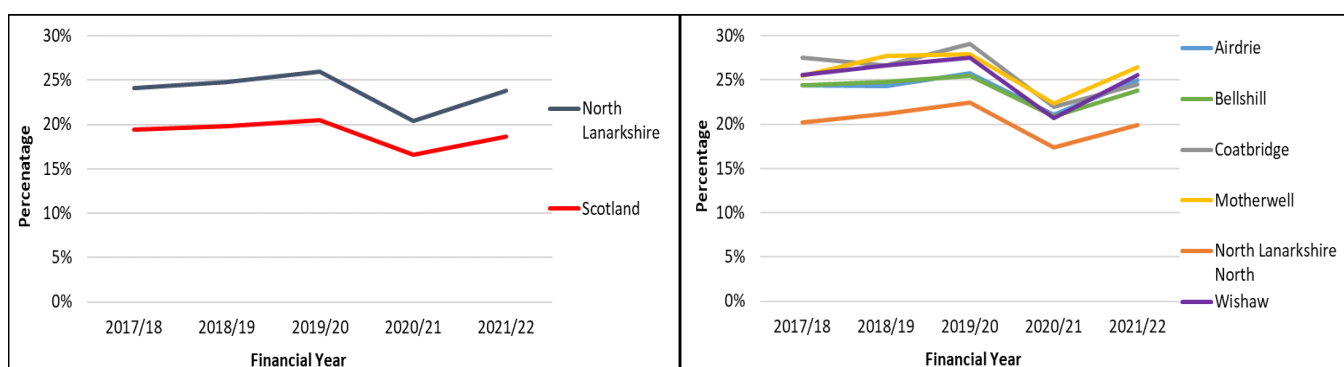
Table 46: Acute emergency hospital admissions bed days rate per 1,000 populations by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	668.1	645.3	715.5	638.4	692.7
Bellshill	726.6	639.2	670.0	586.2	700.4
Coatbridge	737.5	686.9	787.4	631.5	696.6
Motherwell	692.4	697.7	723.5	606.7	696.8
North Lanarkshire North	752.2	704.4	750.9	662.6	782.4
Wishaw	788.7	753.7	797.0	601.3	828.4
North Lanarkshire	729.2	690.6	743.3	626.5	738.3
Scotland	743.6	729.3	746.9	616.6	704.3

Source: SMR01, Public Health Scotland

The North Lanarkshire rate has generally been close to the Scotland rate over the last 5 years, and in more recent years is slightly higher than the Scotland rate. Rates have followed a similar pattern, fluctuating over the years. In 2021/22 of the 6 North Lanarkshire localities, Wishaw has the highest rate, Motherwell has the lowest.

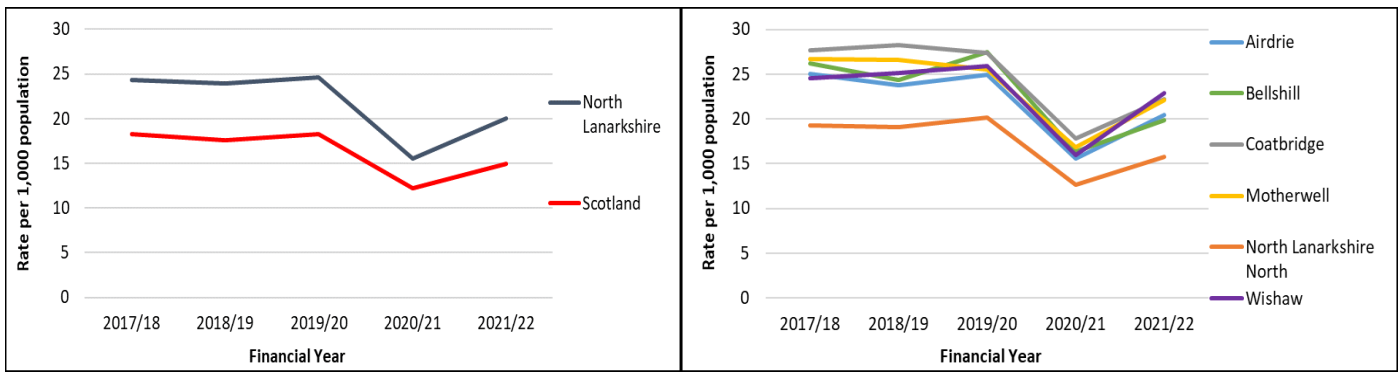
Chart 53: Percentage of 2 plus emergency admissions (all ages)



Source: SMR01, Public Health Scotland

North Lanarkshire’s percentage of 2 plus emergency admissions has remained above the Scotland average for the last 5 years. Both had shown a slight continual increase before the pandemic and in 2021/22, is showing signs of returning back to pre pandemic levels. For the North Lanarkshire localities, North Lanarkshire North has consistently had the the lowest percentage over the 5 years, with Motherwell the highest in most recent years.

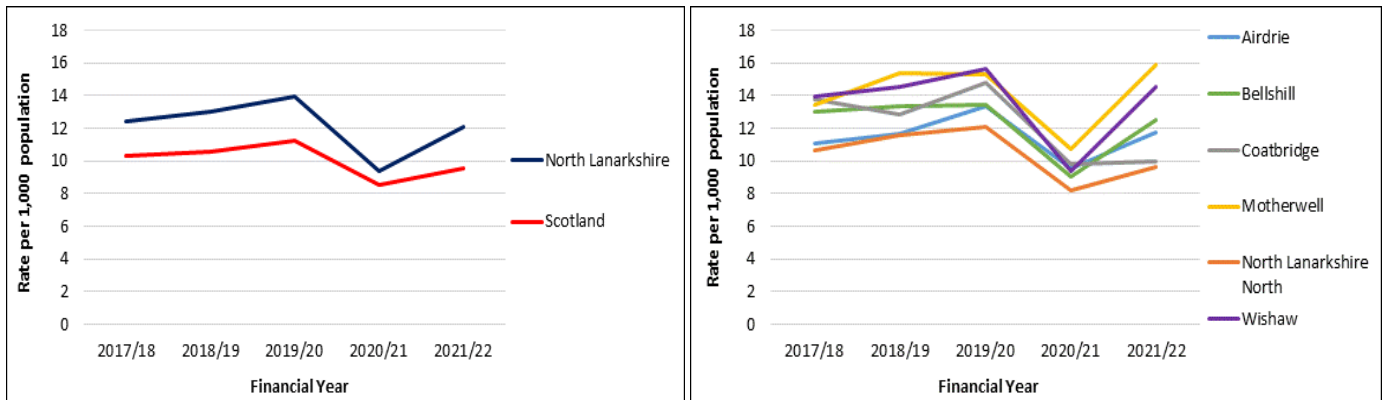
Chart 54: Potentially preventable admissions rate per 1,000 population (all ages)



Source: SMR01, Public Health Scotland

North Lanarkshire’s potentially preventable admissions rate has remained above the Scotland average for the last 5 years. Both were relatively steady before the COVID-19 pandemic, with rates now increasing since 2020/21. For the North Lanarkshire localities, North Lanarkshire North has consistently had the lowest rate over the last 5 years, with Wishaw now being the highest in 2021/22.

Chart 55: 7 day emergency readmissions rate per 1,000 population, by financial year



Source: SMR01, Public Health Scotland

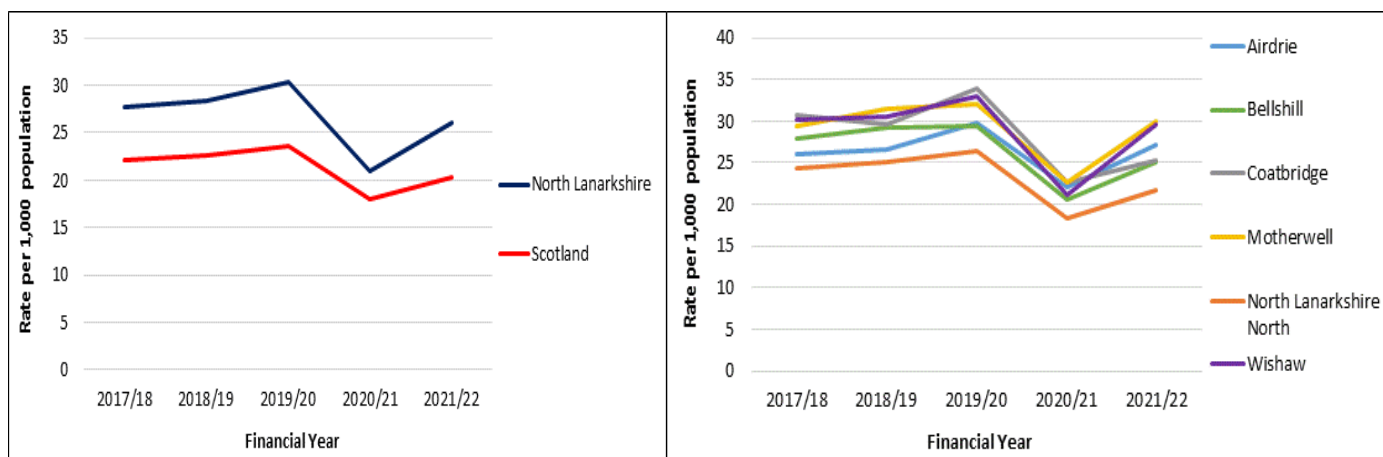
Table 47: 7 day emergency readmissions rate per 1,000 population, by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	11.1	11.7	13.4	9.5	11.8
Bellshill	13.1	13.3	13.5	9.0	12.5
Coatbridge	13.8	12.8	14.8	9.8	10.0
Motherwell	13.5	15.4	15.3	10.7	15.9
North Lanarkshire North	10.7	11.6	12.1	8.2	9.6
Wishaw	14.0	14.6	15.7	9.4	14.5
North Lanarkshire	12.4	13.0	13.9	9.4	12.1
Scotland	10.3	10.6	11.2	8.5	9.5

Source: SMR01, Public Health Scotland

North Lanarkshire has had a higher rate of 7 day emergency readmissions compared to Scotland over the last 5 years. Rates had been increasing up to 2019/20, followed by a decrease in 2020/21 then an increase in 2021/22, but still below pre-pandemic levels. Despite North Lanarkshire North generally having the highest average length of stay, they consistently have the lowest 7 day readmission rate each year. For the North Lanarkshire localities, North Lanarkshire North has consistently had the lowest rate over the last 5 years, with Motherwell being the highest in most recent years.

Chart 56: 28 day emergency readmissions rate per 1,000 population, by financial year



Source: SMR01, Public Health Scotland

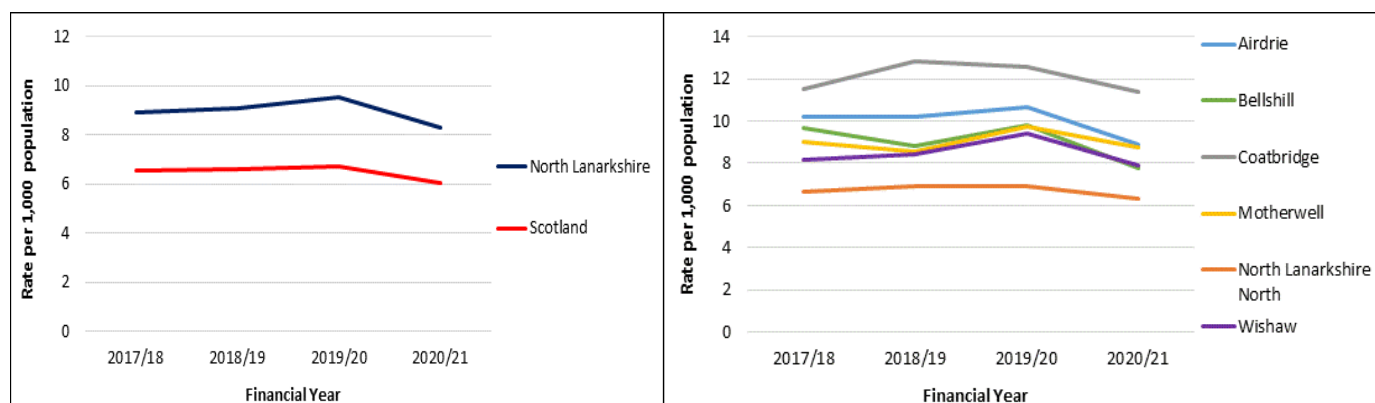
Table 48: 28 day emergency readmissions rate per 1,000 population, by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	26.0	26.6	29.8	22.1	27.1
Bellshill	28.0	29.2	29.4	20.5	25.1
Coatbridge	30.8	29.6	33.9	22.7	25.2
Motherwell	29.5	31.5	32.1	22.6	30.0
North Lanarkshire North	24.3	25.1	26.4	18.4	21.6
Wishaw	30.2	30.5	33.0	21.1	29.5
North Lanarkshire	27.7	28.4	30.4	21.0	26.0
Scotland	22.2	22.6	23.6	18.0	20.3

Source: SMR01, Public Health Scotland

North Lanarkshire have had a consistently higher rate of 28 day emergency readmissions compared to Scotland over the last 5 years. North Lanarkshire North locality has consistently had the lowest 28 day readmission rate over the last 5 years, however all localities remain consistently above the Scotland average year on year. Motherwell has the highest rates of all the North Lanarkshire localities in more recent years, with North Lanarkshire North the lowest.

Chart 57: Alcohol related hospital admissions rate per 1,000 population, by financial year



Source: SMR01, Public Health Scotland

Table 49: Alcohol related hospital admissions rate per 1,000 population, by financial year

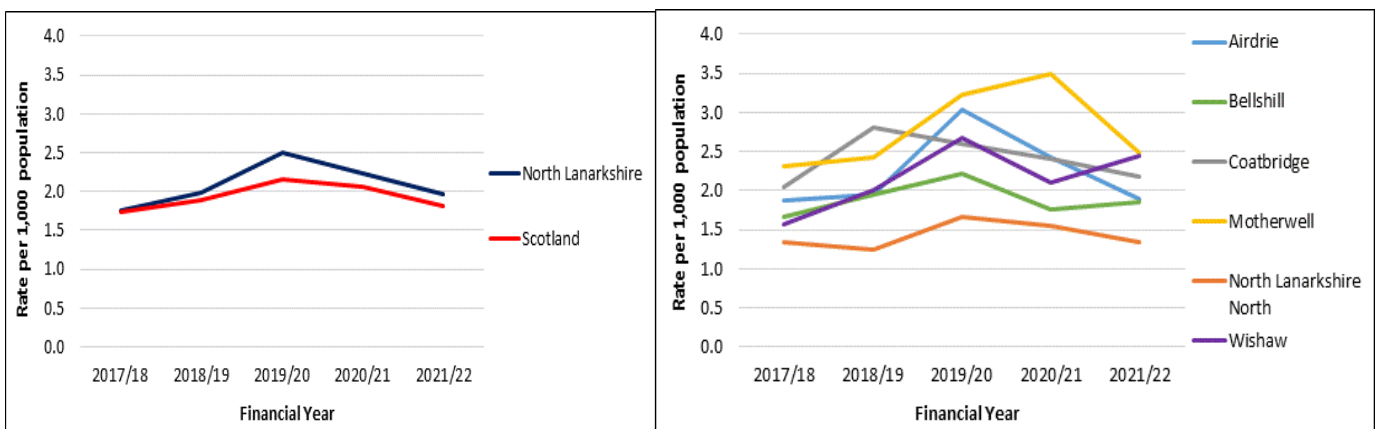
Financial Year

Area of Residence	2017/18	2018/19	2019/20	2020/21
Airdrie	10.2	10.2	10.7	8.9
Bellshill	9.7	8.8	9.8	7.8
Coatbridge	11.5	12.8	12.6	11.4
Motherwell	9.0	8.5	9.7	8.7
North Lanarkshire North	6.7	6.9	6.9	6.3
Wishaw	8.1	8.4	9.4	7.9
North Lanarkshire	8.9	9.1	9.5	8.3
Scotland	6.6	6.6	6.7	6.0

Source: SMR01, Public Health Scotland

Alcohol related admission rates have been consistently higher in North Lanarkshire compared with Scotland over the last 4 years. North Lanarkshire rates had been increasing up until 2019/20 and then dropped in 2020/21, likely as a result of the COVID-19 pandemic. Coatbridge consistently has the highest rates of all the North Lanarkshire localities, with North Lanarkshire North consistently being the lowest.

Chart 58: Drug related hospital admissions rate per 1,000 population, by financial year



Source: SMR01, Public Health Scotland

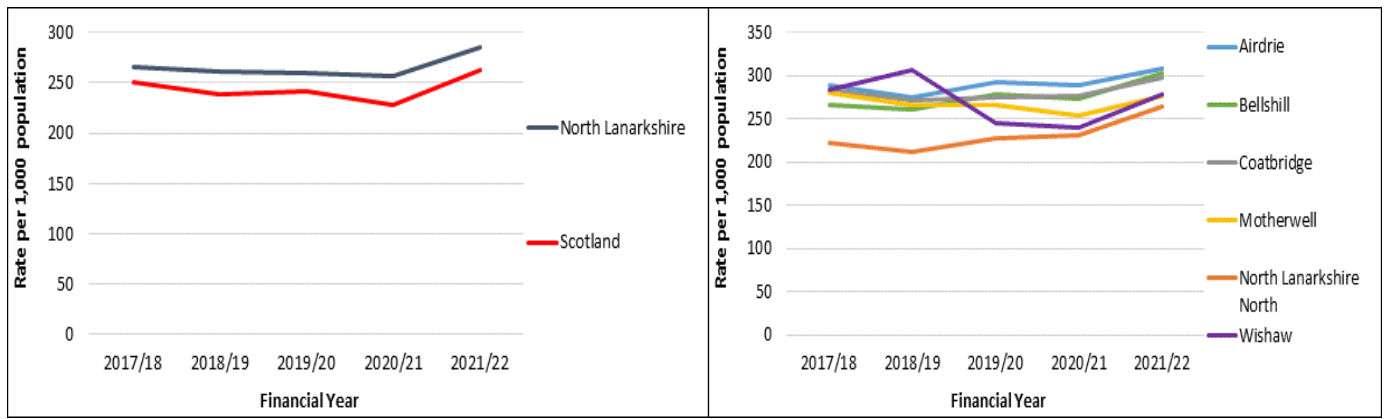
Table 50: Drug related hospital admissions rate per 1,000 population, by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	1.9	2.0	3.0	2.4	1.9
Bellshill	1.7	1.9	2.2	1.8	1.9
Coatbridge	2.0	2.8	2.6	2.4	2.2
Motherwell	2.3	2.4	3.2	3.5	2.5
North Lanarkshire North	1.3	1.2	1.7	1.5	1.3
Wishaw	1.6	2.0	2.7	2.1	2.4
North Lanarkshire	1.8	2.0	2.5	2.2	2.0
Scotland	1.7	1.9	2.2	2.1	1.8

Source: SMR01, Public Health Scotland

North Lanarkshire have had consistently higher rates than Scotland over the last 5 years. Rates has been increasing up to 2019/20, and then decreasing since then. Motherwell has the highest rates of all the North Lanarkshire localities, with North Lanarkshire North the lowest.

Chart 59: NHS24 calls - Rate per 1,000 population by financial year



Source: Unscheduled Care Datamart, Public Health Scotland

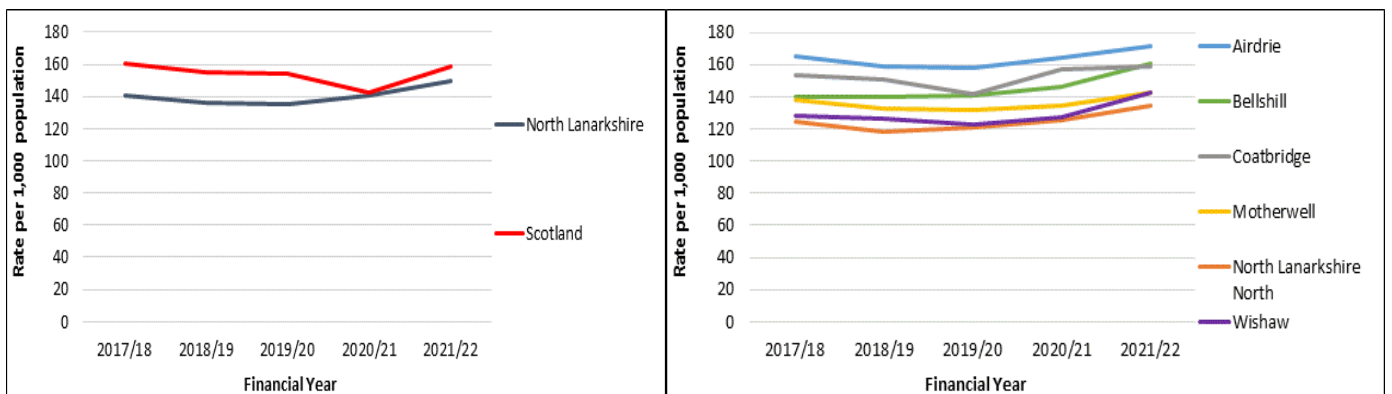
Table 51: NHS24 calls - Rate per 1,000 population by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	289.2	275.6	291.7	289.1	308.4
Bellshill	266.3	261.3	277.9	272.3	302.7
Coatbridge	282.8	271.1	274.8	276.1	298.1
Motherwell	279.9	265.7	265.4	253.3	277.1
North Lanarkshire North	221.4	211.3	227.7	230.6	263.6
Wishaw	283.1	306.4	245.0	239.2	277.7
North Lanarkshire	266.2	260.4	260.3	257.2	285.4
Scotland	250.8	238.5	241.6	227.6	261.9

Source: Unscheduled Care Datamart, Public Health Scotland

The rate of NHS24 calls per 1,000 population has largely remained steady in North Lanarkshire between 2017/18 and 2020/21, followed by an increase in 2021/22 which would be due to the different way people are now accessing services following the COVID-19 pandemic. North Lanarkshire has had a higher rate than Scotland over last 5 years. Of the 6 localities, Airdrie tends to have the highest rate per 1,000 population, with North Lanarkshire North the lowest.

Chart 60: GP out of hours attendances rate per 1,000 population by financial year



Source: Unscheduled Care Datamart, Public Health Scotland

Table 52: GP out of hours attendances rate per 1,000 population by financial year

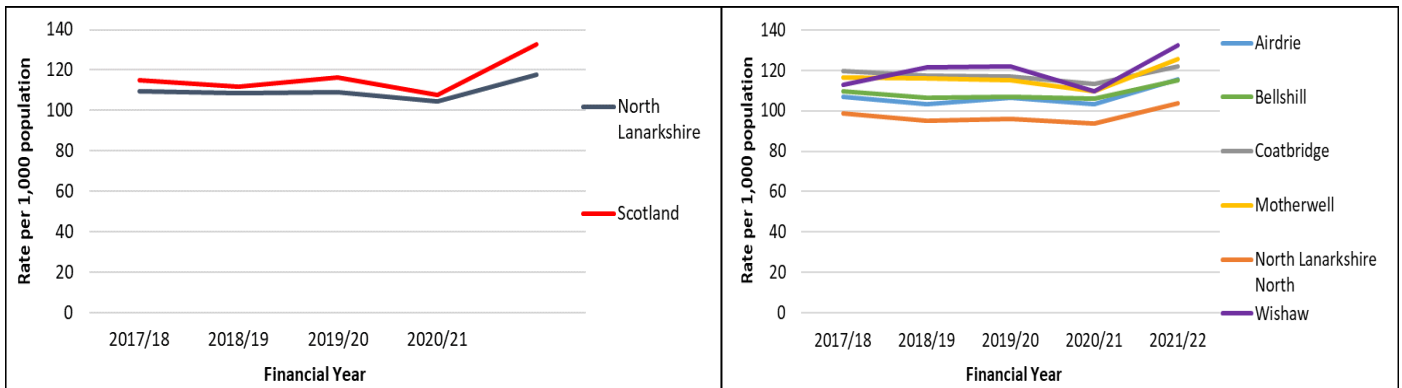
Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	164.9	158.8	158.0	164.2	171.0
Bellshill	140.1	139.9	140.5	146.6	160.4

Coatbridge	153.3	150.6	142.0	156.8	159.0
Motherwell	137.6	132.4	131.7	134.3	142.4
North Lanarkshire North	124.7	118.0	121.2	125.4	134.6
Wishaw	128.4	126.5	122.6	127.4	142.9
North Lanarkshire	140.3	136.1	134.8	140.8	150.0
Scotland	160.7	154.8	154.2	142.6	158.5

Source: Unscheduled Care Datamart, Public Health Scotland

North Lanarkshire has had a lower rate than Scotland over the last 5 years. Of the 6 localities, North Lanarkshire North, Wishaw and Motherwell are consistently below the Scotland average rate with the other above. From 2017/18, Airdrie has remained the locality with the highest rate, with North Lanarkshire North being the lowest.

Chart 61: Scottish Ambulance Service incidents rate per 1,000 population (all ages)

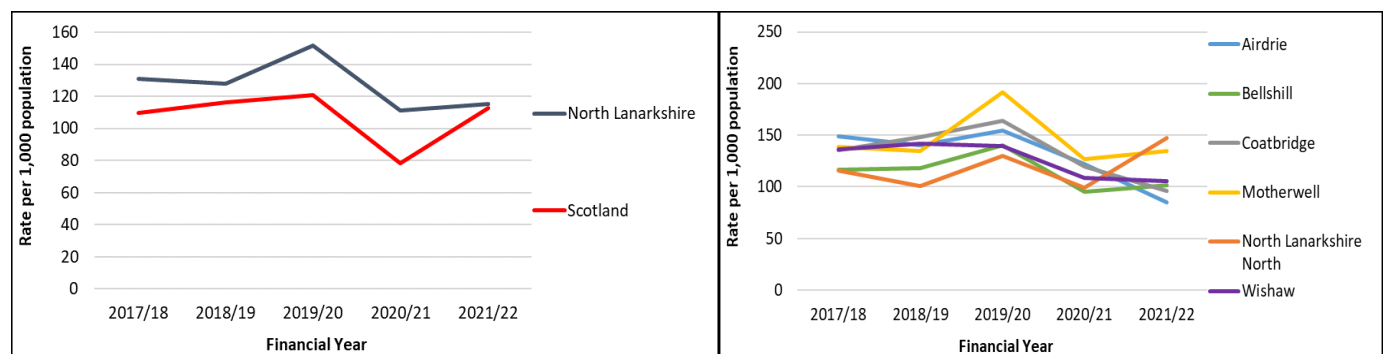


Source: Unscheduled Care Datamart, Public Health Scotland

The North Lanarkshire rate per 1,000 population of Scottish Ambulance Service incidents has been consistently lower than the Scotland rate. The rate was relatively steady up until 2020/21, and then there was an increase in 2021/22. Wishaw has the highest rate of the North Lanarkshire localities, with North Lanarkshire North having the lowest rates consistently over the 5 year period.

9 Delayed Discharges

Chart 62: Delayed Discharges bed days for 18+ age group – Rate per 1,000 population by financial year



Source: Delayed Discharges, Public Health Scotland

Table 53: Delayed Discharges bed days for 18+ age group – Rate per 1,000 population by financial year

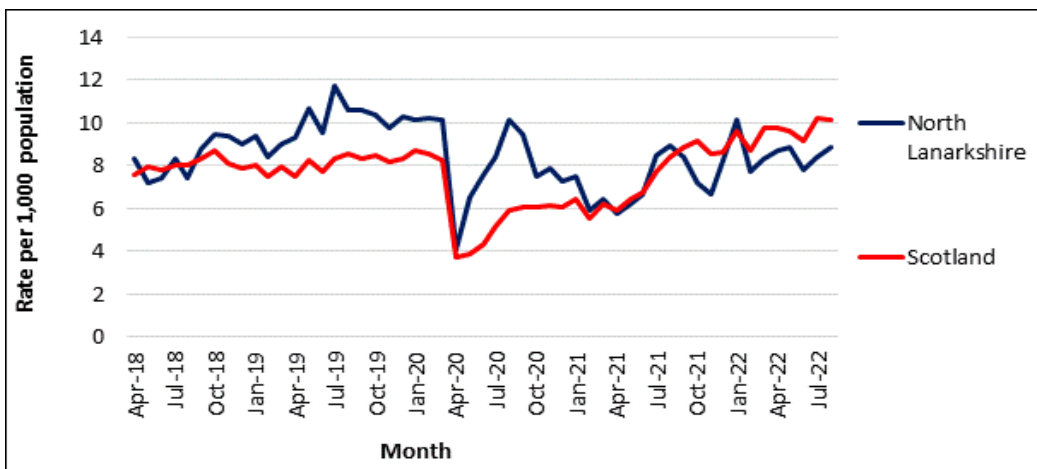
Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	149.0	139.9	154.8	122.3	85.2

Bellshill	116.7	118.1	140.3	95.0	101.8
Coatbridge	135.4	148.1	163.9	119.5	95.8
Motherwell	138.4	134.4	191.7	126.9	134.5
North Lanarkshire North	116.0	100.4	130.3	99.0	147.2
Wishaw	136.7	141.5	139.5	108.9	105.3
North Lanarkshire	131.1	127.8	151.5	111.2	115.5
Scotland	109.6	116.5	120.6	78.3	113.0

Source: Delayed Discharges, Public Health Scotland

North Lanarkshire has had higher delayed discharge rates compared to Scotland over the 4 year period 2017/18 – 2020/21, and then in 2021/22 is now lower than the Scotland rate. The rates had been increasing before the start of the COVID-19 pandemic in 18/19 to 19/20, after which time a decrease can be observed. North Lanarkshire currently has the highest rate of all North Lanarkshire localities and has seen a massive increase in the last year. Airdrie is now the locality with the lowest rate following a substantial decrease in the last year.

Chart 63: Delayed Discharges bed days for 18+ age group – Rate per 1,000 population by month



Source: Delayed Discharges, Public Health Scotland

Table 54: Delayed Discharges bed days for 18+ age group – Rate per 1,000 population by month

Month	North Lanarkshire	Scotland
Apr-18	8.3	7.6
May-18	7.2	7.9
Jun-18	7.4	7.8
Jul-18	8.3	8.0
Aug-18	7.4	8.0
Sep-18	8.8	8.4
Oct-18	9.4	8.7
Nov-18	9.4	8.1
Dec-18	9.0	7.9
Jan-19	9.4	8.1
Feb-19	8.4	7.5
Mar-19	9.0	8.0
Apr-19	9.3	7.5
May-19	10.7	8.2
Jun-19	9.6	7.7
Jul-19	11.7	8.3
Aug-19	10.6	8.6
Oct-19	10.4	8.5
Nov-19	9.8	8.2
Dec-19	10.3	8.3
Jan-20	10.1	8.7
Feb-20	10.2	8.6
Mar-20	10.2	8.2
Apr-20	4.1	3.7
May-20	6.5	3.9
Jun-20	7.6	4.3
Jul-20	8.4	5.2
Aug-20	10.1	5.9
Sep-20	9.5	6.0
Oct-20	7.5	6.1
Nov-20	7.9	6.1
Dec-20	7.3	6.1
Jan-21	7.5	6.4
Feb-21	5.9	5.6
Apr-21	5.8	5.9
May-21	6.2	6.4
Jun-21	6.7	6.8
Jul-21	8.5	7.7
Aug-21	8.9	8.4
Sep-21	8.4	8.8
Oct-21	7.2	9.2
Nov-21	6.7	8.6
Dec-21	8.3	8.6
Jan-22	10.1	9.6
Feb-22	7.7	8.7
Mar-22	8.3	9.8
Apr-22	8.7	9.8
May-22	8.8	9.7
Jun-22	7.8	9.2
Jul-22	8.4	10.2
Aug-22	8.8	10.2

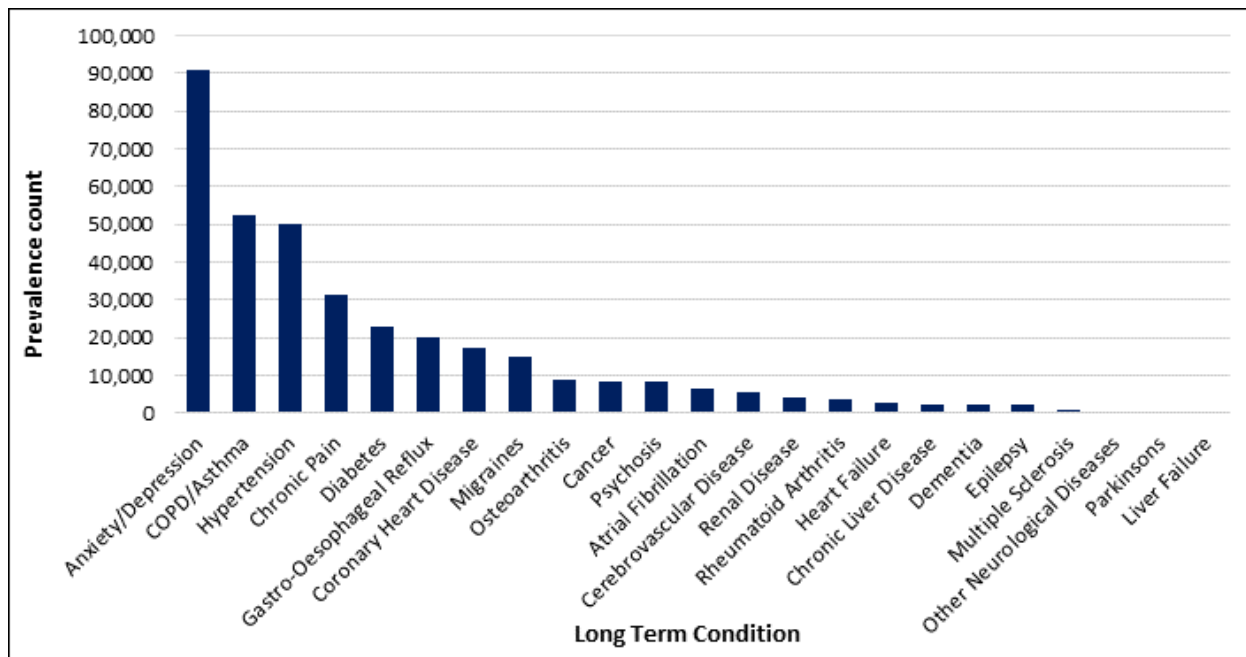
Sep-19	10.6	8.4	Mar-21	6.4	6.2
--------	------	-----	--------	-----	-----

Source: Delayed Discharges, Public Health Scotland

Looking at the delayed discharges bed days rates by month, North Lanarkshire delayed discharge rates tend to be higher than Scotland from April 2018 onwards with the gap widening up until March 2020 where the rates decreased substantially at the start of the COVID-19 pandemic. North Lanarkshire rates increased between April and October 2020, then remained sporadic until Feb 2021 and have been steadily increasing since then. Most recent Scotland rates now similar to the levels they were at pre-pandemic, which is also mirrored in North Lanarkshire.

10 Long Term Conditions

Chart 64: Prevalence counts of long term conditions for North Lanarkshire residents in financial year 2021/22



Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

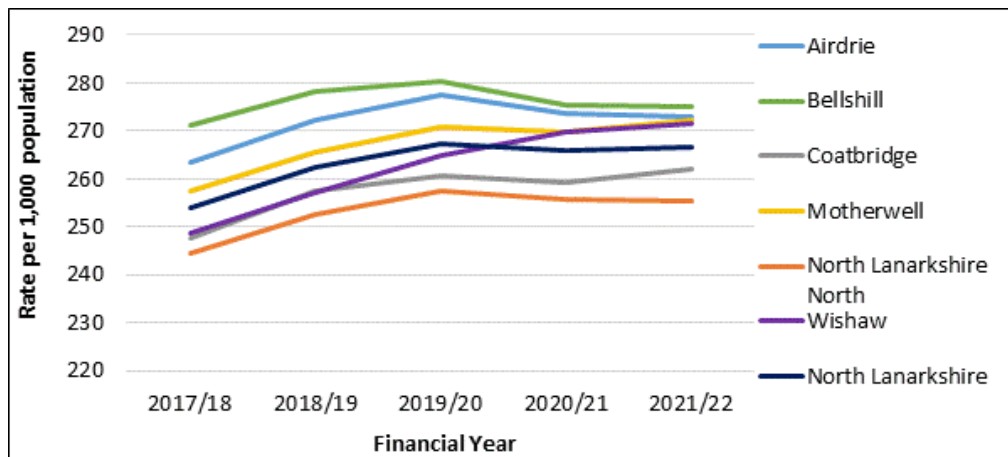
Table 55: Prevalence counts of long term conditions for North Lanarkshire residents in financial year 2021/22

Long Term Condition	2021/22 Prevalence Count
Anxiety/Depression	91,061
COPD/Asthma	52,310
Hypertension	50,024
Chronic Pain	31,214
Diabetes	22,951
Gastro-Oesophageal Reflux	20,239
Coronary Heart Disease	17,243
Migraines	14,852
Osteoarthritis	8,759
Cancer	8,238
Psychosis	8,218
Atrial Fibrillation	6,581
Cerebrovascular Disease	5,632
Renal Disease	4,300
Rheumatoid Arthritis	3,811
Heart Failure	2,571
Chronic Liver Disease	2,416
Dementia	2,276
Epilepsy	2,097
Multiple Sclerosis	567
Other Neurological Diseases	424
Parkinsons	380
Liver Failure	289

Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

The Long-Term Conditions analysis is based on a methodology developed between the PHS Lanarkshire Local Intelligence Support Team (LIST) and NHS Lanarkshire public health, measuring the prevalence of 23 long term conditions based on hospital admissions (SMR data) or community prescribing data from the Prescribing Information System (PIS), with some conditions using data linkage of the 2 datasets. Anxiety/Depression is by far the most prevalent long-term condition in North Lanarkshire of the 23 conditions analysed with over a quarter of the North Lanarkshire population identified as having the condition in 2021/22. COPD/asthma and hypertension are the next most prevalent conditions, then followed by Chronic Pain and Diabetes.

Chart 65: Prevalence of Anxiety/Depression Rate per 1,000 population by financial year



Source: Prescribing Information System (PIS), Public Health Scotland

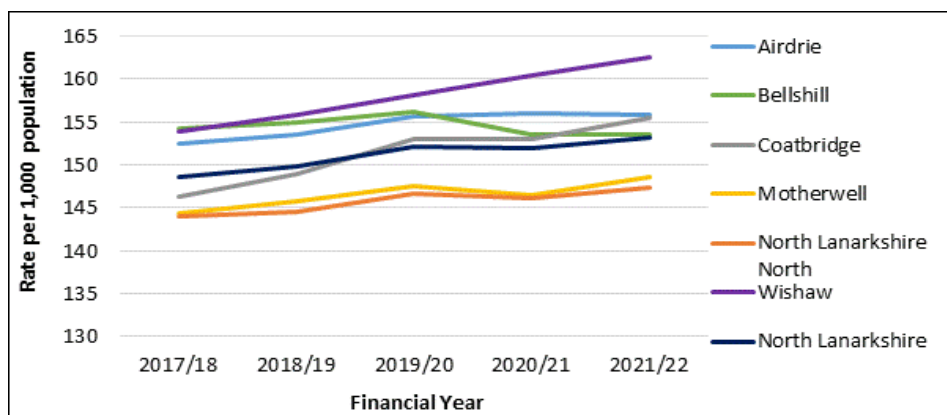
Table 56: Prevalence of Anxiety/Depression Rate per 1,000 population by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	263.4	272.2	277.5	273.6	273.0
Bellshill	271.1	278.2	280.3	275.4	274.9
Coatbridge	247.5	257.5	260.6	259.3	262.1
Motherwell	257.6	265.5	271.0	269.6	272.4
North Lanarkshire North	244.4	252.5	257.4	255.8	255.3
Wishaw	248.7	256.9	265.0	269.6	271.3
North Lanarkshire	254.0	262.4	267.3	265.9	266.7

Source: Prescribing Information System (PIS), Public Health Scotland

Over the last 5 years, the rate for Anxiety/Depression has increased across all localities and North Lanarkshire as a whole. However, there has been an observed decrease shown from 2019/20 to 2020/21 within the data. It is likely that this reflects changes in the number of people seeking support during the pandemic and therefore data should be treated with caution. Figures generally show an increase between 2020/21 and 2021/22, showing signs of returning back to pre-pandemic levels and continuing the upward trend.

Chart 66: Prevalence of COPD/Asthma rate per 1,000 population by financial year



Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

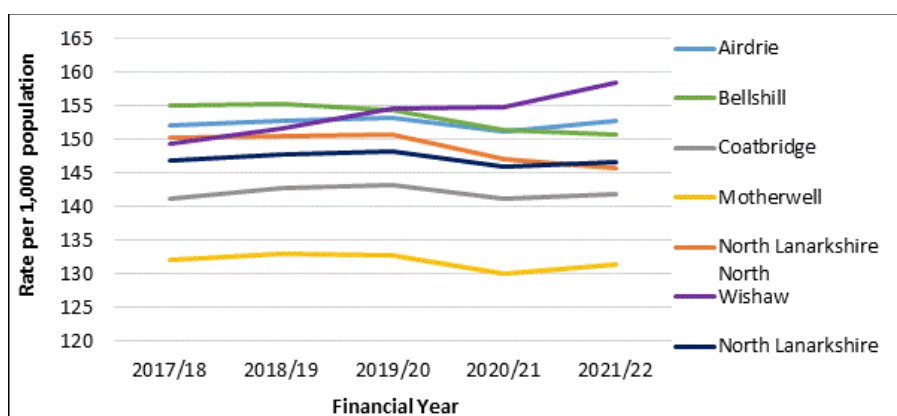
Table 57: Prevalence of COPD/Asthma rate per 1,000 population by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	152.4	153.5	155.7	156.1	155.8
Bellshill	154.2	154.9	156.1	153.5	153.5
Coatbridge	146.3	148.9	152.9	153.0	155.5
Motherwell	144.4	145.8	147.6	146.5	148.7
North Lanarkshire North	144.0	144.6	146.7	146.1	147.4
Wishaw	153.9	155.8	158.1	160.4	162.6
North Lanarkshire	148.6	149.9	152.1	151.9	153.2

Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

Over the last 5 years, the rate for COPD/asthma has increased for North Lanarkshire and for all localities apart from Bellshill. The highest rates are in Wishaw, with the lowest being in North Lanarkshire North.

Chart 67: Prevalence of Hypertension rate per 1,000 population by financial year



Source: Prescribing Information System (PIS), Public Health Scotland

Table 58: Prevalence of Hypertension rate per 1,000 population by financial year

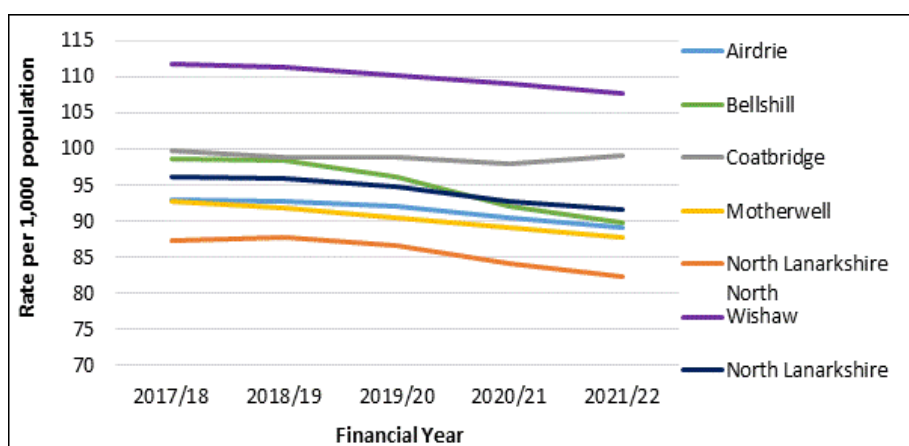
Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	152.0	152.6	153.1	151.1	152.7
Bellshill	154.9	155.2	154.3	151.3	150.6
Coatbridge	141.3	142.7	143.2	141.2	141.9

Motherwell	132.1	133.1	132.7	130.1	131.4
North Lanarkshire North	150.2	150.5	150.6	147.1	145.7
Wishaw	149.2	151.6	154.6	154.9	158.4
North Lanarkshire	146.8	147.7	148.2	145.9	146.5

Source: Prescribing Information System (PIS), Public Health Scotland

The prevalence rate of hypertension in North Lanarkshire had been increasing from 2017/18 to 2019/20, then decreased in 2020/21 likely as a result of the COVID-19 pandemic followed by an increase in 2021/22. Wishaw is the only North Lanarkshire locality where rates have continuously increased over the 5 year period and has been the locality with highest rates since 2019/20, with Motherwell consistently being the locality with the lowest rates.

Chart 68: Prevalence of Chronic Pain rate per 1,000 population by financial year



Source: Prescribing Information System (PIS), Public Health Scotland

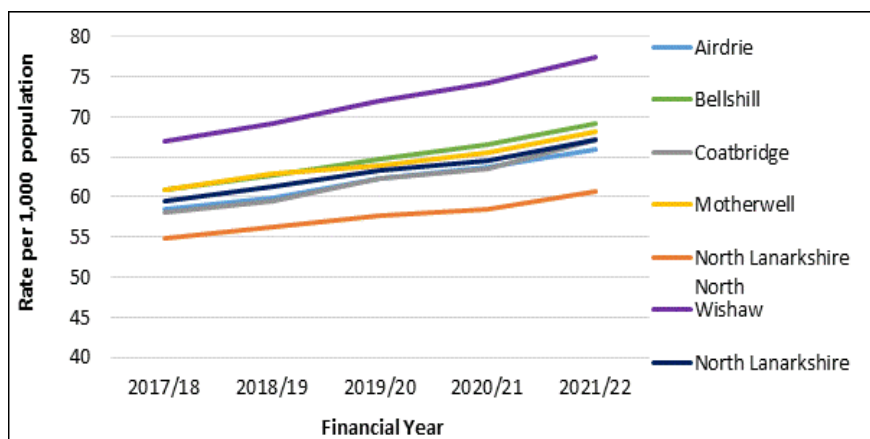
Table 59: Prevalence of Chronic Pain rate per 1,000 population by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	92.9	92.7	92.0	90.3	89.1
Bellshill	98.5	98.4	96.0	92.0	89.7
Coatbridge	99.7	98.9	98.9	97.9	99.0
Motherwell	92.7	91.7	90.4	89.1	87.6
North Lanarkshire North	87.2	87.7	86.4	84.1	82.3
Wishaw	111.8	111.4	110.2	108.9	107.6
North Lanarkshire	96.0	95.8	94.6	92.7	91.4

Source: Prescribing Information System (PIS), Public Health Scotland

The prevalence rate of chronic pain has slightly decreased over the last 5 years in North Lanarkshire. The rate has decreased in all North Lanarkshire localities, Wishaw has consistently had the highest rates, with North Lanarkshire North the lowest.

Chart 69: Prevalence of Diabetes rate per 1,000 population by financial year



Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

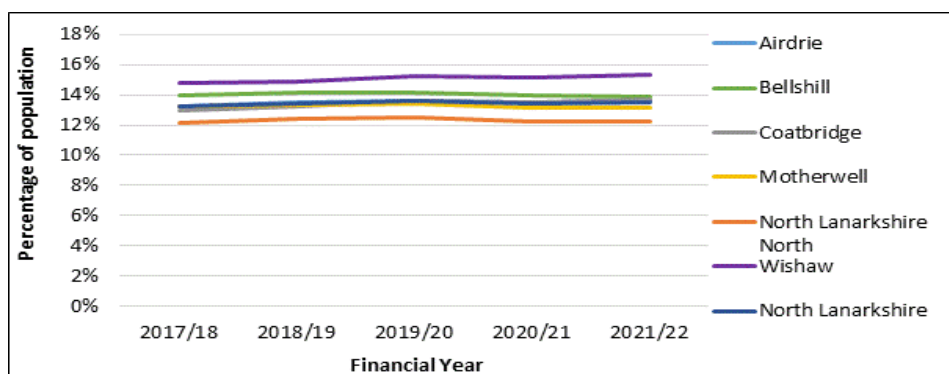
Table 60: Prevalence of Diabetes rate per 1,000 population by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	58.5	59.9	62.4	63.8	65.9
Bellshill	60.8	62.7	64.8	66.5	69.2
Coatbridge	58.1	59.6	62.4	63.4	67.2
Motherwell	61.0	63.0	63.9	65.6	68.1
North Lanarkshire North	54.8	56.3	57.7	58.5	60.7
Wishaw	67.0	69.2	72.1	74.1	77.5
North Lanarkshire	59.5	61.2	63.2	64.6	67.2

Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

Over the last 5 years, the prevalence rate of Diabetes has increased year on year for North Lanarkshire and all 6 localities. Wishaw has consistently had the highest rates, with North Lanarkshire North the lowest.

Chart 70: Percentage of the population with 3 or more long term conditions



Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

Table 61: Percentage of the population with 3 or more long term conditions

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	13.2%	13.5%	13.6%	13.5%	13.6%
Bellshill	14.0%	14.1%	14.1%	13.9%	13.9%
Coatbridge	12.9%	13.3%	13.6%	13.5%	13.7%
Motherwell	13.2%	13.3%	13.5%	13.1%	13.1%

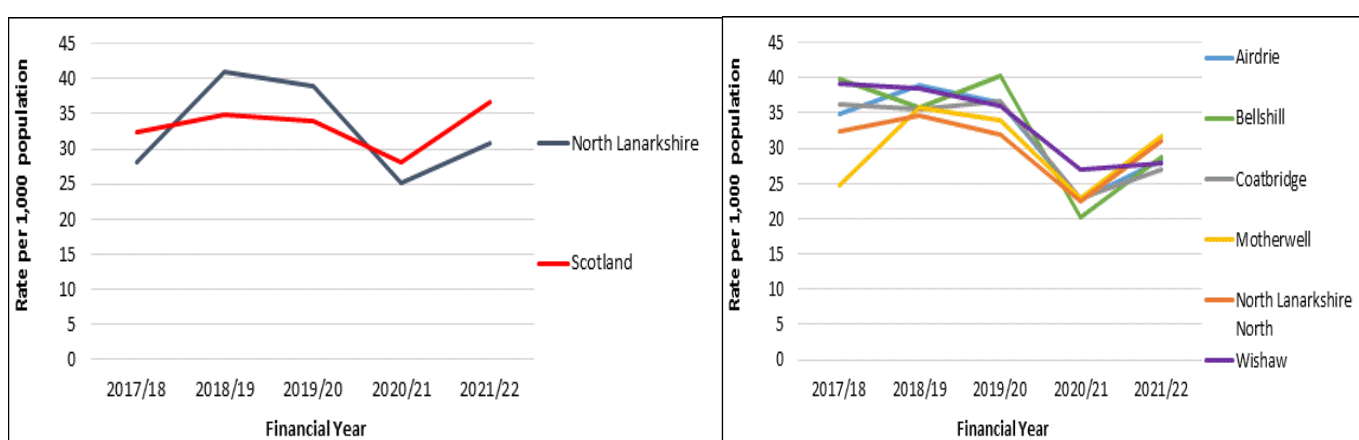
North Lanarkshire North	12.1%	12.4%	12.5%	12.3%	12.3%
Wishaw	14.7%	14.8%	15.2%	15.2%	15.3%
North Lanarkshire	13.2%	13.4%	13.6%	13.4%	13.5%

Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

The percentage of the population with 3 or more long term conditions has gradually increased every year up until 2019/20, then there has been a slight decrease in 2020/21 followed by a slight increase in 2021/22. However, this should be treated with caution as the Covid-19 pandemic changed how people accessed health care; reduced hospital admissions and/or changes in prescribing may have had an impact on the number of people with long term conditions identified using this methodology.

11 Children and Young People

Chart 71: Child and Adolescent Mental Health Service (CAMHS) Referrals rate per 1,000 population by financial year



Source: North Lanarkshire data: TrakCare, NHS Lanarkshire; Scotland data: CAMHS Waiting Times database, Public Health Scotland

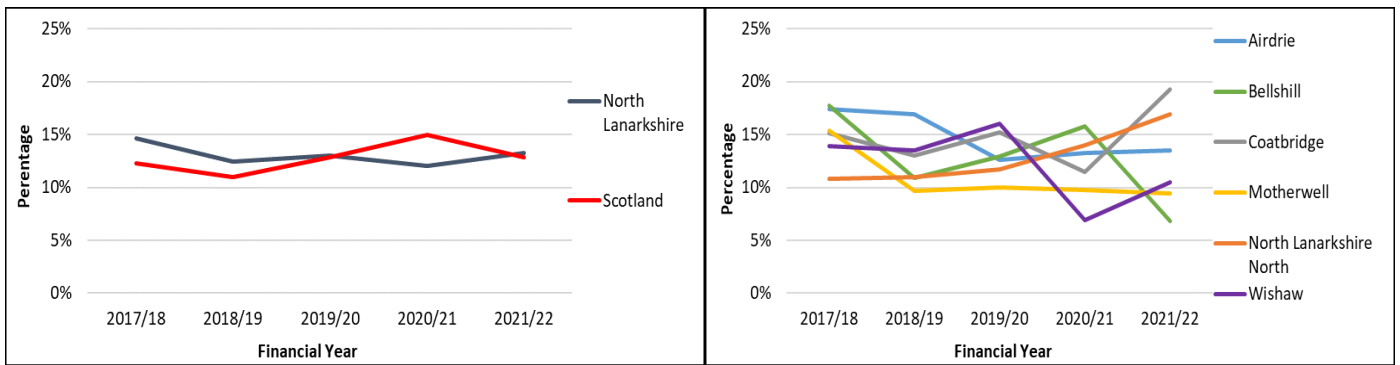
Table 62: Child and Adolescent Mental Health Service (CAMHS) Referrals rate per 1,000 population by financial year

Area of Residence	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Airdrie	34.8	39.0	36.6	22.7	28.3
Bellshill	39.9	35.9	40.2	20.3	28.7
Coatbridge	36.2	35.6	36.8	23.0	27.0
Motherwell	24.8	35.7	33.9	22.8	31.7
North Lanarkshire North	32.3	34.7	31.9	22.4	31.0
Wishaw	39.2	38.4	36.1	27.0	28.0
North Lanarkshire	28.0	40.9	38.9	25.1	30.9
Scotland	32.4	34.8	33.9	28.1	36.7

Source: Lanarkshire data: TrakCare, NHS Lanarkshire; Scotland data: CAMHS Waiting Times database, Public Health Scotland

CAMHS referral rates across North Lanarkshire has remained at a relatively stable rate over the years from 2017/18 to 2019/20. However, a large decrease in the referral rates has been seen in the year from 2019/20 to 2020/21 and this pattern has also been observed in the Scotland rate. The reduction in referrals may be linked to the Covid-19 pandemic as opposed to reduced need. Rates have risen again in 2021/22.

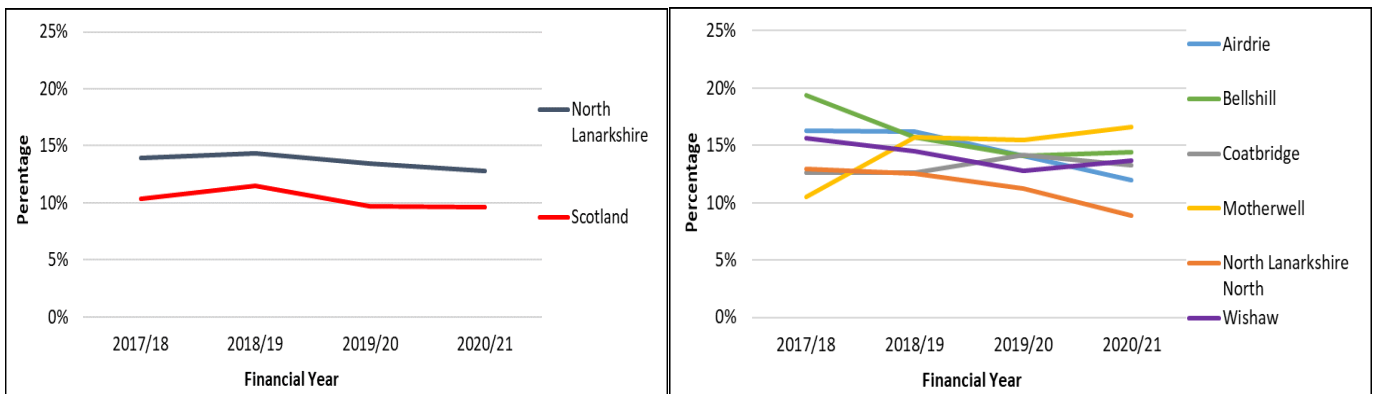
Chart 72: Child and Adolescent Mental Health Service (CAMHS) DNA's percentage by financial year



Source: Lanarkshire data: TrakCare, NHS Lanarkshire; Scotland data: CAMHS Waiting Times database, Public Health Scotland

The percentage of North Lanarkshire’s CAMHS DNA’s has remained fairly steady at around 13%. In 2020/21 North Lanarkshire fell below the Scottish rate, however has crept above again in 2021/22 at just below 14%. In 2021/22, Coatbridge is the North Lanarkshire locality with the highest rate, with Bellshill being the lowest.

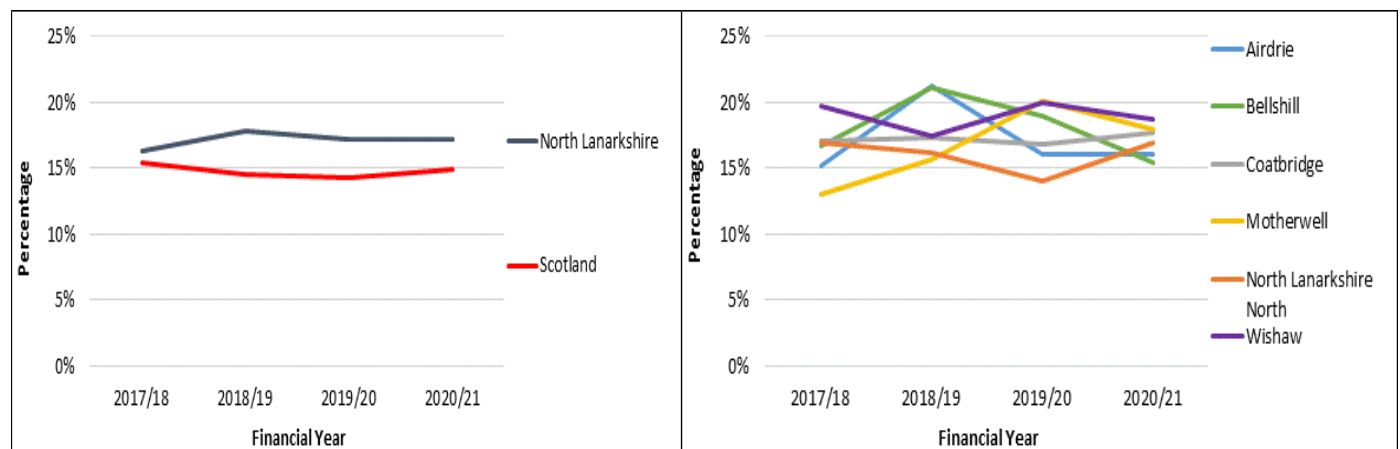
Chart 73: Percentage of children with a concern in any domain at 13-15 month child health review, by financial year



Source: CHSP Pre-School August 2022, Public Health Scotland

The percentage of children with concern in any domain at 13-15 month review for North Lanarkshire as a whole has seen a slight decrease from 2018/19 to 2020/21, however has remained above the Scotland average for each year. For the North Lanarkshire localities, Motherwell have had the highest percentage in most recent years, with North Lanarkshire North the lowest.

Chart 74: Percentage of children with a concern at 27-30 month child health review by financial year



Source: CHSP Pre-School August 2022, Public Health Scotland

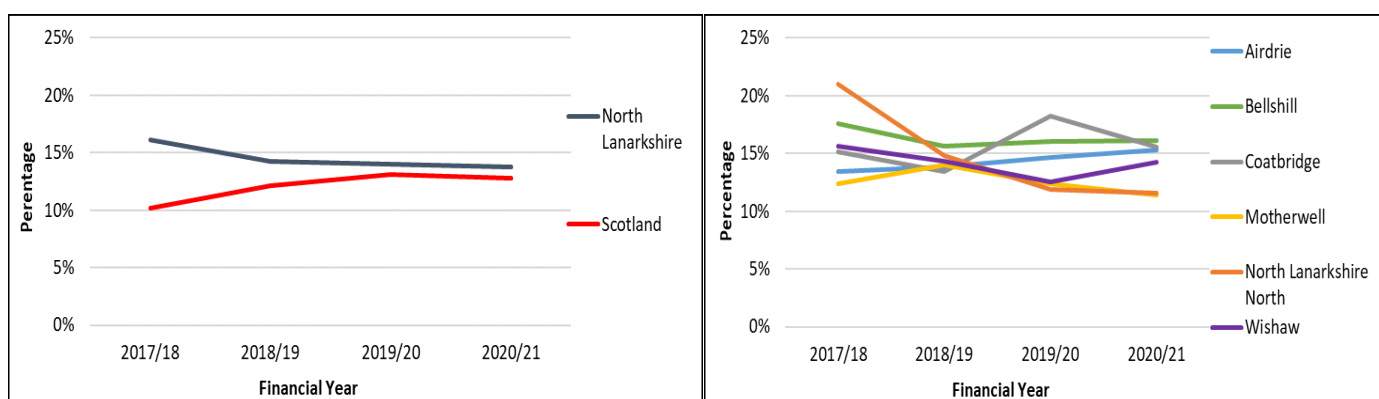
Table 63: Percentage of children with a concern at 27-30 month child health review by financial year

Area of Residence	Financial Year			
	2017/18	2018/19	2019/20	2020/21
Airdrie	15%	21%	16%	16%
Bellshill	17%	21%	19%	15%
Coatbridge	17%	17%	17%	18%
Motherwell	13%	16%	20%	18%
North Lanarkshire North	17%	16%	14%	17%
Wishaw	20%	17%	20%	19%
North Lanarkshire	16%	18%	17%	17%
Scotland	15%	15%	14%	15%

Source: CHSP Pre-School August 2022, Public Health Scotland

North Lanarkshire has a higher percentage of children with a concern at the 27-30 month child health review compared to Scotland for the last 4 years, and has largely remained steady at just under 18%. In 2020/21 Wishaw had the highest percentage of 19% and Bellshill with the lowest at 15%.

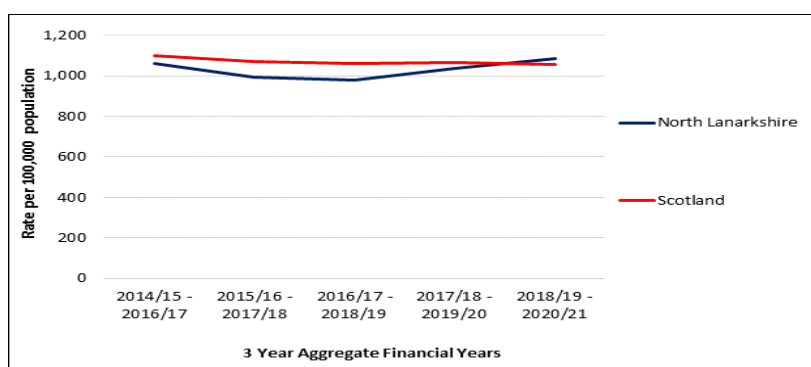
Chart 75: Percentage of children with a concern in any domain at 4-5 year child health review, by financial year



Source: CHSP Pre-School August 2022, Public Health Scotland

The percentage of children with concern in any domain at 4-5 year child health review has been consistently higher than Scotland over the last 4 years. The North Lanarkshire rate has been relatively steady over the last 3 years, following a decrease between 2017/18 and 2018/19, compared to Scotland rate which had been increasing from 2017/18 to 2019/20 and then decreased slightly in 2020/21. For the North Lanarkshire localities in 2020/21, Bellshill has the highest rate with Motherwell the lowest.

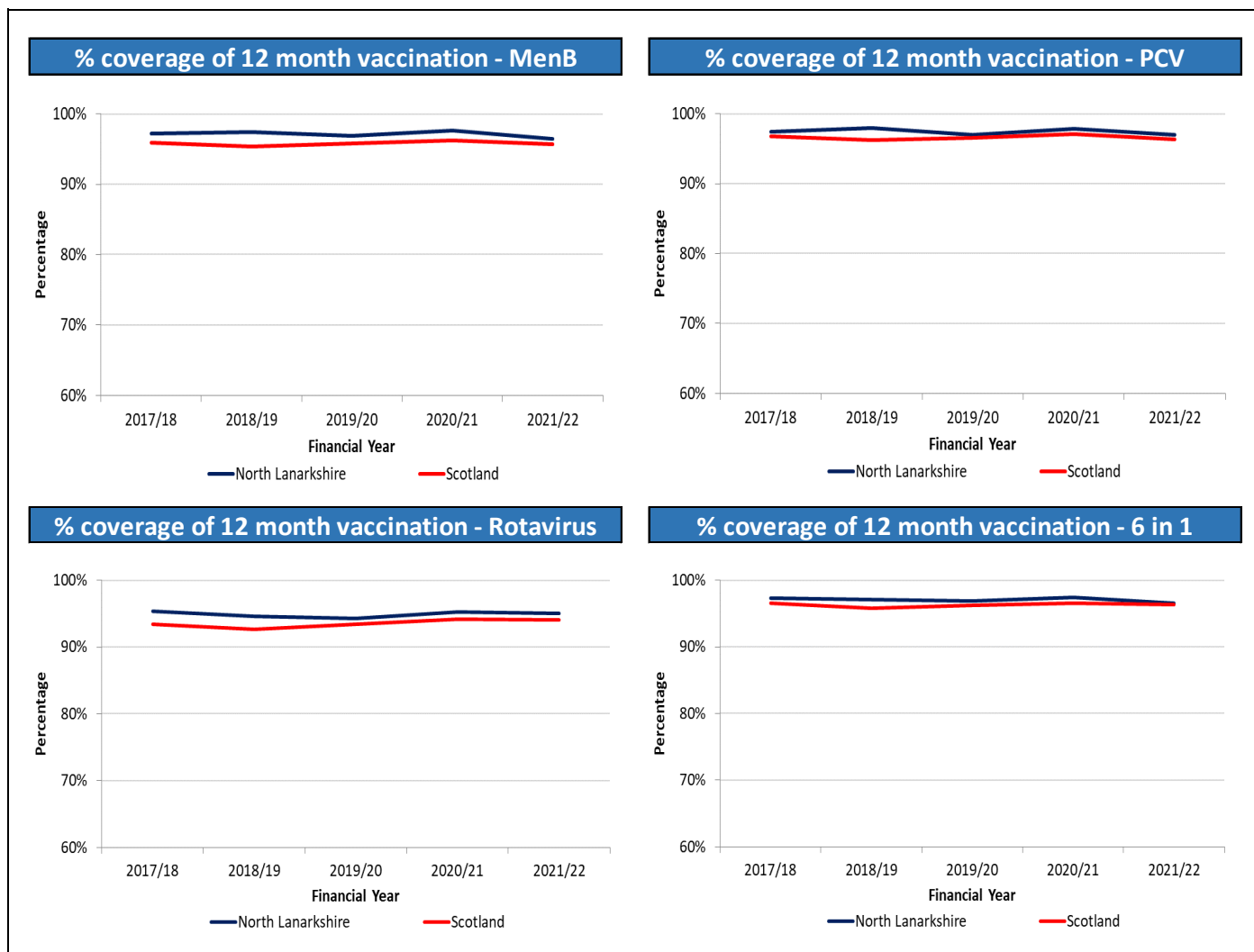
Chart 76: Unintentional injuries in under 5s, age/sex standardised rate per 100,000 (3 year aggregate)



Source: SMR01, Public Health Scotland, via [Online Profiles Tool - ScotPHO](#)

Unintentional injuries for under 5's in North Lanarkshire has remained below the National figure from 2015 to 2018, however latest data for 2019 has shown this figure to have risen above the Scotland figure to just under 1085 per 100,000.

Chart 77: Percentage uptake rate for child vaccinations at 12 months, by financial year



Source: Scottish Immunisation and Recall System (SIRS)

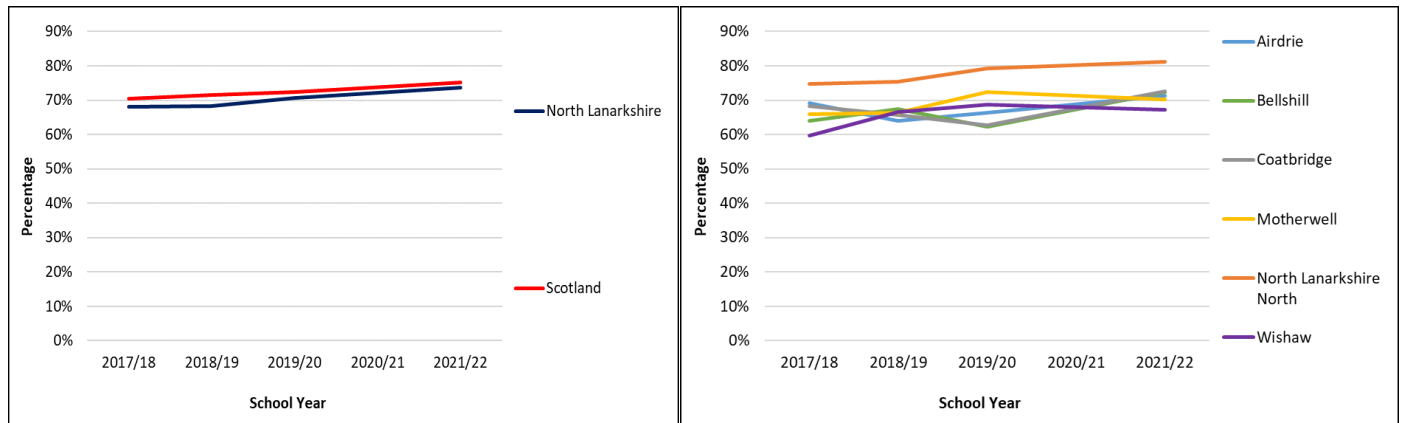
North Lanarkshire has consistently had a higher uptake percentage for all of the 12 month vaccinations over the last 5 years compared with Scotland.

Similar patterns also observed for:

- 24 months – Hib/MenC, Men B booster, MMR1, PCVB, 6 in 1
- 5 years – 4 in 1, Hib/MenC, MMR1, MMR2, 6 in 1
- 6 years – 4 in 1, MMR1, MMR2

Where North Lanarkshire has generally had a higher uptake percentage compared with Scotland over the last 5 years compared with Scotland.

Chart 78: Percentage of Primary 1 children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection by school year

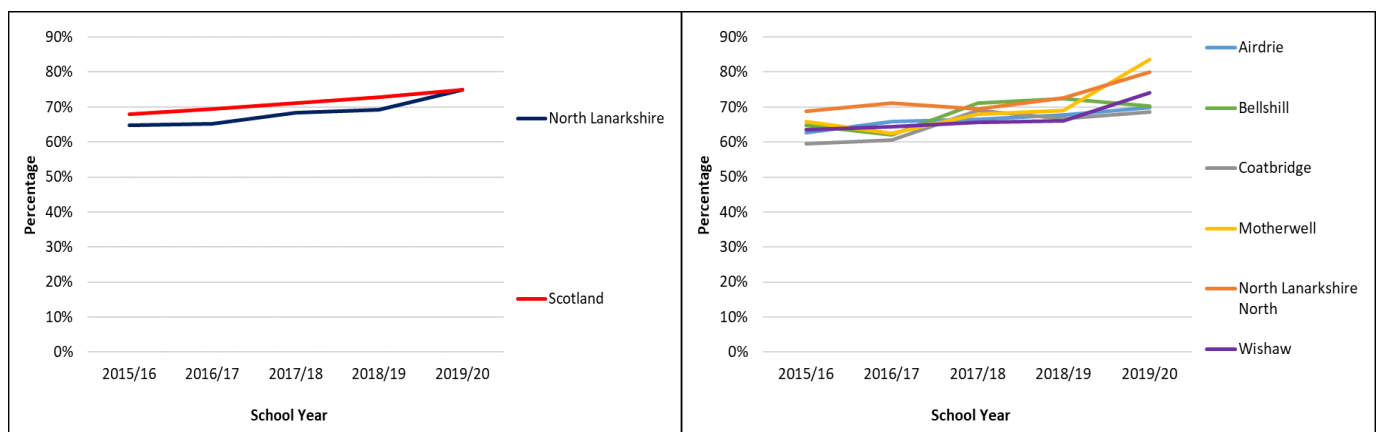


Source: National Dental Inspection Programme Basic Inspection, Public Health Scotland; [Online Profiles Tool - ScotPHO](#)

***Please note: Data for 2020/21 school year was unavailable due to COVID-19 pandemic.**

North Lanarkshire’s Primary 1 child dental health has been consistently slightly below the Scotland percentage over the last 5 years, with both showing a gradual increase over the last 5 years. Of the localities, North Lanarkshire North has had the highest percentage and Wishaw most recently being the lowest.

Chart 79: Percentage of Primary 7 children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection by school year

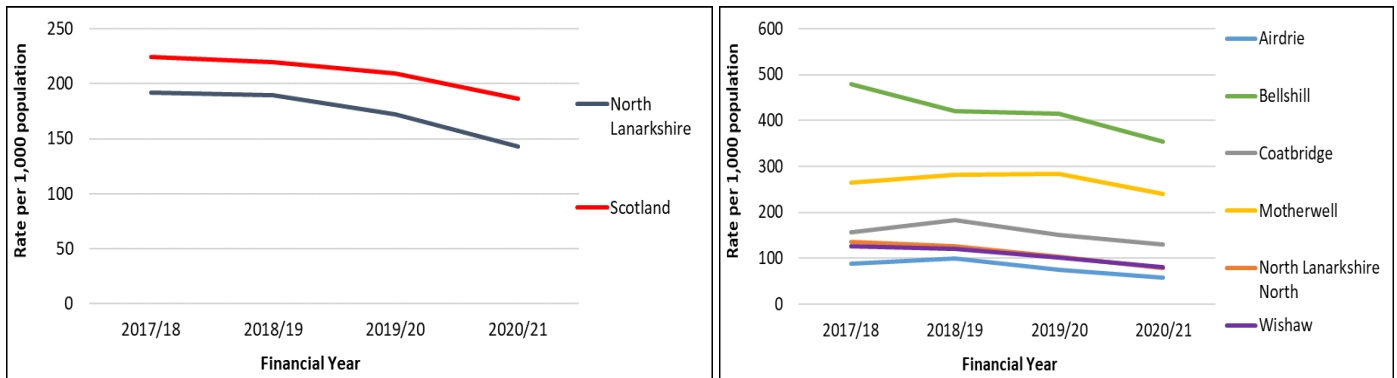


Source: National Dental Inspection Programme Basic Inspection, Public Health Scotland; via [Online Profiles Tool - ScotPHO](#)

Similarly with the Primary 1 dental health percentage, the Primary 7 dental health percentage in North Lanarkshire, has also seen a gradual increase year on year and in 2019/20, North Lanarkshire’s percentage has overtaken the Scotland rate for the first time in 5 years. For the North Lanarkshire localities in 2019/20, Motherwell had the highest rate with Coatbridge being the lowest.

12 Mental Health

Chart 80: Mental Health (psychiatric only) emergency admissions bed days rate per 1,000 population by financial year



Source: SMR04, Public Health Scotland

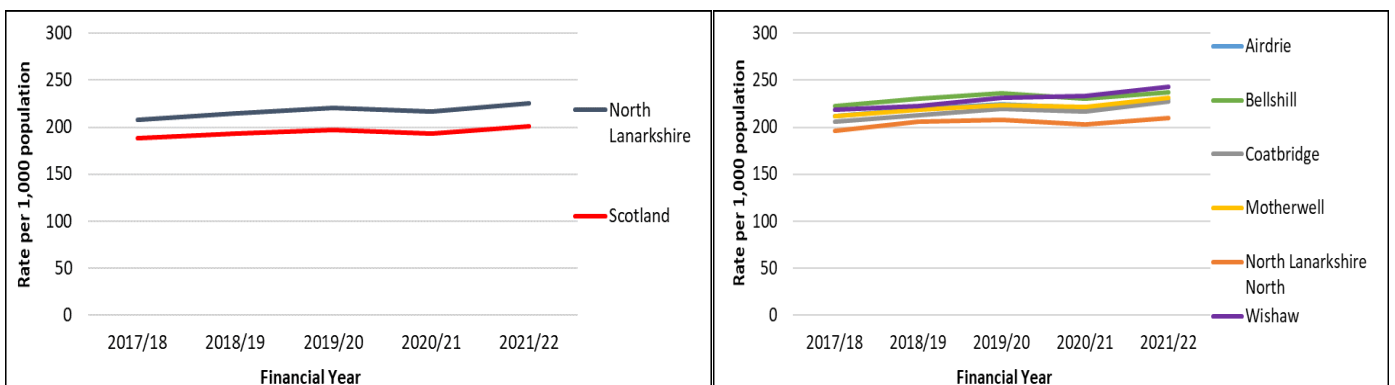
Table 64: Mental Health (psychiatric only) emergency admissions bed days rate per 1,000 population by financial year

Area of Residence	Financial Year			
	2017/18	2018/19	2019/20	2020/21
Airdrie	88.0	99.8	75.7	58.6
Bellshill	479.4	421.3	414.6	353.7
Coatbridge	155.8	184.2	150.8	130.8
Motherwell	264.7	282.1	284.0	240.8
North Lanarkshire North	135.2	125.4	102.9	79.4
Wishaw	126.7	120.8	102.2	81.6
North Lanarkshire	191.8	190.0	172.0	142.9
Scotland	224.6	219.6	209.6	186.9

Source: SMR04, Public Health Scotland

The rate of bed days from psychiatric emergency admissions has been declining steadily for all areas, with the North Lanarkshire rates being lower than the Scottish average. Of the 6 localities, Bellshill has the highest rate and Airdrie the lowest. The reduction in rates in 2020/21 may be as a result of changes to patients accessing services due to the Covid-19 pandemic.

Chart 81: Estimated number of people on drugs for anxiety, depression, psychosis rate per 1,000 population (all ages)

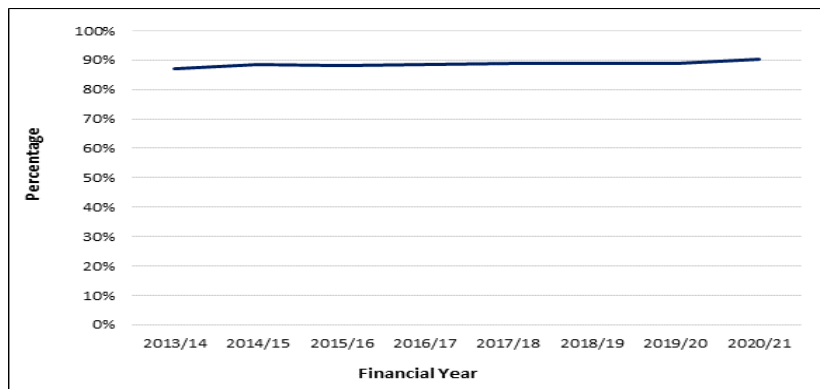


Source: Prescribing Information System (PIS), Public Health Scotland

The rate per 1,000 population of estimated number of people on drugs for anxiety, depression, psychosis in North Lanarkshire has been higher than the Scotland rate for the last 5 years and is showing a gradual increasing trend year on year. In 2021/22 the locality with the highest rate was Wishaw with 242 and North Lanarkshire North being the lowest at 209.

13 Last 6 months of life

Chart 82: Proportion of the last 6 months of life spent in the community for North Lanarkshire



Source: Death records, NRS; SMR01 & SMR04, Public Health Scotland

Table 65: Proportion of the last 6 months of life spent in the community for North Lanarkshire

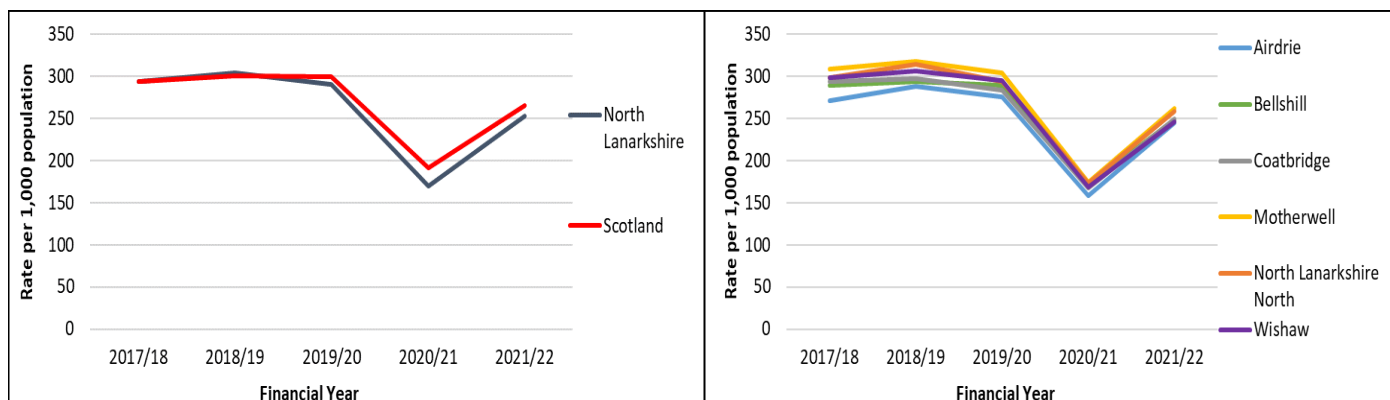
Financial Year	Percentage of last 6 months of life spent in the community
2013/14	87.0%
2014/15	88.6%
2015/16	88.3%
2016/17	88.5%
2017/18	89.0%
2018/19	88.9%
2019/20	89.0%
2020/21	90.2%

Source: Death records, NRS; SMR01 & SMR04, Public Health Scotland

The overall trend for residents’ last 6 months of life spent in the community over the last 8 years, has been continually increasing gradually.

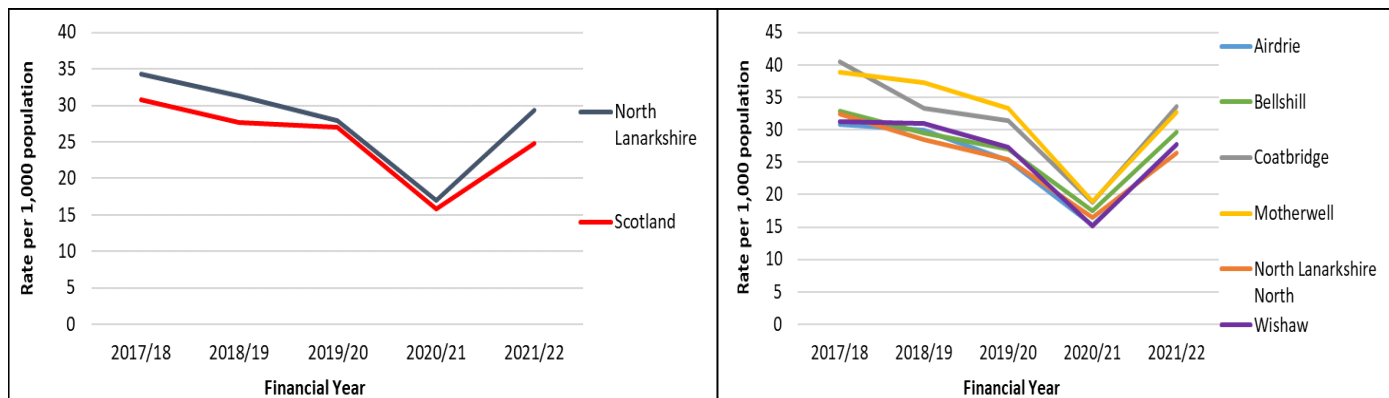
14 Outpatient Appointments

Chart 83: Outpatient appointments attended rate per 1,000 population (all ages)



The rate per 1,000 population of outpatient appointments in North Lanarkshire has been lower than the Scotland rate the last 3 years. North Lanarkshire and Scotland rates have followed a very similar pattern, at around 300 before the COVID-19 pandemic in 2020/21 where there was a decrease and then figures appear to be returning back to pre pandemic levels in 2021/22.

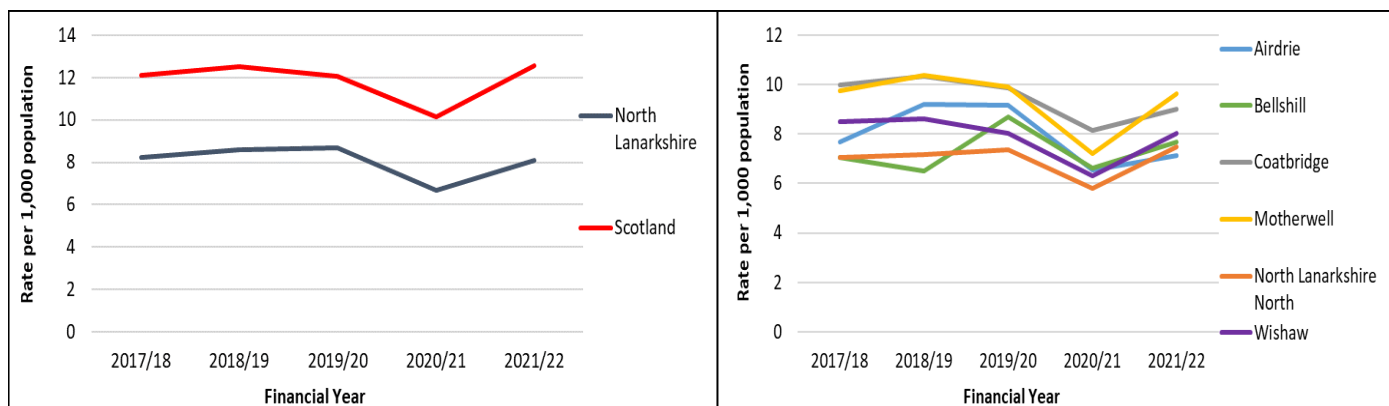
Chart 84: Outpatient appointments did not attend (DNA) rate per 1,000 population (all ages)



Source: SMR00, Public Health Scotland

The rate of outpatient appointment DNA's for North Lanarkshire has consistently been slightly above the Scotland rate for the last 5 years. There was a decrease from 2017/18 to 2020/21, followed by an increase in 2021/22. For the North Lanarkshire localities, Coatbridge and Motherwell have had the highest rates, with North Lanarkshire having the lowest rate in 2021/22.

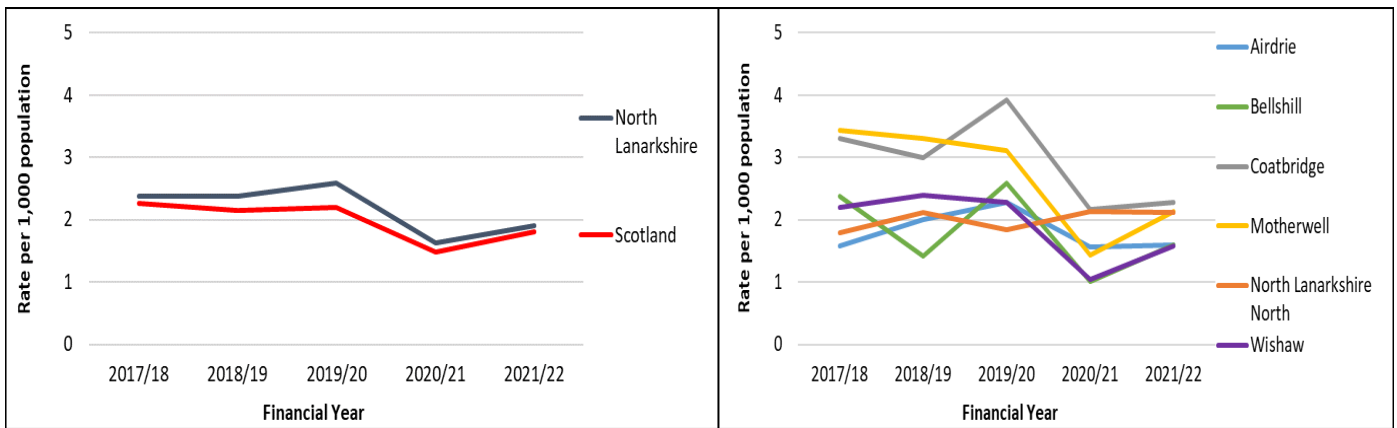
Chart 85: Outpatient appointments attended in mental health specialties rate per 1,000 population (all ages)



Source: SMR00, Public Health Scotland

North Lanarkshire's rate per 1,000 population for outpatient appointments in mental health specialties has remained below the Scotland rate for the last 5 years. For the North Lanarkshire localities in 2021/22, Motherwell has the highest rate with Airdrie being the lowest.

Chart 86: Outpatient appointments did not attend (DNA) in mental health specialties rate per 1,000 population (all ages)

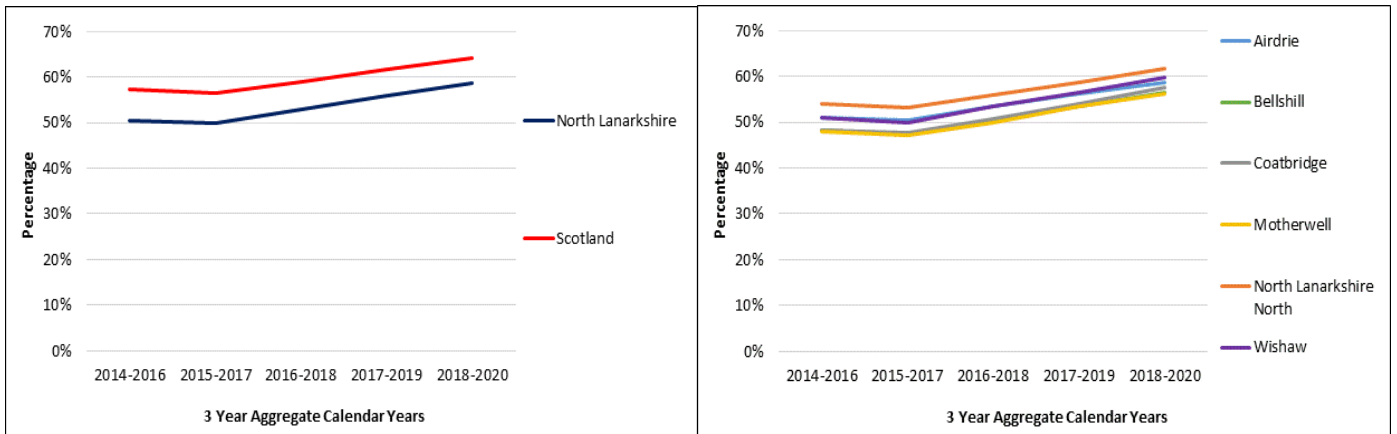


Source: SMR00, Public Health Scotland

North Lanarkshire’s rate per 1,000 population for outpatient appointments DNA’s in mental health specialties has consistently been slightly higher than the Scotland rate over the last 5 years. For the North Lanarkshire localities in 2021/22, Coatbridge has the highest rate and Wishaw the lowest.

15 Cancer

Chart 87: Percentage of bowel screening uptake by calendar year (3 year aggregate)

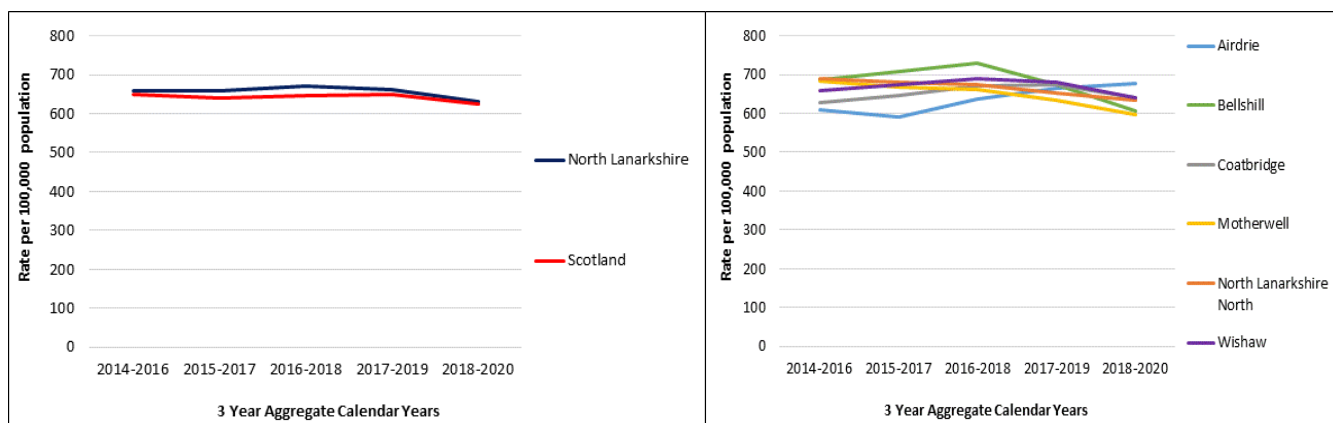


Source: Scottish Bowel Screening Database (Public Health Scotland), [Online Profiles Tool - ScotPHO](#)

North Lanarkshire’s bowel screening uptake rate has shown a continual increase from 2016, however remains below the Scotland percentage. For the North Lanarkshire localities, North Lanarkshire North has the highest uptake percentage, with Motherwell having the lowest.

Add in more Cancer screening outputs when we receive IR from PHS Cancer team.

Chart 88: Cancer registrations age/sex standardised rate per 100,000 population by calendar year (3 year aggregate)

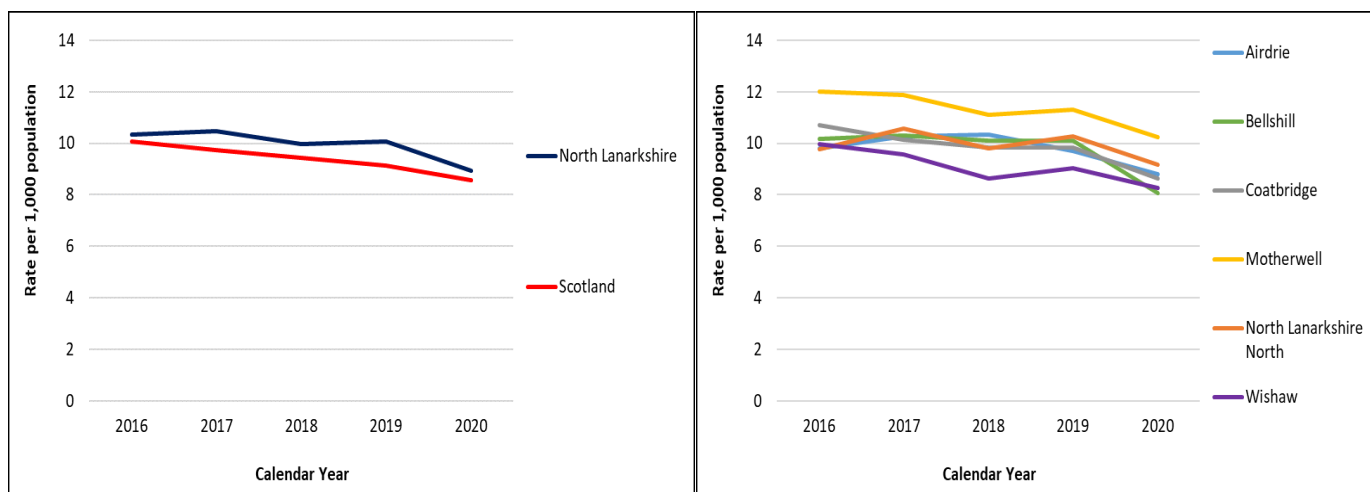


Source: SMR06, Public Health Scotland, via [Online Profiles Tool - ScotPHO](#)

North Lanarkshire’s Cancer registrations age/sex standardised rate per 100,000 population has remained at a constant rate around 650; and is slightly higher than the Scotland rate. For the most recent 3 year aggregate calendar years, the North Lanarkshire locality with the highest rate is Airdrie, and Motherwell is the lowest.

16 Births and Deaths

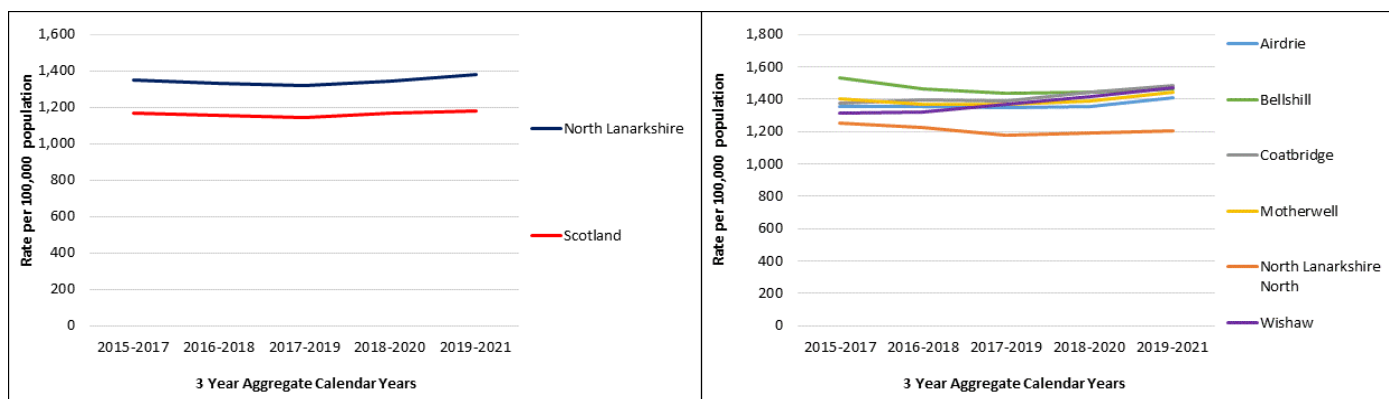
Chart 89: Live births rate per 1,000 population by calendar year



Source: ScotPHO Online Profiles Tool [Online Profiles Tool - ScotPHO](#)

The rate of live births per 1,000 population has been slightly higher in North Lanarkshire compared to Scotland over the last 5 years, with both rates decreasing over the 5 year period. For the North Lanarkshire localities, Motherwell has the highest rate with Bellshill now being the lowest.

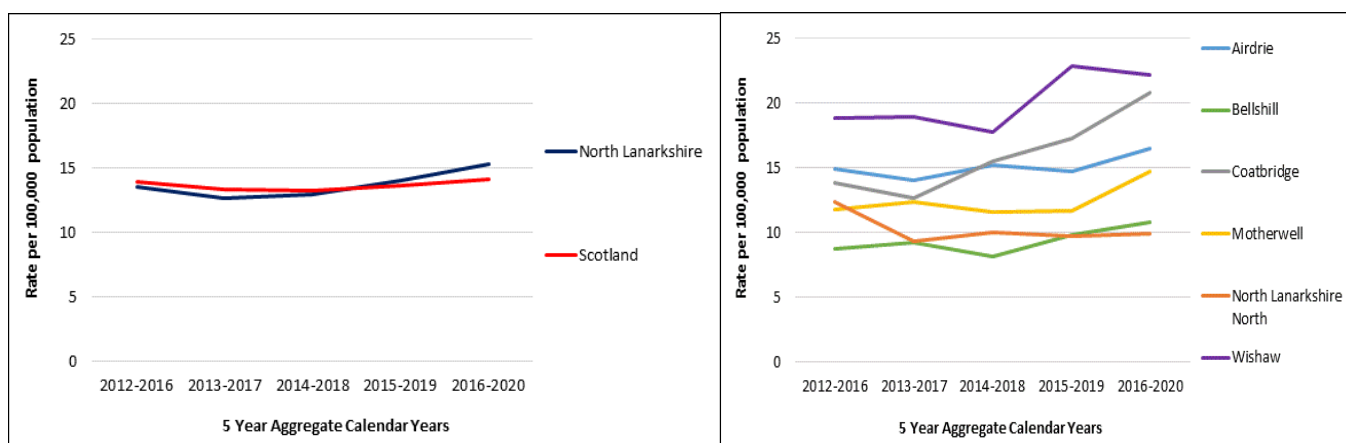
Chart 90: Deaths (all ages) age/sex standardised rate per 100,000 population by calendar year (3 year aggregate)



Source: National Records of Scotland (NRS), via [Online Profiles Tool - ScotPHO](#)

The age/sex standardised death rate per 100,000 population has been consistently higher in North Lanarkshire compared to Scotland over the last 5 years, showing a gradual increase from 2018 to 2020. Year on year North Lanarkshire has had a higher rate in comparison to the national rate. Coatbridge has the highest rate of the North Lanarkshire localities, with North Lanarkshire North having the lowest.

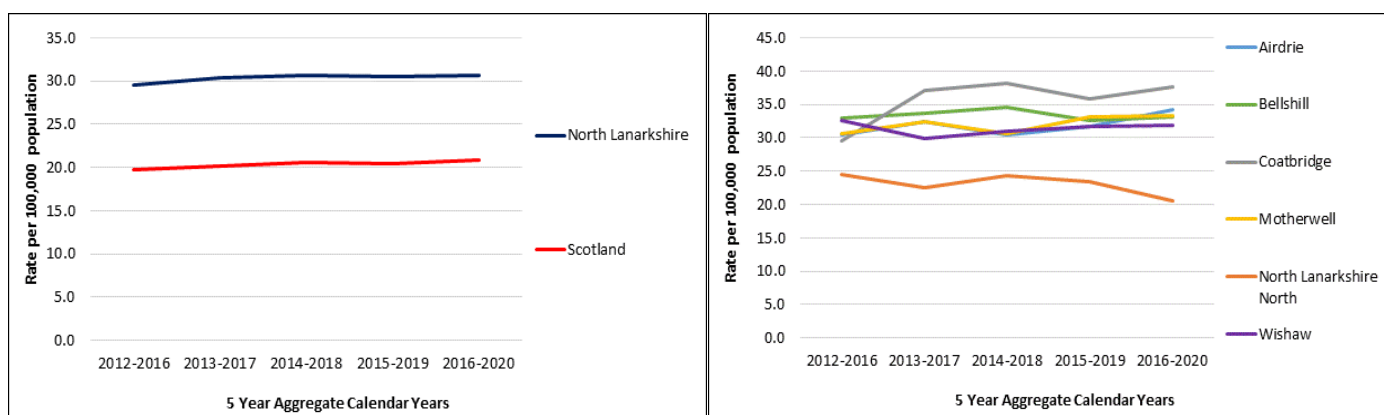
Chart 91: Deaths from suicide, age/sex standardised rate per 100,000 population by calendar year (5 year aggregate)



Source: National Records of Scotland (NRS), via [Online Profiles Tool - ScotPHO](#)

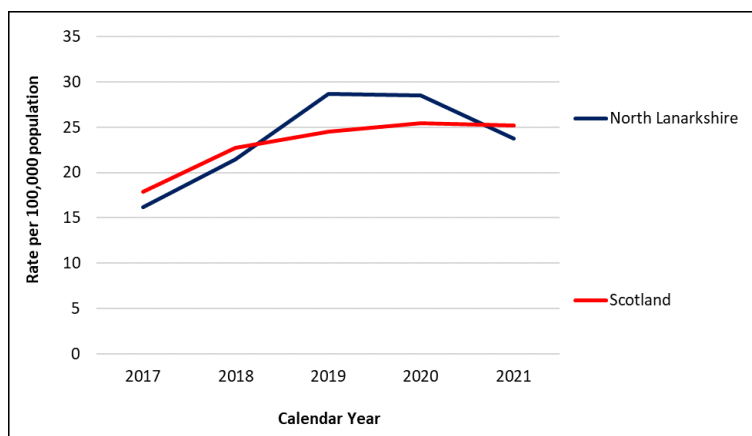
North Lanarkshire's deaths from suicide rate has risen at a higher rate compared to Scotland in more recent years. For the North Lanarkshire localities, Wishaw has consistently had the highest rate, with North Lanarkshire North being the lowest most recently.

Chart 92: Age/sex standardised rate per 100,000 population of alcohol specific deaths by calendar year (5 year aggregate)



North Lanarkshire's age/sex standardised rate per 100,000 alcohol specific deaths has been consistently higher than the Scotland rate. All localities are above the Scotland rate with Coatbridge generally having the highest rate of the 6 localities, with North Lanarkshire North the lowest.

Chart 93: Drug related deaths, age/sex standardised rate per 100,000 population by calendar year

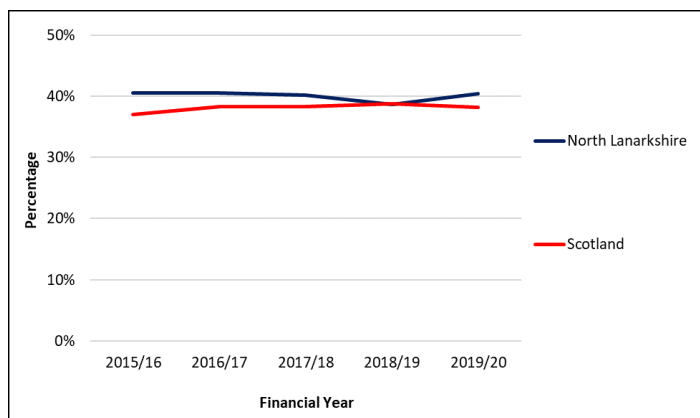


Source: National Records of Scotland (NRS) via [Online Profiles Tool - ScotPHO](#)

The age/sex standardised rate per 100,000 population for drug related deaths in North Lanarkshire had been increasing from 2017 to 2019, steady until 2020 and then decreased in 2021 where it is now lower than the Scotland rate.

17 Smoking

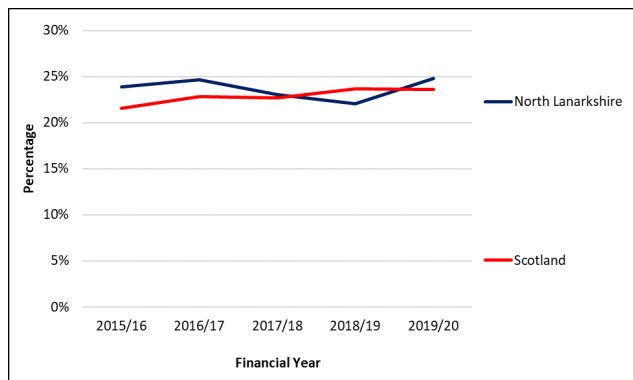
Chart 94: Smoking quit rate percentage at 4 week follow up by financial year



Source: NHS Smoking Cessation Database, [Online Profiles Tool - ScotPHO](#)

The percentage of smoking quit rate in North Lanarkshire has remained steady at approximately 40% from 2015/16 to 2019/20 and remains above the Scotland rate.

Chart 95: Smoking quit rate percentage at 12 week follow up by financial year

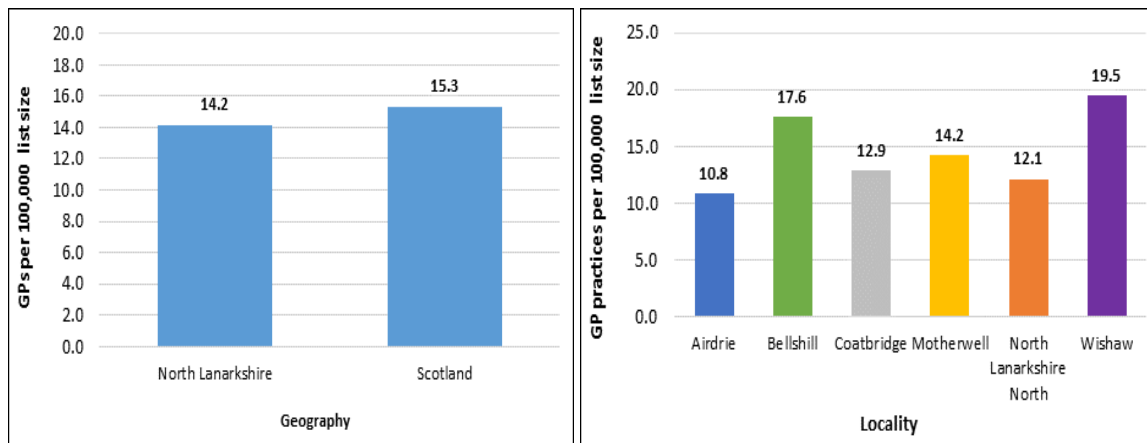


Source: ScotPHO Online Profiles Tool [Online Profiles Tool - ScotPHO](#)

The smoking quit rate percentage at 12 week follow up in North Lanarkshire has generally remained above the Scotland rate over the 5 year period, with 2018/19 being the only year where it fell below the Scotland rate. In 2019/20, the quit rate was just under 25%.

18 Primary Care

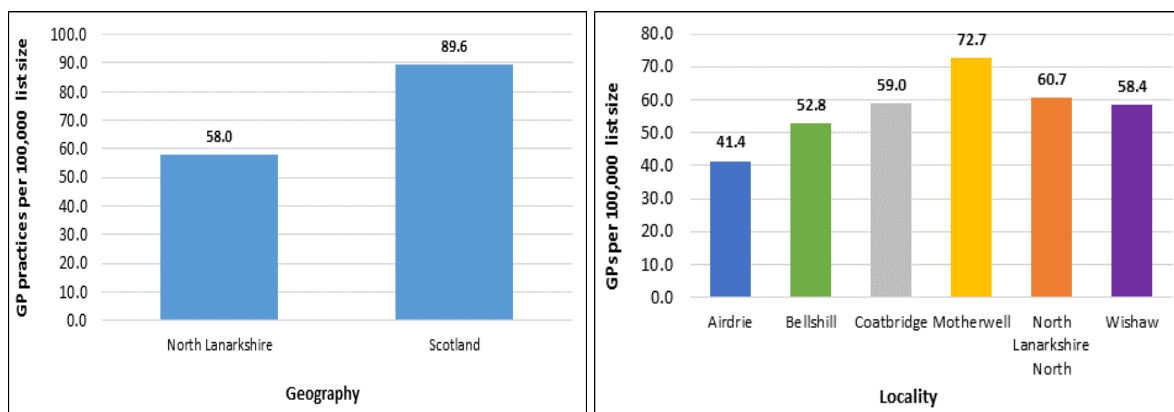
Chart 96: Number of GP practices per 100,000 practice list size, as at 1st January 2023



Source: National Primary Care Contractor Database (NPCCD), Public Health Scotland

As at 1st January 2023, North Lanarkshire has a slightly lower number of GP practices per 100,000 practice list size compared with Scotland and ranks 17th highest of all HSCPs in Scotland. Wishaw is the North Lanarkshire locality with the highest rate, Airdrie has the lowest.

Chart 97: Number of GPs per 100,000 practice list size, as at 1st January 2023



Source: National Primary Care Contractor Database (NPCCD), Public Health Scotland

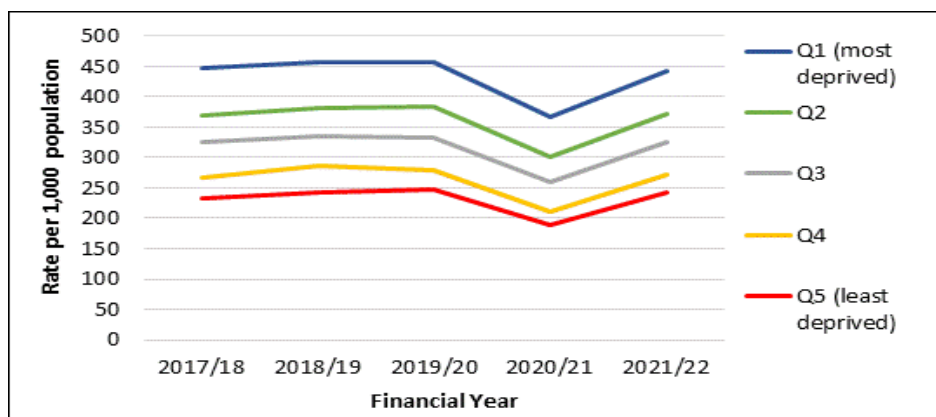
As at 1st January 2023, North Lanarkshire has a considerably lower number of GPs per 100,000 practice list size compared with Scotland and they rank the lowest of all HSCPs in Scotland. Motherwell is the North Lanarkshire locality with the highest rate, Airdrie has the lowest.

Notes

- GPs contracted to work in Scottish General Practices contact details; as at 01/01/2023
- Excludes GPs working only on a locum/sessional basis and those working only in Out of Hours service locations
- Also excludes NHS Board administration practices which have no registered GPs or registered patients.

19 Health Inequalities

Chart 98: Rate per 1,000 population of A&E Attendances for North Lanarkshire residents by SIMD Quintile and financial year



Source: A&E Datamart, Public Health Scotland

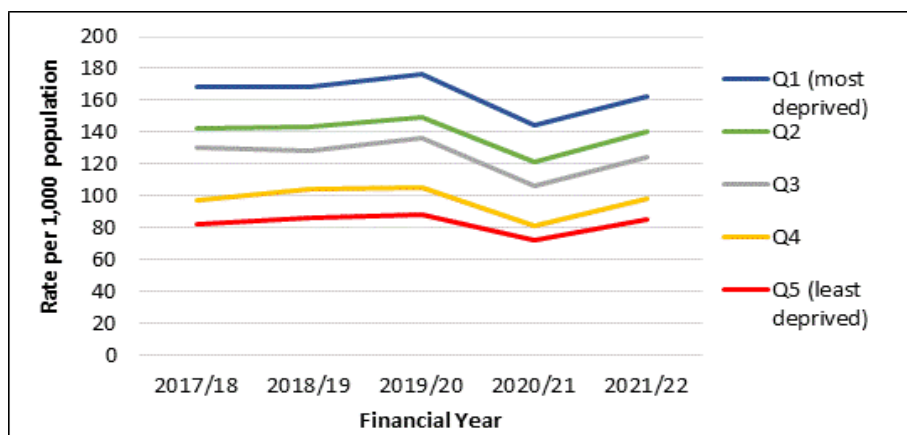
Table 66: Rate per 1,000 population of A&E Attendances for North Lanarkshire residents by SIMD Quintile and financial year

SIMD Quintile	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Q1 (most deprived)	448.3	457.9	456.9	366.0	441.7
Q2	370.3	381.9	382.9	300.3	372.8
Q3	324.3	334.6	333.0	258.4	324.6
Q4	267.8	287.3	278.3	210.1	271.7
Q5 (least deprived)	231.7	243.2	246.9	188.5	242.6

Source: A&E Datamart, Public Health Scotland

The rate per 1,000 population of A&E attendances is higher for North Lanarkshire residents in the most deprived areas compared to the least deprived. The disparity has been consistent over the 5-year period with rates being around 1.8 times higher for SIMD Quintile 1 (most deprived areas) compared with SIMD Quintile 5 (least deprived areas). The rate of A&E attendances has dropped considerably in 2020/21 across all SIMD quintiles due to fewer people attending A&E departments as a result of the COVID-19 pandemic. With figures appearing to be returning back to pre-pandemic levels in 2021/22.

Chart 99: Rate per 1,000 population of acute emergency admissions for North Lanarkshire residents by SIMD Quintile and financial year



Source: SMR01, Public Health Scotland

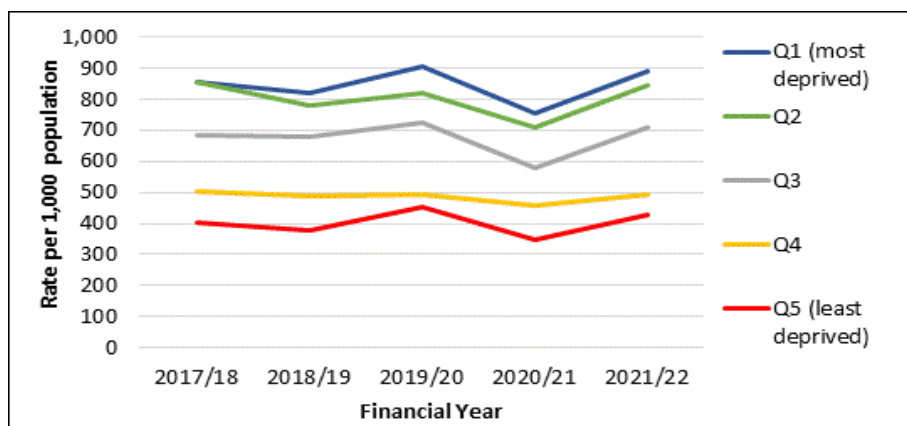
Table 67: Rate per 1,000 population of acute emergency admissions for North Lanarkshire residents by SIMD Quintile and financial year

SIMD Quintile	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Q1 (most deprived)	168.9	168.4	176.4	144.4	162.6
Q2	142.3	143.3	149.8	121.2	140.0
Q3	129.8	127.8	136.6	106.2	124.1
Q4	97.6	104.0	105.1	80.8	97.9
Q5 (least deprived)	81.8	86.3	88.3	72.0	85.1

Source: SMR01, Public Health Scotland

From 2017/18 through to 2019/20, emergency admissions for North Lanarkshire across all SIMD quintiles have been generally increasing slowly. With the most deprived quintiles having higher rates of admissions compared to the less deprived quintiles. A decrease was observed over the last year in 2020/21 which may be as a result of changes to patients accessing services due to the Covid-19 pandemic, with figures again rising in 2021/22.

Chart 100: Rate per 1,000 population of acute emergency admissions bed days for North Lanarkshire residents by SIMD Quintile and financial year



Source: SMR01, Public Health Scotland

Table 68: Rate per 1,000 population of acute emergency admissions bed days for North Lanarkshire residents by SIMD Quintile and financial year

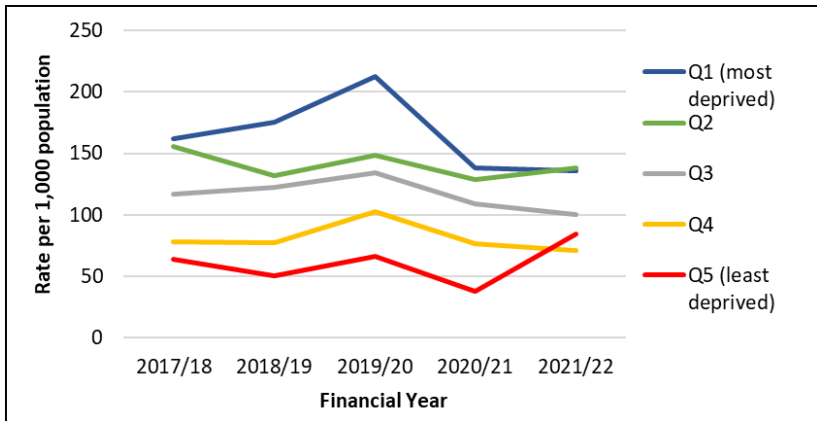
Financial Year

SIMD Quintile	2017/18	2018/19	2019/20	2020/21	2021/22
Q1 (most deprived)	853.1	816.9	902.4	752.7	889.3
Q2	853.2	778.1	818.1	708.3	843.5
Q3	682.1	679.7	725.8	577.3	707.5
Q4	503.9	488.7	491.3	457.3	490.9
Q5 (least deprived)	404.7	376.9	453.1	346.8	427.5

Source: SMR01, Public Health Scotland

Similar with admissions, the bed days follows a similar pattern with more the more deprived quintiles in North Lanarkshire having higher rates of bed days, decreasing as the quintiles are less deprived. Rates for the most deprived quintile are around double the rates for the least deprived quintile.

Chart 101: Rate per 1,000 population of delayed discharge bed days for North Lanarkshire residents (aged 18 plus) by SIMD Quintile and financial year



Source: Delayed Discharges, Public Health Scotland

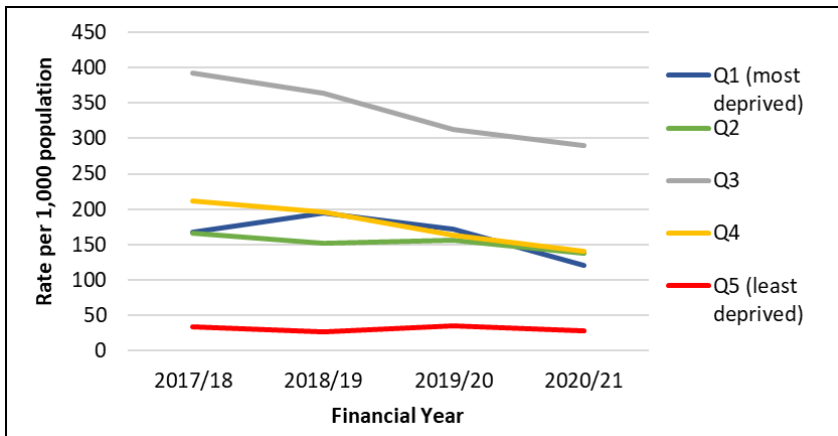
Table 69: Rate per 1,000 population of delayed discharge bed days for North Lanarkshire residents (aged 18 plus) by SIMD Quintile and financial year

SIMD Quintile	Financial Year			
	2017/18	2018/19	2019/20	2020/21
Q1 (Most Deprived)	162.0	175.1	212.6	138.0
Q2	156.0	132.3	148.5	129.0
Q3	116.8	122.4	134.5	109.0
Q4	78.4	77.1	102.7	76.6
Q5 (Least Deprived)	63.7	50.2	66.0	38.2

Source: Delayed Discharges, Public Health Scotland

The rate per 1,000 population of delayed discharge bed days for North Lanarkshire residents as generally higher for more deprived quintiles. From 2017/18 to 2019/20, this has been increasing, more notable for residents who live in the most deprived quintile. 2020/21 has seen a drop in Delayed discharge bed days, however this is will be due to the covid 19 pandemic.

Chart 102: Rate per 1,000 population of Mental Health emergency admission bed days for North Lanarkshire residents by SIMD Quintile and financial year



Source: SMR04, Public Health Scotland

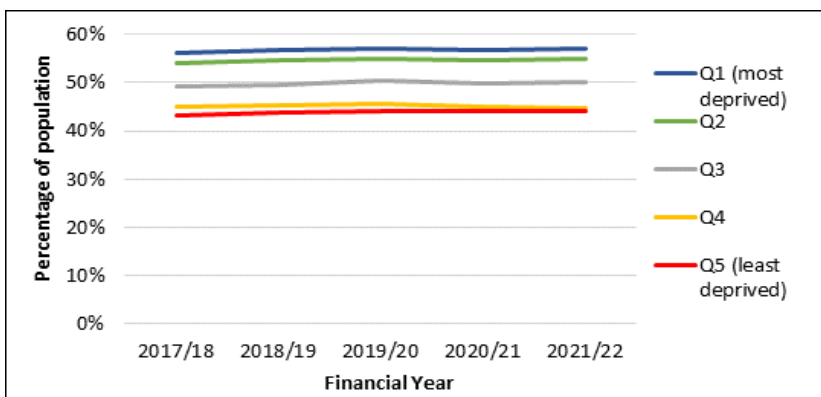
Table 70: Rate per 1,000 population of Mental Health emergency admission bed days for North Lanarkshire residents by SIMD Quintile and financial year

SIMD Quintile	Financial Year			
	2017/18	2018/19	2019/20	2020/21
Q1 (most deprived)	167.2	195.2	171.5	120.8
Q2	166.5	151.8	156.7	137.8
Q3	392.5	363.7	312.6	290.5
Q4	211.9	196.8	163.8	141.0
Q5 (least deprived)	34.2	26.8	35.7	27.5

Source: SMR04, Public Health Scotland

The rate of mental health emergency bed days has been steadily decreasing over the years across all SIMD quintiles. SIMD quintile 3 is consistently the quintile with the highest bed day rate, with quintile 5 being the lowest.

Chart 103: Percentage of North Lanarkshire population with 1 or more long term conditions by SIMD Quintile and financial year



Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

Table 71: Percentage of North Lanarkshire population with 1 or more long term conditions by SIMD Quintile and financial year

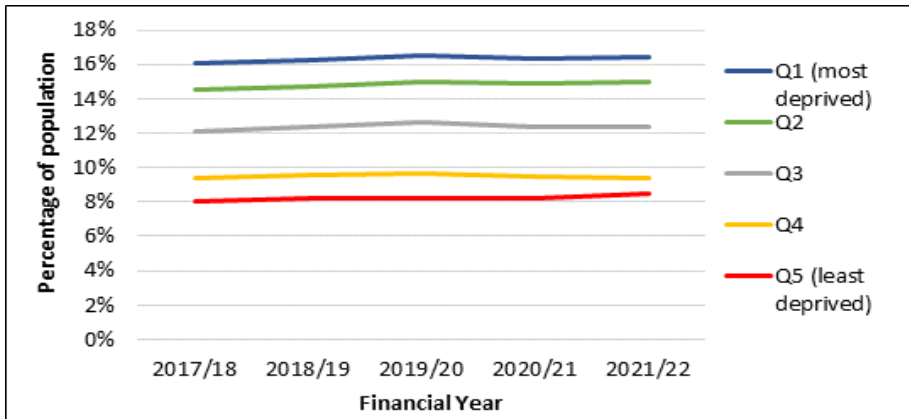
SIMD Quintile	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Q1 (most deprived)	56.0%	56.8%	57.0%	56.7%	57.0%

Q2	54.1%	54.6%	55.0%	54.6%	54.8%
Q3	49.2%	49.4%	50.3%	49.9%	50.0%
Q4	45.1%	45.4%	45.6%	44.9%	44.7%
Q5 (least deprived)	43.1%	43.8%	44.1%	44.0%	44.1%

Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

The percentage of the population across North Lanarkshire and its localities with 1 or more Long term condition has been gradually increasing over the last 5 years, with the higher percentages coming from the most deprived quintiles compared to the least deprived. Rates are around 1.3 times higher in most deprived quintile compared to the least deprived.

Chart 104: Percentage of North Lanarkshire population with 3 or more long term conditions by SIMD Quintile and financial year



Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

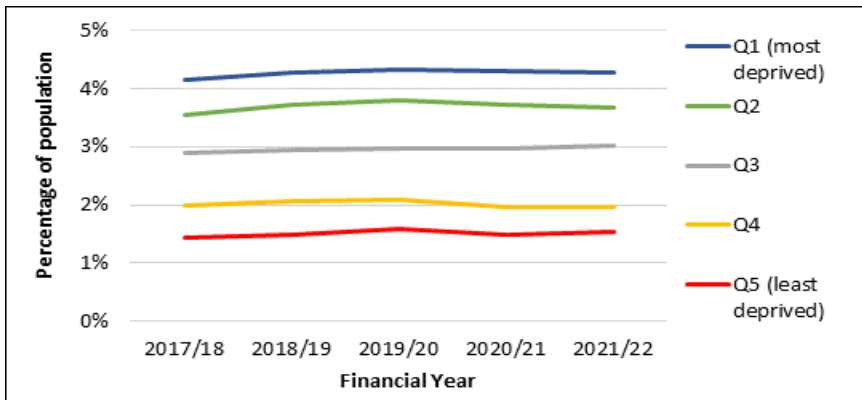
Table 72: Percentage of North Lanarkshire population with 3 or more long term conditions by SIMD Quintile and financial year

SIMD Quintile	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Q1 (most deprived)	16.0%	16.3%	16.5%	16.3%	16.4%
Q2	14.5%	14.7%	14.9%	14.9%	15.0%
Q3	12.1%	12.4%	12.6%	12.4%	12.4%
Q4	9.4%	9.6%	9.6%	9.5%	9.4%
Q5 (least deprived)	8.0%	8.2%	8.2%	8.2%	8.5%

Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

Over the 5 years, the percentage of population with 3 or more long term conditions has generally remained at consistent levels, however Quintile 2 has observed a gradual increase year on year. Again, least deprived quintiles being much lower in comparison to more deprived quintiles, with rates in the most deprived quintile being around double the rate in the least deprived quintile.

Chart 105: Percentage of North Lanarkshire population with 5 or more long term conditions by SIMD Quintile and financial year



Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

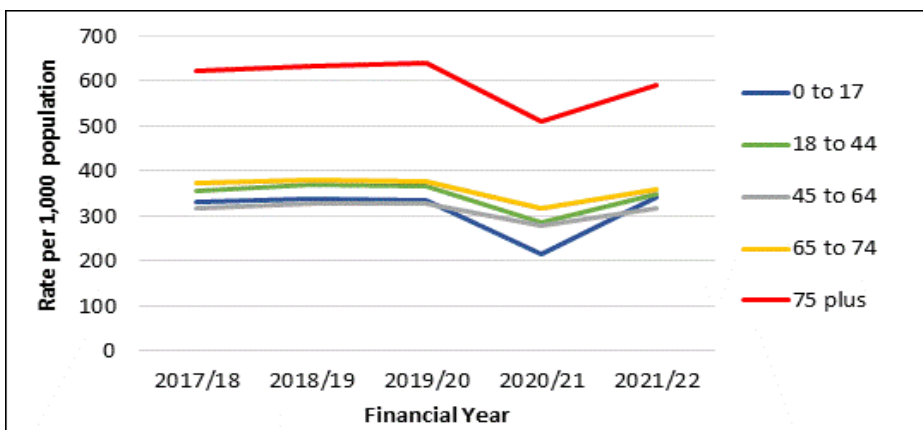
Table 73: Percentage of North Lanarkshire population with 5 or more long term conditions by SIMD Quintile and financial year

SIMD Quintile	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
Q1 (most deprived)	4.1%	4.3%	4.3%	4.3%	4.3%
Q2	3.5%	3.7%	3.8%	3.7%	3.7%
Q3	2.9%	2.9%	3.0%	3.0%	3.0%
Q4	2.0%	2.1%	2.1%	2.0%	2.0%
Q5 (least deprived)	1.4%	1.5%	1.6%	1.5%	1.5%

Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

A similar pattern as with 1 plus and 3 plus long-term conditions can be seen with 5 plus long term conditions. The rate for the most deprived quintile is nearly 3 times that of the least deprived quintile, showing that the disparity between the most and deprived areas increases as the number of long-term conditions increases.

Chart 106: Rate per 1,000 population of A&E Attendances for North Lanarkshire residents by age group and financial year



Source: A&E Datamart, Public Health Scotland

Table 74: Rate per 1,000 population of A&E Attendances for North Lanarkshire residents by age group and financial year

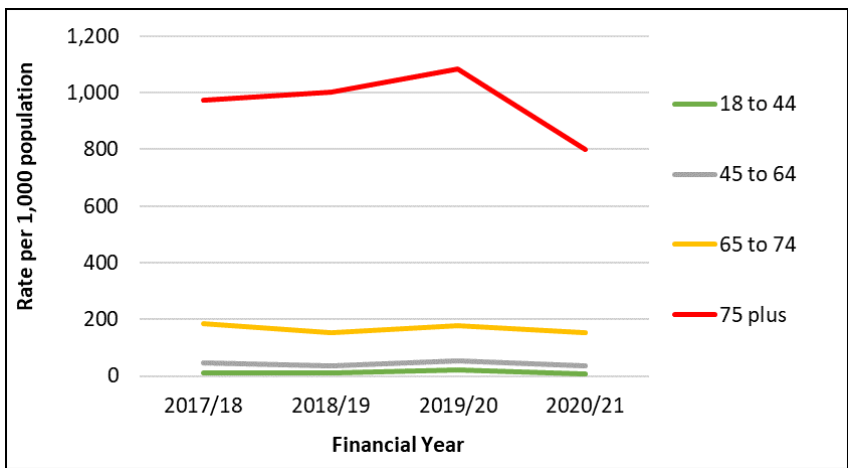
Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
0 to 17	330	340	330	220	330
18 to 44	350	350	340	280	340
45 to 64	360	360	350	290	350
65 to 74	370	370	360	300	360
75 plus	620	630	640	510	590

0 to 17	330.8	338.7	334.3	215.8	342.4
18 to 44	354.9	369.7	365.6	286.4	348.1
45 to 64	315.8	327.2	326.3	279.3	318.9
65 to 74	372.7	379.8	378.6	316.2	357.7
75 plus	622.1	632.7	638.8	511.5	592.0

Source: A&E Datamart, Public Health Scotland

A&E Attendance rates are relatively similar across the four lower age groups, with the highest age band (75 Plus) being substantially higher. For the last 5 years, the 45 to 64 age group has consistently had the lowest rate of attendance.

Chart 107: Rate per 1,000 population of delayed discharge bed days for North Lanarkshire residents (aged 18 plus) by age group and financial year



Source: Delayed Discharges, Public Health Scotland

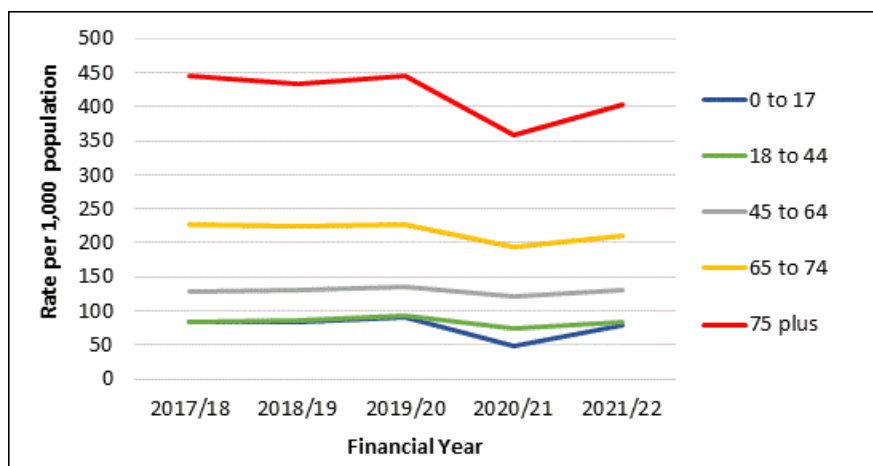
Table 75: Rate per 1,000 population of delayed discharge bed days for North Lanarkshire residents (aged 18 plus) by age group and financial year

Age Group	Financial Year			
	2017/18	2018/19	2019/20	2020/21
18 to 44	10.6	10.1	20.4	8.3
45 to 64	45.5	37.1	54.6	37.1
65 to 74	185.1	152.1	179.3	153.6
75 plus	972.5	1,002.2	1,084.4	798.6

Source: Delayed Discharges, Public Health Scotland

The rate per 1,000 population of delayed discharge bed days is much higher for older age groups. With an overall increasing trend year on year before the COVID-19 pandemic in 2020/21. The 75 plus age group is approximately 20 times higher than that of the 45 to 64 year olds and was reaching past 1,000 beds on average before the pandemic.

Chart 108: Rate per 1,000 population of acute emergency admissions for North Lanarkshire residents by age group and financial year



Source: SMR01, Public Health Scotland

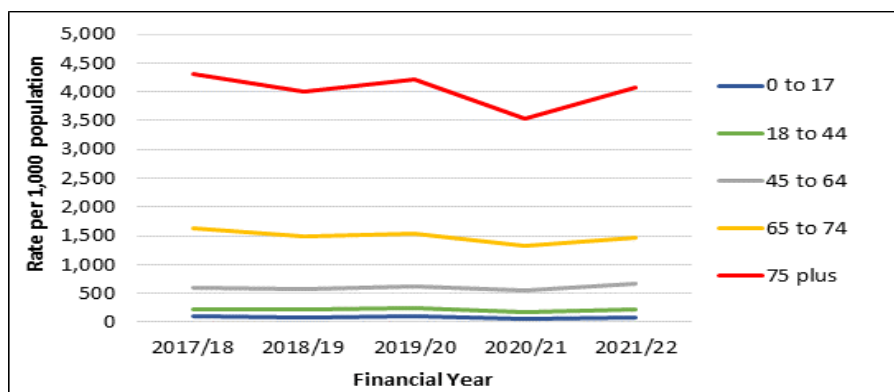
Table 76: Rate per 1,000 population of acute emergency admissions for North Lanarkshire residents by age group and financial year

Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
0 to 17	84.4	84.2	89.9	47.9	78.0
18 to 44	83.0	86.5	91.9	73.7	82.6
45 to 64	129.1	130.7	135.5	121.1	130.3
65 to 74	227.6	225.3	226.2	193.0	210.5
75 plus	444.9	434.1	444.7	358.3	403.6

Source: SMR01, Public Health Scotland

As age groups increase in age, the rate of acute emergency admission also increases with 75 plus age group having the highest rate year on year in comparison to lower age groups – generally 5 times higher than 18 to 44 year olds. All age bands have yet to reach levels seen before the impacts of Covid-19 and may indicate levels will continue to rise over the next year onwards.

Chart 109: Rate per 1,000 population of acute emergency admissions bed days for North Lanarkshire residents by age group and financial year



Source: SMR01, Public Health Scotland

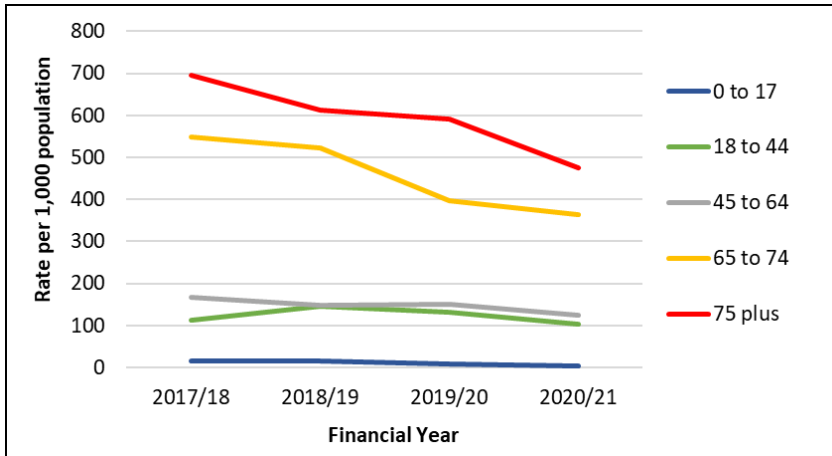
Table 77: Rate per 1,000 population of acute emergency admissions bed days for North Lanarkshire residents by age group and financial year

Financial Year

Age Group	2017/18	2018/19	2019/20	2020/21	2021/22
0 to 17	105.9	91.7	105.7	64.7	86.0
18 to 44	221.7	213.5	235.0	180.3	227.5
45 to 64	591.6	576.7	629.0	547.6	661.6
65 to 74	1,621.9	1,482.3	1,540.9	1,326.5	1,478.7

Source: SMR01, Public Health Scotland

Chart 110: Rate per 1,000 population of Mental Health emergency admission bed days for North Lanarkshire residents by age group and financial year



Source: SMR04, Public Health Scotland

Table 78: Rate per 1,000 population of Mental Health emergency admission bed days for North Lanarkshire residents by age group and financial year

Age Group	Financial Year			
	2017/18	2018/19	2019/20	2020/21
0 to 17	15.3	14.9	8.1	5.1
18 to 44	112.9	145.0	132.6	102.9
45 to 64	166.9	149.1	150.3	124.2
65 to 74	549.3	522.4	397.3	364.7
75 plus	694.4	612.1	590.5	474.9

Source: SMR04, Public Health Scotland

Overall, the rate of mental health emergency bed days for North Lanarkshire residents is higher as the age group increases. With the 65 to 74 and the 75 plus age bands being around 3 times higher than the 45 to 64 year olds.

Chart 111: Percentage of North Lanarkshire population prevalent with 1 or more long term conditions by age group and financial year

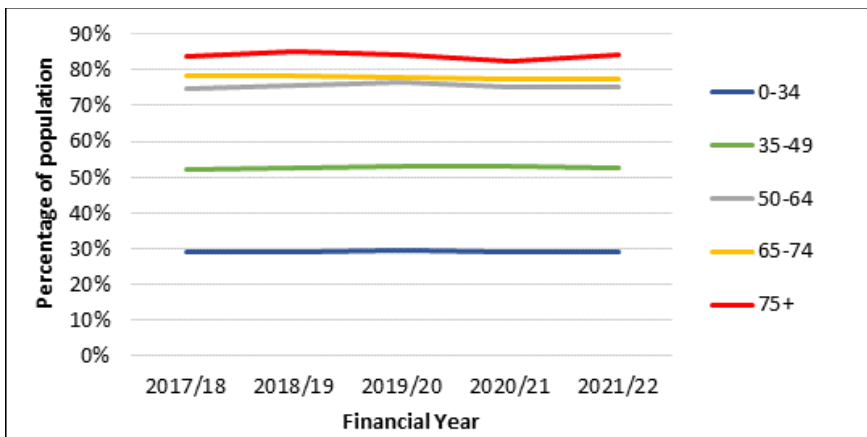


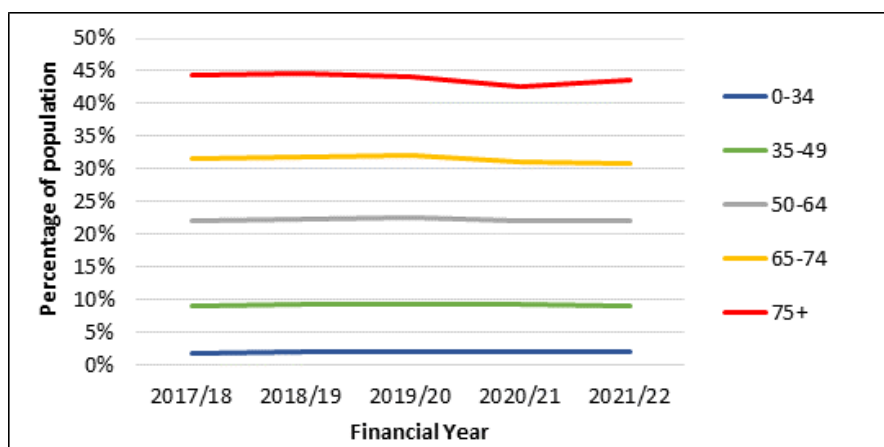
Table 79: Percentage of North Lanarkshire population prevalent with 1 or more long term conditions by age group and financial year

Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
0-34	29.2%	29.3%	29.5%	29.0%	28.9%
35-49	52.1%	52.5%	53.1%	53.1%	52.8%
50-64	74.9%	75.8%	76.5%	75.2%	75.2%
65-74	78.1%	78.4%	78.0%	77.5%	77.4%
75+	83.9%	85.1%	84.0%	82.5%	84.3%
All Ages	51.5%	52.0%	52.4%	52.0%	52.1%

Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

The percentage of population with 1 long term condition or more across age groups, as expected, is highest amongst the older age groups in comparison to the younger ones. With approximately 30 percent of individuals in the 0 to 34 age group having one long term condition or more compared to 83% in the 75plus age bracket in 20/21. This trend has remained steady over the last 5 years.

Chart 112: Percentage of North Lanarkshire population prevalent with 3 or more long term conditions by age group and financial year



Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

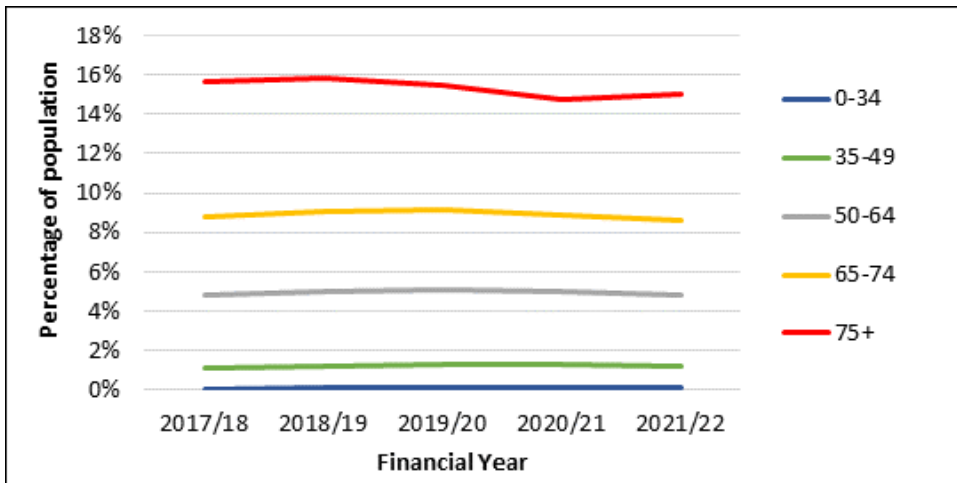
Table 80: Percentage of North Lanarkshire population prevalent with 3 or more long term conditions by age group and financial year

Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
0-34	1.9%	2.0%	2.0%	2.0%	2.0%
35-49	9.1%	9.1%	9.3%	9.4%	9.1%
50-64	22.0%	22.3%	22.4%	22.0%	22.0%
65-74	31.7%	31.9%	32.0%	31.1%	30.8%
75+	44.3%	44.6%	44.1%	42.7%	43.5%
All Ages	13.2%	13.4%	13.6%	13.4%	13.5%

Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

All age brackets except 0-34 have seen a slight decrease in the percentage of population recording 3 or more Long term conditions over the last year, whereas the younger age group has remained at a steady rate.

Chart 113: Percentage of North Lanarkshire population prevalent with 5 or more long term conditions by age group and financial year



Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

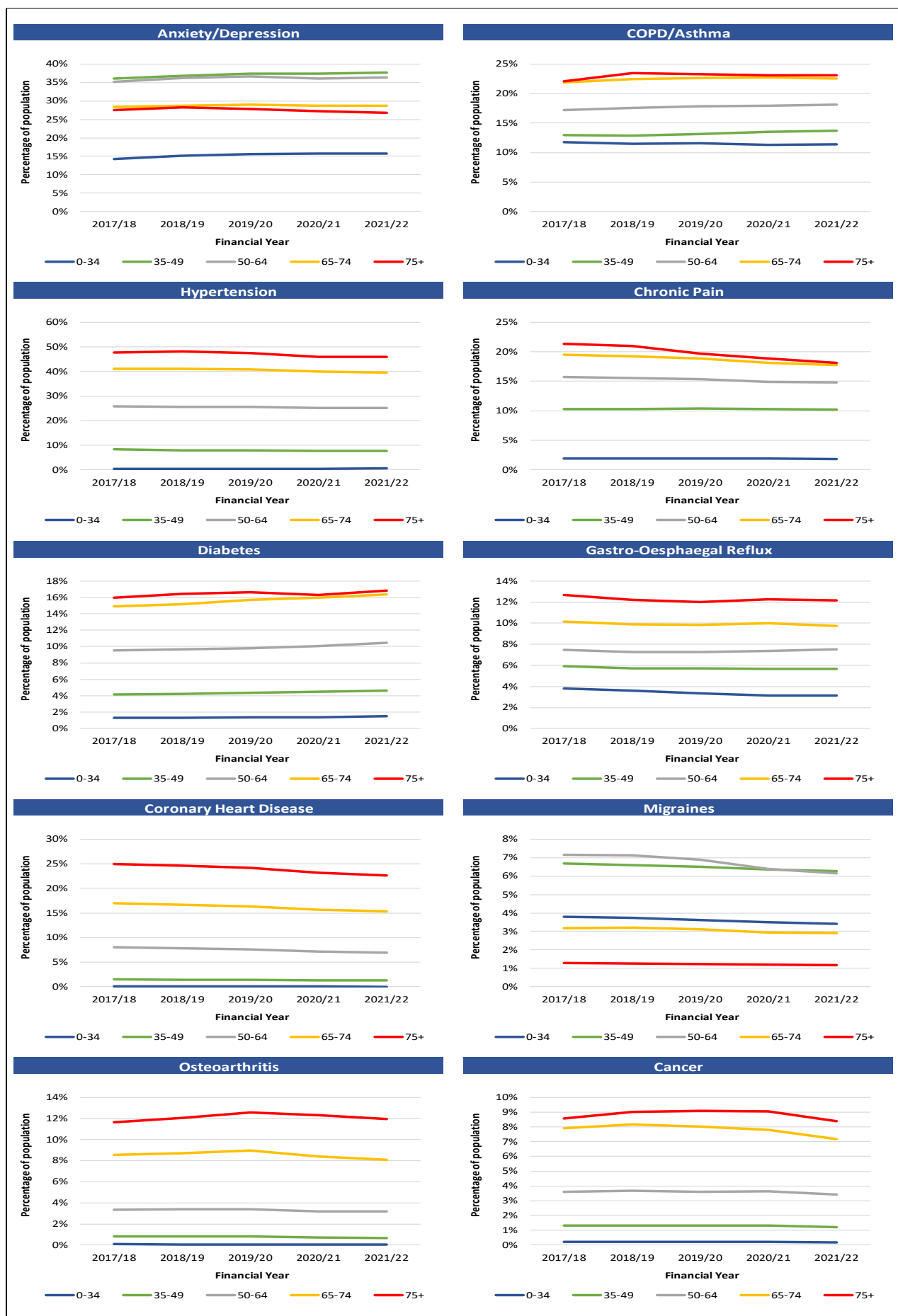
Table 81: Percentage of North Lanarkshire population prevalent with 5 or more long term conditions by age group and financial year

Age Group	Financial Year				
	2017/18	2018/19	2019/20	2020/21	2021/22
0-34	0.1%	0.1%	0.1%	0.1%	0.1%
35-49	1.1%	1.2%	1.3%	1.3%	1.2%
50-64	4.8%	5.0%	5.1%	5.0%	4.8%
65-74	8.8%	9.0%	9.2%	8.8%	8.6%
75+	15.7%	15.8%	15.4%	14.8%	15.0%
All Ages	3.2%	3.3%	3.4%	3.3%	3.3%

Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

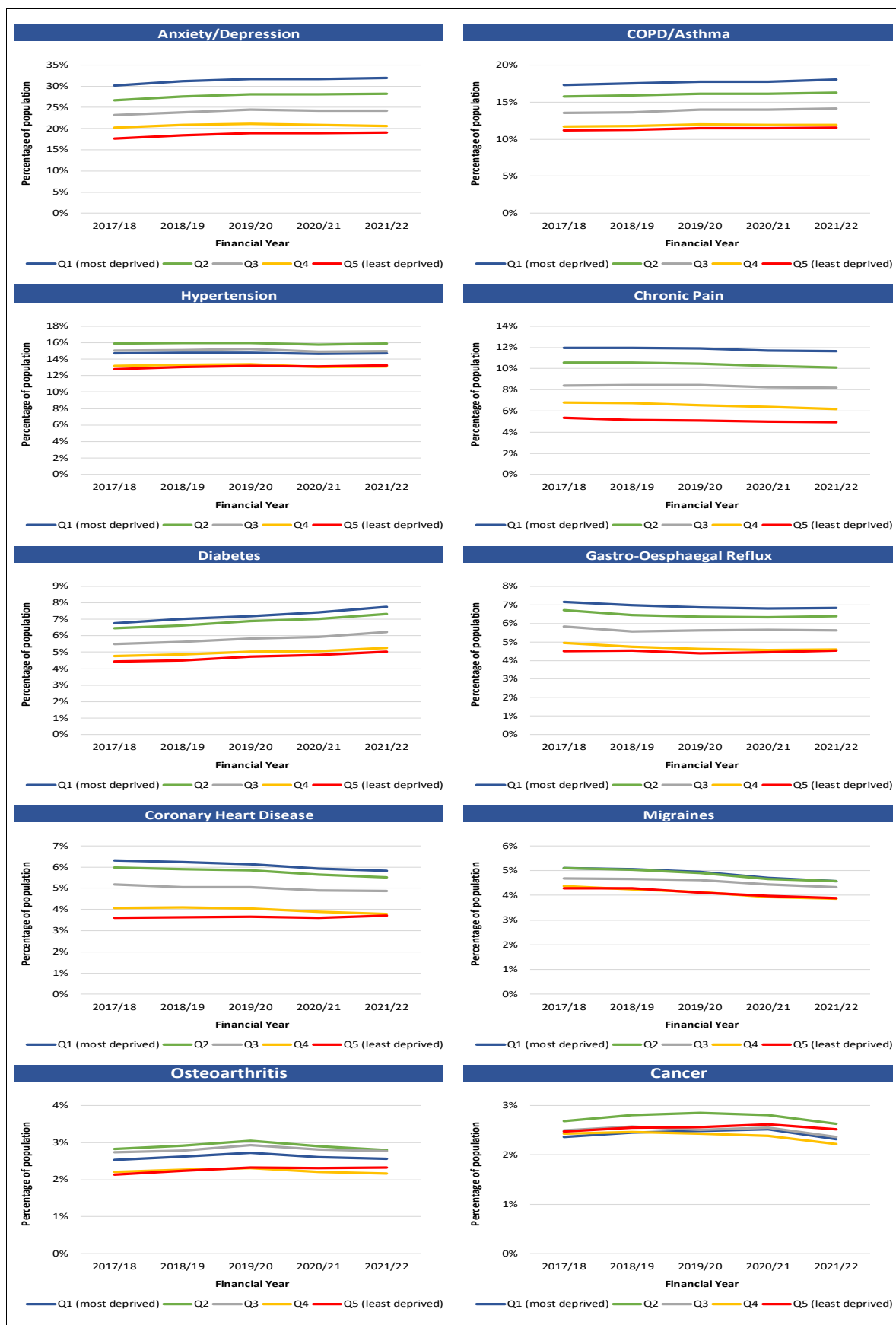
As seen with three or more long term conditions, a similar pattern is observed when looking at the population percentage with five or more long term conditions by age groups, with the three oldest age groups showing a slight decrease over the last year and the two younger age groups remaining steady.

Chart 114: Top 10 Long Term Conditions by financial year and age group



Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

Chart 115: Top 10 Long Term Conditions by financial year and SIMD quintile



Source: SMR01 and Prescribing Information System (PIS), Public Health Scotland

Chart 116: A selection of health indicators broken down by SIMD quintile comparing North Lanarkshire & Scotland for most recent available data

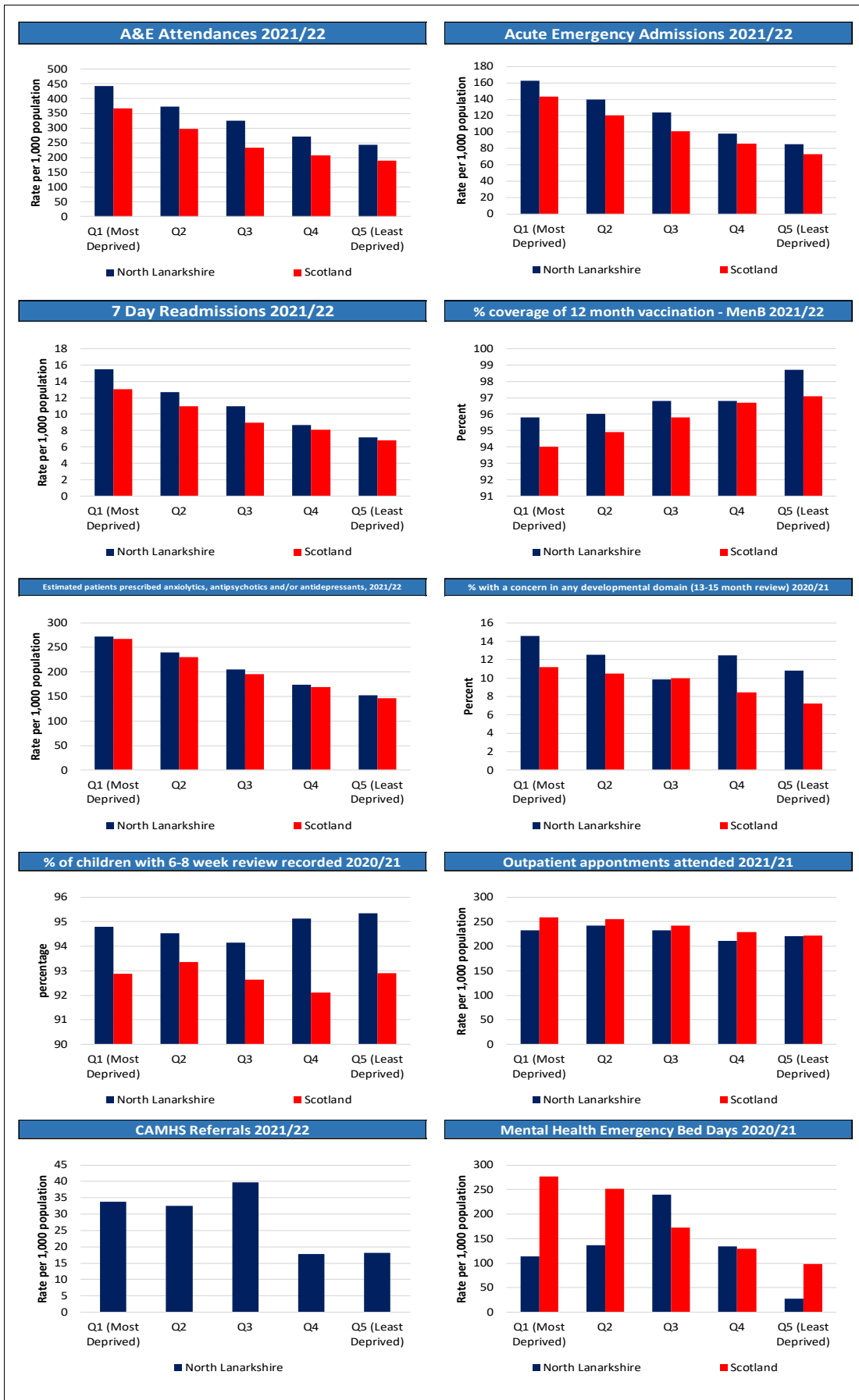


Chart 117: A selection of health indicators broken down by SIMD quintile, comparing North Lanarkshire localities for most recent available data



Chart 118: A selection of health indicators broken down by age group comparing North Lanarkshire & Scotland for most recent available data

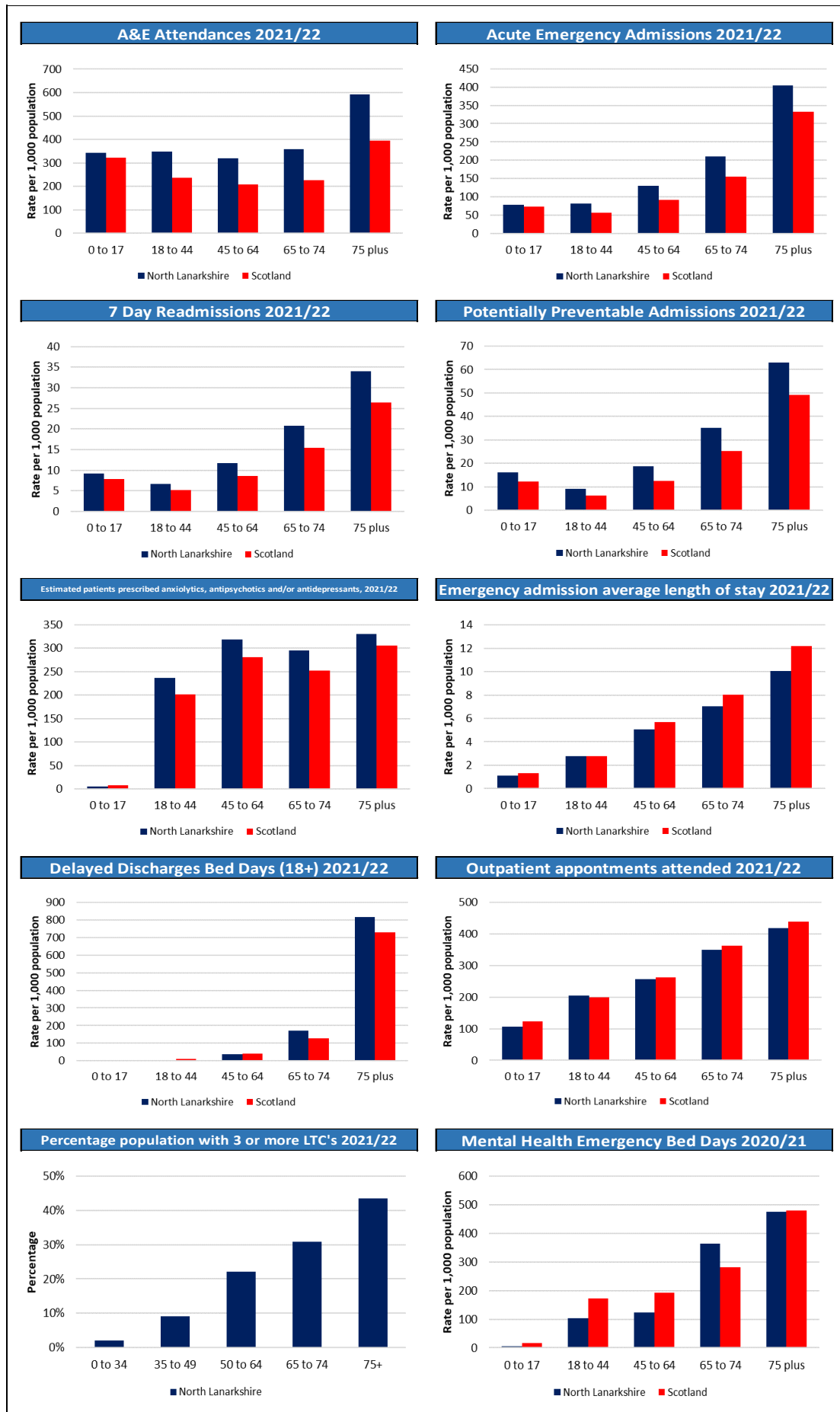


Chart 119: A selection of health indicators broken down by age group, comparing North Lanarkshire localities for most recent available data



Equality Impact Assessment
Health and Social Care North Lanarkshire Strategic Commissioning Plan 2023-2026

Title of policy	Health and Social Care North Lanarkshire Strategic Commissioning Plan 2023-2026
Responsible body	Integration Joint Board – North Lanarkshire Council and NHS Lanarkshire
Lead officer	Ross McGuffie, Chief Officer, Health and Social Care Lanarkshire
What is the purpose of the proposed policy or changes to established policy?	<p>This assessment relates to a statutory published plan summarising the purpose and intentions of the Integration Joint Board’s (IJB) Strategic Commissioning Plan (SCP) for Health & Social Care North Lanarkshire.</p> <p>The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place arrangements for integrating health and social care to improve outcomes for patients, service users, carers and their families. The Act requires Health Boards and Local Authorities to work together effectively to agree a model of integration to deliver high quality, sustainable care services.</p> <p>The North Lanarkshire IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through the directions issued by it under s25 of the Act.</p> <p>This Strategic Commissioning Plan covers the period 2023-26, the final phase of North Lanarkshire’s long term Strategic Plan 2016-2026. The SCP builds on the work established through the previous plan, 2020 - 2023. Following extensive engagement and collaboration with local people, service users, members of staff and other key stakeholders, the SCP sets out the IJB’s ambitions for improving the health and wellbeing of North Lanarkshire’s population over the next 3 years.</p>
Who is affected by the policy or who is intended to benefit from the proposed policy and how?	All residents of North Lanarkshire including those who use services, carers and providers of health and social care services may benefit from and be affected by this policy.
How have you or will you, put the policy into practice? Who will be responsible for delivering it?	<p>The IJB has overall responsibility for planning health and social care services within North Lanarkshire, however, the Health and Social Care Partnership has a key role in delivering on the strategic commissioning intentions within the SCP.</p> <p>The IJB’s continued commitment to working in partnership with statutory partners and the third and independent sectors is highlighted in the SCP. The continuation of work within community planning in North Lanarkshire is also acknowledged.</p> <p>The SCP seeks to ensure maximum impact across the whole health and care system. The impact of Covid recovery is given consideration within the plan alongside the need to build resilience in ensuring the priorities set out are met.</p> <p>High level outcomes and priorities that inform how community health, social care and social work functions delegated to the IJB by North Lanarkshire Council and NHS Lanarkshire are detailed within the SCP. A more detailed implementation plan to support the priorities of the IJB will be developed in the coming months. In terms of governance, in implementing the programme of work, further Equality Impact Assessments (EQUIAs) will provide reassurance of compliance with the Equality Act. EQUIAs will be undertaken as part of each commissioned service’s delivery plans.</p> <p>The plan will be monitored on a quarterly and annual basis, as appropriate to the key management and partnership structures within IJB with further reporting on progress through an Annual Performance Report.</p>

In stage 1 screening you identified that the policy will impact on one or more of the protected characteristics.

What information do you have that tell you how this policy might have an impact?

Key Questions:

- What will the impact of the proposed policy/function be the same or different for each group identified?
- Is there any indication or evidence of higher or lower participation or uptake of services by different groups?
- Are there any groups of people who are not taking up services?

Protected Characteristic	What evidence do you have that consultation has been undertaken
<ul style="list-style-type: none"> • Sex • Pregnancy & maternity • Disability • Race • Religion & belief • Marriage & civil partnership • Gender reassignment • Sexual orientation • Age 	<p>A programme of consultation has taken place over the past year, both prior to the construction of a draft plan as well as in relation to the published draft SCP.</p> <p>To ensure that the plan reflects the needs and aspirations of residents of North Lanarkshire and other stakeholders, a comprehensive programme of communication and engagement has been facilitated. With the intention of reaching and involving as many people as possible, community consultation events have taken place alongside online interactive surveys to provide a range of opportunities for stakeholder involvement. This has enabled the IJB to ensure that its intentions are communicated widely and provide an opportunity for the perspectives of different groups to inform the plan.</p> <p>A Strategic Planning Group has met regularly to produce, monitor and review the SCP. The Group is chaired by the Chief Officer and has a wide-ranging membership. There is representation from senior leaders and managers within the partnership, service user and carer representatives, VANL, and a range of other partner organisations.</p> <p>North Lanarkshire’s North-East and North-West sectors brought their locality teams and local stakeholders together across two in-person engagement events. This allowed a large attendance from each of the six localities, with dedicated inputs and workshop sessions on the development of the SCP.</p> <p>Two staff roadshow sessions were dedicated to engagement on the development of future priorities and reviewing current achievements and challenges. These took place online allowing for a wide range of staff from across a large number of disciplines and services to take part.</p> <p>A Strategic Engagement event took place with members from each of the eight Community Boards in North Lanarkshire with a range of questions and discussion topics focusing on many local issues and priorities.</p> <p>In addition, there was also engagement with senior leaders and managers across our delivery areas, including:</p> <ul style="list-style-type: none"> • Adult Health Services • Specialist Children’s Health Services • Addiction, Learning Disability & Mental Health Services <p>These sessions provided an opportunity for more tailored discussions and engagement in relation to the specific delivery areas.</p>

What is the impact on the protected characteristics identified?

Protected Characteristic	Impact (High, Medium Low or Unknown)	Description of impact
	L	<p>The principal purpose of the SCP is to set out how community health, social care and social work functions delegated to the IJB by North Lanarkshire Council and NHS Lanarkshire will be planned and delivered over the medium term.</p> <p>The plan itself does not intend to differentially impact on any specific protected characteristic. Data has been gathered in relation to all and a comprehensive needs analysis has been developed with expert support from the Local Intelligence Support Team (Public Health Scotland). The draft analysis is complete with final publication alongside the SCP in March 2023.</p> <p>The SCP covers all residents of North Lanarkshire and the impact on all protected characteristics will be monitored on an ongoing basis, with any required changes made to the implementation plan in consequence.</p>
Sex	L	See above
Pregnancy and Maternity	L	See above
Disability	L	See above
Race	L	See above
Religion and belief	L	See above
Marriage and civil partnership	L	See above
Gender reassignment	L	See above
Sexual orientation	L	See above
Age	L	See above

Does the policy need to be changed?

Are there any changes?		
Protected characteristics		Description
All	No	This is a high level plan which details the outcomes for the IJB over the next 3 years. An implementation plan will set out how these will be achieved with performance monitoring and review facilitated on an ongoing basis.

Approved by:

Name (Chair of partnership)	
Designation	
Date	

Strategic Commissioning Plan 2023-2026 -Your Views and Opinion

During December 2022 – January 2023, HSCNL published an online questionnaire to gain feedback from the public and employees on the ambition statements that underpin the partnership’s new Strategic Commissioning Plan 2023- 2026. The survey was circulated and available for completion for a five-week period in December 2022 and January 2023. It was promoted to employees and the public through the social media channels of North Lanarkshire Council and NHS Lanarkshire.

Respondent Characteristics

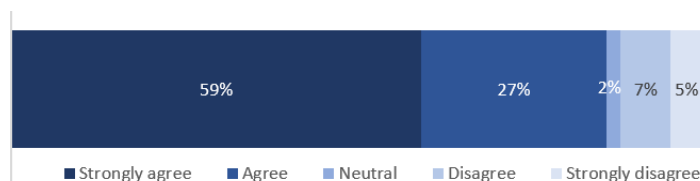
A total of 196 respondents completed the survey, consisting of 192 individuals and 4 organisations. The two organisations which gave their name were: Lilac Neighbourhood Watch for Abronhill and North Lanarkshire Recovery Community

- 49% of the respondents described themselves as a person who provides unpaid care.
- 34% of the respondents work within the health and social care sector
- 60% of the respondents are currently receiving or have received a service from health and social care for themselves or a family member.

Ambition 1 - Do the right thing first time

- ensure that when people make contact with our services the response is quick and effective
 - a focus on helping people to help themselves first
 - the continued development of **First Point of Contact** incorporating good conversations across the Health and Social Care Partnership (HSCP)
 - embedding this approach with a whole system focus remains a priority

Ambition 1	Count	%
Strongly agree	115	59%
Agree	52	27%
Neutral	4	2%
Disagree	14	7%
Strongly disagree	9	5%
Total	194	100%



- 86% of respondents agreed with the statements within this ambition
- 17% of employees responding disagreed with some of the statements compared to 9% of those who are not employees.
- There was no difference in the proportion of disagreement in the responses to this ambition between those who have and those who do not have a caring responsibility.

The general themes emerging from the comments provided in response to this question are as follows:

- There needs to be clarity as to what the Strategic Commissioning Plan will achieve, and its aims need to be realistic
- Helping people to help themselves is important and it needs to be clear what this means in practice
- Effective and timeous access to and communication with services is essential.

A selection of respondents’ comments have been highlighted below for illustrative purposes.

“Helping people to help themselves first is good in theory but we deal with vulnerable services users who are unable to help themselves and they must be given every assistance to help them live in a safe and healthy environment” (unknown)

“People need to be able to contact services in a variety of ways not just online as many disadvantaged groups do not have access to digital equipment.” (member of the public)

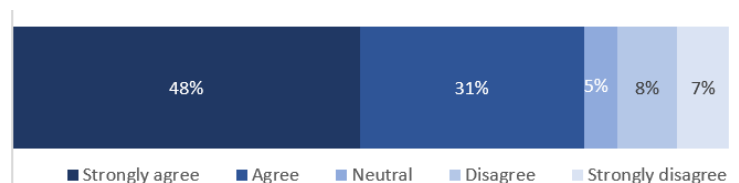
“It is rare for anything to be actioned that the response is quick and effective. Everything needs to be followed up time and time again” (employee)

Ambition 2 - Increased focus on prevention, early intervention and tackling inequalities by working with communities and people

The population and needs analysis within this Plan highlights the need to do things differently, to understand the demographic challenges facing North Lanarkshire and to harness the opportunities of people living healthier lives for longer.

- Changing the way we deliver services and support people includes acknowledging that in some cases the way we do things attracts higher costs because we focus more on managing crises and late interventions.
- We need to focus more on prevention, early intervention and empowering people to live fulfilling lives.
- By providing ‘upstream’ support at an early stage, we can reduce the demand on intensive health and care service and re-invest in more community focused support services.
- However, we recognise that early and effective support is not always best provided through health and social care services.
- Through working with our partners in the Third Sector, we can identify, support and develop local community-based programmes, run by voluntary and independent organisations that focus on the health and care needs of local communities.
- Work will take place to support and empower people to continue to live healthy, meaningful and more personally satisfying lives as active members of their community for as long as possible.
- To do this will show ambition and be innovative to develop and try new ways of providing services that haven’t been done before, even that is difficult and sometimes riskier than the easy option.
- We value and recognise the vital role local people and communities play and through our Engagement and Participation structures
- We will continue to ensure we provide a voice for local people, service users, patients and carers and ensure we listen to their needs and aspirations.
- Our strategic planning arrangements don’t stop with publication of a plan, and so engagement and participation from local people will extend into the delivery of our partnership priorities.

Ambition 2	Count	%
Strongly agree	93	48%
Agree	60	31%
Neutral	9	5%
Disagree	16	8%
Strongly disagree	14	7%
Total	192	100%



- 79% of respondents agreed with the statements within this ambition
- 20% of those employed in social care or health disagreed with this ambition as opposed to 14% of the respondents who do not work in the sector.
- 19% of carers disagreed with this statement compared to 12% of those who do not have caring responsibilities

The general themes emerging from the comments provided in response to this question are as follows:

- The role and potential of the 3rd sector needs to be recognised and supported
- A focus on prevention and early intervention is necessary
- Single sex spaces are important as is the language used in ensuring that women are effectively supported and included
- The right services and staff are essential with planning reflecting measurable and achievable outcomes
- Planning and implementation need to include a focus on addressing inequalities

A selection of respondents' comments have been highlighted below for illustrative purposes.

"Who wouldn't? However, if underlying ambition is to withdraw services to vulnerable people, that will only serve to exacerbate inequalities." (employee)

"A lot of the time the 3rd sector gets oversubscribed and have to deal with more complex clients because there is not enough council workforce support, or the criteria for input from the council becomes so restrictive that at the end of the day those vulnerable people at most need get no support." (employee)

"It is easy to listen to needs and aspirations - another thing to act upon them, which is what we need urgently." (employee)

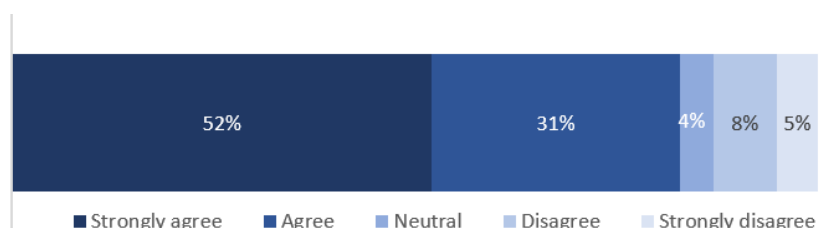
"This looks like an excuse to cut costs and reduce services" (current service user)

"Effective support is ALWAYS best provided by healthcare professionals!" (current service user)

Ambition 3 - Develop and support a workforce for the future

- The ageing population of North Lanarkshire is broadly mirrored within the workforce of the health and social care sector; therefore it is important to recognise this and make sure we prepare to allow flexibility and support to both our ageing workforce, and our workforce throughout each career level from entry level to ensure their physical and mental health is nurtured.
- There are continuing challenges with regards to resourcing, attracting, recruiting and retaining staff.
- There is an increasing need to support a 'pipeline' of workers coming into the profession, for example through highlighting the sector in schools, through other opportunities in developing the young workforce, through wider employability routes, or from career changers.
- Whole system planning requires further development to better understand the needs and demands of communities including their public health challenges,
- The types of roles needed to support different Health and Social Care needs, and
- The availability of different types of workers over time and geographically, as well as the relationships and influences between all parts of the system

Ambition 3	Count	%
Strongly agree	100	52%
Agree	59	31%
Neutral	8	4%
Disagree	15	8%
Strongly disagree	10	5%
Total	192	100%



- 83% of respondents agreed with the statements within this ambition.

- 15% of those providing unpaid care disagreed with the statements compared to 10% of those without caring responsibilities

The general themes emerging from the comments provided in response to this question are as follows:

- Critical to invest in and value home care workers, in terms of competitive salaries, training, and support to retain experienced and talented employees
- Explore the barriers to young people entering the profession to ensure a new generation of employees are coming through
- Ensure robust processes in any outsourcing of home care, including satisfactory training and delivery of a quality service

A selection of respondents' comments have been highlighted below for illustrative purposes.

"Without an environment where staff feel they are supported and valued the recruitment and retention of the workforce is going to be an issue." (employee and previous service user)

"Home care workers require much better pay and training. It is an expert job looking after elderly dementing clients, who are just, if not more vulnerable than children. Yet inexperienced, low paid staff are asked to do a job that is emotionally and physically challenging. That is why carers are leaving. (employee and current service user)

"There is no point in recruiting a new generation of workers who only leave after a few months because of low pay, low job satisfaction because they are not given enough time to do a good job. And sourcing out homecare to private companies who don't seem to have robust processes in place to ensure staff are trained well enough is not a solution." (employee and current service user)

"Pay care staff better, give them more time to do their jobs and treat them like the valuable staff they are. Nurses in hospital get a lot of media coverage of how hard they work, yet carers are forgotten about." (employee and current service user)

"Front line carers need more communication avenues with office-based staff" (current service user)

"As an elderly citizen myself now, I still find myself caring for an elderly family member due to shortages of care workers which is more stressful and with little respite. Ambition 3 sounds perfect but I don't think will be achievable in my lifetime, but I do think if the right calibre of workforce it may one day happen. Having experience of care services, I certainly think that emphasis on life experience and good training essential." (previous service user)

"This is needed but the jobs need to be attractive and reflective of what is being asked of people." (employee)

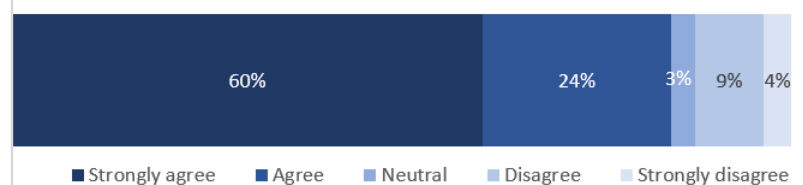
Ambition 4 - Improve mental health and wellbeing

We know, through our service information and through speaking to our local communities, that mental health concerns are increasing in the population. This means potentially a greater demand for mental health services and community supports.

There is a need for a refreshed and reinvigorated approach to mental health improvement and the delivery of the **Lanarkshire Mental Health and Wellbeing Strategy**, continuing to focus on the four core areas:

- Good mental health for all
- Improving access to mental health supports and services
- Children and young people’s mental health and wellbeing
- Specialist mental health services

Ambition 4	Count	%
Strongly agree	117	60%
Agree	47	24%
Neutral	6	3%
Disagree	17	9%
Strongly disagree	7	4%
Total	194	100%



- 84% of respondents agreed with the statements within this ambition.
- Agreement with this ambition was similar across those who worked for health and social care and carers and respondents in general.

The general themes emerging from the comments provided in response to this question are as follows:

- This sector needs increased investment, staff resource, and continued support to the third sector who provide much of this service
- Keep the positive conversation around mental health going within our communities
- Improvements are needed in all mental health care and support services, particularly for young people
- Educate all generations on mental health to ensure positive and ongoing support in the home, school and communities

A selection of respondents’ comments have been highlighted below for illustrative purposes.

“Requires investment and other incentives to make this an attractive area to work in. Further consideration of societal issues is also necessary.” (employee)

“There should be a focus on mental health outcomes for those most severely affected by poor mental health. Too much effort is spent on dealing with people who have minor temporary mental health issues that can be overcome. Teaching young people about poor mental health can often result in young people self-diagnosing mental health problems rather than using their own resilience to overcome personal issues.” (member of the public)

“priority to be needs based and not strategic tick box use of resources and funding” (employee and service user)

“It is difficult to access mental health wellbeing services without a clinical diagnosis therefore some focus should be on prevention and early intervention. Access to mental health services is very difficult long waiting lists and staff capacity stretched to limit.” (employee and previous service user)

“The main help for mental health in NL is third sector and charitable organisations.” (employee and previous service user)

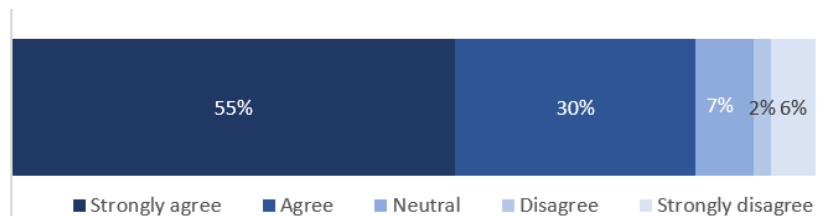
Ambition 5 - Supporting people through a whole family approach

Our aspiration is to support adults and children of all ages with the tools to set, plan for and achieve their goals together. This puts wellbeing at the heart of our approach and considers the situation that adults and children live in, who they live with and family relationships. This may include:

- helping an adult and their family to think about what may happen in the future, and plan for those possible changes
- when the adult needs more care or if a carer becomes unwell
- supporting carers of all ages within their caring role and as equal partners in care
- supporting families where substance use and other challenges exist

This means in practice understanding each person as an individual, as well as recognising the part they play in their family and community. The approach builds on everyone’s strengths and develops their resilience.

Ambition 5	Count	%
Strongly agree	107	55%
Agree	58	30%
Neutral	14	7%
Disagree	4	2%
Strongly disagree	11	6%
Total	194	100%



- Overall, 85% of respondents agreed with the statements in this ambition.
- 17% of those who work within health and social care disagreed with this ambition compared to 11% of those who do not.
- Carers were slightly more in agreement with this ambition (86%) compared to those who do not have caring responsibilities (83%)

The general themes emerging from the comments provided in response to this question are as follows:

- Carers should be at the centre of any conversations around proposed changes to service provision
- Young carers need to be supported and their burden lifted. They need the opportunity and time to achieve in their own lives
- Partnership links and whole family support approach is needed alongside individualised support and care provision
- It is essential to signpost carers to the help and resources available to them

A selection of respondents’ comments have been highlighted below for illustrative purposes.

“Ambition laudable - but if this means that families subsume additional unpaid responsibilities, that they're not able to fulfil, that will make life difficult for many.” (employee)

“Patient are waiting years to be treated. What kind of support is that?” (employee)

“The work of unpaid carers underpins the work of Health & Social Care. This foundation needs greater support and access to services especially as family members grow older and their grown-up children require help to cope. The lack of care staff within social care and the time it

takes to put care packages in place is a major contribution to the lack of beds in hospitals and needs to be addressed quickly.” (service user)

“This is an important part of the strategy often families feel let down and struggle to know where to turn.” (employee and service user)

“This statement fails to take into consideration the increased responsibility that has already been put on families throughout the pandemic due to lack of appropriate services.” (service user)

“From experience carers and their families are not even involved in these conversations and most definitely not at the heart of the approach” (employee and service user)

General Comments

Respondents were also given the opportunity to contribute general comments on the plan and its content. A selection of these comments are provided below which reflect some of the wider sentiments and responses from the respondents.

“This is at best a very broad strategy with no outcomes, accountabilities or measures of success or failure. It is a nice wish list with no real proposals to achieve the aims.

The apparent enthusiasm present in the strategy needs to translate into practice and continue to be supported and worked on. I worry that some areas of health and social care will see having a strategy as sufficient, regardless of how well it is implemented.

Previous experience of mental health services, most help came from 3rd sector organisations who provided support when healthcare could not.

There is a need for adequate funding, greater staffing levels and proper skill-based training

Carers’ workload appears to be haphazard and ‘not joined up’ scheduling. The time given for carers to provide the service is not long enough

Elevating social care to a profession would acknowledge the work and encourage recruitment and retention of staff.