

Improving Lives Initiative Quarter Report July-Sept 2025



**COMMUNITY
SOLUTIONS**
Building Community Capacity
and Carer Support





Community Solutions

Improving Lives Initiative

Quarter Report July-Sept 2025



The Programme

The ICJ Lanarkshire service is delivered in both North and South Lanarkshire. The ILI is delivered in North Lanarkshire only. This report covers North Lanarkshire.

Within North Lanarkshire, the ILI and ICJ have joined together to fund a team of 10 Community Connectors who support **people who are living with a long-term condition/disability and those affected by cancer**, including their carers, with accessing non-clinical support.

ICJ Lanarkshire

ICJ North Lanarkshire

ICJ South Lanarkshire

ILI North Lanarkshire

Improving the Cancer Journey (ICJ)

MacMillan ICJ aims to improve the non-clinical support provided to **people affected by cancer** from the point of diagnosis. The ICJ provides holistic care solutions to ensure everyone diagnosed with cancer can easily access the support they need as soon as they need it to enable them to live as well and as independently as possible.

Improving Lives Initiative (ILI)

The ILI aims to help **improve people's physical, mental, and social wellbeing** in North Lanarkshire through a locally coordinated approach to providing community-based support for vulnerable and equality groups, as set out in the Community Solutions Strategy and investment Plan.



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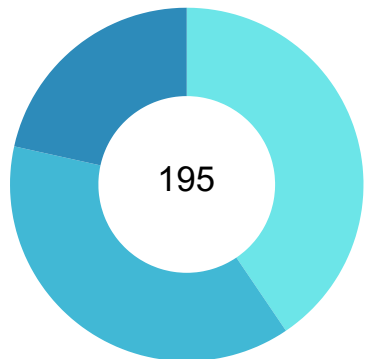
Improving Lives Initiative

In the period July-Sept 2025, **195** new clients were referred to the ILI service. This is a decrease of **51** referrals from last period.

New clients are broken down by the following categories:

Month

- July 2025 - 79
- August 2025 - 74
- September - 42



The most common referrer organisations during this period were:

- Department for Work and Pensions (DWP)
- NHS
- North Lanarkshire Council

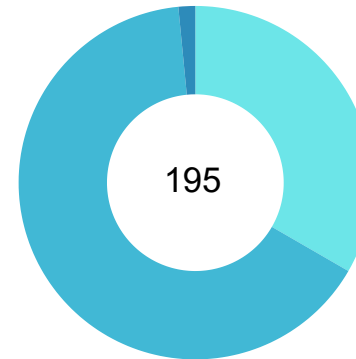
This remains the same as last period.

The highest number of referrals was received in July (**39%**). The locality with the most referrals was Motherwell (**24%**). This remains the same as last quarter.

The most common referral pathway to the service was through an organisation (**65%**). This is a decrease of **46** clients from last period.

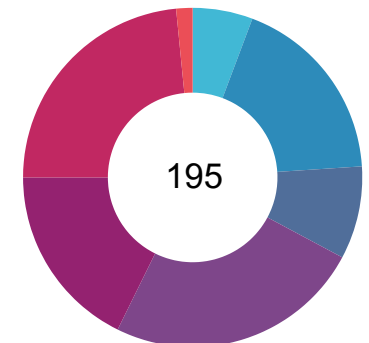
Referral Type

- Self - 65
- Organisation - 127
- Other - 3



Locality

- Airdrie - 11
- Bellshill - 35
- Coatbridge - 17
- Motherwell - 47
- The North - 34
- Wishaw and Shotts - 45
- Other - 3





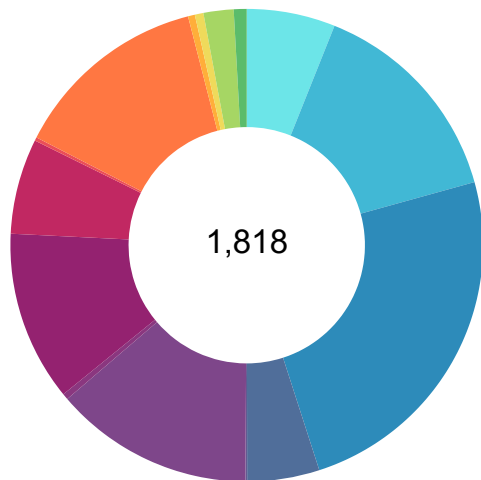
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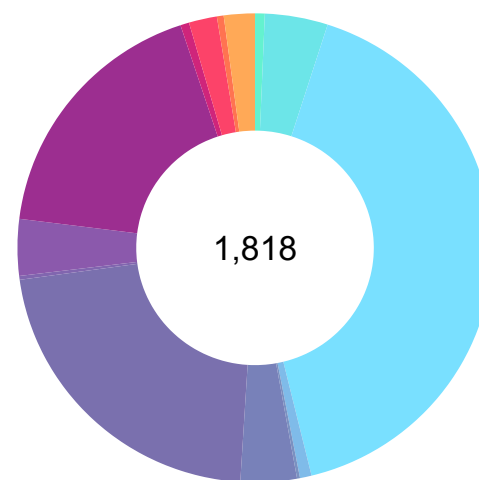
Number of support tasks by task type

- Action Plan - 103
- Administration - 249
- Advice/Support - 414
- Appointment - 84
- Care Plan - 2
- Community Support - 232
- EHNA - 7
- Follow Up - 198
- Form Filling - 111
- Funding - 4
- Initial Contact - 229
- NHS Referral - 8
- Post Information - 10
- Research - 35
- Review - 15



Number of support tasks by support type

- Active Health Referral - 10
- Adaptations - 65
- Advice/Information - 625
- Advocacy - 12
- Appointment Cancelled - 3
- Appointment Supported - 58
- Benefits - 331
- Benefits Reconsideration - 4
- Carer Support - 59
- Community Links - 272
- Education - 9
- Emotional Support - 29
- Energy - 7
- Health - 32



1,818* tasks were logged by the Community Connectors during this period, which is a decrease of **101** from last quarter. The most common task type was Advice/Support (**414**), Administration (**249**), and Community Support (**232**). This is a change from last quarter, where the most common was Follow Ups, Community Support and Making Initial Contact.

The most common type of support was Advice/Information (**625**), Benefits (**331**), and Community Links (**272**).

*Please note, this does not capture everything the Connectors do.

*Please see next page for a glossary of terms. Please note, Advocacy and Carer Support refers to signposting



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ILI Tasks Glossary

- Action Plan - Helping people to decide what is important and helping them take the first steps such as who to call and when
- Adaptations - Referrals made for physical adaptations to services such as the falls service or Making Life Easier
- Advising of eligibility
- Benefits
- Care plan - Finding out someone's priorities in order to help with their most pressing needs
- Education - For example, supporting parents to navigate their children's schooling needs
- eHNA (electronic Holistic Needs Assessment) - An online conversation tool to support a person-centred conversation with the client, which determines the individual's non-clinical needs such as finance, family, work, emotions (offering practical assistance and community support) and health needs. The Connectors offer reassurance and signposting back to clinical nurse
- Energy - Home fuel services
- Form filling support by NLDF
- Funds - Referral to an independent funder such as Hospital Saturday Fund for health needs equipment
- Legal - Referrals for power of attorney (McKellar Associates)
- Initial contact – The Connector makes initial contact with the person referred to the ILI service
- NHS referral - OT/Physio/falls team
- Referral to CAB or Social Security Scotland for form filling support
- Referral to DWP or Job Centre Plus
- Referral to the Tackling Poverty team for income related benefits or appeal
- Research - Searching for groups/activities in an area for someone



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Case Study - Community Hub

G is a young mum struggling with her own mental health and looking after her autistic daughter. She was closed to Social Work and was told she would get help from the school when the new term started. She was very worried approaching the summer holidays about isolation and her situation getting worse.

"I referred her to the Families Here and Now (FHAN) project but because of working in the hub I found out about the ASN group that was running over the summer. I was able to encourage G to go along with her daughter where she got peer support and was able to access FHAN support slightly sooner than she would have from the referral route." - Connector

GIRFE Outcomes

- Person-Centered - The approach focused on what mattered to G — her concerns about isolation and her daughter’s needs during the summer
- Strength-Based & Enabling - Encouraged G to attend the ASN group, empowering her to take part in community activities rather than relying solely on statutory services. This built her confidence and reduced dependency
- Coordinated Support - We leveraged our knowledge of the hub and local services to coordinate informal and formal supports (ASN group + FHAN). This avoided delays in accessing help
- Choice & Control - G was given options (ASN group, FHAN) and supported to make decisions that suited her and her daughter
- Holistic Approach - Addressed both emotional and practical needs: reducing isolation, supporting mental health, and providing peer support for her daughter. Looked beyond the immediate referral route to find a community-based solutions)
- Right Support at the Right Time - Instead of waiting for the school term, we ensured timely access to support during a critical period (summer holidays)

Care Opinion

The following feedback was left by a service user via Care Opinion.

"I felt very alone, scared and helpless then I met Jennifer, not only have I made a great friend but without her help and support over the last year and a half I honestly don't know where I would be. She helped me in ways I didn't even know existed from referring me for extra help and support to salus for physio and mental health problems and by also attending and sitting in on appointments with me.

Jennifer has been a great comfort to me throughout my whole journey with my long battle of depression and anxiety which started due to childhood trauma and has stayed with me throughout my adulthood life along with other medical conditions I've been going through over the last 12 or so months. I have suffered from mental breakdowns throughout my life and since getting to know Jennifer and trusting her she has helped me pick myself up from my lowest points, she's there for me when I struggle with life and need to talk or give me other help or guidance on what would be best for me moving on in life.

I tried to stay working but my mental health got so bad I was signed off my I still fight on a daily basis trying to get myself well again and I know if I ever struggle or need anything that Jennifer is just a phone call away and that makes a great difference to my life by not having to struggle by alone. I value and respect the support Jennifer has given me and I think she is a credit to herself and to others, she has helped and changed so many people's life's for the better"

To see more stories about the Improving Lives Service, click [here](#).



Community Solutions

Improving the Cancer Journey North Lanarkshire

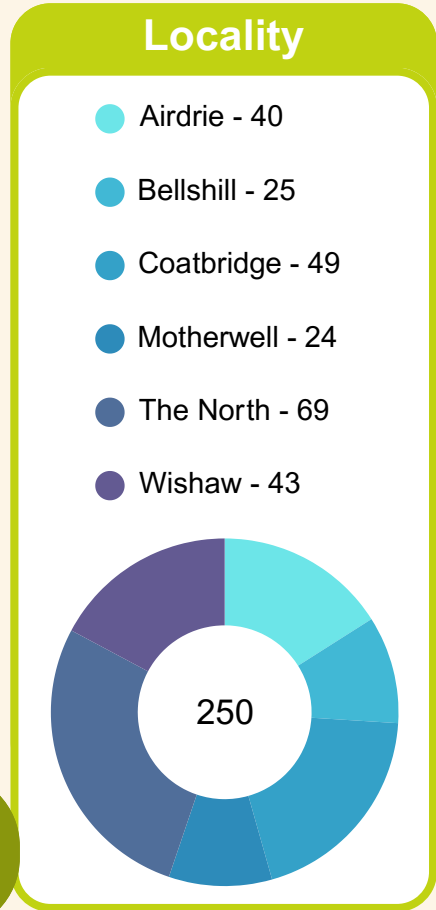
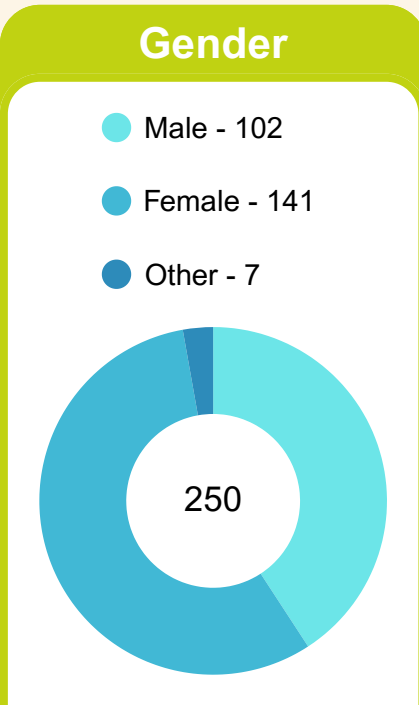
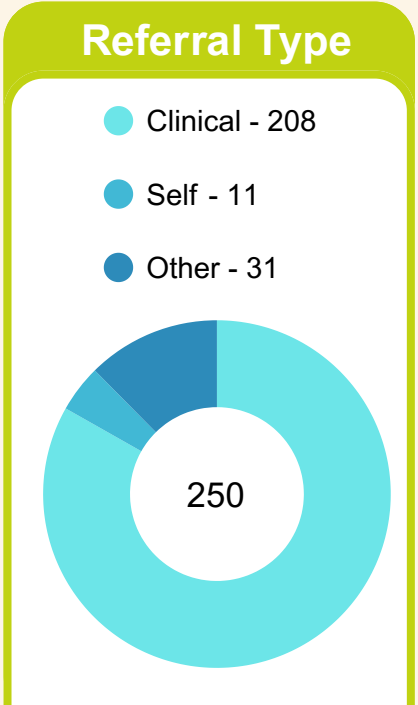
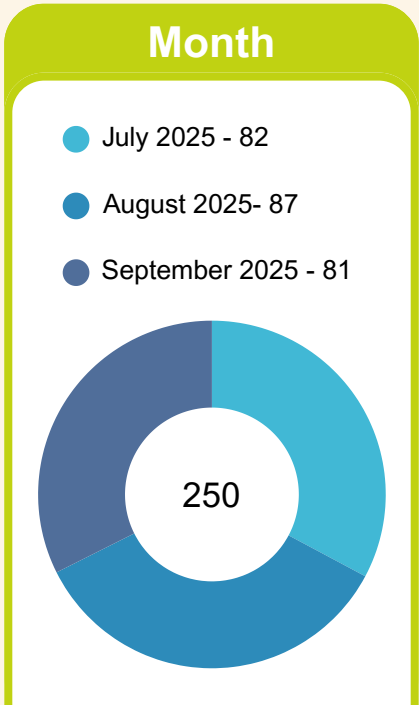
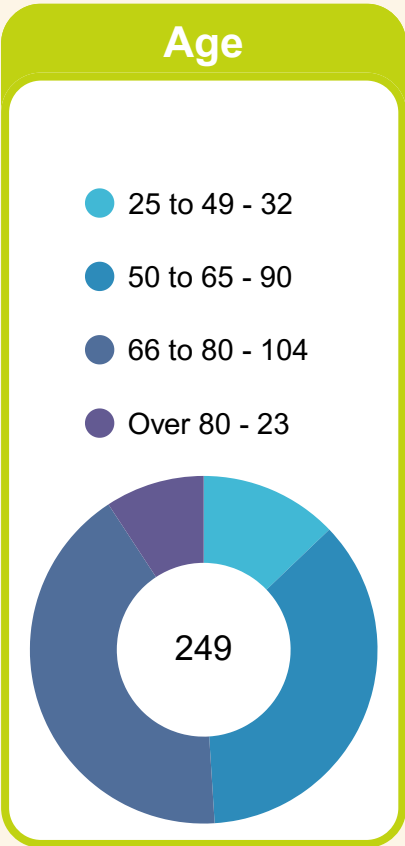


Improving Cancer Journey

In the period July-Sept 2025, **250** new clients were referred to the ICJ service in North Lanarkshire. This is a decrease of **6** referrals from last period.

Most referrals during this period were between 66 to 80 years old (**42%**). This remains the same as last period. More referrals were female (**56%**) than male (**41%**). This is different from the previous quarter.

New clients are broken down by the following categories:



The most common referral type in this period was through a clinical pathway (**83%**). The most common referrer to the service in the last quarter was Clinical Nurses, and Cancer Navigators.

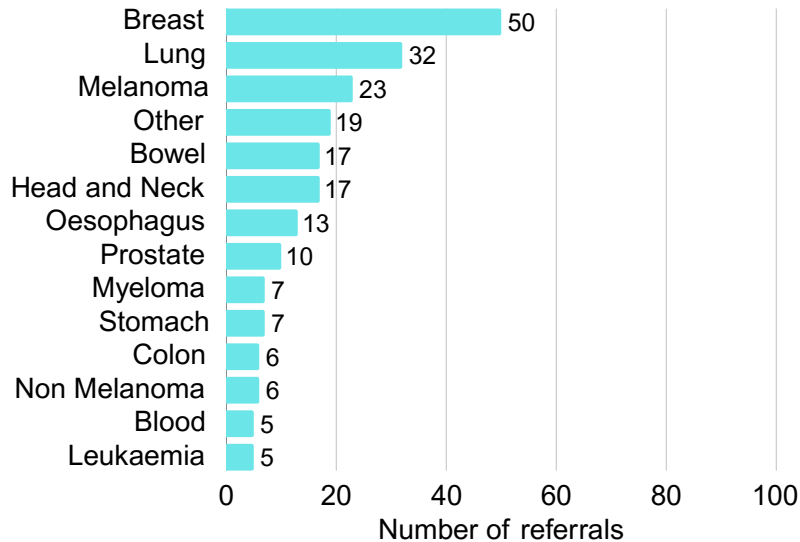


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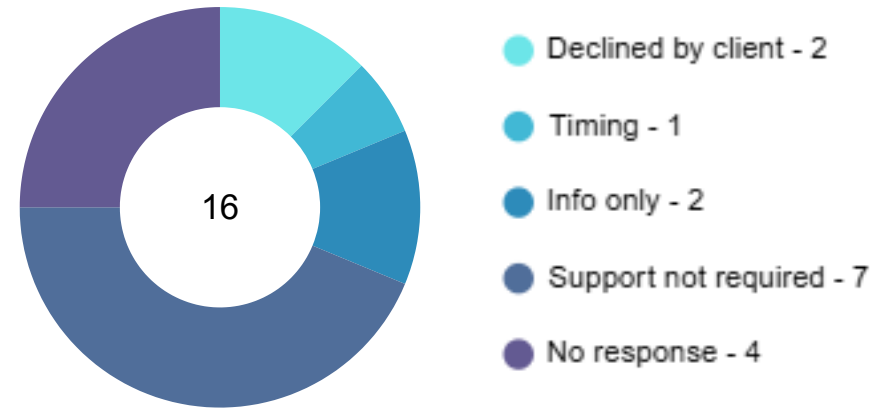
Improving the Cancer Journey North Lanarkshire



Referrals by type of cancer



Declined referrals

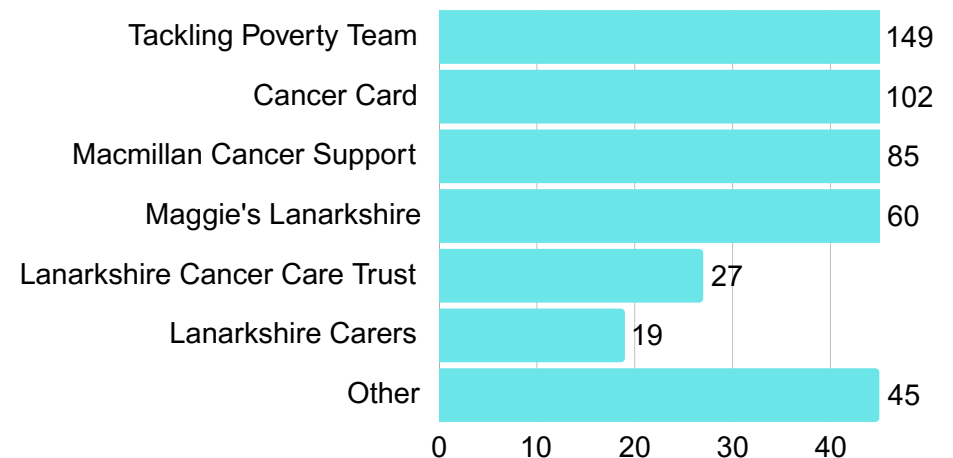


The most common cancer type was Breast. This has changed from last quarter, which was Lung. The second most common was Lung. Across the past year, it is common for Breast and Lung to be within the top 3, as these are the most common cancer types in North Lanarkshire.

The service continues to have a low decline rate (6%). This has dropped by 11 referrals. Of the 16 who declined the service, 7 felt the support was not required. The most common reason given by people who declined the service was that they had a good support system already.

574 onward referrals were made to other community services. This is an increase of 140. Tackling Poverty remains the most common onward referral.

Top organisations for onward referrals





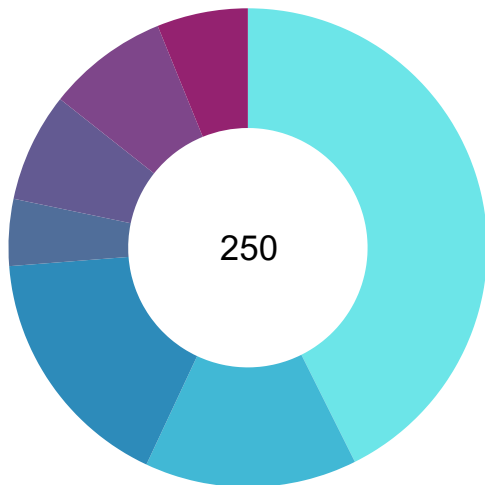
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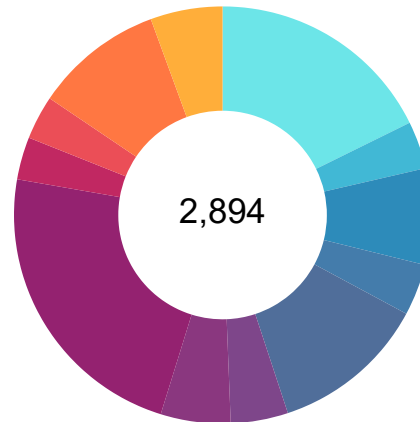
Referrals by pathway stage

- Initial Diagnosis - 104
- Start of Treatment - 35
- During Treatment - 41
- Follow Up - 11
- Transition to Palliative Care - 18
- In Palliative Care - 20
- Other - 15

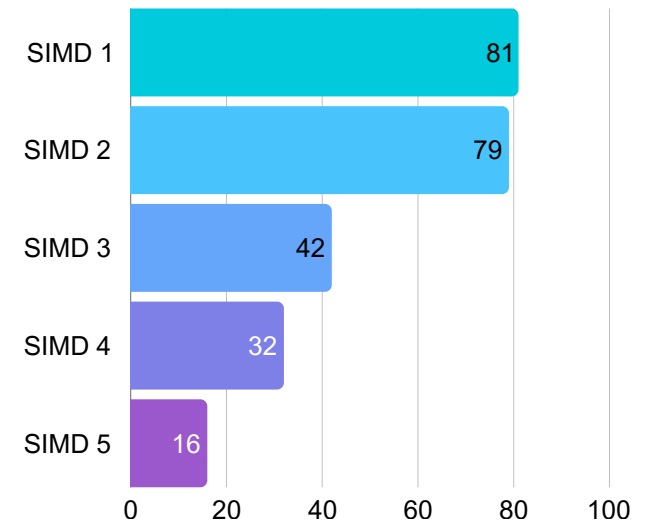


Tasks by task type

- Admin - 510
- Appointment - 106
- Care Plan - 215
- Community Support - 115
- EHNA - 348
- Financial Support - 128
- ICJ Wait Well Letter - 156
- Initial Contact - 661
- Referral - 95
- Wellbeing Check - 98
- Review - 287
- Other - 161



SIMD Quintile



The most common pathway stage for referrals to the service was at initial diagnosis (41%). This remains the same as last quarter.

2,894 tasks were logged by Connectors. Please note, this does not cover everything that the Connectors do. The most common tasks logged by Connectors, were making initial contact (661) and EHNAs (348).

Most referrals were within SIMD 1 (32%) or SIMD 2 (31%).



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Improving the Cancer Journey North Lanarkshire



Case Study

This case involved a woman living alone with small cell lung cancer, COPD, and sight impairment. Following hospital discharge without a care package, she was left vulnerable and unable to manage essential daily tasks, including oxygen use during episodes of breathlessness. Her daughter, who lived far away, raised concerns but was unable to remain locally. The patient felt unsafe at home, particularly at night, while waiting weeks for an assessment. Through urgent intervention by Macmillan ICJ, social work support was secured, care-at-home services were arranged, and safety measures such as a key safe and falls alarm were installed. These actions reduced immediate risks, reassured her family, and improved her confidence at home.

The Community Connector took urgent steps to safeguard the client:

- Immediate Safety: Contacted Social Work duty team to highlight her vulnerability post-discharge
- Care Needs Assessment: Secured Social Work agreement to prioritise a home care assessment
- Fire Safety: Identified oxygen risks and initiated referral for a fire safety check.
- Ongoing Support: Maintained regular contact with client and family to monitor needs and provide reassurance

Results

- Care-at-home package established, with a six-week review in place
- Key safe and falls alarm installed to improve safety
- Risks significantly reduced; client more confident in managing at home
- Family reassured that support and monitoring are in place
- ICJ continues to support, with SDS budget being considered for additional care

Care Opinion

The following feedback was left by a service user via Care Opinion.

"About finding out I have cancer."

"I had to have my lymph nodes removed in my groin area and biopsy showed cancerous tissue. At first I was devastated, then I was fast tracked for chemo rather than another operation. At this point a woman I know, Jennifer told me who she works for (Macmillan). From this point on wards Jennifer has been a great help for my wife & I. She has helped us to better understand what we are facing and doing so in a positive a caring manner. Financially she has helped us to receive benefits I honestly didn't think I was due.

We receive and make calls to Jennifer regularly and is always ready to listen to any worries or issues my wife and I might have.

I can honestly say it is a great relief and a very calming feeling to know that Jennifer and of course Macmillan is out there for people like me & my wife. I can look back now with pride. About 15 years ago myself & several colleagues from an offshore platform walked the West Highland way for Macmillan and we raised approximately £6500. I can only hope in the future to do more fundraising."

[To see more stories about the Improving the Cancer Journey, click here.](#)