

## A PICTURE OF HEALTH

### A FRAMEWORK FOR HEALTH SERVICE IMPROVEMENT IN LANARKSHIRE

#### 1. Introduction and Purpose

- 1.1. The purpose of this paper is to enable the Board to decide on the way forward for “A Picture of Health” in the light of extensive public consultation and additional evidence. It should be read in conjunction with “A Picture of Health” principal document (December 2005).
- 1.2. Once decided, appropriate recommendations will be presented to the Deputy Minister for Health and Community Care, seeking endorsement to a very significant programme of strategic change and improvement in health services throughout NHS Lanarkshire, designed to deliver a modern and integrated health system comprising :
  - Stronger and more visible primary care services;
  - More health services provided locally in the community; and
  - Specialist hospital inpatient services organised to provide more rapid access and the best clinical outcomes.
- 1.3. This health system will make life better for the people of Lanarkshire by doing more to help people stay healthy as well as by developing high quality, sustainable health services which are integrated across the patient’s whole journey and responsive to the needs of all.

#### 2. Consultation

- 2.1. When the Board received the main “A Picture of Health” document on 21<sup>st</sup> December 2005, it determined that the views of public, patients, staff and interested organisations should be sought through formal public consultation on the document’s proposals, which are referred to in detail later in this paper.
- 2.2. Detailed summaries of the responses received through consultation were presented to the Board at its meeting on 24<sup>th</sup> May 2006, and a commentary and further analysis of the points raised by respondents are set out in **Appendix 1**.
- 2.3. The Board has held true to its ambition to properly engage with the wider stakeholder groups throughout the development of “A Picture of Health”. This covered the pre-engagement consultation on vision and values in late 2004, through the detailed development of the proposals for change, including options, in 2005, to the very extensive public and staff consultation on the entire range of proposals relating to the whole system in 2006.

- 2.4. During this 2-year period, expectations of how public bodies such as the NHS should engage and consult with the public and other stakeholders have risen and standards have become more explicit. These standards have reflected and guided the processes adopted by NHS Lanarkshire, helped by building an ongoing and constructive dialogue with the Scottish Health Council which replaced Local Health Councils in 2005.
- 2.5. Once decisions have finally been taken by the Board, the Scottish Health Council will report on the adequacy of NHS Lanarkshire's consultation processes overall to the Deputy Minister. In the meantime an independent review recently confirmed that the evidence for compliance with the national guidance and standards is considered to be robust.
- 2.6. Equality for NHS Lanarkshire means that all members of our community irrespective of gender, age, race, disability, income, marital status, culture, religion, ethnic background, sexual orientation or responsibility for dependants should have equal access to services and these should be sensitive to their needs. An initial review of "A Picture of Health" has been undertaken, at **Appendix 2**, which assesses the impact of the proposals in terms of Equality and Diversity, and further detailed impact assessment will be undertaken as part of implementation.

### **3. Risk Management**

- 3.1. "A Picture of Health" sets out a programme of wide ranging change, service redesign and substantial capital investment to improve the health of the people of Lanarkshire. Inevitably, a programme of this size and scope will give rise to some risk and uncertainty.
- 3.2. We have recognised the need to put in place a structured process of risk assessment, risk evaluation, risk monitoring and risk management to support the implementation of the changes. External support has been commissioned to undertake an initial high level assessment of the risks related to the "A Picture of Health" proposals. The output from this assessment will inform the development of the risk management strategy.
- 3.3. The initial assessment by our external advisors will be submitted to the Board's Audit Committee in due course, and on this basis the advisors have assured the Board that a structured approach to risk management for "A Picture of Health" is being implemented.

### **4. Evidence**

- 4.1. Over the course of recent months, a considerable amount of evidence has been set before the Board to assist objective decision-making, in addition to the main document itself.

4.2. The following reports were received by the Board at its meeting on 24<sup>th</sup> May 2006 :

- Detailed report on the written responses received as a result of consultation.
- Detailed report on the verbal responses recorded at the consultation meetings.
- Independent audit of the consultation process against current guidance.
- Sustainability of the current configuration of acute services – the case for change.
- Impact assessment on transport and travel within Lanarkshire.
- Report on modelling the impact of hospital reconfiguration on cross-boundary patient flows for emergency inpatient care between Lanarkshire, Glasgow and Forth Valley.
- Report on the capital and logistical implications of either Option 2 or 3 for the provision of hospital services.

4.3. These reports, along with the further evidence presented by this paper, were compiled in response either to requests by the Board itself, or to the weight of issues reflected in responses during public and staff consultation.

4.4. The following further reports reflect research undertaken into key issues raised during consultation, principally in relation to the choice of the second emergency inpatient hospital. These reports will be presented by their main authors :

**Appendix 3** – Deprivation (Director of Public Health)

**Appendix 4** – Older People (Director of Public Health)

**Appendix 5** – Workforce (Director of Human Resources)

**Appendix 6** – Finance and Logistics (Director of Finance)

The Board will wish to give careful consideration to all of the evidence reports, as it moves towards its decision-making.

## **5. Matters for Decision**

5.1. “A Picture of Health” is rich in proposed action points, which were set out in the original document in a schedule of recommendations at pages 72-81. This is reproduced in **Appendix 7**, for ease of reference.

5.2. The original document also mapped the key actions to “Delivering for Health”, and a more recent self-assessment, as requested by the Scottish Executive Health Department, confirms the importance of “A Picture of Health” to NHS Lanarkshire’s ability to deliver national policy requirements. The self-assessment summary schedule is attached at **Appendix 8**.

5.3. In launching the public consultation on “A Picture of Health”, the proposals were summarised into 22 points under 5 main headings. The Board is now invited to consider its decisions in the same order, receiving supplementary advice notes on particular issues which will be referred to at the relevant juncture.

## **6. Recommendations for Approval**

It is recommended that the Board approves “A Picture of Health”, as described in **Appendix 7** and in the following propositions:

### **6.1. Health Improvement**

- 6.1.1. between 2006 and 2009, to deliver a range of evidence based actions designed to help people improve their health, by focussing on nine top priorities.
- 6.1.2. during 2006 and 2007, North Lanarkshire CHP to participate as one of five national pilots in a programme of anticipatory care called “Prevention 2010”
- 6.1.3. in 2006 to develop public health teams in each CHP locality.

### **6.2. Strengthening Primary Care**

- 6.2.1. between 2006 and 2009, to extend primary care teams through a phased programme of nursing, AHP and GP expansion starting in the areas of poorest health and highest deprivation.
- 6.2.2. between 2006 and 2010, to invest £100m in local premises, including new and replacement health centres in Airdrie, Carluke, Bellshill, Wishaw, Kilsyth, East Kilbride and Hamilton.
- 6.2.3. in 2006, to establish care management pilots in Coatbridge, East Kilbride and Clydesdale to test the benefits to patients and carers.
- 6.2.4. by 2007, to have designed and begun to implement a new model of systematic care for people with long term conditions.
- 6.2.5. from 2006, to introduce a new contract for community pharmacists to develop medication and public health services in local communities.

### **6.3. Supporting and Enhancing Local Services**

- 6.3.1. by the end of 2007, to deliver services that meet the new national targets for waiting times.
- 6.3.2. from 2006, to develop the capacity of local services to provide assessment and treatment for people requiring unscheduled minor illness and injury services, including streamlined nurse-led services in the three general hospitals and including new services in Lanark and Cumbernauld.
- 6.3.3. starting in 2006, to design rapid access to diagnostic examinations and tests so that more can be done in primary care.
- 6.3.4. in 2006, to design new arrangements for more rapid assessment, diagnosis and rehabilitation of older people who become acutely ill.

- 6.3.5. in 2006, to modernise services for older people requiring NHS intermediate and continuing care. (see also supplementary advice note on Continuing Care for Older People at **Appendix 9**)
- 6.3.6. between 2006 and 2010, to dispose of surplus hospitals at Hartwoodhill, Roadmeetings, Lockhart and Airbles Road Centre, as services are replaced in more modern settings.
- 6.3.7. over three years from 2006 to invest an additional £150,000 to expand palliative care services in the community and will have reviewed hospice bed requirements. (see also supplementary advice note on Palliative Care at **Appendix 10**)

#### 6.4. Mental Health Services in the Future

- 6.4.1. by 2007, to replace in modern facilities the services currently at Hartwoodhill Hospital and by 2008 those services currently in Airbles Road Centre.
- 6.4.2. between 2006 and 2010 to complete implementation of the Mental Health Strategy providing a more appropriate balance of community and hospital based care. (see also supplementary advice note on Acute Psychiatry at **Appendix 11**)

#### 6.5. Modernising Acute Hospital Services

- 6.5.1. that the status quo was not sustainable beyond 2009, and that two of the three general hospitals to be developed to concentrate on emergency inpatient care, and the third to concentrate on planned (elective) care. (See also supplementary advice notes on Cancer at **Appendix 12** and on Services on Emergency and Planned Care Site at **Appendix 13**).
- 6.5.2. by 2009, to develop Wishaw General Hospital as one of the two emergency inpatient hospitals.
- 6.5.3. in January 2006, to seek public views on the remaining two options :  
  - Either Hairmyres as the second emergency inpatient hospital, Monklands as the planned (elective) care hospital, recognising this as the emerging preferred option from the option appraisal process.
  - Or Monklands as the second emergency inpatient hospital, Hairmyres as planned (elective) care hospital, which is the only remaining option
- 6.5.4. after a period of public consultation and analysis of views received during the consultation, the Board may decide to recommend to the Minister for implementation either of these options. (See also supplementary advice note on Consideration of Options at **Appendix 14**).
- 6.5.5. beyond 2009, each of the three general hospitals to continue to deliver the role as a local hospital, providing a full range of outpatient, day case and diagnostic services including nurse-led accident and emergency departments for minor injuries and illness.

## **7. Next Steps**

- 7.1. Finally, it is recommended that an appropriate submission is drawn together without delay, based on the decisions taken by the Board in respect of “A Picture of Health” for consideration and approval by the Deputy Minister for Health and Community Care.

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